



Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>49,624</u>	<u>5,024</u>	<u>28,425</u>	<u>83,073</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>49,624</u>	<u>5,024</u>	<u>28,425</u>	<u>83,073</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.77%

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

N/A (Do not include bed-hold days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

YES  NO

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

Date started 01/31/92

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

YES  Date 01/31/92 NO

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

YES  NO  If YES, enter number of beds certified 248 and days of care provided 15,946

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year?

YES  NO

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

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

Facility Name &amp; ID Number

The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	552,340	70,320	55,797	678,457		678,457		678,457		1
2	Food Purchase		753,031		753,031		753,031	(73,080)	679,951		2
3	Housekeeping	367,057	109,220		476,277		476,277	8,993	485,270		3
4	Laundry	88,287	36,687		124,974		124,974		124,974		4
5	Heat and Other Utilities			577,031	577,031		577,031	7,905	584,936		5
6	Maintenance	152,182	(14,831)	202,825	340,176		340,176	23,753	363,929		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,159,866	954,427	835,653	2,949,946		2,949,946	(32,429)	2,917,517		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			91,500	91,500		91,500		91,500		9
10	Nursing and Medical Records	6,586,098	434,587	60,279	7,080,964		7,080,964	28,497	7,109,461		10
10a	Therapy										10a
11	Activities	183,800	13,349	139,366	336,515		336,515		336,515		11
12	Social Services	161,670		23,555	185,225		185,225		185,225		12
13	CNA Training										13
14	Program Transportation	23,767			23,767		23,767		23,767		14
15	Other (specify):* <b>Home Office Benefit</b>							1,950	1,950		15
16	<b>TOTAL Health Care and Programs</b>	6,955,335	447,936	314,700	7,717,971		7,717,971	30,447	7,748,418		16
	<b>C. General Administration</b>										
17	Administrative	213,702		1,180,426	1,394,128		1,394,128	(1,148,462)	245,666		17
18	Directors Fees										18
19	Professional Services			362,202	362,202		362,202	(17,865)	344,337		19
20	Dues, Fees, Subscriptions & Promotions			61,929	61,929		61,929	(5,040)	56,889		20
21	Clerical & General Office Expenses	558,883	74,307	45,338	678,528		678,528	297,472	976,000		21
22	Employee Benefits & Payroll Taxes			1,560,227	1,560,227		1,560,227	73,080	1,633,307		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,254	13,254		13,254	1,598	14,852		24
25	Other Admin. Staff Transportation			46,785	46,785		46,785	6,508	53,293		25
26	Insurance-Prop.Liab.Malpractice			1,129,462	1,129,462		1,129,462	103,865	1,233,327		26
27	Other (specify):* <b>Home Office Benefit</b>							22,896	22,896		27
28	<b>TOTAL General Administration</b>	772,585	74,307	4,399,623	5,246,515		5,246,515	(665,948)	4,580,567		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,887,786	1,476,670	5,549,976	15,914,432		15,914,432	(667,930)	15,246,502		29

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

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

Facility Name & ID Number The Imperial Grove Pavilion

#0037754

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			239,156	239,156		239,156	589,008	828,164			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,717	105,717		105,717	680,878	786,595			32
33	Real Estate Taxes							469,405	469,405			33
34	Rent-Facility & Grounds			1,789,563	1,789,563		1,789,563	(1,789,067)	496			34
35	Rent-Equipment & Vehicles			124,348	124,348		124,348	5,583	129,931			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,258,784	2,258,784		2,258,784	(44,193)	2,214,591			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,004,436	3,305,835	4,310,271		4,310,271	(40,049)	4,270,222			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			539,168	539,168		539,168		539,168			42
43	Other (specify):* <b>Non-Allowable Co</b>	37,814		471,446	509,260		509,260	(509,260)				43
44	<b>TOTAL Special Cost Centers</b>	37,814	1,004,436	4,316,449	5,358,699		5,358,699	(549,309)	4,809,390			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,925,600	2,481,106	12,125,209	23,531,915		23,531,915	(1,261,432)	22,270,483			45

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

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(20,649)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	134,428	30		9
10	Interest and Other Investment Income	(75,785)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(4,764)	43		18
19	Entertainment	(1,707)	43		19
20	Contributions	(30,850)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(236,149)	43		24
25	Fund Raising, Advertising and Promotional	(62,581)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(676)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(331,074)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (629,807)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(631,625)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (631,625)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,261,432)		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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Labs - Part A	\$ (51,954)	43	1
2	X-Rays - Part A	(55,082)	43	2
3	Offset Misc. Income	(1,419)	21	3
4	Disallow non-allowable PAC Dues	(8,070)	20	4
5	Disallow Non-Allowable Legal Expenses	(46,867)	19	5
6	To adjust RE Taxes for portion applicable to SNF	(112,758)	33	6
7	Valet Parking	(2,600)	43	7
8	Disallow prior year adjustment	(4,510)	43	8
9	Disallow marketing salaries	(37,814)	43	9
10	Settlement	(10,000)	19	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(331,074)	49

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Robert Hartman	30%	See PG 6-Supp		See PG 6-Supp		
Barry Carr	10%					
Michael Harris	20%					
Jack Rajchenbach	20%					
Bernard Hollander	20%					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19 Professional Fees	\$	The Claridge, L.L.C.	100.00%	\$ 17,018	\$ 17,018	1
2	V	20 Dues & Subscriptions		The Claridge, L.L.C.	100.00%	420	420	2
3	V	21 Bank Charges		The Claridge, L.L.C.	100.00%	174	174	3
4	V	26 Insurance		The Claridge, L.L.C.	100.00%	68,240	68,240	4
5	V	26 Insurance		The Claridge, L.L.C.	100.00%	32,081	32,081	5
6	V	30 Depreciation		The Claridge, L.L.C.	100.00%	426,272	426,272	6
7	V	32 Interest		The Claridge, L.L.C.	100.00%	726,229	726,229	7
8	V	32 Interest		The Claridge, L.L.C.	100.00%	14,873	14,873	8
9	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	564,969	564,969	9
10	V	34 Rent	1,789,563	The Claridge, L.L.C.	100.00%		(1,789,563)	10
11	V	43 Illinois Replacement Tax		The Claridge, L.L.C.	100.00%	76	76	11
12	V							12
13	V							13
14	Total		\$ 1,789,563			\$ 1,850,352	\$ * 60,789	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	NuCare Services Corp.	70.00%	\$ 3,257	\$ 3,257 15
16	V	6 Repairs and Maintenance		NuCare Services Corp.	70.00%	15,390	15,390 16
17	V	6 Maintenance-Employee Ben		NuCare Services Corp.	70.00%	468	468 17
18	V	10 Clinical Salaries		NuCare Services Corp.	70.00%	22,012	22,012 18
19	V	15 Clinical-Employee Benefits		NuCare Services Corp.	70.00%	1,950	1,950 19
20	V	17 Management Fees	1,180,426	NuCare Services Corp.	70.00%	31,964	(1,148,462) 20
21	V	19 Professional Fees		NuCare Services Corp.	70.00%	9,882	9,882 21
22	V	20 Dues, Subscriptions		NuCare Services Corp.	70.00%	1,680	1,680 22
23	V	21 Office Expense		NuCare Services Corp.	70.00%	254,689	254,689 23
24	V	24 Education and Seminars		NuCare Services Corp.	70.00%	1,438	1,438 24
25	V	25 Other Admin Transportation		NuCare Services Corp.	70.00%	6,508	6,508 25
26	V	26 Insurance		NuCare Services Corp.	70.00%	742	742 26
27	V	27 Employee Benefits		NuCare Services Corp.	70.00%	22,896	22,896 27
28	V	30 Depreciation Expense		NuCare Services Corp.	70.00%	12,823	12,823 28
29	V	32 Interest & Amortization		NuCare Services Corp.	70.00%	2,654	2,654 29
30	V	33 Real Estate Taxes		NuCare Services Corp.	70.00%	4,371	4,371 30
31	V	34 Facility Rent		NuCare Services Corp.	70.00%	496	496 31
32	V	35 Auto Rental		NuCare Services Corp.	70.00%	3,049	3,049 32
33	V						
34	V	30 Depreciation Expense		NuCare Services Corp.	70.00%	357	357 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,180,426			\$ 396,626	\$ * (783,800) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	\$ 147,709	Integra Healthcare Equipment		\$ 134,069	\$ (13,640)
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		\$ 147,709			\$ 134,069	\$ * (13,640)

