



Facility Name & ID Number Imperial Of Lincoln Park

# 0053694 Report Period Beginning: 01/01/15 Ending: 12/31/15

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>53,604</u>	<u>5,523</u>	<u>25,982</u>	<u>85,109</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>53,604</u>	<u>5,523</u>	<u>25,982</u>	<u>85,109</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.02%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started 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 12,734

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name &amp; ID Number

Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	626,936	116,914	26,904	770,754	770,754	6,347	777,101			1
2	Food Purchase		684,203		684,203	684,203	(443)	683,760			2
3	Housekeeping	362,312	119,097		481,409	481,409	8,897	490,306			3
4	Laundry	92,072	15,385	30,188	137,645	137,645		137,645			4
5	Heat and Other Utilities			443,185	443,185	443,185	(13,098)	430,087			5
6	Maintenance	175,214		264,805	440,019	440,019	55,581	495,600			6
7	Other (specify):*						4,314	4,314			7
8	<b>TOTAL General Services</b>	<b>1,256,534</b>	<b>935,599</b>	<b>765,082</b>	<b>2,957,215</b>	<b>2,957,215</b>	<b>61,598</b>	<b>3,018,813</b>			<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			137,820	137,820	137,820		137,820			9
10	Nursing and Medical Records	6,452,756	376,330	43,845	6,872,931	6,872,931	285,599	7,158,530			10
10a	Therapy	141,001		49,927	190,928	190,928	(4,333)	186,595			10a
11	Activities	178,518	29,818	2,640	210,976	210,976		210,976			11
12	Social Services	259,994			259,994	259,994		259,994			12
13	CNA Training										13
14	Program Transportation			101,956	101,956	101,956	(3,341)	98,615			14
15	Other (specify):*						56,907	56,907			15
16	<b>TOTAL Health Care and Programs</b>	<b>7,032,269</b>	<b>406,148</b>	<b>336,188</b>	<b>7,774,605</b>	<b>7,774,605</b>	<b>334,832</b>	<b>8,109,437</b>			<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	188,068		1,255,332	1,443,400	1,443,400	(1,192,874)	250,526			17
18	Directors Fees										18
19	Professional Services			221,044	221,044	221,044	98,403	319,447			19
20	Dues, Fees, Subscriptions & Promotions			144,515	144,515	144,515	(32,005)	112,510			20
21	Clerical & General Office Expenses	388,248	15	726,213	1,114,476	1,114,476	(213,430)	901,046			21
22	Employee Benefits & Payroll Taxes			1,701,368	1,701,368	1,701,368		1,701,368			22
23	Inservice Training & Education										23
24	Travel and Seminar			8,569	8,569	8,569	3,445	12,014			24
25	Other Admin. Staff Transportation			6,251	6,251	6,251	14,424	20,675			25
26	Insurance-Prop.Liab.Malpractice			623,035	623,035	623,035	30,588	653,623			26
27	Other (specify):*						69,483	69,483			27
28	<b>TOTAL General Administration</b>	<b>576,316</b>	<b>15</b>	<b>4,686,327</b>	<b>5,262,658</b>	<b>5,262,658</b>	<b>(1,221,965)</b>	<b>4,040,693</b>			<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>8,865,119</b>	<b>1,341,762</b>	<b>5,787,597</b>	<b>15,994,478</b>	<b>15,994,478</b>	<b>(825,535)</b>	<b>15,168,943</b>			<b>29</b>

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			332,194	332,194		332,194	222,629	554,823			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			209,950	209,950		209,950	600,366	810,316			32
33	Real Estate Taxes			464,232	464,232		464,232	126,729	590,961			33
34	Rent-Facility & Grounds			1,422,910	1,422,910		1,422,910	(1,420,119)	2,791			34
35	Rent-Equipment & Vehicles			47,957	47,957		47,957	14,262	62,219			35
36	Other (specify):*			228	228		228	107,940	108,168			36
37	<b>TOTAL Ownership</b>			2,477,471	2,477,471		2,477,471	(348,194)	2,129,277			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		997,724	3,490,438	4,488,162		4,488,162	(15,390)	4,472,772			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			680,283	680,283		680,283	(105,186)	575,097			42
43	Other (specify):*	99,880		40,886	140,766		140,766	(140,766)	0			43
44	<b>TOTAL Special Cost Centers</b>	99,880	997,724	4,211,607	5,309,211		5,309,211	(261,342)	5,047,869			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,964,999	2,339,486	12,476,675	23,781,160		23,781,160	(1,435,071)	22,346,089			45

