

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			11,849	11,849	8
9	SNF/PED					9
10	ICF	76,130	2,700	5,835	84,665	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	76,130	2,700	17,684	96,514	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.56%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 07/01/1994

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

YES Date 07/01/1994 NO

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

YES NO If YES, enter number of beds certified 302 and days of care provided 9,869

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	435,716	140,654	22,836	599,206		599,206	599,206			1
2	Food Purchase		489,116		489,116		489,116	(137)	488,979		2
3	Housekeeping		944	380,713	381,657		381,657		381,657		3
4	Laundry		90,655	240,720	331,375		331,375		331,375		4
5	Heat and Other Utilities			332,508	332,508		332,508	(7,064)	325,444		5
6	Maintenance	96,331	33,129	152,830	282,290		282,290	(4,772)	277,518		6
7	Other (specify):*							569	569		7
8	TOTAL General Services	532,047	754,498	1,129,607	2,416,152		2,416,152	(11,404)	2,404,748		8
	B. Health Care and Programs										
9	Medical Director			28,200	28,200		28,200		28,200		9
10	Nursing and Medical Records	5,620,726	973,173	70,454	6,664,353		6,664,353	(43,424)	6,620,929		10
10a	Therapy	170,846			170,846		170,846		170,846		10a
11	Activities	140,736	40,030	1,980	182,746		182,746		182,746		11
12	Social Services	254,958			254,958		254,958		254,958		12
13	CNA Training										13
14	Program Transportation			3,206	3,206		3,206		3,206		14
15	Other (specify):*							2,374	2,374		15
16	TOTAL Health Care and Programs	6,187,266	1,013,203	103,840	7,304,309		7,304,309	(41,050)	7,263,259		16
	C. General Administration										
17	Administrative	182,666		1,277,062	1,459,728		1,459,728	(1,238,138)	221,590		17
18	Directors Fees										18
19	Professional Services			216,875	216,875	(21,804)	195,071	(259)	194,812		19
20	Dues, Fees, Subscriptions & Promotions			113,342	113,342		113,342	(76,043)	37,299		20
21	Clerical & General Office Expenses	319,085	50,392	752,083	1,121,560		1,121,560	(362,412)	759,148		21
22	Employee Benefits & Payroll Taxes			1,357,933	1,357,933		1,357,933		1,357,933		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,749	8,749		8,749	400	9,149		24
25	Other Admin. Staff Transportation							7,925	7,925		25
26	Insurance-Prop.Liab.Malpractice			1,118,166	1,118,166		1,118,166	20,731	1,138,897		26
27	Other (specify):*							27,882	27,882		27
28	TOTAL General Administration	501,751	50,392	4,844,210	5,396,353	(21,804)	5,374,549	(1,619,915)	3,754,633		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,221,064	1,818,093	6,077,657	15,116,814	(21,804)	15,095,010	(1,672,369)	13,422,640		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				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	
	D. Ownership											
30	Depreciation			259,392	259,392		259,392	239,585	498,977			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			129,850	129,850		129,850	450,682	580,532			32
33	Real Estate Taxes					21,804	21,804	297,864	319,669			33
34	Rent-Facility & Grounds			1,179,096	1,179,096		1,179,096	(1,174,119)	4,977			34
35	Rent-Equipment & Vehicles			39,576	39,576		39,576	3,713	43,289			35
36	Other (specify):*							80,731	80,731			36
37	TOTAL Ownership			1,607,914	1,607,914	21,804	1,629,718	(101,544)	1,528,175			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		493,285	1,886,620	2,379,905		2,379,905	(27,099)	2,352,806			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			679,602	679,602		679,602		679,602			42
43	Other (specify):*	225,460		9,048	234,508		234,508	(234,508)	0			43
44	TOTAL Special Cost Centers	225,460	493,285	2,575,270	3,294,015		3,294,015	(261,607)	3,032,408			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,446,524	2,311,378	10,260,841	20,018,743		20,018,743	(2,035,520)	17,983,223			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 Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning: 01/01/14