\* 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	\$ 62,160	Integra Respiratory Service		\$ 49,203	\$ (12,957)
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		\$ 62,160			\$ 49,203	\$ * (12,957)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Ambulance	\$ 57,941	Lifeline Ambulance LLC		\$ 44,489	\$ (13,452)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 57,941			\$ 44,489	\$ * (13,452)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	<u>1</u> Dietary	\$	<u>ITEX-A.K. Care</u>	70.00%	\$ 6,485	\$	6,485	15
16	V	<u>3</u> Housekeeping		<u>ITEX-A.K. Care</u>	70.00%	8,993		8,993	16
17	V	<u>5</u> Utilities		<u>ITEX-A.K. Care</u>	70.00%	4,648		4,648	17
18	V	<u>6</u> Repair and Maintenance		<u>ITEX-A.K. Care</u>	70.00%	7,895		7,895	18
19	V	<u>19</u> Professional Services		<u>ITEX-A.K. Care</u>	70.00%	12,102		12,102	19
20	V	<u>20</u> Dues and Subscriptions		<u>ITEX-A.K. Care</u>	70.00%	930		930	20
21	V	<u>21</u> Clerical		<u>ITEX-A.K. Care</u>	70.00%	44,028		44,028	21
22	V	<u>24</u> Education & Seminar		<u>ITEX-A.K. Care</u>	70.00%	160		160	22
23	V	<u>26</u> Insurance		<u>ITEX-A.K. Care</u>	70.00%	2,802		2,802	23
24	V	<u>30</u> Depreciation		<u>ITEX-A.K. Care</u>	70.00%	17,571		17,571	24
25	V	<u>32</u> Interest		<u>ITEX-A.K. Care</u>	70.00%	12,907		12,907	25
26	V	<u>33</u> Real Estate Taxes		<u>ITEX-A.K. Care</u>	70.00%	12,823		12,823	26
27	V	<u>35</u> Equipment Rental		<u>ITEX-A.K. Care</u>	70.00%	2,534		2,534	27
28	V								28
29	V	<u>30</u> Depreciation		<u>ITEX-A.K. Care</u>	70.00%	(2,443)		(2,443)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	<b>Total</b>		\$			\$ 131,435	\$ *	131,435	39

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

Facility Name & ID Number

The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	See Page 6		Bronzeville Park	Chicago	Nucare Services	Lincolnwood	Bookeeping Mgmt	1
2			California Gardens Corp.	Chicago	7257 N. Lincoln Ave L	Lincolnwood	Building Rental	2
3			Claremont Rehab & Living	Buffalo Grove	Diamond Insurance	Northbrook	Work Comp Ins	3
4			Calremont - Hanover Park	Hanover Park	Maple Leaf Insurance	Grand Cayman	Liab/Work Comp In	4
5			Claridge Imperial, LTD	Chicago	Seasons Hospice	Park Ridge	Hospice *	5
6			Jackson Corp	Chicago	JLR Management	Lincolnwood	Management Co	6
7			Monroe Pavillion	Chicago	KFT Services, LLC	Lincolnwood	Management Co **	7
8			Renaissance at 87th Street	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co **	8
9			Renaissance at Midway	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med Supp	9
10			Renaissance at South Shore	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	10
11			Renaissance Park South	Chicago	Integra Respiratory Se	Elmhurst	Respiratory	11
12			Aria Post Acute Care	Hillside	The Ivy	Chicago	Supp. Living Facilit	12
13			Seven Oaks	Glendale, Wisconsin	Claridge Imperial, LL	Lincolnwood	Real Estate	13
14			Renaissance East	Mesa, Arizona	* No expense paid by home to the related			14
15			Renaissance West	Mesa, Arizona	entity. Therefore no 6 or 8.			15
16			Renaissance Village IL	Mesa, Arizona	** No expense of this bus. alloc. To homes			16
17			Renaissance Village AL	Mesa, Arizona				17
18								18
19								19
20								20
21								21
22			Symphony Aspen Ridge, LLC D/B/A Symphony Decatur		Symphony Healthcare	Lincolnwood	Sub Lessor	22
23			Symphony Countryside, LLC D/B/A Countrysid Aurora		Symphony M.L., LLC	Lincolnwood	Main Lessor	23
24			Symphony Crestwood, LLC D/B/A Symphony of Crestwood		Symphony HMG, LLC	Lincolnwood	Sub Lessor	24
25			Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony Financial S	Lincolnwood	Mgmt Co.	25
26			Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere					26
27			Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					27
28			Symphony McKinley, LLC D/B/A McKinley Co Decatur					28
29			Symphony Northwoods, LLC D/B/A Northwood Belvidere					29
30								30

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Harris	Administrator	Administrative	20.00	None	40	100.00	Salary	\$ 54,281	17(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								TOTAL	\$ 54,281		13