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



**Imperial Of Lincoln Park**

**ID# 0053694**

**Report Period Beginning: 01/01/15**

**Ending: 12/31/15**

Sch. V Line

**NON-ALLOWABLE EXPENSES**

**Amount**

**Reference**

1	Sequestration Expense	\$ (143,654)	21	1
2	Discounts Earned	(267)	21	2
3	Marketing Salaries	(480)	43	3
4	Guest Relations	(99,400)	43	4
5	Bank Charges	(62,593)	21	5
6	Marketing Services	(40,886)	43	6
7	Additional R&M	13,256	06	7
8	Building Company - Legal Fees	(1,748)	19	8
9	Building Company - Accounting Fees	(10,513)	19	9
10	Building Company - Misc. Expense	(839)	21	10
11	Building Company - Bank Charges	(9)	21	11
12	Building Company - Closing Costs	(452,314)	36	12
13	Non-Allowable Legal Fees	(10,644)	19	13
14	Amortization	(228)	36	14
15	PAC Dues	(10,321)	20	15
16	Prior Period Bed Tax	(105,186)	42	16
17	Rent for Sale / Leaseback Arrangement	(422,600)	34	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>	(1,348,426)		49

Imperial Of Lincoln Park

ID# 0053694  
 Report Period Beginning: 01/01/15  
 Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	<b>Total</b>		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary					6,347							6,347	1
2	Food Purchase	(443)											(443)	2
3	Housekeeping					8,897							8,897	3
4	Laundry													4
5	Heat and Other Utilities	(24,068)		4,265	169	6,537							(13,098)	5
6	Maintenance	13,256		29,284	3,818	9,223							55,581	6
7	Other (specify):*			3,684	630								4,314	7
8	<b>TOTAL General Services</b>	<b>(11,255)</b>		<b>37,233</b>	<b>4,617</b>	<b>31,004</b>							<b>61,598</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records			257,287	29,324		(1,012)						285,599	10
10a	Therapy						(4,333)						(4,333)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation							(3,341)					(3,341)	14
15	Other (specify):*			50,199	6,708								56,907	15
16	<b>TOTAL Health Care and Programs</b>			<b>307,486</b>	<b>36,032</b>		<b>(5,345)</b>	<b>(3,341)</b>					<b>334,832</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(963,450)	(229,424)								(1,192,874)	17
18	Directors Fees													18
19	Professional Services	(22,905)	12,261	95,288	6,169	7,591							98,403	19
20	Fees, Subscriptions & Promotions	(46,815)		9,784	3,302	1,724							(32,005)	20
21	Clerical & General Office Expenses	(586,252)	848	256,533	69,121	46,320							(213,430)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,375	1,862	208							3,445	24
25	Other Admin. Staff Transportation			13,726	698								14,424	25
26	Insurance-Prop.Liab.Malpractice		27,806	17		2,765							30,588	26
27	Other (specify):*			54,498	14,984								69,483	27
28	<b>TOTAL General Administration</b>	<b>(655,972)</b>	<b>40,915</b>	<b>(532,228)</b>	<b>(133,288)</b>	<b>58,608</b>							<b>(1,221,965)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(667,227)</b>	<b>40,915</b>	<b>(187,510)</b>	<b>(92,639)</b>	<b>89,612</b>	<b>(5,345)</b>	<b>(3,341)</b>					<b>(825,535)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Imperial Of Lincoln Park# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	197,174		10,292	1,297	13,867							222,629	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(4,681)	588,740	3,725	171	12,411							600,366	32
33	Real Estate Taxes		109,469	3,731	750	12,778							126,729	33
34	Rent-Facility & Grounds	(422,600)	(1,000,310)	2,791									(1,420,119)	34
35	Rent-Equipment & Vehicles			9,716	2,403	2,143							14,262	35
36	Other (specify):*	(452,542)	560,482										107,940	36
37	<b>TOTAL Ownership</b>	<b>(682,649)</b>	<b>258,381</b>	<b>30,255</b>	<b>4,620</b>	<b>41,199</b>							<b>(348,194)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(15,390)						(15,390)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	(105,186)											(105,186)	42
43	Other (specify):*	(140,766)											(140,766)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(245,952)</b>					<b>(15,390)</b>						<b>(261,342)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(1,595,828)</b>	<b>299,296</b>	<b>(157,254)</b>	<b>(88,019)</b>	<b>130,811</b>	<b>(20,735)</b>	<b>(3,341)</b>					<b>(1,435,071)</b>	<b>45</b>