Ending: 12/31/14

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	(11,030)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(134,648)	30		9
10	Interest and Other Investment Income	(1,400)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(137)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(10,267)	21		18
19	Entertainment	(1,351)	24		19
20	Contributions	(19,649)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(494,765)	21		24
25	Fund Raising, Advertising and Promotional	(48,324)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(566,795)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,288,366)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(747,154)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (747,154)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,035,520)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Bronzeville Park N & Lvg Ctr

ID# 0040592

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Medical Records Revenue	\$ (959)	10	1
2	Jury Duty Income	(116)	10	2
3	Gain on Sale of Fixed Assets	(23,401)	30	3
4	Patient Needs	(15,055)	10	4
5	Patient Clothing	(5,135)	10	5
6	Veterans Expense	(44,129)	10	6
7	Bank Charges	(17,490)	21	7
8	Sequestration	(124,713)	21	8
9	Capitalized R&M	(44,901)	06	9
10	Additional R&M	9,570	06	10
11	Community Relations Salary	(75,081)	43	11
12	Collections Expense	(25,052)	21	12
13	Web Media	(272)	21	13
14	Annual Report	(175)	20	14
15	Non-Allowable Legal	(12,293)	19	15
16	Building Company - License and Inspection	(100)	20	16
17	Building Company - Legal Fees	(340)	19	17
18	Building Company - Accounting and Audit Fees	(10,550)	19	18
19	Building Company - IL Replacement Tax	(1,194)	21	19
20	Building Company - Amortization of Loan Fees	(6,042)	36	20
21	Marketing Salary	(150,379)	43	21
22	Non-Allowable Expense	(9,048)	43	22
23	PAC Dues	(9,941)	20	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(566,795)	49

Bronzeville Park N & Lvg Ctr

ID# 0040592

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line

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

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

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(137)											(137)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,030)		3,966									(7,064)	5
6	Maintenance	(35,331)	11,818	18,741									(4,772)	6
7	Other (specify):*			569									569	7
8	TOTAL General Services	(46,498)	11,818	23,276									(11,404)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(65,394)		26,804				(4,835)					(43,424)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			2,374									2,374	15
16	TOTAL Health Care and Programs	(65,394)		29,179				(4,835)					(41,050)	16
	C. General Administration													
17	Administrative			(1,238,138)									(1,238,138)	17
18	Directors Fees													18
19	Professional Services	(23,183)	10,890	12,034									(259)	19
20	Fees, Subscriptions & Promotions	(78,189)	100	2,046									(76,043)	20
21	Clerical & General Office Expenses	(673,752)	1,194	310,146									(362,412)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,351)		1,751									400	24
25	Other Admin. Staff Transportation			7,925									7,925	25
26	Insurance-Prop.Liab.Malpractice		19,827	904									20,731	26
27	Other (specify):*			27,882									27,882	27
28	TOTAL General Administration	(776,475)	32,011	(875,451)									(1,619,915)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(888,367)	43,829	(822,996)				(4,835)					(1,672,369)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(158,049)	384,273	13,361									239,585	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(1,400)	448,850	3,232									450,682	32
33	Real Estate Taxes		292,541	5,323									297,864	33
34	Rent-Facility & Grounds		(1,174,723)	604									(1,174,119)	34
35	Rent-Equipment & Vehicles			3,713									3,713	35
36	Other (specify):*	(6,042)	86,773										80,731	36
37	TOTAL Ownership	(165,491)	37,714	26,233									(101,544)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers				(16,761)	(7,308)		(3,030)					(27,099)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(234,508)											(234,508)	43
44	TOTAL Special Cost Centers	(234,508)			(16,761)	(7,308)		(3,030)					(261,607)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,288,366)	81,543	(796,763)	(16,761)	(7,308)		(7,865)					(2,035,520)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,174,723	Chevy Chase Associates	100.00%	\$	\$ (1,174,723)	1
2	V	32 Interest	552	Chevy Chase Associates	100.00%	449,402	448,850	2
3	V	06 Plant and Maintenance		Chevy Chase Associates	100.00%	11,818	11,818	3
4	V	26 Gen. & Professional Liability		Chevy Chase Associates	100.00%	19,827	19,827	4
5	V	20 License and Inspection		Chevy Chase Associates	100.00%	100	100	5
6	V	19 Legal Fees		Chevy Chase Associates	100.00%	340	340	6
7	V	19 Accounting and Audit Fees		Chevy Chase Associates	100.00%	10,550	10,550	7
8	V	21 IL Replacement Tax		Chevy Chase Associates	100.00%	1,194	1,194	8
9	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	292,541	292,541	9
10	V	30 Depreciation		Chevy Chase Associates	100.00%	384,273	384,273	10
11	V	36 Amortization of Loan Fees		Chevy Chase Associates	100.00%	6,042	6,042	11
12	V	36 MIP Expense		Chevy Chase Associates	100.00%	80,731	80,731	12
13	V							13
14	Total		\$ 1,175,275			\$ 1,256,818	\$ * 81,543	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,966	\$ 3,966
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	6,429	6,429
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	12,312	12,312
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	569	569
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	26,804	26,804
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	2,374	2,374
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	38,924	38,924
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	12,034	12,034
23	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	2,046	2,046
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	261,252	261,252
25	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	48,894	48,894
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,751	1,751
27	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	7,925	7,925
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	904	904
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	27,882	27,882
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	13,361	13,361
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,232	3,232
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	5,323	5,323
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	604	604
34	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	3,713	3,713
35	V						
36	V	17 BOOKKEEPING FEE	1,277,062	NUCARE SERVICES CORP.	100.00%		(1,277,062)
37	V						
38	V						
39	Total		\$ 1,277,062			\$ 480,299	\$ * (796,763)