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

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization NuCare Services Corp.  
 Street Address 7257 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 933-2600  
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed days available	1,239,904	14	\$ 44,608	\$ 90,520	\$ 3,257	1	
2	6	Repairs and Maintenance	Bed days available	1,239,904	14	210,802	72,310	90,520	15,390	2
3	7	Maintenance-Employee Ben	Bed days available	1,239,904	14	6,405	90,520	468	3	
4	10	Clinical Salaries	Bed days available	1,239,904	14	301,506	301,506	90,520	22,012	4
5	15	Clinical-Employee Benefits	Bed days available	1,239,904	14	26,708	90,520	1,950	5	
6	17	Management Fees	Bed days available	1,239,904	14	437,828	437,828	90,520	31,964	6
7	19	Professional Fees	Bed days available	1,239,904	14	135,365	90,520	9,882	7	
8	20	Dues, Subscriptions	Bed days available	1,239,904	14	23,010	90,520	1,680	8	
9	21	Office Expense	Bed days available	1,239,904	14	3,488,631	2,938,655	90,520	254,689	9
10	24	Education and Seminars	Bed days available	1,239,904	14	19,695	90,520	1,438	10	
11	25	Other Admin Transportation	Bed days available	1,239,904	14	89,139	90,520	6,508	11	
12	26	Insurance	Bed days available	1,239,904	14	10,164	90,520	742	12	
13	27	Employee Benefits	Bed days available	1,239,904	14	313,624	90,520	22,896	13	
14	30	Depreciation Expense	Bed days available	1,239,904	14	175,648	90,520	12,823	14	
15	32	Interest & Amortization	Bed days available	1,239,904	14	36,349	90,520	2,654	15	
16	33	Real Estate Taxes	Bed days available	1,239,904	14	59,877	90,520	4,371	16	
17	34	Facility Rent	Bed days available	1,239,904	14	6,796	90,520	496	17	
18	35	Auto Rental	Bed days available	1,239,904	14	41,766	90,520	3,049	18	
19	30	Depreciation Expense	Direct allocation		14			357	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 5,427,921	\$ 3,750,299	\$ 396,626	25	

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL

Phone Number

( 630) 834-3700

Fax Number

( 630) 834-1500

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME and Medical Supplies	Direct Allocation		\$	\$		\$ 134,069	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 134,069	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Respiratory Services	Direct Allocation		\$	\$		\$ 49,203	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				\$	\$		\$ 49,203	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Ambulance	Direct Allocation		\$	\$		\$ 44,489	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				\$	\$		\$ 44,489	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Bed Days Available	359,890	4	\$ 25,783	\$ 90,520	\$ 6,485	1
2	3	Housekeeping	Bed Days Available	359,890	4	35,754	90,520	8,993	2
3	5	Utilities	Bed Days Available	359,890	4	18,480	90,520	4,648	3
4	6	Repair and Maintenance	Bed Days Available	359,890	4	31,390	90,520	7,895	4
5	19	Professional Services	Bed Days Available	359,890	4	48,116	90,520	12,102	5
6	20	Dues and Subscriptions	Bed Days Available	359,890	4	3,699	90,520	930	6
7	21	Clerical	Bed Days Available	359,890	4	175,045	90,520	44,028	7
8	24	Education & Seminar	Bed Days Available	359,890	4	635	90,520	160	8
9	26	Insurance	Bed Days Available	359,890	4	11,140	90,520	2,802	9
10	30	Depreciation	Bed Days Available	359,890	4	69,859	90,520	17,571	10
11	32	Interest	Bed Days Available	359,890	4	51,314	90,520	12,907	11
12	33	Real Estate Taxes	Bed Days Available	359,890	4	50,980	90,520	12,823	12
13	35	Equipment Rental	Bed Days Available	359,890	4	10,076	90,520	2,534	13
14									14
15	30	Depreciation	Bed Days Available					(2,443)	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 532,271	\$	\$ 131,435	25

Facility Name &amp; ID Number

The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		<b>A. Directly Facility Related</b>																	
		<b>Long-Term</b>																	
1		Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 16,292,882	3/31/38	0.0525	\$ 726,881	1						
2													2						
3		Judy Harris Trust		X	Working capital	\$744.00	11/1/12	52,095	31,341	10/31/19	0.0065	3,059	3						
4													4						
5													5						
		<b>Working Capital</b>																	
6		Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/2014	0.0800		6						
7		Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	2,215,400	12/31/2014	0.0825	63,724	7						
8		Private Bank		X	Line of Credit		12/31/13	5,000,000	194,458	12/29/15	5.0000	38,935	8						
9		<b>TOTAL Facility Related</b>				\$744.00		\$ 29,155,195	\$ 19,284,081			\$ 832,599	9						
		<b>B. Non-Facility Related*</b>																	
10												14,873	10						
11												15,561	11						
12												(76,438)	12						
13													13						
14		<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (46,004)	14						
15		<b>TOTALS (line 9+line14)</b>						\$ 29,155,195	\$ 19,284,081			\$ 786,595	15						

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

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>																							
1. Real Estate Tax accrual used on 2013 report.				\$	<b>577,204</b>	1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2013			\$	<b>557,158</b>	2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	<b>(20,046)</b>	3																			
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<b>585,015</b>	4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			Adjust taxes to 67%		<b>(112,758)</b>																				
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			Allocated from Management Co.		<b>17,194</b>																				
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<b>469,405</b>	7																			
Real Estate Tax History:																									
Real Estate Tax Bill for Calendar Year:	2009	<u>477,693</u>	8	<table border="1"> <tr> <td colspan="3"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2013</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>			<b>FOR BHF USE ONLY</b>			13	FROM R. E. TAX STATEMENT FOR 2013	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
<b>FOR BHF USE ONLY</b>																									
13	FROM R. E. TAX STATEMENT FOR 2013	\$	13																						
14	PLUS APPEAL COST FROM LINE 5	\$	14																						
15	LESS REFUND FROM LINE 6	\$	15																						
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																						
	2010	<u>498,488</u>	9																						
	2011	<u>496,415</u>	10																						
	2012	<u>549,719</u>	11																						
	2013	<u>557,158</u>	12																						
<b>2014 Real Estate Tax Accrual Based on Prior Year</b>	<b>* 2013 Real Estate Tax Bill</b>		<b>663,283</b>																						
	Imperial portion for F/S	<b>557,158</b>	<b>84%</b>																						
	Imperial portion for cost report	<b>444,400</b>	<b>67%</b>																						

**NOTES:**

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

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT Jay Flatt

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

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

Enter the tax index number and real estate tax assessed for 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>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>663,283.00</u>	\$ <u>444,400.00</u>
2. <u>10-27-319-028-0000</u>	<u>Nursing Home-NuCare Services Corp</u>	\$ <u>89,368.57</u>	\$ <u>4,371.00</u>
3. <u>10-35-312-022-0000</u>	<u>Nursing Home-ITEX A.K. Care</u>	\$ <u>53,423.84</u>	\$ <u>12,823.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>806,075.41</u></u>	\$ <u><u>461,594.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

C.    **Tax Bills**

Attach a copy of the original 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.**

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 Report Period Beginning:

01/01/2014 Ending:

12/31/2014

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln Av</u>			<u>7,826</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 47,826</b>	<b>3</b>

