

Facility Name & ID Number Pavilion Of Forest Park# 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>232</u>	Skilled (SNF)	<u>232</u>	<u>84,680</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>232</u>	TOTALS	<u>232</u>	<u>84,680</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		3 Public Aid Recipient	4 Private Pay	Other		
8	SNF	<u>18,841</u>	<u>1,818</u>	<u>11,660</u>	<u>32,319</u>	8
9	SNF/PED					9
10	ICF	<u>37,682</u>	<u>3,637</u>	<u>342</u>	<u>41,661</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>56,523</u>	<u>5,455</u>	<u>12,002</u>	<u>73,980</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.36%

D. How many bed-hold days during this year were paid by Public Aid?

66 (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)

N/AF. 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 03/23/98

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

YES Date 03/23/98 NO

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

YES NO If YES, enter number of beds certified 27 and days of care provided 11,489Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/03 Fiscal Year: 12/31/03

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

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
A. General Services											
1	Dietary	298,055	31,811	19,759	349,625	349,625	(10,872)	338,753		1	
2	Food Purchase		284,447		284,447	284,447	4,114	288,561		2	
3	Housekeeping	224,593	56,261		280,854	280,854	(11,217)	269,637		3	
4	Laundry	82,381	24,487		106,868	106,868	(13)	106,855		4	
5	Heat and Other Utilities			304,099	304,099	304,099	(6,802)	297,297		5	
6	Maintenance	98,177		153,275	251,452	251,452	1,207	252,659		6	
7	Other (specify):*						2,304	2,304		7	
8	TOTAL General Services	703,206	397,006	477,133	1,577,345	1,577,345	(21,278)	1,556,067		8	
B. Health Care and Programs											
9	Medical Director			72,000	72,000	72,000		72,000		9	
10	Nursing and Medical Records	3,148,428	194,733	254,678	3,597,839	3,597,839	(12,506)	3,585,333		10	
10a	Therapy	90,303	6,570	24,152	121,025	121,025	(2,098)	118,927		10a	
11	Activities	136,975	13,282	1,376	151,633	151,633	35	151,668		11	
12	Social Services	162,423		17,882	180,305	180,305	1,835	182,140		12	
13	Nurse Aide Training									13	
14	Program Transportation									14	
15	Other (specify):*						15,927	15,927		15	
16	TOTAL Health Care and Programs	3,538,129	214,585	370,088	4,122,802	4,122,802	3,193	4,125,995		16	
C. General Administration											
17	Administrative	45,593		92,123	137,716	137,716	14,473	152,189		17	
18	Directors Fees									18	
19	Professional Services			424,144	424,144	(18,990)	405,154	96,428		19	
20	Dues, Fees, Subscriptions & Promotions			80,235	80,235	80,235	(34,965)	45,270		20	
21	Clerical & General Office Expenses	94,230	20,554	197,460	312,244	312,244	30,242	342,486		21	
22	Employee Benefits & Payroll Taxes			795,032	795,032	795,032	(36,404)	758,628		22	
23	Inservice Training & Education									23	
24	Travel and Seminar			6,517	6,517	6,517	1,881	8,398		24	
25	Other Admin. Staff Transportation			15,515	15,515	15,515	(15,515)			25	
26	Insurance-Prop.Liab.Malpractice			226,339	226,339	226,339	1,602	227,941		26	
27	Other (specify):*						33,599	33,599		27	
28	TOTAL General Administration	139,823	20,554	1,837,365	1,997,742	(18,990)	1,978,752	(313,813)	1,664,939	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,381,158	632,145	2,684,586	7,697,889	(18,990)	7,678,899	(331,898)	7,347,001	29	

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Pavilion Of Forest Park

#0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			119,990	119,990		119,990	703,726	823,716			30
31	Amortization of Pre-Op. & Org.			680	680		680		680			31
32	Interest			259,098	259,098		259,098	822,639	1,081,737			32
33	Real Estate Taxes			287,613	287,613	18,990	306,603	(5,387)	301,216			33
34	Rent-Facility & Grounds			1,016,160	1,016,160		1,016,160	(1,011,395)	4,765			34
35	Rent-Equipment & Vehicles			25,198	25,198		25,198	2,438	27,636			35
36	Other (specify):*							12,710	12,710			36
37	TOTAL Ownership			1,708,739	1,708,739	18,990	1,727,729	524,731	2,252,460			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	198,669	602,689	602,825	1,404,183		1,404,183	(54,112)	1,350,071			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			127,020	127,020		127,020		127,020			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	198,669	602,689	729,845	1,531,203		1,531,203	(54,112)	1,477,091			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,579,827	1,234,834	5,123,170	10,937,831		10,937,831	138,721	11,076,552			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5)	01		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	222,159	30		9
10	Interest and Other Investment Income	(56,538)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(208)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(120,000)	21		24
25	Fund Raising, Advertising and Promotional	(11,440)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(922)	20		28
29	Other-Attach Schedule	(170,535)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (137,489)		\$	30