* 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 & MEDICAL SUPPLIES	\$ 181,501	INTEGRA HEALTHCARE EQUIPMENT		\$ 164,740	\$ (16,761)
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		\$ 181,501			\$ 164,740	\$ * (16,761)

* 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 SERVICES	\$ 35,059	INTEGRA RESPIRATORY SERVICES LLC		\$ 27,751	\$ (7,308)
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		\$ 35,059			\$ 27,751	\$ * (7,308)

* 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	22 WORKERS COMPENSATION	\$ 152,403	MAPLE LEAF INSURANCE	100.00%	\$ 152,403	\$	15
16	V	26 LIABILITY	810,922	MAPLE LEAF INSURANCE	100.00%	810,922		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 963,325			\$ 963,325	\$ *	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	10 AMBULANCE SERVICES	\$ 20,828	LIFELINE AMBULANCE		\$ 15,993	\$	(4,835)	15
16	V	39 AMBULANCE SERVICES	13,051	LIFELINE AMBULANCE		10,021		(3,030)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 33,879			\$ 26,014	\$ *	(7,865)	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

VII. RELATED PARTIES

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

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

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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	2	3	4	5	6		7		8	9
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	N/A							\$		1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13							TOTAL	\$		13

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,239,904	17	\$ 44,608	\$	110,230	\$ 3,966	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,239,904	17	72,310	72,310	110,230	6,429	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,239,904	17	138,492		110,230	12,312	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS 1,239,904	17	6,405		110,230	569	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,239,904	17	301,506	301,506	110,230	26,804	5
6	15	EMPLOYEE BENEFITS - CLIN	AVAIL. CENSUS DAYS 1,239,904	17	26,708		110,230	2,374	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,239,904	17	437,828	437,828	110,230	38,924	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,239,904	17	135,365		110,230	12,034	8
9	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,239,904	17	23,010		110,230	2,046	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,239,904	17	2,938,655	2,938,655	110,230	261,252	10
11	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,239,904	17	549,976		110,230	48,894	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,239,904	17	19,695		110,230	1,751	12
13	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,239,904	17	89,139		110,230	7,925	13
14	26	INSURANCE	AVAIL. CENSUS DAYS 1,239,904	17	10,164		110,230	904	14
15	27	EMPLOYEE BENEFITS - ADM	AVAIL. CENSUS DAYS 1,239,904	17	313,624		110,230	27,882	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,239,904	17	150,292		110,230	13,361	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,239,904	17	36,349		110,230	3,232	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,239,904	17	59,877		110,230	5,323	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,239,904	17	6,796		110,230	604	19
20	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,239,904	17	41,766		110,230	3,713	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,402,565	\$ 3,750,299		\$ 480,299	25

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	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 & MEDICAL SUPPLIES	DIRECT ALLOCATION		\$	\$		\$ 164,740	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				\$	\$		\$ 164,740	25