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,336	\$	40	\$ 360,933	\$ 360,933	\$ 5,962,614	4
5	Allocated from Related Parties:									5
6	7257 N. Lincoln Ave. LLC	2004		70,436		40	2,012	2,012	22,389	6
7	ITEX-A.C. Care			403,453		40	11,527	11,527	248,795	7
8										8
	Improvement Type**									
9	Leasehold Improvements	1992		60,378		20			60,378	9
10	Leasehold Improvements	1993		59,308		20			59,308	10
11	Leasehold Improvements	1994		10,638		20			10,373	11
12	Leasehold Improvements	1995		43,191		20	2,160	2,160	42,117	12
13	Leasehold Improvements	1996		43,699		20	2,185	2,185	40,400	13
14	Leasehold Improvements	1997		62,177		20	3,057	3,057	54,534	14
15	Leasehold Improvements	1998		86,071		20	4,304	4,304	71,016	15
16	Leasehold Improvements	1999		130,173		20	6,509	6,509	100,889	16
17	Wallcovering	2000		21,554		20	1,078	1,078	15,631	17
18	Flooring	2000		13,293		20	664	664	9,628	18
19	Carpet	2000		8,284		20	414	414	6,003	19
20	Over Bed Lights	2000		4,593		20	230	230	3,335	20
21	Compactor	2000		6,800		20	340	340	4,930	21
22	Paging System	2000		9,909		20	496	496	7,192	22
23	CCTV System	2000		5,456		20	272	272	3,944	23
24	Wander Guard System	2000		18,540		20	928	928	13,456	24
25	Handrails, Kickplates, Wallbases	2000		6,038		20	302	302	4,379	25
26	Fuel Tank Project	2000		1,444		20	72	72	1,044	26
27	FirstQ System	2000		1,378		20	68	68	986	27
28	Chain Link Fence	2000		745		20	38	38	551	28
29	Alarm System	2000		5,051		20	252	252	3,654	29
30	Service P.A. System	2000		1,924		20	96	96	1,392	30
31	Remodel 13 Bedrooms	2000		18,112		20	906	906	13,137	31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Repair Elevator	2000	\$ 990	\$	20	\$ 50	\$ 50	\$ 725	37
38	Remodel Smoking Room	2000	23,565		20	1,178	1,178	17,081	38
39	Remodel Old Smoking Room to Library	2000	4,690		20	234	234	3,393	39
40	Remodel 1st Floor	2000	10,540		20	528	528	7,656	40
41	Remodel 6th Floor Dining Room	2000	4,970		20	248	248	3,596	41
42	Remodel 3rd Floor Dining Room	2000	959		20	48	48	696	42
43	Call Station	2000	4,475		20	224	224	3,248	43
44	Landscaping	2000	2,785		n/a				44
45	Roof repair	2001	3,830		20	192	192	2,592	45
46	Masonry repair	2001	15,227		20	762	762	10,317	46
47	Stainless steel toilet bars	2001	1,645		20	80	80	1,080	47
48	Masonry repair	2001	3,700		20	186	186	2,511	48
49	New tile	2001	3,633		20	182	182	2,458	49
50	Tile coating	2001	4,540		20	228	228	3,078	50
51	New Wanderguard system	2001	4,407		20	220	220	2,531	51
52	New relay rack	2001	3,788		20	189	189	2,097	52
53	CCTV	2002	1,146		20	57	57	713	53
54	CCTV	2002	1,440		20	72	72	900	54
55	Masonry repair	2002	10,000		20	500	500	6,250	55
56	Roof repair	2002	3,350		20	168	168	2,859	56
57	Masonry repair	2002	15,760		20	788	788	9,850	57
58	Masonry repair	2002	4,275		20	214	214	2,675	58
59	Locking system	2002	1,843		20	92	92	1,150	59
60	Pallet warmer	2002	3,272		20	164	164	2,050	60
61	Cooler/freezer doors	2003	3,391		20	170	170	1,955	61
62	Doors	2003	13,650		20	683	683	7,855	62
63	Fence	2003	1,259		20	63	63	724	63
64	Stem repair, heater gasket	2003	1,667		20	84	84	966	64
65	Nubrite coil	2003	572		20	29	29	333	65
66	High voltage, valve	2003	1,432		20	72	72	828	66
67	Gravel removal	2003	4,750		20	238	238	2,737	67
68	Switches, exit glass, thermometer	2003	10,945		20	548	548	6,301	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,702,477	\$		\$ 407,334	\$ 407,334	\$ 6,873,280	70