OHF USE ONLY					
48		49	50	51	52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	276,210		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 276,210		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 138,721		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Pavilion Of Forest Park
 ID#: 0043778
 Report Period Beginning: 01/01/03
 Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Jury Duty	21 1
2	Patent Clothing	03 10 2
3	VA Expense	(21,035) 10 3
4	Collection Expense	(5,296) 21 4
5	Bank Charges	(5,864) 21 5
6	Misc. Non-deductible	(1,835) 21 6
7	Theft Loss	(685) 21 7
8	ILLIC Copr Payments	12,990 20 8
9	Interest Expense - Bldg. Co.	(7,274) 32 9
10	Interest Expense - Bldg. Co.	(6,514) 32 10
11	Capitalized R&M	(2,417) 06 11
12	Depreciation (Doctor's Office)	(13,827) 30 12
13	Utilities (Doctor's Office)	(8,740) 05 13
14	Real Estate Tax (Doctor's Office)	(8,260) 33 14
15	Maintenance Salary (Doctor's Office)	(2,842) 05 15
16	Housekeeping Salary (Doctor's Office)	(6,451) 05 16
17	Mortgage Interest (Doctor's Office)	(27,230) 32 17
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100		100
101	Total	(170,538) 101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pavilion Of Forest Park

0043778 Report Period Beginning:

01/01/03

Ending:

12/31/03

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	(5)		64		(4,238)	(4,499)		(2,194)				(10,872)	1
2	Food Purchase	(208)		(114)			4,724		(288)				4,114	2
3	Housekeeping	(6,451)				1,215			(5,981)				(11,217)	3
4	Laundry								(13)				(13)	4
5	Heat and Other Utilities	(8,740)		1,938									(6,802)	5
6	Maintenance	(5,239)		2,023	23	4,447	18		(65)				1,207	6
7	Other (specify):*				594	1,227	483						2,304	7
8	TOTAL General Services	(20,643)		3,911	617	2,651	726		(8,540)				(21,278)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(21,118)		256	3,151	14,044			(8,839)				(12,506)	10
10a	Therapy				(2,754)	656							(2,098)	10a
11	Activities			35									35	11
12	Social Services				1,640	195							1,835	12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*				14,115	1,812							15,927	15
16	TOTAL Health Care and Programs	(21,118)		291	16,152	16,707			(8,839)				3,193	16
	C. General Administration													
17	Administrative					14,128	345						14,473	17
18	Directors Fees													18
19	Professional Services			(308,839)			113						(308,726)	19
20	Fees, Subscriptions & Promotions	(15,312)		(19,685)			32						(34,965)	20
21	Clerical & General Office Expenses	(132,817)	604	21,553		140,166	736						30,242	21
22	Employee Benefits & Payroll Taxes				(35,058)			(366)	(979)				(36,404)	22
23	Inservice Training & Education													23
24	Travel and Seminar			932			949						1,881	24
25	Other Admin. Staff Transportation			(15,515)									(15,515)	25
26	Insurance-Prop.Liab.Malpractice			1,602									1,602	26
27	Other (specify):*				14,534	19,065							33,599	27
28	TOTAL General Administration	(148,129)	604	(319,952)	(20,524)	173,359	2,175	(366)	(979)				(313,813)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(189,890)	604	(315,750)	(3,755)	192,717	2,901	(366)	(18,359)				(331,898)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pavilion Of Forest Park

0043778 Report Period Beginning:

01/01/03 Ending:

12/31/03

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	208,632	468,447	10,320						16,327			703,726 30
31	Amortization of Pre-Op. & Org.												31
32	Interest	(147,965)	947,755	20,310			8			2,531			822,639 32
33	Real Estate Taxes	(8,266)		2,879									(5,387) 33
34	Rent-Facility & Grounds		(1,016,160)	4,765									(1,011,395) 34
35	Rent-Equipment & Vehicles			2,254			184						2,438 35
36	Other (specify):*		12,710										12,710 36
37	TOTAL Ownership	52,401	412,752	40,528			192			18,858			524,731 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation												38
39	Ancillary Service Centers						(9,878)		(9,134)	(35,100)			(54,112) 39
40	Barber and Beauty Shops												40
41	Coffee and Gift Shops												41
42	Provider Participation Fee												42
43	Other (specify):*												43
44	TOTAL Special Cost Centers						(9,878)		(9,134)	(35,100)			(54,112) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(137,489)	413,356	(275,222)	(3,755)	192,717	(6,785)	(366)	(27,493)	(16,242)			138,721 45

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Forest Park Property, LLC		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34 Rental Income	\$ 1,016,160	Forest Park Property, LLC	100.00%	\$	\$(1,016,160)
2	V	21 Misc. Admin. Expense				604	604
3	V	30 Depreciation Expense				468,447	468,447
4	V	36 Amortization				12,710	12,710
5	V	32 Interest Expense				947,755	947,755
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$ 1,016,160			\$ 1,429,516	\$ * 413,356