Facility Name & ID Number

Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,000,310	Claridge Imperial LLC	100.00%	\$	(1,000,310)	1
2	V	21 Miscellaneous		Claridge Imperial LLC	100.00%	839	839	2
3	V	19 Accounting Fees		Claridge Imperial LLC	100.00%	10,513	10,513	3
4	V	21 Bank Charges		Claridge Imperial LLC	100.00%	9	9	4
5	V	26 General Insurance		Claridge Imperial LLC	100.00%	27,806	27,806	5
6	V	36 Mortgage Insurance		Claridge Imperial LLC	100.00%	108,168	108,168	6
7	V	32 Mortgage Inerest		Claridge Imperial LLC	100.00%	589,139	589,139	7
8	V	19 Legal Fees		Claridge Imperial LLC	100.00%	1,748	1,748	8
9	V	33 Real Estate Taxes	345,732	Claridge Imperial LLC	100.00%	455,201	109,469	9
10	V	32 Interest Income	399	Claridge Imperial LLC	100.00%		(399)	10
11	V	36 Closing Costs		Claridge Imperial LLC	100.00%	452,314	452,314	11
12	V							12
13	V							13
14	Total		\$ 1,346,441			\$ 1,645,737	\$ * 299,296	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 4,265	\$ 4,265 15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	18,881	18,881 16
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	10,404	10,404 17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	3,684	3,684 18
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	257,287	257,287 19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	50,199	50,199 20
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	58,128	58,128 21
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	95,288	95,288 22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	9,784	9,784 23
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	221,193	221,193 24
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	35,340	35,340 25
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,375	1,375 26
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	13,726	13,726 27
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	17	17 28
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	54,498	54,498 29
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,292	10,292 30
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,725	3,725 31
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	3,731	3,731 32
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	2,791	2,791 33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,783	2,783 34
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	6,933	6,933 35
36	V						36
37	V	17 MANAGEMENT FEES	1,021,578	NUCARE SERVICES CORP.			(1,021,578) 37
38	V						38
39	Total		\$ 1,021,578			\$ 864,324	\$ * (157,254) 39

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

Facility Name & ID Number Imperial Of Lincoln Park# 0053694Report Period Beginning: 01/01/15 Ending: 12/31/15

## 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	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 169	\$	169	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,752		2,752	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	1,066		1,066	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	630		630	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	29,324		29,324	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	6,708		6,708	20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,330		4,330	21
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	6,169		6,169	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	3,302		3,302	23
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	65,391		65,391	24
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,730		3,730	25
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,862		1,862	26
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	698		698	27
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	14,984		14,984	28
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,297		1,297	29
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	171		171	30
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	750		750	31
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,719		1,719	32
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	684		684	33
34	V								34
35	V								35
36	V	17 MANAGEMENT FEES	233,754	MAESTRO CONSULTING SERVICES LLC	100.00%			(233,754)	36
37	V								37
38	V								38
39	Total		\$ 233,754			\$ 145,735	\$ *	(88,019)	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	<u>1</u> <u>DIETARY</u>	\$	<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	\$ <u>6,347</u>	\$	<u>6,347</u>	15
16	V	<u>3</u> <u>HOUSEKEEPING</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>8,897</u>		<u>8,897</u>	16
17	V	<u>5</u> <u>UTILITIES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>6,537</u>		<u>6,537</u>	17
18	V	<u>6</u> <u>REPAIRS AND MAINT.</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>9,223</u>		<u>9,223</u>	18
19	V	<u>19</u> <u>PROFESSIONAL FEES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>7,591</u>		<u>7,591</u>	19
20	V	<u>20</u> <u>FEES, SUBSCRIPTIONS</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>1,724</u>		<u>1,724</u>	20
21	V	<u>21</u> <u>CLERICAL AND GENERAL</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>46,320</u>		<u>46,320</u>	21
22	V	<u>24</u> <u>EDUCATION AND SEMINARS</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>208</u>		<u>208</u>	22
23	V	<u>26</u> <u>INSURANCE</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>2,765</u>		<u>2,765</u>	23
24	V	<u>30</u> <u>DEPRECIATION</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>13,867</u>		<u>13,867</u>	24
25	V	<u>32</u> <u>INTEREST</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>12,411</u>		<u>12,411</u>	25
26	V	<u>33</u> <u>REAL ESTATE TAXES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>12,778</u>		<u>12,778</u>	26
27	V	<u>35</u> <u>EQUIPMENT RENTAL</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>2,143</u>		<u>2,143</u>	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	<b>Total</b>		\$			\$ <b>130,811</b>	\$ *	<b>130,811</b>	39