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,702,477	\$		\$ 407,334	\$ 407,334	\$ 6,873,280	1
2	Riser cleaning, pipe fitting	2003	1,311		20	66	66	759	2
3	Locks	2003	5,123		20	258	258	2,967	3
4	Cable	2003	2,300		20	114	114	1,311	4
5	Downspout	2003	950		20	48	48	552	5
6	Carpet	2003	780		20	40	40	460	6
7	Handrails	2003	1,595		20	80	80	920	7
8	Washer	2003	1,352		20	68	68	782	8
9	Outdoor card reader	2003	1,124		20	56	56	644	9
10	Transport	2003	1,271		20	64	64	736	10
11	Security system	2003	25,405		20	1,270	1,270	14,605	11
12	Alarm system	2003	7,587		20	378	378	4,347	12
13	Tile	2003	10,408		20	520	520	5,980	13
14	Nurse call system	2003	2,583		20	130	130	1,495	14
15	Carpet	2004	853		20	42	42	441	15
16	Wanderguard system	2004	5,834		20	292	292	3,066	16
17	Kitchen repairs	2004	3,513		20	176	176	1,848	17
18	Keys and locks	2004	1,001		20	51	51	1,001	18
19	Tile	2004	2,837		20	142	142	1,491	19
20	Wiring	2004	3,679		20	184	184	1,932	20
21	Electrical line	2004	600		20	30	30	315	21
22	Elevator repair	2004	4,800		20	240	240	2,520	22
23	Dryer repair	2004	730		20	36	36	378	23
24	Wiring	2004	5,900		20	296	296	3,108	24
25	CCTV system	2004	8,480		20	424	424	4,452	25
26	Pump monitoring relay	2004	830		20	42	42	441	26
27	30 amp line	2004	2,805		20	140	140	1,470	27
28	Lexan face panels	2004	2,492		20	124	124	1,302	28
29	Security system	2004	854		20	42	42	441	29
30	Wireless call system	2004	1,925		20	96	96	1,008	30
31	Roofing	2004	1,660		20	84	84	882	31
32	Data cable	2004	614		20	30	30	315	32
33	Safety switches	2004	1,850		20	92	92	966	33
34	TOTAL (lines 1 thru 33)		\$ 15,815,523	\$		\$ 412,989	\$ 412,989	\$ 6,936,215	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 15,815,523	\$		\$ 412,989	\$ 412,989	\$ 6,936,215	1
2	Safety locks	2004	7,596		20	380	380	3,990	2
3	Locks	2004	1,566		20	78	78	819	3
4	Activity room phones	2004	5,571		20	278	278	2,919	4
5	Roof flashing	2004	2,500		20	126	126	1,323	5
6	Brick firewall	2004	16,000		20	800	800	8,400	6
7	Exit door alarm system	2004	4,116		20	206	206	2,163	7
8	Roofing	2004	1,500		20	76	76	798	8
9	Wallpaper	2004	24,748		20	1,238	1,238	12,999	9
10	Bathroom renovation	2004	2,070		20	104	104	1,092	10
11	Carpet	2004	589		20	30	30	315	11
12	Video recorder and wiring	2004	5,378		20	268	268	2,814	12
13	Electrical smoke door closer	2004	4,145		20	208	208	2,184	13
14	Wanderguard system	2004	2,819		20	140	140	1,470	14
15	Interior design	2004	2,927		20	146	146	1,533	15
16	Generator	2005	4,108		20	205	205	1,948	16
17	Security camera	2005	1,230		20	62	62	589	17
18	Wallcoverings	2005	6,976		20	349	349	3,315	18
19	Carpet	2005	23,239		20	1,162	1,162	11,039	19
20	Telephone system	2005	2,465		20	123	123	1,169	20
21	Hand held transmitters	2005	4,130		20	207	207	1,966	21
22	Digital keypad	2005	1,498		20	75	75	712	22
23	Armstrong Tiles	2005	1,047		20	52	52	494	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	22,278	24
25	Rubber cove base	2005	857		20	43	43	408	25
26	Canopies	2005	5,868		20	293	293	2,784	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	16,530	27
28	Lamps	2005	1,535		20	77	77	731	28
29	Interior design services	2005	8,164		20	408	408	3,876	29
30	Elevator	2005	54,840		20	2,741	2,741	26,041	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	13,908	31
32	Art work	2005	27,208		20	1,360	1,360	12,920	32
33	Signs	2005	1,071		20	54	54	513	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,152,266	\$		\$ 429,827	\$ 429,827	\$ 7,100,255	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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 12C, Carried Forward		\$ 16,152,266	\$		\$ 429,827	\$ 429,827	\$ 7,100,255	1
2	Handrails	2005	3,344		20	167	167	1,587	2
3	Paint	2005	773		20	39	39	370	3
4	Carpeting	2005	66,986		20	3,349	3,349	31,816	4
5	Vent gas pipe	2005	1,370		20	69	69	655	5
6	Landscaping	2005	16,026		20	801	801	7,610	6
7	Roof	2005	64,300		20	3,215	3,215	30,543	7
8	Corner guards	2005	1,279		20	64	64	608	8
9	Flooring	2006	15,305		20	765	765	6,505	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246		20	312	312	2,654	10
11	Wallpaper	2006	12,584		20	629	629	5,349	11
12	Door Alarms	2006	4,272		20	214	214	1,816	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584		20	679	679	5,774	13
14	Lobby Signage	2006	5,348		20	267	267	2,273	14
15	Door Controller	2006	2,691		20	135	135	1,143	15
16	Sprinkler System	2006	4,942		20	247	247	2,101	16
17	Cabinets	2006	26,199		20	1,310	1,310	11,135	17
18	Dining Room Column	2006	3,800		20	190	190	1,615	18
19	Window Treatments	2006	112,936		20	5,647	5,647	47,997	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	11,872	20
21	Handrails	2006	7,848		20	392	392	3,335	21
22	Carpeting	2006	50,970		20	2,549	2,549	21,662	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	13,664	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	22,610	24
25	Condensor	2006	73,494		20	3,675	3,675	31,235	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	2,327	26
27	Tuckpointing	2006	5,900		20	295	295	2,508	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	22,398	28
29	Dining Room Remodel	2006	15,925		20	796	796	6,768	29
30	Awnings	2006	4,000		20	200	200	1,700	30
31	Cabinetry	2006	1,975		20	99	99	839	31
32	Smoke Detectors	2006	2,447		20	122	122	1,040	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,848,271	\$		\$ 464,627	\$ 464,627	\$ 7,403,764	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 16,848,271	\$		\$ 464,627	\$ 464,627	\$ 7,403,764	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140		20	457	457	3,428	2
3	4th Floor Painting & Lighting	2007	3,559		20	178	178	1,335	3
4	Tile Flooring Replaced	2007	3,846		20	192	192	1,442	4
5	Telephone System	2007	64,130		20	3,207	3,207	24,049	5
6	Flooring Repair	2007	11,554		20	578	578	4,333	6
7	Hot Water Piping	2007	11,343		20	567	567	4,254	7
8	Built-In Cabinets	2007	11,000		20	550	550	4,125	8
9	Ceiling Tiles	2007	4,050		20	203	203	1,519	9
10	Drapery Track System	2007	10,753		20	538	538	4,032	10
11	Pull Chain Outlets	2007	8,395		20	420	420	3,148	11
12	Removal of Cables & Moldings	2007	6,000		20	300	300	2,250	12
13	16 Channel Digital Video Processor	2007	3,365		20	168	168	1,262	13
14	Fireproofing 6th Floor	2007	5,197		20	260	260	1,949	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041		20	402	402	3,015	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338		20	417	417	3,127	16
17	Wallpapering	2007	3,600		20	180	180	1,350	17
18	Brick Wall	2007	21,888		20	1,094	1,094	8,208	18
19	Air-condition System	2007	5,633		20	282	282	2,112	19
20	Remove & Replace Closet Carriers	2007	4,000		20	200	200	1,500	20
21	Limestone Wall Repair	2007	23,000		20	1,150	1,150	8,625	21
22	4th Floor Hallway & Dining Room Floors	2007	42,400		20	2,120	2,120	15,900	22
23	Drain Pipe & Water Lines installed	2007	4,120		20	206	206	1,545	23
24	4th Floor Nursing Station Cabinets	2007	11,000		20	550	550	4,125	24
25	Boiler Repairs	2007	3,990		20	200	200	1,496	25
26	4th & 6th Capering	2007	5,612		20	281	281	2,105	26
27	Paint Elevators	2007	3,071		20	154	154	1,152	27
28	Wood Moldings for 20 rooms	2007	2,680		20	134	134	1,005	28
29	Security System Installed	2007	21,708		20	1,085	1,085	8,140	29
30	Repair Groen Skillet in Kitchen	2007	3,113		20	156	156	1,167	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,172,796	\$		\$ 480,853	\$ 480,853	\$ 7,525,461	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 17,172,796	\$		\$ 480,853	\$ 480,853	\$ 7,525,461	1
2	Cabinets & Tiles	2008	6,045		20	302	302	1,965	2
3	Windows	2008	110,553		20	5,528	5,528	35,930	3
4	Painting Cellings	2008	9,564		20	478	478	3,108	4
5	Plubming Values	2008	7,985		20	399	399	2,595	5
6	Doors	2008	2,719		20	136	136	884	6
7	Front Desk & Nursing Stations	2008	15,920		20	796	796	5,174	7
8	Wall Paper	2008	2,890		20	145	145	939	8
9	Counter Tops	2009	18,438		20	922	922	5,070	9
10	Blind & Shade	2009	19,905		20	995	995	5,474	10
11	Door Locks & Closers	2009	14,166		20	708	708	3,896	11
12	Roof Replacement	2009	18,000		20	900	900	4,950	12
13	Bulletin Wall Cabinets	2009	22,919		20	1,146	1,146	6,303	13
14	Window & Exterior Wall Repairs	2009	78,400		20	3,920	3,920	21,560	14
15	Replace Waste Water Line	2009	9,850		20	493	493	2,709	15
16	Elevator Repairs	2009	14,120		20	706	706	3,883	16
17	AC Repairs	2009	9,526		20	476	476	2,620	17
18	Counter Tops Nurse Station	2010	3,000		20	150	150	675	18
19	Nurse Call Box & System	2010	71,909		20	3,595	3,595	16,179	19
20	2nd Floor Replace Floor & Wall Tile and Carpet	2010	18,501		20	925	925	4,163	20
21	Cooling Tower Replace Valves & Gaskets	2010	3,657		20	183	183	823	21
22	Power Connect & Wireless Cabling	2010	5,796		20	290	290	1,304	22
23	Sprinklers Run to Elevator Shafts	2010	7,765		20	388	388	1,747	23
24	Wallpaper & Paint 15 Rooms	2010	17,885		20	894	894	4,024	24
25	Hallway Carpeting, Painting, and Floor Repairs	2010	31,665		20	1,583	1,583	7,125	25
26	Dinning Rooms Wallpapering & Painting	2010	2,545		20	127	127	573	26
27	4th Floor Hallways Flooring & Painting	2010	7,100		20	355	355	1,598	27
28	Overhaul 3 Washers	2010	4,823		20	241	241	1,086	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,708,442	\$		\$ 507,635	\$ 507,635	\$ 7,671,815	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 17,708,442	\$		\$ 507,635	\$ 507,635	\$ 7,671,815	1
2	Remove old doors, install new doors	2011	2,610		20	131	131	327	2
3	Carpeting	2011	21,350		20	1,067	1,067	2,668	3
4	installation of new windows	2011	18,625		20	931	931	2,328	4
5	Heat and A/C repairs	2011	84,619		20	4,231	4,231	10,577	5
6	Roof, pavement, gutter repairs	2011	26,701		20	1,335	1,335	3,338	6
7	Cabinets, countertops, Wallpaper install/repairs	2011	64,401		20	3,220	3,220	8,050	7
8	dining room, 6th floor Hall, 9th floor office, Bistro, Beauty								8
9	Salon								9
10	Fire alarm: Upgrade fire suppression system, replace fire	2011	87,878		20	4,394	4,394	10,985	10
11	alarm control panel & devices, install sprinkler system devices								11
12									12
13	Install Awnings	2012	12,525		20	626	626	1,565	13
14	Install Door magnet	2012	3,500		20	175	175	438	14
15	Replace brick building east side	2012	10,500		20	525	525	1,313	15
16	Furnish/install ATS pole	2012	3,700		20	185	185	463	16
17	5 year safety test of elevator cars	2012	9,489		20	475	475	1,187	17
18	Welding and cutting staircases	2012	7,425		20	371	371	928	18
19	Custom made awning	2012	2,900		20	145	145	363	19
20	Power supply panel trim to nurses station	2012	3,666		20	183	183	458	20
21	DDC backflow preventor for fire sprinkler system	2012	5,000		20	250	250	625	21
22	Lift motor for cleveland skillet	2012	3,103		20	155	155	388	22
23									23
24	Fire sprinkler-install backflow preventor, replace leak	2013	6,031		20	302	302	453	24
25	Painting and decorating 6th floor	2013	5,181		20	260	260	390	25
26	Fabricate awning and aluminum sheet metal cover awnings	2013	4,100		20	206	206	309	26
27	Materials and labor to pull/install cable, WiFi	2013	8,000		20	400	400	600	27
28	Labor and materials for wall mounted kiosks in hallways	2013	4,625		20	232	232	348	28
29	Plant 8 trees on southport ave. and remove old trunks	2013	3,800		20	190	190	285	29
30	Asphalt Sealcoating and re-stripe pavement	2013	4,700		20	236	236	354	30
31	Car 5,4,2 Secure Elevator on top hatch,brake shoes, generator	2013	15,155		20	758	758	1,137	31
32	Carpet one roll, adhesive	2013	3,714		20	186	186	279	32
33	To tie to book depreciation			239,156			(239,156)		33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,131,740	\$ 239,156		\$ 528,804	\$ 289,648	\$ 7,721,971	34