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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	01 Dietary	\$	Care Centers, Inc.	100.00%	\$ 64	\$ 64
16	V	05 Utilities		Care Centers, Inc.	100.00%	1,938	1,938
17	V	06 Maintenance		Care Centers, Inc.	100.00%	2,023	2,023
18	V	10 Nursing	38	Care Centers, Inc.	100.00%	294	256
19	V	11 Activities		Care Centers, Inc.	100.00%	35	35
20	V	19 Professional Fees	321,795	Care Centers, Inc.	100.00%	12,956	(308,839)
21	V	20 Dues and Subscriptions	21,170	Care Centers, Inc.	100.00%	1,485	(19,685)
22	V	21 Office & Clerical		Care Centers, Inc.	100.00%	21,553	21,553
23	V	24 Travel and Seminar		Care Centers, Inc.	100.00%	932	932
24	V	26 Insurance		Care Centers, Inc.	100.00%	1,602	1,602
25	V	30 Depreciation		Care Centers, Inc.	100.00%	10,320	10,320
26	V	32 Interest		Care Centers, Inc.	100.00%	20,310	20,310
27	V	33 Real Estate Taxes		Care Centers, Inc.	100.00%	2,879	2,879
28	V	34 Rent - Building		Care Centers, Inc.	100.00%	4,765	4,765
29	V	35 Rent - Equipment and Auto		Care Centers, Inc.	100.00%	2,254	2,254
30	V	25 Bus Reimbursement	15,515	Care Centers, Inc.	100.00%		(15,515)
31	V	02 Food	114	Care Centers, Inc.	100.00%		(114)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 358,632			\$ 83,410	\$ * (275,222)

* 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	06 Maintenance Salary	\$ 4,570	Care Centers, Inc.	100.00%	\$ 4,593	\$ 23
16	V	07 Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	594	594
17	V	10 Nursing Salary	69,800	Care Centers, Inc.	100.00%	72,951	3,151
18	V	10a Rehab Salary	24,152	Care Centers, Inc.	100.00%	21,398	(2,754)
19	V	11 Activity Salary	608	Care Centers, Inc.	100.00%	608	
20	V	12 Social Service Salary	15,936	Care Centers, Inc.	100.00%	17,576	1,640
21	V	15 Emp. Ben. - Healthcare		Care Centers, Inc.	100.00%	14,115	14,115
22	V	17 Administration Salary	92,122	Care Centers, Inc.	100.00%	92,122	
23	V	21 Office Salary	25,117	Care Centers, Inc.	100.00%	25,117	
24	V	27 Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	14,534	14,534
25	V	22 Employee Benefits	35,058	Care Centers, Inc.	100.00%		(35,058)
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		\$ 267,363			\$ 263,608	\$ * (3,755)

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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	01 Dietary Salary	\$ 8,468	Care Centers, Inc.	100.00%	\$ 4,230	\$ (4,238)
16	V	03 Housekeeping Salary		Care Centers, Inc.	100.00%	1,215	1,215
17	V	06 Maintenance Salary		Care Centers, Inc.	100.00%	4,447	4,447
18	V	07 Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	1,227	1,227
19	V	10 Nursing Salary		Care Centers, Inc.	100.00%	14,044	14,044
20	V	10a Rehab Salary		Care Centers, Inc.	100.00%	656	656
21	V	12 Social Services Salary		Care Centers, Inc.	100.00%	195	195
22	V	15 Emp. Ben. - Healthcare		Care Centers, Inc.	100.00%	1,812	1,812
23	V	17 Administration Salary		Care Centers, Inc.	100.00%	14,128	14,128
24	V	21 Office Salary		Care Centers, Inc.	100.00%	140,166	140,166
25	V	27 Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	19,065	19,065
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		\$ 8,468			\$ 201,185	\$ * 192,717

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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	01 Dietary	\$ 10,123	Care Centers, Inc. - Health Systems Division	100.00%	\$ 1,914	\$ (8,209)
16	V	02 Food		Care Centers, Inc. - Health Systems Division	100.00%	4,724	4,724
17	V	06 Maintenance		Care Centers, Inc. - Health Systems Division	100.00%	18	18
18	V	17 Administration		Care Centers, Inc. - Health Systems Division	100.00%	345	345
19	V	19 Professional Fees		Care Centers, Inc. - Health Systems Division	100.00%	113	113
20	V	20 Dues & Subscriptions		Care Centers, Inc. - Health Systems Division	100.00%	32	32
21	V	21 Office & Clerical		Care Centers, Inc. - Health Systems Division	100.00%	736	736
22	V	24 Travel & Seminar		Care Centers, Inc. - Health Systems Division	100.00%	949	949
23	V	32 Interest Expense		Care Centers, Inc. - Health Systems Division	100.00%	8	8
24	V	35 Rent - Equipment & Auto		Care Centers, Inc. - Health Systems Division	100.00%	184	184
25	V	39 Ancillary Enteral Supplies	18,519	Care Centers, Inc. - Health Systems Division	100.00%	8,641	(9,878)
26	V	01 Dietary - Salary		Care Centers, Inc. - Health Systems Division	100.00%	3,710	3,710
27	V	07 Emp. Ben. - Gen. Serv.		Care Centers, Inc. - Health Systems Division	100.00%	483	483
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 28,642			\$ 21,857	\$ * (6,785)