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Nursing Supplies & Equipment	\$ 9,985	Integra Healthcare Equipment LLC		\$ 8,973	\$ (1,012)
16	V	10A Respiratory Services	42,776	Integra Healthcare Equipment LLC		38,443	(4,333)
17	V	39 DME & Medical Supplies	151,923	Integra Healthcare Equipment LLC		136,533	(15,390)
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	<b>Total</b>		\$ 204,684			\$ 183,949	\$ * (20,735)

\* 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	14 Transportation	\$ 43,671	Lifeline Ambulance LLC		\$ 40,330	\$ (3,341)
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		\$ 43,671			\$ 40,330	\$ * (3,341)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 33,084	MAPLE LEAF INSURANCE	100.00%	\$ 33,084	\$	15
16	V	26 Liability Insurance	89,006	MAPLE LEAF INSURANCE	100.00%	89,006		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 122,090			\$ 122,090	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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





Facility Name &amp; ID Number

Imperial Of Lincoln Park

#

0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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 Munter	Owner	Administrative	19.00%	See Attached	2.46	4.92%	Alloc. Salary	\$ 4,330	17-07	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	\$ 4,330		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 Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,031,168	17	\$ 58,329	\$ 75,392	\$ 4,265	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	18,881	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295	75,392	10,404	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385	75,392	3,684	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	257,287	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596	75,392	50,199	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	58,128	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295	75,392	95,288	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814	75,392	9,784	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	221,193	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355	75,392	35,340	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809	75,392	1,375	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735	75,392	13,726	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238	75,392	17	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397	75,392	54,498	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764	75,392	10,292	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953	75,392	3,725	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037	75,392	3,731	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171	75,392	2,791	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069	75,392	2,783	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822	75,392	6,933	21
22									22
23									23
24									24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 864,324	25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 MAESTRO CONSULTING SERVICES LLC  
 Street Address 7257 N. LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 847) 933-2600  
 Fax Number ( 847) 933-2601

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	307,257	28	\$ 3,424	\$ 15,128	\$ 169	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	15,128	2,752	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648		15,128	1,066	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799		15,128	630	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	15,128	29,324	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244		15,128	6,708	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	87,954	15,128	4,330	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288		15,128	6,169	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058		15,128	3,302	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	15,128	65,391	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756		15,128	3,730	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815		15,128	1,862	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185		15,128	698	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341		15,128	14,984	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334		15,128	1,297	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464		15,128	171	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239		15,128	750	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911		15,128	1,719	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885		15,128	684	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,959,951	\$ 2,067,559	\$ 145,735		25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 ITEX / AK CARE COMPANY  
 Street Address 6633 N. LINCOLN AVE.  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 679-9141  
 Fax Number ( 847) 679-1820

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	AVAILABLE BED DAYS	359,890	4	\$ 25,233	\$ 90,520	\$ 6,347	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	359,890	4	35,372	90,520	8,897	2
3	5	UTILITIES	AVAILABLE BED DAYS	359,890	4	25,988	90,520	6,537	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	359,890	4	36,670	90,520	9,223	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	359,890	4	30,182	90,520	7,591	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	359,890	4	6,855	90,520	1,724	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	359,890	4	184,161	90,520	46,320	7
8	24	EDUCATION AND SEMINARS	AVAILABLE BED DAYS	359,890	4	828	90,520	208	8
9	26	INSURANCE	AVAILABLE BED DAYS	359,890	4	10,991	90,520	2,765	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	359,890	4	55,133	90,520	13,867	10
11	32	INTEREST	AVAILABLE BED DAYS	359,890	4	49,344	90,520	12,411	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	359,890	4	50,804	90,520	12,778	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	359,890	4	8,519	90,520	2,143	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					\$ 520,080	\$	\$ 130,811	25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies & Equipment	Direct Allocation		\$	\$		8,973	1
2	10A	Respiratory Services	Direct Allocation					38,443	2
3	39	DME & Medical Supplies	Direct Allocation					136,533	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				\$	\$		183,949	25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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	14	Transportation	Direct Allocation		\$	\$		\$ 40,330	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				\$	\$		\$ 40,330	25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

( )

Fax Number

( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	Direct Allocation		\$	\$		\$ 33,084	1
2	26	LIABILITY INSURANCE	Direct Allocation					89,006	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				\$	\$		\$ 122,090	25

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694 Report Period Beginning: 01/01/15 Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number

Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										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						\$ 589,139	1								
2											2								
3											3								
4											4								
5											5								
<b>Working Capital</b>																			
6	Note Payable		X	N/P			634,618			209,950	6								
7											7								
8	See Supplemental Schedule									16,307	8								
9	<b>TOTAL Facility Related</b>					\$	\$ 634,618			\$ 815,396	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(4,681)	10								
11	Interest Income-Bldg Co		X							(399)	11								
12											12								
13											13								
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (5,080)	14								
15	<b>TOTALS (line 9+line14)</b>					\$	\$ 634,618			\$ 810,316	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 108,168 Line # 36