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 Services LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	RESPIRATORY SERVICES	DIRECT ALLOCATION		\$	\$		\$ 27,751	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				\$	\$		\$ 27,751	25

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	DIRECT ALLOCATION		\$	\$		\$ 152,403	1
2	26	LIABILITY INSURANCE	DIRECT ALLOCATION					810,922	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				\$	\$		\$ 963,325	25

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending: 12/31/14

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	10	AMBULANCE	DIRECT ALLOCATION		\$	\$		\$ 15,993	1
2	39	AMBULANCE	DIRECT ALLOCATION					10,021	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				\$	\$		\$ 26,014	25

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

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			
A. Directly Facility Related																
Long-Term																
1	HUD Loan Payable		X	Mortgage			\$	\$ 15,639,740			\$ 449,402	1				
2												2				
3												3				
4												4				
5												5				
Working Capital																
6	Bank of America		X	Working Capital				2,280,000			12,239	6				
7	The Private Bank		X	Loan Payable - Line of Credit				610,453			117,612	7				
8	See Supplemental Schedule										3,232	8				
9	TOTAL Facility Related						\$	\$ 18,530,193			\$ 582,484	9				
B. Non-Facility Related*																
10	Interest Income		X								(1,400)	10				
11	Interest Income - Bldg Co.		X								(552)	11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ (1,952)	14				
15	TOTALS (line 9+line14)						\$	\$ 18,530,193			\$ 580,533	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 80,731 Line # 36

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

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

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	A. Directly Facility Related															
	Long-Term															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	TOTAL Long-Term															
	Working Capital															
8	Allocated from NuCare Services Corp	X					\$	\$			\$ 3,232					
9																
10																
11																
12																
13																
14	TOTAL Working Capital										3,232					
	B. Non-Facility Related*															
15							\$	\$			\$					
16																
17																
18																
19																
20	TOTAL Non-Facility Related															

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park N & Lvg Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>91,112.65</u>	\$ <u>91,112.65</u>
2. <u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>189,201.51</u>	\$ <u>189,201.51</u>
3. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>89,368.57</u>	\$ <u>5,323.18</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>369,682.73</u></u>	\$ <u><u>285,637.34</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592 Report Period Beginning:

01/01/14 Ending:

12/31/14

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln Avenue</u>			<u>9,530</u>	<u>2</u>
3	TOTALS	80,457		\$ 249,530	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1977	\$ 4,471,948	\$ 384,273	35	\$ 127,770	\$ (256,503)	\$ 3,795,065	4
5			1984	92,611		35	2,646	2,646	81,255	5
6										6
7										7
8										8
Improvement Type**										
9	Various		1980	8,303		20	149	149	7,422	9
10	Various		1981	1,872		20			1,872	10
11	Various		1982	5,523		20			5,523	11
12	Various		1983	1,550		20			1,550	12
13	Various		1984	5,062		20			5,062	13
14	Various		1985	24,500		20			24,500	14
15	Various		1986	8,802		20			8,802	15
16	Various		1987	5,151		20	163	163	4,422	16
17	Various		1988	14,372		20	456	456	11,882	17
18	Various		1989	55,710		20	1,768	1,768	44,288	18
19	Various		1990	4,899		20	156	156	3,739	19
20	Various		1991	9,582		20	304	304	7,009	20
21	Various		1992	4,834		20	153	153	3,383	21
22	Various		1993	13,785		20	353	353	7,437	22
23	Various		1994	23,773		20	748	748	20,772	23
24	Various		1995	20,890		20	1,045	1,045	20,414	24
25	Various		1996	87,605		20	4,380	4,380	80,552	25
26	Various		1997	40,122		20	1,976	1,976	35,662	26
27	Various		1998	132,735		20	6,637	6,637	108,490	27
28	Various		1999	419,788		20	20,989	20,989	320,782	28
29	Various		2000	90,604		20	4,530	4,530	65,545	29
30	Various		2001	75,436		20	3,772	3,772	50,731	30
31	Various		2002	39,859		20			39,859	31
32	Various		2003	55,783		20	1,676	1,676	48,818	32
33	Various		2004	70,089		20	2,704	2,704	70,089	33
34	Various		2005	356,449		20	20,922	20,922	278,989	34
35	Various		2006	75,373		20	4,783	4,783	45,434	35
36	Various		2008	173,917		20	17,135	17,135	113,763	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 & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2009	\$ 147,562	\$	20	\$ 12,277	\$ 12,277	\$ 68,214	37
38	Various	2010	288,449		20	34,542	34,542	159,661	38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)		1,018,023			53,758	53,758	166,047	67
68	Related Party Allocations (Pages 12H & 12I)		159,338	6,445		6,169	(276)	55,915	68
69	Financial Statement Depreciation			235,991			(235,991)		69
70	TOTAL (lines 4 thru 69)		\$ 8,004,299	\$ 626,709		\$ 331,962	\$ (294,747)	\$ 5,762,947	70