* 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	22 EMPLOYEE HEALTH INSURANCE	\$	CCS EMPLOYEE BENEFIT GROUP	100.00%	\$ 86,818	\$ 86,818	15
16	V							16
17	V							17
18	V							18
19	V	22 EMPLOYEE HEALTH INSURANCE	87,184	CCS EMPLOYEE BENEFIT GROUP	100.00%		(87,184)	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		\$ 87,184			\$ 86,818	\$ * (366)	39

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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	01 DIETARY	\$ 16,666	XCEL MEDICAL SUPPLY, LLC	100.00%	\$ 14,473	\$ (2,194)
16	V	02 FOOD	2,190	XCEL MEDICAL SUPPLY, LLC	100.00%	1,902	(288)
17	V	03 HOUSEKEEPING	45,442	XCEL MEDICAL SUPPLY, LLC	100.00%	39,461	(5,981)
18	V	04 LAUNDRY	95	XCEL MEDICAL SUPPLY, LLC	100.00%	83	(13)
19	V	06 REPAIRS & MAINTENANCE	490	XCEL MEDICAL SUPPLY, LLC	100.00%	426	(65)
20	V	10 NURSING	67,154	XCEL MEDICAL SUPPLY, LLC	100.00%	58,315	(8,839)
21	V	10A THERAPY		XCEL MEDICAL SUPPLY, LLC	100.00%		
22	V	12 SOCIAL SERVICE		XCEL MEDICAL SUPPLY, LLC	100.00%		
23	V	21 CLERICAL & GENERAL OFFICE		XCEL MEDICAL SUPPLY, LLC	100.00%		
24	V	22 EMPLOYEE BENEFITS	7,440	XCEL MEDICAL SUPPLY, LLC	100.00%	6,461	(979)
25	V	39 ANCILLARY	69,391	XCEL MEDICAL SUPPLY, LLC	100.00%	60,257	(9,134)
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		\$ 208,869			\$ 181,377	\$ * (27,493)

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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	30 Depreciation	\$	Vent Lease, LLC.	100.00%	\$ 16,327	\$ 16,327	15
16	V	32 Interest		Vent Lease, LLC.	100.00%	2,531	2,531	16
17	V	39 Vent Reimbursement	35,100	Vent Lease, LLC.	100.00%		(35,100)	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		\$ 35,100			\$ 18,858	\$ * (16,242)	39