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

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

Facility Name & ID Number

Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

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

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1						\$	\$			\$	1							
2											2							
3											3							
4											4							
5											5							
6											6							
7	<b>TOTAL Long-Term</b>										7							
<b>Working Capital</b>																		
8	Allocated from NuCare		X			\$	\$			\$	3,725	8						
9	Allocated from Maestro		X								171	9						
10	Allocated from ITEX / AK CARE		X								12,411	10						
11												11						
12												12						
13												13						
14	<b>TOTAL Working Capital</b>										14							
<b>B. Non-Facility Related*</b>																		
15						\$	\$			\$		15						
16												16						
17												17						
18												18						
19												19						
20	<b>TOTAL Non-Facility Related</b>										20							

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<b>585,015</b>		<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>585,641</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>626</b>		<b>3</b>
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>118,500</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</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>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>119,126</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>498,488</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>496,415</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>549,719</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>557,158</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>568,381</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The amount on line 7 does not agree to page 4, line 33. This is the result of the accrual on line 4 above being for only 2 months.</b>					
<b>Allocated from NuCare \$3,731</b>					
<b>Allocated from Maestro \$750</b>					
<b>Allocated from IteX/AK Care \$12,778</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.**





Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln Ave.</u>			<u>9,151</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 49,151</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	\$ 6,323,547	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1992	60,378		20			60,378	9
10	Various		1993	59,308		20			59,308	10
11	Various		1994	10,638		20			10,638	11
12	Various		1995	43,191		20	1,074	1,074	43,191	12
13	Various		1996	43,699		20	2,185	2,185	42,585	13
14	Various		1997	62,177		20	3,057	3,057	57,591	14
15	Various		1998	86,071		20	4,304	4,304	75,320	15
16	Various		1999	130,173		20	6,509	6,509	107,398	16
17	Various		2000	176,095		20	8,666	8,666	134,323	17
18	Various		2001	40,770		20	2,039	2,039	28,703	18
19	Various		2002	41,086		20	2,055	2,055	28,502	19
20	Various		2003	96,832		20	4,848	4,848	60,531	20
21	Various		2004	126,481		20	6,275	6,275	73,005	21
22	Various		2005	290,744		20	14,536	14,536	149,670	22
23	Various		2006	427,610		20	21,381	21,381	200,259	23
24	Various		2007	238,023		20	11,904	11,904	99,001	24
25	Various		2008	128,721		20	6,436	6,436	47,597	25
26	Various		2009	205,324		20	10,266	10,266	66,731	26
27	Various		2010	174,646		20	8,731	8,731	48,028	27
28	Various		2011	306,184		20	15,309	15,309	53,582	28
29										29
30										30
31										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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		28,336			1,417	1,417	2,125	67
68		715,661	19,092		18,425	(667)	431,465	68
69			332,194			(332,194)		69
70		\$ 17,929,484	\$ 351,286		\$ 510,351	\$ 159,065	\$ 8,203,478	70