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

Facility Name & ID Number The Imperial Grove Pavilion

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 18,131,740	\$ 239,156		\$ 528,804	\$ 289,648	\$ 7,721,971	1
2	Thermal ceramic blanket around exhaust-Entire exhaust in walls	2014	2,525		20	63	63	63	2
3	Data plates on all controllers, elevators	2014	9,974		20	249	249	249	3
4									4
5	Fire alarm system repair	2014	4,121		20	103	103	103	5
6	Replace marley OEM cross flow nozzles, fan shafts, new oil lines or	2014	3,455		20	86	86	86	6
7									7
8									8
9	Real Estate 2013								9
10	Paint hallway, lobby, 1st floor. 20 gal. pain, 8 rolls tape	2013	2,579		20	64	64	64	10
11	Paint office, reception office, activity room, beauty shop	2013	1,582		20	39	39	39	11
12	Dining room carpet, remove old and put in new	2013	6,900		20	173	173	173	12
13	Dining room carpet, remove old and put in new	2013	7,620		20	191	191	191	13
14	Sealcoat and re-stripe pavement parking lot	2013	4,500		20	112	112	112	14
15	Elevator car 5 install new breaks and adjust shoes	2013	5,155		20	129	129	129	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,180,151	\$ 239,156		\$ 530,013	\$ 290,857	\$ 7,723,180	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 18,180,151	\$ 239,156		\$ 530,013	\$ 290,857	\$ 7,723,180	1
2	Security & Fire Alarm System-7257 N. Lincoln Ave. LLC	2004	1,400		20	70	70	735	2
3	Sprinkler System: 7257 N. Lincoln Ave LLC	2005	6,421		20	406	406	3,842	3
4	NUCARE ALLOC:								4
5	Renovation - Alarm System	2003	855		20	43	43	475	5
6	Renovation and Buildout	2004	17,361		20	870	870	9,310	6
7	Data Cables, Lights, Heat Exchanger	2005	1,029		20	52	52	507	7
8	Renovation - Cooling Unit	2006	1,396		20	70	70	584	8
9	Asphalt and Carpet	2008	1,471		20	74	74	460	9
10	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers,	2009	23,685		20	1,184	1,184	6,643	10
11	Alarm Systems, Kitchen Remodel, Wallcoverings, etc..)								11
12	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repair	2010	3,640		20	182	182	820	12
13	Hot Water Heater	2011	197		20	10	10	39	13
14	Paint 2nd floor windows	2012	219		20	11	11	30	14
15	Elv. repair, sprinkler, elec. HVAC, wiring at workstations, carpet	2014	2,737		20	83	83	83	15
16	Allocated from ITEX-A.C. Care	1993	50,766		20			50,766	16
17	Allocated from ITEX-A.C. Care	1994	27,268		20	977	977	27,265	17
18	Allocated from ITEX-A.C. Care	1995	4,647		20	232	232	4,461	18
19	Allocated from ITEX-A.C. Care	1996	263		20	13	13	250	19
20	Allocated from ITEX-A.C. Care	1997	7,839		20	392	392	6,859	20
21	Allocated from ITEX-A.C. Care	1999	870		20	44	44	696	21
22	Allocated from ITEX-A.C. Care	2005	3,812		20	191	191	1,808	22
23	Allocated from ITEX-A.C. Care	2007	4,719		20	236	236	1,713	23
24	Allocated from ITEX-A.C. Care	2008	17,986		20	594	594	3,911	24
25	Allocated from ITEX-A.C. Care	2009	980		20	98	98	539	25
26	Allocated from ITEX-A.C. Care	2010	2,093		20	105	105	458	26
27	Allocated from ITEX-A.C. Care	2014	8,738		20	230	230	230	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,370,543	\$ 239,156		\$ 536,180	\$ 297,024	\$ 7,845,664	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,363,305	\$	\$ 269,268	\$ 269,268		\$ 3,475,846	71
72	Current Year Purchases	38,857		1,943	1,943	10	1,943	72
73	Fully Depreciated Assets							73
74	Allocated from NuCare & Itex	297,927		8,475	8,475	10	248,257	74
75	TOTALS	\$ 3,700,089	\$	\$ 279,686	\$ 279,686		\$ 3,726,046	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$	\$		\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	See Schedule 13A			110,701		12,169	12,169	5	78,529	78
79	Allocated from NuCare Servi			647		129	129	5	571	79
80	TOTALS			\$ 162,547	\$	\$ 12,298	\$ 12,298		\$ 130,299	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)	\$ 22,281,005
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 239,156
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 828,164
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 589,008
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,702,009