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

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

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

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

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	Eric Rothner	Relative	Administrative	0.00%	See Attached	1.57	2.85%		\$	1
2	David Aronin	Owner	Administrative	0.86%	See Attached	1.00	2.00%	Alloc. Salary	4,191	17-7
3	Mark Steinberg	Relative	Administrative	0.00%	See Attached	3.50	6.93%	Alloc. Salary	1,961	17-7
4	Adam Vales	Owner	Clerical	0.26%	See Attached	0.45	1.13%	Alloc. Salary	348	22-3
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 6,500	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc.
 Street Address 2202 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01 Dietary	Patient Days	1,764,895	42	\$ 1,527	\$	73,980	\$ 64	1
2	05 Utilities	Patient Days	1,764,895	42	46,229		73,980	1,938	2
3	06 Maintenance	Patient Days	1,764,895	42	48,251		73,980	2,023	3
4	10 Nursing	Patient Days	1,764,895	42	7,018		73,980	294	4
5	11 Activities	Patient Days	1,764,895	42	838		73,980	35	5
6	19 Professional Fees	Patient Days	1,764,895	42	234,879		73,980	12,956	6
7	20 Dues and Subscriptions	Patient Days	1,764,895	42	35,428		73,980	1,485	7
8	21 Office & Clerical	Patient Days	1,764,895	42	523,091		73,980	21,553	8
9	24 Travel and Seminar	Patient Days	1,764,895	42	22,233		73,980	932	9
10	26 Insurance	Patient Days	1,764,895	42	38,230		73,980	1,602	10
11	30 Depreciation	Patient Days	1,764,895	42	246,194		73,980	10,320	11
12	32 Interest	Patient Days	1,764,895	42	484,531		73,980	20,310	12
13	33 Real Estate Taxes	Patient Days	1,764,895	42	68,681		73,980	2,879	13
14	34 Rent - Building	Patient Days	1,764,895	42	113,677		73,980	4,765	14
15	35 Rent - Equipment & Auto	Patient Days	1,764,895	42	53,777		73,980	2,254	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,924,585	\$		\$ 83,410	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc.
 Street Address 2202 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	06	Maintenance Salary	Direct Cost		213,393	213,393		4,593	1
2	07	Emp. Ben. - Gen. Serv.	Direct Cost		26,918			594	2
3	10	Nursing Salary	Direct Cost		976,718	976,718		72,951	3
4	10a	Rehab Salary	Direct Cost		103,898	103,898		21,398	4
5	11	Activity Salary	Direct Cost		10,902	10,902		608	5
6	12	Social Service Salary	Direct Cost		306,863	306,863		17,576	6
7	15	Emp. Ben. - Healthcare	Direct Cost		174,348			14,115	7
8	17	Administration Salary	Direct Cost		1,191,200	1,191,200		92,122	8
9	21	Office Salary	Direct Cost		698,886	698,886		25,117	9
10	27	Emp. Ben. - Gen. Admin.	Direct Cost		238,998			14,534	10
11	22	Employee Benefits							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				\$ 3,942,124	\$ 3,501,860		\$ 263,608	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc.
 Street Address 2202 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01 Dietary Salary	Patient Days	1,764,895	42	100,923	100,923	73,980	4,230	1
2	03 Housekeeping Salary	Patient Days	1,764,895	42	28,979	28,979	73,980	1,215	2
3	06 Maintenance Salary	Patient Days	1,764,895	42	106,088	106,088	73,980	4,447	3
4	07 Emp. Ben. - Gen. Serv.	Patient Days	1,764,895	42	29,264		73,980	1,227	4
5	10 Nursing Salary	Patient Days	1,764,895	42	335,028	335,028	73,980	14,044	5
6	10a Rehab Salary	Patient Days	1,764,895	42	15,649	15,649	73,980	656	6
7	12 Social Services Salary	Patient Days	1,764,895	42	4,661	4,661	73,980	195	7
8	15 Emp. Ben. - Healthcare	Patient Days	1,764,895	42	43,235		73,980	1,812	8
9	17 Administration Salary	Patient Days	1,764,895	42	337,043	337,043	73,980	14,128	9
10	21 Office Salary	Patient Days	1,764,895	42	3,343,864	3,343,864	73,980	140,166	10
11	27 Emp. Ben. - Gen. Admin.	Patient Days	1,764,895	42	454,813		73,980	19,065	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				\$ 4,799,547	\$ 4,272,235		\$ 201,185	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc.
 Street Address 2202 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary	Billable Income	2,073,579	138,556		28,642	1,914	1
2	02	Food	Billable Income	2,073,579	852,614		28,642	4,724	2
3	06	Maintenance	Billable Income	2,073,579	1,311		28,642	18	3
4	17	Administration	Billable Income	2,073,579	25,000		28,642	345	4
5	19	Professional Fees	Billable Income	2,073,579	8,170		28,642	113	5
6	20	Dues & Subscriptions	Billable Income	2,073,579	2,312		28,642	32	6
7	21	Office & Clerical	Billable Income	2,073,579	53,285		28,642	736	7
8	24	Travel & Seminar	Billable Income	2,073,579	68,680		28,642	949	8
9	32	Interest Expense	Billable Income	2,073,579	571		28,642	8	9
10	35	Rent - Equipment & Auto	Billable Income	2,073,579	13,336		28,642	184	10
11	39	Ancillary Enteral Supplies	Billable Income	2,073,579	114,955		28,642	8,641	11
12	01	Dietary - Salary	Billable Income	2,073,579	268,554	268,554	28,642	3,710	12
13	07	Emp. Ben. - Gen. Serv.	Billable Income	2,073,579	34,942		28,642	483	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				\$ 1,582,287	\$ 268,554		\$ 21,857	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization CCS EMPLOYEE BENEFITS GROUP, INC.
 Street Address 4101 W. MAIN ST.
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847)905-4000
 Fax Number (847)905-4040

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	EMPLOYEE HEALTH INSURANCE	DIRECT ALLOCATION		\$	\$		\$ 86,818	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				\$	\$		\$ 86,818	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization XCEL MEDICAL SUPPLY, LLC
 Street Address 2201 MAIN STREET
 City / State / Zip Code EVANSTON, IL 60202
 Phone Number (847)328-7600
 Fax Number (847)328-7615