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

Facility Name &amp; ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 17,929,484	\$ 351,286		\$ 510,351	\$ 159,065	\$ 8,203,478	1
2	Install Awnings	2012	12,525		20	626	626	2,191	2
3	Install Door Magnet	2012	3,500		20	175	175	613	3
4	Replace Brick Building East Side	2012	10,500		20	525	525	1,838	4
5	Furnish/ Install Ats Pole	2012	3,700		20	185	185	648	5
6	5 Year Safety Test Of Elevator Cars	2012	9,489		20	475	475	1,662	6
7	Welding And Cutting Staircase	2012	7,425		20	371	371	1,299	7
8	Custom Made Awning	2012	2,900		20	145	145	508	8
9	Power Supply Panel Trim To Nurse Station	2012	3,666		20	183	183	641	9
10	Ddc Backflow Preventor For Fire Sprinkley System	2012	5,000		20	250	250	875	10
11	Lift Motor For Cleveland Skillet	2012	3,103		20	155	155	543	11
12	Fire Sprinkler-Install Backflow Preventor, Replace Leak	2013	6,031		20	302	302	755	12
13	Painting And Decorating 6Th Floor	2013	5,181		20	260	260	650	13
14	Fabricate Awning And Aluminum Sheet Metal Cover Awnings	2013	4,100		20	206	206	515	14
15	Materials And Labor To Pull/ Install Cable, Wifi	2013	8,000		20	400	400	1,000	15
16	Laboor And Materials For Wall Mounted Kiosks In Hallways	2013	4,625		20	232	232	580	16
17	Plant 8 Trees On Southport Ave. And Remove Old Trunks	2013	3,800		20	190	190	475	17
18	Asphalt Sealcoating And Re-Strip Pavement	2013	4,700		20	236	236	590	18
19	Car 5,4,2 Secure Elevator On Top Hatch, Brake Shoes, Generator	2013	15,155		20	758	758	1,895	19
20	Carpet One Roll, Adhesive	2013	3,714		20	186	186	465	20
21	Thermal Ceramic Blanket Around Exhaust-Entire Exhuast Walls	2014	2,525		20	126	126	189	21
22	Data Plates On All Controlers, Elevators	2014	9,974		20	499	499	748	22
23	Fire Alarm System Repair	2014	4,121		20	206	206	309	23
24	Replace Marley Oem Cross Flow Nozzles, Fan Shafts, New Oil Lin	2014	3,455		20	173	173	259	24
25	Concrete Work And Pipe Repair	2015	6,250		20	313	313	313	25
26	Elevator Modernization Per Aia Documents	2015	238,600		20	11,930	11,930	11,930	26
27	Plat Survey, Document Research	2015	6,481		20	324	324	324	27
28	Install Lights And Outlets For Elevators	2015	4,400		20	220	220	220	28
29	Install Lights And Outlets For Elevators	2015	3,800		20	190	190	190	29
30	Room Remodel-Soffit,Wall Plastrers,Crown Moulding,Floor,Wall	2015	8,600		20	430	430	430	30
31	Semiprivate Resident Room-Floor,Wallpaper,Light Fixtures,Wind	2015	8,469		20	423	423	423	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	34

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 18,343,274	\$ 351,286		\$ 531,044	\$ 179,759	\$ 8,236,556	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Paint hallway, lobby, 1st floor, 20 gal. paint, 8 rolls tape	2013	2,579		20	129	129	193	9
10	Paint office, reception office, activity room, beauty shop	2013	1,582		20	79	79	118	10
11	Dining room carpet, remove old and install new	2013	6,900		20	345	345	518	11
12	Dining room carpet, remove old and install new	2013	7,620		20	381	381	572	12
13	Sealcoat & re-stripe pavement - parking lot	2013	4,500		20	225	225	337	13
14	Elevator car 5 - install new breaks & adjust shoes	2013	5,155		20	258	258	387	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,336	\$		\$ 1,417	\$ 1,417	\$ 2,125	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 28,336	\$		\$ 1,417	\$ 1,417	\$ 2,125	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 28,336	\$		\$ 1,417	\$ 1,417	\$ 2,125	34

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

Facility Name &amp; ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Ave. - NuCare	2004	70,540	1,507	35	1,679	172	24,437	3
4	Allocated from 7257 N. Lincoln Ave. - Maestro	2004	11,819	303	35	338	35	4,094	4
5	Allocated from ITEX - A.K. Care	1993	403,453	10,345	35	11,527	1,182	260,323	5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Nucare	2003	856	50	20	30	(20)	512	9
10	Allocated from Nucare	2004	17,387	1,010	20	579	(431)	10,200	10
11	Allocated from Nucare	2005	1,031	60	20	36	(24)	551	11
12	Allocated from Nucare	2006	1,398	81	20	49	(32)	643	12
13	Allocated from Nucare	2008	1,473	86	20	51	(35)	522	13
14	Allocated from Nucare	2009	23,720	1,379	20	824	(555)	7,641	14
15	Allocated from Nucare	2010	3,645	212	20	152	(60)	822	15
16	Allocated from Nucare	2011	197	11	20	7	(4)	47	16
17	Allocated from Nucare	2012	219	13	20	8	(5)	39	17
18	Allocated from Nucare	2014	2,742	159	20	95	(64)	197	18
19	Allocated from Nucare	2015	771		20	5	5	6	19
20									20
21	Allocated from 7257 N. Lincoln Ave. - Nucare	2015	1,112	46	20	21	(25)	25	21
22	Allocated from 7257 N. Lincoln Ave. - Nucare	2005	6,430	38	20	339	301	4,255	22
23	Allocated from 7257 N. Lincoln Ave. - Nucare	2004	1,402		20	58	58	806	23
24									24
25	Allocated from Maestro Consulting Services	2003	577	6	20	4	(2)	345	25
26	Allocated from Maestro Consulting Services	2004	11,709	113	20	78	(35)	6,869	26
27	Allocated from Maestro Consulting Services	2005	694	7	20	5	(2)	371	27
28	Allocated from Maestro Consulting Services	2006	941	9	20	7	(2)	433	28
29	Allocated from Maestro Consulting Services	2008	992	10	20	7	(3)	352	29
30	Allocated from Maestro Consulting Services	2009	15,973	155	20	111	(44)	5,146	30
31	Allocated from Maestro Consulting Services	2010	2,455	24	20	20	(4)	553	31
32	Allocated from Maestro Consulting Services	2011	133	1	20	1		32	32
33	Allocated from Maestro Consulting Services	2012	148	1	20	1		27	33
34	TOTAL (lines 1 thru 33)		\$ 581,817	\$ 15,626		\$ 16,032	\$ 406	\$ 329,248	34