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

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

Report Period Beginning:

01/01/14

Ending:

12/31/14**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		\$ 8,004,299	\$ 626,709		\$ 331,962	\$ (294,747)	\$ 5,762,947	1
2	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	378	378	1,513	2
3	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	1,162	3
4	New Roof For Canopies And Repair Existing Roof Around The Bu	2011	3,800		20	380	380	1,457	4
5	Removal Of Old Concrete Pad And Construct New Concrete Pad I	2011	71,000		20	7,100	7,100	27,217	5
6	Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat	2011	2,700		20	180	180	690	6
7	Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb 1	2011	3,240		20	324	324	1,161	7
8	Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up	2011	2,902		20	290	290	1,040	8
9	Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated UI "B"	2011	2,611		20	261	261	914	9
10	Install New Storm Drain Pipe	2011	5,200		20	520	520	1,820	10
11	2Nd Floor Bathrooms - Toilets, Vanity, Hardware	2011	7,163		20	478	478	1,632	11
12	1 Commercial Gas Water Heater	2011	6,067		20	607	607	2,275	12
13	Installation 16 Medium Duty Door Closers	2011	3,108		20	311	311	1,191	13
14	Fluorescent Lighting	2012	4,400		20	440	440	1,320	14
15	Remove Wallpaper,Baseboards,Replace Drywall,Paint,New Floor	2012	4,400		20	440	440	1,320	15
16	Piping	2012	3,000		20	300	300	850	16
17	Data Cable For Wi-Fi	2012	6,026		20	603	603	1,406	17
18	Remove Drop Ceiling,Tile Floor & Baseboard,Tub,Toilet,Sink Plu	2012	5,850		20	585	585	1,268	18
19	Protective Pipe Cover	2012	4,843		20	484	484	1,049	19
20	Door Lever Passage	2012	5,465		20	547	547	1,139	20
21	2 Commercial Steel Doors	2012	2,669		20	267	267	556	21
22	Sprinkler System Devices	2012	13,595		20	1,942	1,942	4,046	22
23	Epoxy-Lined Water Tank	2012	3,942		20	394	394	854	23
24	Elevator Work - Replaced Obsolete Intermittent Relays With New	2012	5,892		20	295	295	884	24
25	Replaced Smoke Detector Bases	2012	2,801		20	140	140	420	25
26	Elevator Repairs - Installed New Controllers, Power Units, Fixture	2013	168,775		20	8,439	8,439	16,878	26
27	Repaired Pumps	2014	3,554		20	59	59	59	27
28	Removed Dry Wall In 2Nd Floor Shower Rms, Removed And Inst	2014	3,950		20	263	263	263	28
29	Water Valve Repairs	2014	2,830		20	142	142	142	29
30	Landscaping - Plants And Soil	2014	7,746		20	387	387	387	30
31	Repaired Elevator Pits	2014	2,936		20	147	147	147	31
32	1St And 3Rd Floor Door Repairs	2014	2,520		20	126	126	126	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	34

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

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

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	34

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

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

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	34

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,373,971	\$ 626,709		\$ 359,080	\$ (267,629)	\$ 5,838,132	34

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

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

Report Period Beginning:

01/01/14

Ending:

12/31/14**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 12E, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9	Bar Cabinets	2007	4,500		20	450	450	3,600	9
10	New Flooring	2007	4,500		20	300	300	2,400	10
11	Door Circuitry And Wiring Components	2007	3,950		20	395	395	3,028	11
12	Fencing	2007	2,600		20	173	173	1,284	12
13	Lavatory Faucets	2007	2,849		20	190	190	1,377	13
14	Telephone System	2007	22,988		20	3,284	3,284	22,988	14
15	Perga Flooring	2008	2,800		20	140	140	770	15
16	Sliding Door	2008	5,346		20	400	400	2,799	16
17	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	2,940	17
18	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	3,199	18
19	Canopy Projector	2008	5,325		20	266	266	1,863	19
20	Kitchen Station	2008	2,500		20	125	125	875	20
21	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	2,176	21
22	Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	2,952	22
23	Install & Furnish New Fire Doors	2009	7,980		20	399	399	2,394	23
24	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	2,802	24
25	Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	1,799	25
26	New Pump for Suction Diffuser	2009	4,640		20	232	232	1,392	26
27	Roof Exhaust Fans	2009	5,990		20	300	300	1,799	27
28	Concrete Wall	2009	6,000		20	300	300	1,800	28
29	1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	1,500	29
30	Repair Radiator	2009	6,133		20	307	307	1,841	30
31	Elevator Repair - New Tac 32 Controllers, Power Units, Hall & Ca	2012	309,525		20	15,476	15,476	46,429	31
32	Wall Mounted Lighting Rooms 222,224-232	2012	3,580		20	179	179	537	32
33	2Nd Flr Dining Room - 2 Entry Doors, Windows, Drywall, Patchin	2012	4,375		20	219	219	656	33
34	TOTAL (lines 1 thru 33)		\$ 459,511	\$		\$ 25,832	\$ 25,832	\$ 115,200	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	Totals from Page 12F, Carried Forward		\$ 459,511	\$		\$ 25,832	\$ 25,832	\$ 115,200	1
2	Bathroom Wall Extensions	2012	5,100		20	255	255	765	2
3	2 Commercial Steel Doors	2012	3,819		20	191	191	573	3
4	2 Commercial Steel Doors	2013	6,444		20	322	322	644	4
5	Conduit For Sprinkler System	2013	5,643		20	282	282	564	5
6	Fire Dampers	2013	4,100		20	205	205	410	6
7	New Motor & Controls For Walk In Freezer	2013	4,778		20	239	239	478	7
8	Piping	2013	3,800		20	190	190	380	8
9	2 Commercial Steel Doors & Frame	2013	6,979		20	349	349	698	9
10	East & West Elevator Repairs	2013	113,341		20	5,667	5,667	11,334	10
11	Removing Mulch, Installing Weed Fabric, Brick Patio	2013	5,808		20	290	290	581	11
12	3 Hypower Mod, Drypower Unit, Snapcab	2013	271,700		20	13,585	13,585	27,170	12
13	Resurface 200 Doors	2013	18,000		20	900	900	1,800	13
14	Window Glazing	2014	75,000		20	3,750	3,750	3,750	14
15	Caulk 156 Windows And Tuckpoint Around 50 Window Sill	2014	22,500		20	1,125	1,125	1,125	15
16	Parking Lot - Repair Asphalt, Routed Cracks, Sealed 2 Coatings	2014	11,500		20	575	575	575	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,018,023	\$		\$ 53,758	\$ 53,758	\$ 166,047	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2004</u>	<u>85,773</u>	<u>2,199</u>	<u>20</u>	<u>2,451</u>	<u>252</u>	<u>27,263</u>	3
4									4
5									5
6									6
7									7
8	Leasehold Information								8
9	<u>Allocated from NuCare Services</u>	<u>2003</u>	<u>1,041</u>	<u>68</u>	<u>20</u>	<u>52</u>	<u>(16)</u>	<u>579</u>	9
10	<u>Allocated from NuCare Services</u>	<u>2004</u>	<u>21,141</u>	<u>1,384</u>	<u>20</u>	<u>1,058</u>	<u>(326)</u>	<u>11,336</u>	10
11	<u>Allocated from NuCare Services</u>	<u>2005</u>	<u>1,253</u>	<u>82</u>	<u>20</u>	<u>63</u>	<u>(19)</u>	<u>617</u>	11
12	<u>Allocated from NuCare Services</u>	<u>2006</u>	<u>1,700</u>	<u>111</u>	<u>20</u>	<u>85</u>	<u>(26)</u>	<u>711</u>	12
13	<u>Allocated from NuCare Services</u>	<u>2008</u>	<u>1,791</u>	<u>117</u>	<u>20</u>	<u>90</u>	<u>(27)</u>	<u>561</u>	13
14	<u>Allocated from NuCare Services</u>	<u>2009</u>	<u>28,842</u>	<u>1,888</u>	<u>20</u>	<u>1,442</u>	<u>(446)</u>	<u>8,090</u>	14
15	<u>Allocated from NuCare Services</u>	<u>2010</u>	<u>4,432</u>	<u>290</u>	<u>20</u>	<u>222</u>	<u>(68)</u>	<u>999</u>	15
16	<u>Allocated from NuCare Services</u>	<u>2011</u>	<u>240</u>	<u>16</u>	<u>20</u>	<u>12</u>	<u>(4)</u>	<u>47</u>	16
17	<u>Allocated from NuCare Services</u>	<u>2012</u>	<u>267</u>	<u>17</u>	<u>20</u>	<u>13</u>	<u>(4)</u>	<u>37</u>	17
18	<u>Allocated from NuCare Services</u>	<u>2014</u>	<u>3,334</u>	<u>218</u>	<u>20</u>	<u>101</u>	<u>(117)</u>	<u>101</u>	18
19									19
20	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2005</u>	<u>7,819</u>	<u>55</u>	<u>20</u>	<u>495</u>	<u>440</u>	<u>4,679</u>	20
21	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2004</u>	<u>1,705</u>		<u>20</u>	<u>85</u>	<u>85</u>	<u>895</u>	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 159,338	\$ 6,445		\$ 6,169	\$ (276)	\$ 55,915	34