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	DIETARY	Direct Allocation		\$	\$		14,473	1
2	02	FOOD	Direct Allocation					1,902	2
3	03	HOUSEKEEPING	Direct Allocation					39,461	3
4	04	LAUNDRY	Direct Allocation					83	4
5	06	REPAIRS & MAINTENANCE	Direct Allocation					426	5
6	10	NURSING	Direct Allocation					58,315	6
7	10A	THERAPY	Direct Allocation						7
8	12	SOCIAL SERVICE	Direct Allocation						8
9	21	CLERICAL & GENERAL OFFIC	Direct Allocation						9
10	22	EMPLOYEE BENEFITS	Direct Allocation					6,461	10
11	39	ANCILLARY	Direct Allocation					60,257	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				\$	\$		181,377	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Vent Lease, LLC
 Street Address 4101 W. Main Street
 City / State / Zip Code Skokie, Illinois 60076
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	30 Depreciation	Direct Billing	483,700	17	\$ 225,000	\$	35,100	\$ 16,327	1
2	32 Interest	Direct Billing	483,700	17	34,879		35,100	2,531	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				\$ 259,879	\$		\$ 18,858	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park # 0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	Name of Lender	2		3	4	5	6		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		Corus Bank		X	Mortgage		06/30/96	\$	\$ 9,913,242			\$ 883,566	1						
2		Less Allocation to Dr. Office										(27,238)	2						
3													3						
4													4						
5		See Supplemental Schedule											5						
		Working Capital																	
6		Diawa		X	Working Capital				3,957,038			256,519	6						
7		Shareholder Loan	X						50,000		7.25%	2,578	7						
8		See Supplemental Schedule							3,180,744			22,849	8						
9		TOTAL Facility Related						\$	\$ 17,101,024			\$ 1,138,274	9						
		B. Non-Facility Related*																	
10													10						
11													11						
12													12						
13		See Supplemental Schedule										(56,537)	13						
14		TOTAL Non-Facility Related						\$	\$			\$ (56,537)	14						
15		TOTALS (line 9+line14)						\$	\$ 17,101,024			\$ 1,081,737	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line # n/a

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) 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 - SUPPLEMENTAL SCHEDULE
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									
						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
A. Directly Facility Related																				
Long-Term																				
1						\$	\$			\$	1									
2											2									
3											3									
4											4									
5											5									
6											6									
7	TOTAL Long-Term										7									
Working Capital																				
8	Hunter Management	X				\$	\$ 3,180,744			\$	7,674									
9	Adjusted out on Page 5										(7,674)									
10	Allocated - Care Centers, Inc.										20,310									
11	Alloc. - Care Centers Health										8									
12	Alloc. - Vent Lease, LLC										2,531									
13																				
14	TOTAL Working Capital						3,180,744				22,849									
B. Non-Facility Related*																				
15	Interest Income		X			\$	\$			\$	(56,537)									
16	Pavilion of Forest Park	X									56,515									
17	Adjusted out on Page 5										(56,515)									
18																				
19																				
20	TOTAL Non-Facility Related										(56,537)									

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

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

Facility Name & ID Number Pavilion Of Forest Park

0043778 Report Period Beginning: 01/01/03 Ending: 12/31/03

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

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2002 report.			\$	387,494 1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	328,168 2
3.	Under or (over) accrual (line 2 minus line 1).			\$	(59,326) 3
4.	Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	341,552 4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	18,990 5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	301,216 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1998	106,522	8	
		1999	174,076	9	
		2000	229,261	10	
		2001	361,170	11	
		2002	325,289	12	
2003 Real Estate Tax Accrual = \$325,289 * 1.05 = \$341,552					
Line 2: \$325,289 + Allocated from Care Centers, Inc. \$2,879 = \$328,168.					
Opening Accrual Adjusted by \$8,266 for Dr. Office Allocation					
					FOR OHF USE ONLY
		13	FROM R. E. TAX STATEMENT FOR 2002	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pavilion Of Forest Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0043778

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>15-24-100-020-0000</u>	<u>Long Term Care Property</u>	\$ <u>325,289.00</u>	\$ <u>317,023.00</u>
2. <u>Care Center, Inc.</u>	<u>Allocation</u>	\$ <u>68,681.49</u>	\$ <u>2,878.96</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>393,970.49</u>	\$ <u>319,901.96</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pavilion Of Forest Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0043778

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>_____</u>	\$ <u>_____</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Pavilion Of Forest Park

0043778 Report Period Beginning:

01/01/03 Ending:

12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 99,467 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4C. 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, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Rental space for Physician OfficeF. 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: 125,873 2. Number of Years Over Which it is Being Amortized: _____3. Current Period Amortization: 680 4. Dates Incurred: _____Nature of Costs: Closing Costs, Financing Fees

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1995	\$ 400,000	1
2	Alloc. 2201 Main LLC			21,311	2
3	TOTALS			\$ 421,311	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1998		97,160		20	4,858	4,858	26,032	9
10	Various		1999		55,584		20	2,779	2,779	12,432	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37		\$	\$		\$	\$	\$		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	Related Building Company (Pages 12-BLDG & 12A-BLDG)		11,924,441	289,200		596,221	307,021	3,478,320	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		80,609	2,695		2,695		2,869	68
69	Financial Statement Depreciation			6,851			(6,851)		69
70	TOTAL (lines 4 thru 69)	\$	12,157,794	\$ 298,746		\$ 606,553	\$ 307,807	\$ 3,519,653	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