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

Facility Name &amp; ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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>		\$ 581,817	\$ 15,626		\$ 16,032	\$ 406	\$ 329,248	1
2	Allocated from Maestro Consulting Services	2014	1846	18	20	13	(5)	133	2
3	Allocated from Maestro Consulting Services	2015	519		20	1	1	4	3
4									4
5	Allocated from 7257 N. Lincoln Ave. - Maestro	2015	186	9	20	4	(5)	4	5
6	Allocated from 7257 N. Lincoln Ave. - Maestro	2005	1077	8	20	68	60	713	6
7	Allocated from 7257 N. Lincoln Ave. - Maestro	2004	235		20	12	12	135	7
8									8
9	Allocated from ITEX - A.K. Care	1993	50,766	299	20		(299)	50,766	9
10	Allocated from ITEX - A.K. Care	1994	27,268	709	20		(709)	27,265	10
11	Allocated from ITEX - A.K. Care	1995	4,647	12	20	185	173	4,646	11
12	Allocated from ITEX - A.K. Care	1996	263		20	13	13	263	12
13	Allocated from ITEX - A.K. Care	1997	7,839	201	20	392	191	7,251	13
14	Allocated from ITEX - A.K. Care	1999	870	22	20	44	22	740	14
15	Allocated from ITEX - A.K. Care	2005	3,812		20	191	191	1,977	15
16	Allocated from ITEX - A.K. Care	2007	4,719	110	20	236	126	1,948	16
17	Allocated from ITEX - A.K. Care	2008	17,986	461	20	594	133	4,505	17
18	Allocated from ITEX - A.K. Care	2009	980	25	20	98	73	637	18
19	Allocated from ITEX - A.K. Care	2010	2,093	44	20	105	61	562	19
20	Allocated from ITEX - A.K. Care	2014	8,738	1,548	20	437	(1,111)	668	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>		\$ 715,661	\$ 19,092		\$ 18,425	\$ (667)	\$ 431,465	34

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$ 192,985	\$ 5,564	\$ 11,250	\$ 5,686	10	\$ 79,814	71
72	Current Year Purchases	29,624	757	1,925	1,168	10	2,636	72
73	Fully Depreciated Assets	3,592,891		113	113	10	3,592,772	73
74								74
75	TOTALS	\$ 3,815,500	\$ 6,321	\$ 13,288	\$ 6,967		\$ 3,675,222	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		1994, 1998 Ford vans	1994	\$ 51,199	\$	\$	\$	5	\$ 51,199	76
77		2003 & 2007 Ford van	2003	58,606				5	49,856	77
78		2012 Ford bus	2012	52,095		10,419	10,419	5	36,467	78
79		Allocated from NuCare & Maestr	2015	1,084	42	71	29	5	1,084	79
80	TOTALS			\$ 162,984	\$ 42	\$ 10,490	\$ 10,448		\$ 138,606	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 22,370,908	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 357,649	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 554,823	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 197,174	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,050,384	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning: 01/01/15

Ending: 12/31/15

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Main Street (sale/leaseback arrangement)

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:			\$ 422,600			3
4	Additions						4
5				(422,600)			5
6	Allocated from NuCare - Parking Lot			2,791			6
7	TOTAL			\$ 2,791			7

\*\*

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 51,041 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2012 Infiniti G37	\$	\$ 1,982	17
18	Van Rental			1,580	18
19	Allocated from NuCare			6,933	19
20	Allocated from Maestro			684	20
21	TOTAL		\$	\$ 11,179	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2016 \$ \_\_\_\_\_

13. /2017 \$ \_\_\_\_\_

14. /2018 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 1,353,351	\$		\$ 1,353,351	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			391,906			391,906	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			1,325,494			1,325,494	4
5	Physician Care	39 - 03	visits			875			875	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				809,786		809,786	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>					418,812	187,938		606,750	13
14	TOTAL			\$		\$ 3,490,438	\$ 997,724		\$ 4,488,162	14