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

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

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 159,338	\$ 6,445		\$ 6,169	\$ (276)	\$ 55,915	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 159,338	\$ 6,445		\$ 6,169	\$ (276)	\$ 55,915	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,174,686	\$ 5,999	\$ 134,026	\$ 128,027	10	\$ 905,868	71
72	Current Year Purchases	58,600	865	5,613	4,748	10	5,613	72
73	Fully Depreciated Assets	830,093		101	101	10	830,091	73
74								74
75	TOTALS	\$ 2,063,379	\$ 6,864	\$ 139,739	\$ 132,875		\$ 1,741,571	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare Services	2014	\$ 788	\$ 52	\$ 158	\$ 106	5	\$ 696	76
77										77
78										78
79										79
80	TOTALS			\$ 788	\$ 52	\$ 158	\$ 106		\$ 696	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,687,668	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 633,625	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 498,977	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (134,648)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,580,399	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Pre-Design Fees	\$ 35,000	92
93			93
94			94
95		\$ 35,000	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage				4,373			5
6	Allocated from NuCare Services Corp				604			6
7	TOTAL				\$ 4,977			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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 39,576 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from NuCare Services Corp		\$	\$ 3,713	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 3,713	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.

Facility Name & ID Number Bronzeville Park N & Lvg Ctr # 0040592 Report Period Beginning: 01/01/14 Ending: 12/31/14
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$ 734,731	\$		\$ 734,731	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				346,265			346,265	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs				694,495			694,495	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39 - 02	# of prescripts					345,261		345,261	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify): <u>See Supplemental</u>						111,129	148,024		259,153	13
14	TOTAL			\$			\$ 1,886,620	\$ 493,285		\$ 2,379,905	14