STATE OF ILLINOIS

Page 12B

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,157,794	\$ 298,746		\$ 606,553	\$ 307,807	\$ 3,519,653	1
2	Sprinkler Upgrade	2000	1,250		20	63	63	251	2
3	Fire Alarm Panel	2000	688		20	34	34	137	3
4	Telephone Cabling	2000	656		20	33	33	132	4
5	Telephone Cabling	2000	796		20	40	40	157	5
6	Telephone Cabling	2000	1,740		20	87	87	334	6
7	Telephone Cabling	2000	1,598		20	80	80	307	7
8	Hvac	2000	815		20	41	41	157	8
9	Sinage	2000	514		20	26	26	99	9
10	Ceiling Mount	2000	1,100		20	55	55	211	10
11	Ceiling Mount	2000	859		20	43	43	165	11
12	Plumbing Renov	2000	960		20	48	48	180	12
13	Plumbing Renov	2000	1,137		20	57	57	214	13
14	Outlets	2000	1,125		20	56	56	206	14
15	Telephone Cabling	2000	582		20	29	29	106	15
16	Wiring	2000	760		20	38	38	139	16
17	Fire Panel	2000	2,608		20	130	130	478	17
18	Telephone Cabling	2000	703		20	35	35	125	18
19	Telephone Cabling	2000	1,335		20	67	67	240	19
20	Hvac	2000	1,101		20	55	55	197	20
21	Heat Element	2000	658		20	33	33	118	21
22	Telephone Cabling	2000	1,498		20	75	75	256	22
23	Hvac	2000	1,418		20	71	71	243	23
24	Telephone Cabling	2000	749		20	37	37	124	24
25	Telephone Wiring	2000	656		20	33	33	107	25
26	Telephone Wiring	2000	749		20	37	37	121	26
27	Telephone Wiring	2000	592		20	30	30	97	27
28	Piping - Water Heatr	2000	2,680		20	134	134	436	28
29	Paint	2000	846		20	42	42	138	29
30	Paint	2000	1,460		20	73	73	237	30
31	Vent Repair	2000	587		20	29	29	98	31
32	Vent Repair	2000	658		20	33	33	110	32
33	Boiler Repair	2000	503		20	25	25	83	33
34	TOTAL (lines 1 thru 33)		\$ 12,191,175	\$ 298,746		\$ 608,222	\$ 309,476	\$ 3,525,656	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 12,191,175	\$ 298,746		\$ 608,222	\$ 309,476	\$ 3,525,656		1
2	Boiler Repair	2000	770		20	39	39	129	2
3	Paint	2001	552		20	28	28	83	3
4	Hvac	2001	637		20	32	32	96	4
5	Paint	2001	762		20	38	38	114	5
6	Paint	2001	1,460		20	73	73	219	6
7	Hot Water Heater	2001	2,656		20	133	133	399	7
8	Doors	2001	3,100		20	155	155	465	8
9	Telephone Work	2001	1,030		20	52	52	155	9
10	Station Board	2001	934		20	47	47	136	10
11	Voice Mail	2001	1,984		20	99	99	289	11
12	Cables	2001	618		20	31	31	90	12
13	Transformer	2001	646		20	32	32	94	13
14	Heat Exchange	2001	18,593		20	930	930	2,712	14
15	Hvac	2001	598		20	30	30	88	15
16	Hot Water Leak	2001	4,819		20	241	241	703	16
17	Tel Work	2001	826		20	41	41	117	17
18	Hvac	2001	646		20	32	32	92	18
19	Hot Water Leak	2001	691		20	35	35	98	19
20	Valves	2001	1,210		20	61	61	172	20
21	Fire Alarm Panel	2001	654		20	33	33	90	21
22	Station	2001	934		20	47	47	128	22
23	Suppressor	2001	1,321		20	66	66	182	23
24	Voice Mail	2001	1,984		20	99	99	272	24
25	Tel Work	2001	691		20	35	35	92	25
26	Hvac	2001	1,351		20	68	68	180	26
27	Hvac	2001	619		20	31	31	83	27
28	Wiring	2001	1,400		20	70	70	187	28
29	Hvac	2001	506		20	25	25	66	29
30	Millwork	2001	625		20	31	31	76	30
31	Panel	2001	729		20	36	36	85	31
32	Garbage Disposal	2001	617		20	31	31	72	32
33	Module Board	2001	1,983		20	99	99	231	33
34	TOTAL (lines 1 thru 33)	\$ 12,247,121	\$ 298,746		\$ 611,022	\$ 312,276	\$ 3,533,651		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,247,121	\$ 298,746		\$ 611,022	\$ 312,276	\$ 3,533,651	1
2	Install Expension Tn	2001	3,643		20	182	182	410	2
3	Elevator Repair	2001	850		20	43	43	96	3
4	Telephone Wiring	2001	592		20	30	30	67	4
5	Satellite Installatn	2001	832		20	42	42	94	5
6	Condensor Repair	2001	1,357		20	68	68	147	6
7	Tel Work	2001	395		20	20	20	43	7
8	Tel Work	2001	444		20	22	22	48	8
9	Boiler Repair	2001	3,201		20	160	160	387	9
10	Elevator Rep	2001	1,130		20	57	57	137	10
11	Electrical Wiring	2002	1,450		20	145	145	290	11
12	Telephone Wiring	2002	641		20	64	64	128	12
13	Security System	2002	526		20	53	53	105	13
14	Boiler Repair	2002	1,224		20	122	122	245	14
15	Generator Repair	2002	1,135		20	114	114	227	15
16	Electrical Wiring	2002	592		20	59	59	118	16
17	Telephone Wiring	2002	535		20	54	54	107	17
18	Boiler Room Pipe Leak	2002	1,138		20	114	114	228	18
19	Hot Water Booster	2002	1,006		20	101	101	201	19
20	Leasehold Improvement	2002	705		20	71	71	135	20
21	Boiler Repair	2002	864		20	86	86	166	21
22	Leasehold Improvements	2002	915		20	92	92	168	22
23	Leasehold Improvements	2002	694		20	69	69	121	23
24	Leasehold Improvements	2002	501		20	50	50	88	24
25	Boiler	2002	1,400		20	140	140	233	25
26	Boiler	2002	4,230		20	423	423	670	26
27	Camera Installation	2002	7,300		20	1,460	1,460	2,312	27
28	Piping	2002	745		20	149	149	211	28
29	Door Circuits	2002	761		20	152	152	216	29
30	Curtains	2002	664		20	66	66	77	30
31	Paint	2002	3,191		20	319	319	346	31
32	Paint	2003	853		20	43	43	43	32