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

Facility Name & ID Number Imperial Of Lincoln Park# 0053694Report Period Beginning: 01/01/15Ending: 12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ 3,651,640	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	3,560,322	3,560,322	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,729	2,729	6
7	Other Prepaid Expenses	9,845	9,845	7
8	Accounts Receivable (owners or related parties)		2,279,772	8
9	Other(specify):	126,056	2,630,096	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,698,952	\$ 12,134,404	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	8,600	8,600	15
16	Equipment, at Historical Cost	18,482	18,482	16
17	Accumulated Depreciation (book methods)	(122)	(122)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	13,700	13,700	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(228)	(228)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 40,432	\$ 40,432	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,739,384	\$ 12,174,836	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 2,417,555	\$ 2,417,555	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	634,618	634,618	29
30	Accrued Salaries Payable	308,256	308,256	30
31	Accrued Taxes Payable (excluding real estate taxes)	169,024	169,024	31
32	Accrued Real Estate Taxes(Sch.IX-B)	118,500	118,500	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Attached Schedule	15,400	15,400	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,663,353	\$ 3,663,353	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			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>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,663,353	\$ 3,663,353	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 76,031	\$ 8,511,483	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,739,384	\$ 12,174,836	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Adjustment for change in ownership</b>	<b>(691,003)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(691,003)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>767,034</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>767,034</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>76,031</b>	<b>24</b> *

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

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

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

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 23,196,612	1
2	Discounts and Allowances for all Levels	(554,087)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 22,642,525	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,891,123	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,891,123	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	5,799	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,232	19
20	Radiology and X-Ray	418	20
21	Other Medical Services	1,149	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 9,598	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,681	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,681	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	267	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 267	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 24,548,194	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,957,215	31
32	Health Care	7,774,605	32
33	General Administration	5,262,658	33
<b>B. Capital Expense</b>			
34	Ownership	2,477,471	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,628,928	35
36	Provider Participation Fee	680,283	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 23,781,160	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	767,034	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 767,034	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,628,880	44
45	Private Pay - Net Inpatient Revenue	1,247,284	45
46	Medicare - Net Inpatient Revenue	6,602,804	46
47	Other-(specify) <u>Managed Care</u>	4,549,152	47
48	Other-(specify) <u>Hospice</u>	614,405	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 22,642,525	49

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

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

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

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

Facility Name & ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	2,123	2,340	\$ 131,261	\$ 56.09	1
2	Assistant Director of Nursing	2,024	2,137	97,224	45.50	2
3	Registered Nurses	89,354	94,495	2,986,989	31.61	3
4	Licensed Practical Nurses	36,078	38,738	966,502	24.95	4
5	CNAs & Orderlies	172,597	187,184	2,145,131	11.46	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,347	5,812	141,001	24.26	8
9	Activity Director	1,909	2,041	38,521	18.87	9
10	Activity Assistants	10,097	10,968	111,768	10.19	10
11	Social Service Workers	11,502	11,888	259,994	21.87	11
12	Dietician					12
13	Food Service Supervisor	3,628	3,728	92,711	24.87	13
14	Head Cook	12,103	12,807	155,218	12.12	14
15	Cook Helpers/Assistants	32,545	35,322	379,007	10.73	15
16	Dishwashers					16
17	Maintenance Workers	7,427	7,979	175,214	21.96	17
18	Housekeepers	31,129	33,672	362,312	10.76	18
19	Laundry	8,352	9,107	92,072	10.11	19
20	Administrator	1,610	1,817	120,004	66.05	20
21	Assistant Administrator	1,881	2,001	68,064	34.02	21
22	Other Administrative					22
23	Office Manager	1,827	2,118	75,370	35.58	23
24	Clerical	14,674	15,810	312,878	19.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,577	5,058	68,892	13.62	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	7,177	7,725	184,866	23.93	33
34	TOTAL (lines 1 - 33)	457,961	492,748	\$ 8,964,999 *	\$ 18.19	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 26,904	01-03	35
36	Medical Director	Monthly	137,820	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	5,762	10-03	38
39	Pharmacist Consultant	Monthly	27,083	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	49,927	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,640	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Cardiologist	Monthly	10,000	10-03	47
48	Psychiatric Consultant	Monthly	1,000	10-03	48
49	TOTAL (lines 35 - 48)		\$ 261,136		49

C. CONTRACT NURSES

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





Facility Name &amp; ID Number Imperial Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/15

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**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. ICLTC \$31,275
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 2,388 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes  
If YES, give effective date of lease. 11/1/15
- (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 X NO        If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
The Imperial Grove Pavilion # 37754
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 575,097  
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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
- d. Have vehicle usage logs been maintained? Yes
- 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.