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

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

G. Construction-in-Progress

	Description	Cost	
92	Real estate CIP	\$ 85,105	92
93	Pre Design & Schematic Plan.	45,000	93
94			94
95		\$ 130,105	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.

**Facility Name:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

**Schedule 13A**

**XI. Ownership Costs**  
**Line 79 - Vehicle Depreciation**

Use	Model, Make & Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
Patient Care	2003 Ford Van	2003	49,856			-		49,856
Patient Care	2012 Ford Elka	2012	52,095		10,419	10,419	5	26,048
Patient Care	2007 Ford Van	2013	8,750		1,750	1,750	5	2,625
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
<b>TOTAL</b>			<b>110,701</b>	<b>-</b>	<b>12,169</b>	<b>12,169</b>		<b>78,529</b>

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Mgmt. Co.				496			6
7	TOTAL				\$ 496			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 N/A.

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ 126,882 Description: Copier 41,211; Therapy Equip 6,985; Storage Rental 4,006, Bed Rental-72,146; Mgmt. Co. -\$2,534

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	Mgmt. Co. Allocation			3,049	19
20					20
21	TOTAL		\$	\$ 3,049	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 The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/2014 Ending: 12/31/2014  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8		
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service			Units	Cost						
1	Licensed Occupational Therapist	L39, C3	hrs	\$	18,854	\$	1,357,471	\$	18,854	\$	1,357,471	1	
2	Licensed Speech and Language Development Therapist	L39, C3	hrs		5,301		381,679		5,301		381,679	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	L39, C3	hrs		20,304		1,461,875		20,304		1,461,875	4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation		hrs									8	
9	Pharmacy	L39, C2	# of prescripts					980,356			980,356	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): <u>Respiratory Therapist</u>	L39, C3			715		38,522		715		38,522	12	
13	Other (specify): <u>See Schedule 16A</u>	L39(1,2,3)	11515 hrs				39,879	10,440	11,515		50,319	13	
14	TOTAL			\$	45,174	\$	3,279,426	\$	990,796	56,689	\$	4,270,222	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:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 12 Other (specify)**

Description	Units	Staff Cost	Outside Practioner		Supplies
			Units	Amount	
Ambulance				39,879	
Oxygen					10,440
<b>Total - Line 12</b>		-	-	<b>39,879</b>	<b>10,440</b>

Facility Name & ID Number The Imperial Grove Pavilion# 0037754Report Period Beginning: 01/01/2014Ending: 12/31/2014

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 601,402	\$ 1,731,745	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>498,811</u> )	9,941,727	10,445,727	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,730	74,232	6
7	Other Prepaid Expenses	2,103	2,103	7
8	Accounts Receivable (owners or related parties)	1,696,413	2,096,678	8
9	Other(specify): <u>See Schedule 17A</u>	1,287,690	1,287,690	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 13,533,065	\$ 15,638,175	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		47,826	13
14	Buildings, at Historical Cost		14,911,225	14
15	Leasehold Improvements, at Historical Cost	2,037,003	3,459,318	15
16	Equipment, at Historical Cost	1,533,964	3,862,636	16
17	Accumulated Depreciation (book methods)	(2,058,487)	(11,702,009)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		835,657	21
22	Other Long-Term Assets (spec <u>Construction in Proce</u> <u>45,000</u> )	45,000	130,105	22
23	Other(specify): <u>Net Loan Costs</u>		437,426	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,557,480	\$ 11,982,184	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 15,090,545	\$ 27,620,359	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 854,741	\$ 854,741	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	225,799	225,799	29
30	Accrued Salaries Payable	562,156	562,156	30
31	Accrued Taxes Payable (excluding real estate taxes)	42,946	42,946	31
32	Accrued Real Estate Taxes(Sch.IX-B)		585,015	32
33	Accrued Interest Payable		63,606	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Schedule 17A</u>	6,085,511	6,392,834	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,771,153	\$ 8,727,097	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	2,765,400	19,058,282	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,765,400	\$ 19,058,282	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 10,536,553	\$ 27,785,379	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,553,992	\$ (165,020)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 15,090,545	\$ 27,620,359	48

\*(See instructions.)

**Facility Name:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

**Schedule 17A**

**XV. Balance Sheet**

**Line 9 Current Assets Other (specify):**

<b>Description</b>	<b>After</b>	
	<b>Operating</b>	<b>Consolidation</b>
Due Maple Leaf	50,650	50,650
Employee Loans	1,300	1,300
Insurance Claims Exchange	(10,267)	(10,267)
Accrued Management Fees-Nucare	806,649	806,649
Accrued Management Fees-AK Care	385,000	385,000
Due to AK Care	49,895	49,895
Due to D.Hartman	4,463	4,463
<b>Total - Line 9</b>	<b>1,287,690</b>	<b>1,287,690</b>

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

<b>Description</b>	<b>After</b>	
	<b>Operating</b>	<b>Consolidation</b>
Short Term Loan Exchange	-	307,323
Due to Public Aid	357,665	357,665
Accrued Accounts Payable	210,789	210,789
Professional Claims Liability	3,356,696	3,356,696
Accrued Insurance Premium	26,955	26,955
Accrued Utilities	41,448	41,448
Due Employees-Old Payroll Checks	20,846	20,846
Short Term Loan Exchange	6,992	6,992
Due to Shareholders-Short Term	100,000	100,000
Due to Cal Gardens Expense	86	86
Due to Imperial Building	400,265	400,265
Due to IVY Apartments Bank	4,384,977	4,384,977

Due to IVY Apartments Expense	(1,699,331)	(1,699,331)
Due to Renaissance at 87Th Street E	14	14
Due to NuCare Service Corp Expense	(958,292)	(958,292)
Due to NuVision Holdings Expense	(163,599)	(163,599)
	<u>6,085,511</u>	<u>6,392,834</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,639,371	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(183,469)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,455,902	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(101,310)	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	(800,600)	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)	\$ (901,910)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,553,992	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,924,533	1
2	Discounts and Allowances for all Levels	(5,446,745)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,477,788</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,950,373	6
7	Oxygen	42,520	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 8,992,893</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,108,360	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	496,967	19
20	Radiology and X-Ray	87,762	20
21	Other Medical Services	189,562	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 2,882,651</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	75,785	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 75,785</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Sch 19A</u>	1,488	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 1,488</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 23,430,605</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,949,946	31
32	Health Care	7,717,971	32
33	General Administration	5,246,515	33
<b>B. Capital Expense</b>			
34	Ownership	2,258,784	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,819,531	35
36	Provider Participation Fee	539,168	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 23,531,915</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(101,310)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (101,310)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 8,379,314	44
45	Private Pay - Net Inpatient Revenue	1,070,765	45
46	Medicare - Net Inpatient Revenue	1,433,887	46
47	Other-(specify) <u>Managed Care</u>	50,682	47
48	Other-(specify) <u>See 19A</u>	543,140	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,477,788</b>	49