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 20,928	\$ 673,036	1
2	Cash-Patient Deposits	23,330	23,330	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	5,558,516	5,558,516	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,436	31,886	6
7	Other Prepaid Expenses	8,115	8,115	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	11,773	753,162	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,627,098	\$ 7,048,045	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	2,399,382	8,723,429	15
16	Equipment, at Historical Cost	1,740,638	2,435,311	16
17	Accumulated Depreciation (book methods)	(3,424,514)	(10,410,283)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(11,580)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	35,000	246,465	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 750,506	\$ 7,202,468	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,377,604	\$ 14,250,513	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,949,416	\$ 1,908,480	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,345	13,345	28
29	Short-Term Notes Payable	2,890,453	2,890,453	29
30	Accrued Salaries Payable	622,536	622,536	30
31	Accrued Taxes Payable (excluding real estate taxes)	70,678	70,678	31
32	Accrued Real Estate Taxes(Sch.IX-B)		294,330	32
33	Accrued Interest Payable		37,144	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	631,961	727,826	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,207,149	\$ 6,593,552	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,639,740	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,639,740	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,207,149	\$ 22,233,292	46
47	TOTAL EQUITY(page 18, line 24)	\$ 170,455	\$ (7,982,779)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,377,604	\$ 14,250,513	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (575,675)	1
2	Restatements (describe):		2
3	Prior Year Worker Compensation	12,583	3
4	Rounding	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (563,091)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	733,546	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 733,546	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 170,455	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,478,273	1
2	Discounts and Allowances for all Levels	(1,655,993)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,822,280	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,583,043	6
7	Oxygen	19,193	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,602,236	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	918,050	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	84,708	19
20	Radiology and X-Ray	19,709	20
21	Other Medical Services	195,779	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,218,246	23
D. Non-Operating Revenue			
24	Contributions	10	24
25	Interest and Other Investment Income***	1,400	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,410	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	108,117	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 108,117	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,752,289	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,416,152	31
32	Health Care	7,304,309	32
33	General Administration	5,396,353	33
B. Capital Expense			
34	Ownership	1,607,914	34
C. Ancillary Expense			
35	Special Cost Centers	2,614,413	35
36	Provider Participation Fee	679,602	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,018,743	40
41	Income before Income Taxes (line 30 minus line 40)**	733,546	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 733,546	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,731,357	44
45	Private Pay - Net Inpatient Revenue	381,249	45
46	Medicare - Net Inpatient Revenue	1,487,842	46
47	Other-(specify) <u>CCHS</u>	207,651	47
48	Other-(specify) <u>Managed Care</u>	1,014,181	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,822,280	49

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

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

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

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

0040592

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,927	2,138	\$ 115,300	\$ 53.93	1
2	Assistant Director of Nursing	1,925	2,230	94,334	42.30	2
3	Registered Nurses	37,768	41,578	1,356,245	32.62	3
4	Licensed Practical Nurses	67,419	73,057	1,957,253	26.79	4
5	CNAs & Orderlies	161,115	176,345	2,035,912	11.55	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	14,263	15,674	170,846	10.90	8
9	Activity Director	3,381	3,564	68,607	19.25	9
10	Activity Assistants	5,914	6,741	72,129	10.70	10
11	Social Service Workers	8,191	9,068	223,533	24.65	11
12	Dietician	3,697	4,111	94,355	22.95	12
13	Food Service Supervisor					13
14	Head Cook	5,022	5,843	77,029	13.18	14
15	Cook Helpers/Assistants	23,431	26,003	264,332	10.17	15
16	Dishwashers					16
17	Maintenance Workers	4,331	4,749	96,331	20.28	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,941	2,086	120,204	57.62	20
21	Assistant Administrator	720	778	15,683	20.16	21
22	Other Administrative	481	481	46,779	97.25	22
23	Office Manager	1,723	1,870	48,805	26.10	23
24	Clerical	16,005	17,193	270,280	15.72	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,853	2,122	33,864	15.96	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	10,566	11,081	284,704	25.69	33
34	TOTAL (lines 1 - 33)	371,673	406,712	\$ 7,446,525 *	\$ 18.31	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	484	\$ 22,836	01-03	35
36	Medical Director	Monthly	28,200	09-03	36
37	Medical Records Consultant	Monthly	50,480	10-03	37
38	Nurse Consultant	12	647	10-03	38
39	Pharmacist Consultant	Monthly	19,268	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	36	1,980	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Urological Consultant</u>	Per Visit	59	10-03	47
48					48
49	TOTAL (lines 35 - 48)	532	\$ 123,470		49

C. CONTRACT NURSES

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

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

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

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

Report Period Beginning:

01/01/14

Ending:

12/31/14**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC \$30,125 and Alliance \$1,340
- (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. \$ 749 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Chevy Chase Nursing Center, #34892, 07/01/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 679,602
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.