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

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

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

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

^ - This entity is a cash basis taxpayer"

Facility Name: The Imperial Grove Pavilion  
IDPH License ID Number: 0037754  
Fiscal Year End: 12/31/2014

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

<u>Description</u>	<u>Amount</u>
Other Revenue-Misc. Income	1,419
Other Revenue-Jury Duty Income	69
<b>Total - Line 28</b>	<b><u>1,488</u></b>

**XVII. Income Statement**

**Line 48 Other Revenue (specify):**

<u>Description</u>	<u>Amount</u>
CCHHS	86,169
Hospice	456,971
<b>Total - Line 48</b>	<b><u>543,140</u></b>

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,705	2,943	\$ 185,960	\$ 63.19	1
2	Assistant Director of Nursing	1,996	2,134	86,452	40.51	2
3	Registered Nurses	77,803	83,067	2,802,086	33.73	3
4	Licensed Practical Nurses	31,252	33,968	870,106	25.62	4
5	CNAs & Orderlies	155,644	170,460	2,003,701	11.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,269	1,637	46,920	28.66	9
10	Activity Assistants	6,788	8,435	136,880	16.23	10
11	Social Service Workers	7,029	7,412	161,670	21.81	11
12	Dietician	3,099	3,192	87,412	27.38	12
13	Food Service Supervisor					13
14	Head Cook	9,784	10,476	128,204	12.24	14
15	Cook Helpers/Assistants	29,170	32,432	336,724	10.38	15
16	Dishwashers					16
17	Maintenance Workers	6,887	7,657	152,182	19.87	17
18	Housekeepers	32,223	35,227	367,057	10.42	18
19	Laundry	8,170	9,122	88,287	9.68	19
20	Administrator	3,555	3,858	190,525	49.38	20
21	Assistant Administrator	805	892	23,177	25.98	21
22	Other Administrative					22
23	Office Manager	2,019	2,171	73,083	33.66	23
24	Clerical	20,506	22,708	485,800	21.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	7,566	8,320	329,678	39.62	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,503	5,911	93,116	15.75	31
32	Other Health C: <u>Wound Care</u>	13,496	14,136	214,999	15.21	32
33	Other(specify) <u>See 20A</u>	2,096	2,196	61,581	28.04	33
34	TOTAL (lines 1 - 33)	429,365	468,354	\$ 8,925,600 *	\$ 19.06	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	702	\$ 26,339	1(3)	35
36	Medical Director	Monthly	91,500	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	28	1,482	10(3)	38
39	Pharmacist Consultant	Monthly	17,825	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	36	1,988	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Medical Consultant	Monthly	15,840	10(3)	47
48	Alzheimers Director	Monthly	38,724	11(3)	48
49	TOTAL (lines 35 - 48)	766	\$ 193,698		49

C. CONTRACT NURSES

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

**Facility Name:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

**Schedule 20A**

**XVIII. Staffing and Salary Costs**

**Line 33 Other (specify):**

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Marketing	796	796	37,814	\$ 47.51
Pgr. Transportation	1,300	1,400	23,767	\$ 16.98
<b>Total - Line 33 Other (specify):</b>	<b>2,096</b>	<b>2,196</b>	<b>61,581</b>	<b>\$ 28.04</b>

47.484424 47.484424



**Facility Name:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

A. Administrative Salaries		Ownership	
Name	Function	%	Amount
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>213,702</b>
NuCare Services			31,964
Salary reclass			<u>21,901</u>
	Total		<u><u>267,567</u></u>

**Facility Name:** The Imperial Grove Pavilion  
**IDPH License ID Number:** 0037754  
**Fiscal Year End:** 12/31/2014

**Schedule 21A**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
IDEPO Reporters	Legal	52
Ricoh USA, Inc.	Legal	6
Polsinelli	Legal	10,097
Edwards Wildman Palmer, LLP	Legal	25,567
Vedder Price	Legal	19,330
Ability Network, Inc.	Computer Services	2,746
CDW Government, Inc.	Computer Services	2,867
Creative Technology Solutions	Computer Services	18,693
Curaspan	Computer Services	1,967
EBS Master, LLC	Computer Services	1,054
EFAX Corporate	Computer Services	6,124
E-Health Data Solutions	Computer Services	5,112
Eitechs Corporation	Computer Services	965
Formation Healthcare Group, LLC	Computer Services	1,005
HDSI Health data system	Computer Services	5,813
It's never 2 late	Computer Services	2,125
Market Metrix of Delaware, LLC	Computer Services	2,140
Matrixcare/MDI Achieve, Inc.	Computer Services	39,753
Medifax-EDI, LLC	Computer Services	242
Moeo Interactive Product, Inc.	Computer Services	1,427
On Shift, Inc.	Computer Services	13,507
Providence Management & Development	Computer Services	241
Providgm-Citibusiness Card	Computer Services	2,080
Surequest reclass	Computer Services	1,019
Telemedicine Solutions, LLC	Computer Services	4,975
Wescom Solutions, Inc.	Computer Services	2,114

Yehuda Cohen	Computer Services	178
Comcast Fiber and Cable	Internet Expenses	19,684
Paetec	Internet Expenses	14,472
Point B Communications, Inc.	Internet Expenses	16
Commitment Consulting, LLC	Office-Outside Labor	66,780
Achieve Accreditation	Computer Services	14,168
Pinnacle Quality Insight BP	Computer Services	600
Document Solutions-Stone, McGuire & Siegel	Computer Services	669
M. Hunter-IBEX	Computer Services	7,428
Marsh USA, Inc.	Office Consulting	895
Mercer Health & Benefits LLC	Office Consulting	358
Nitestar Productions, Inc.	Office Consulting	85
Risk Management Services, LLC	Risk Managemet	417
Symphony Financial Services	Office Consulting	2,479
Year End Accrual	Accrual	(4,000)
Settlement		10,000
		<u>305,250</u>

**Total (agree to Schedule V, line 19, column 3)** 362,202

Allocated from Management Company Legal Fees	12,585
Allocated from Management Company Professional Services	9,399
Allocated from Real Estate	17,018
Less: Non-Allowable Legal Fees	(46,867)
Less: Settlement	(10,000)

**Total (agree to Schedule V, line 19, column 8)** 344,337

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

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

Facility Name & ID Number The Imperial Grove Pavilion# 0037754Report Period Beginning: 01/01/2014 Ending: 12/31/2014**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long-Term Care \$16,385
- (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? \_\_\_\_\_
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 212 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 539,168  
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. \$ 73,080 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? 0%
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.