33	Flooring	2003	16,864		20	843	843	843	33
34	TOTAL (lines 1 thru 33)		\$ 12,307,499	\$ 298,746		\$ 616,435	\$ 317,689	\$ 3,542,358	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,307,499	\$ 298,746		\$ 616,435	\$ 317,689	\$ 3,542,358	1
2	Double Door	2003	4,519		20	226	226	226	2
3	Compressor	2003	792		20	40	40	40	3
4	Door	2003	1,281		20	59	59	59	4
5	Code Alert	2003	1,100		20	92	92	92	5
6	Heater Rep	2003	633		20	26	26	26	6
7	Asphalt	2003	800		20	40	40	40	7
8	Hvac	2003	543		20	14	14	14	8
9	Paint	2003	608		20	15	15	15	9
10	Fire Damper	2003	760		20	19	19	19	10
11	Generator	2003	695		20	17	17	17	11
12	Boiler Repair	2003	4,315		20	108	108	108	12
13	Skylights	2003	681		20	17	17	17	13
14	Fire Alarm Repair	2003	646		20	38	38	38	14
15	Fire Dampers	2003	2,200		20	46	46	46	15
16	Cove Base	2003	8,738		20	182	182	182	16
17	Keypad	2003	1,306		20	27	27	27	17
18	Office Doors	2003	756		20	16	16	16	18
19	Cove Base	2003	4,369		20	73	73	73	19
20	Carpet	2003	539		20	9	9	9	20
21	Asphalt For P.L.	2003	1,600		20	27	27	27	21
22	Repair Of Generator	2003	1,992		20	33	33	33	22
23	Hvac	2003	1,442		20	18	18	18	23
24	Cove Base	2003	4,369		20	55	55	55	24
25	Lamps	2003	700		20	12	12	12	25
26	Keypads	2003	720		20	12	12	12	26
27	Boiler Repairs	2003	3,174		20	26	26	26	27
28	Nurse Call System	2003	800		20	20	20	20	28
29	Elevator Repair	2003	779		20	19	19	19	29
30	Elevator Repair	2003	838		20	21	21	21	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12E, Carried Forward	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		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
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16									16
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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)	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12F, Carried Forward	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		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
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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)	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12G, Carried Forward	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		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)	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665	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
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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)		\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12I, Carried Forward	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		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
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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)	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12J, Carried Forward	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		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
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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)	\$ 12,359,194	\$ 298,746		\$ 617,742	\$ 318,996	\$ 3,543,665		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	232		1998	1998	\$ 11,806,343	\$ 286,172		\$ 590,317	\$ 304,145	\$ 3,443,516	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Theater		1998		78,828	2,021		3,941	1,920	22,989	9
10	Grout Work		1998		599			30	30	60	10
11	Flooring		1998		1,500			75	75	150	11
12	Plumbing		1998		2,908			146	(146)	292	12
13	Cabling		1998		900			45	45	90	13
14	Flooring		1998		1,350			68	68	136	14
15	Sign		1998		32,013	1,007		1,599	592	11,087	15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*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-BLDG, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37		\$	\$		\$	\$	\$		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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)	\$	\$ 11,924,441	\$ 289,200		\$ 596,221	\$ 306,729	\$ 3,478,320	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Bed(s)*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4		2002		\$ 29,367	\$ 734	40	\$ 734		\$ 795
5									
6									
7									
8									
Improvement Type**									
9	2201 Main, LLC	2002		27,192	1,360	20	1,360		1,473
10	2201 Main, LLC	2003		24,050	601	20	601		601
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37				\$	\$		\$	\$	\$	37
38										38
39										39
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68										68
69										69
70	TOTAL (lines 4 thru 69)			\$ 80,609	\$ 2,695		\$ 2,695	\$	\$ 2,869	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning:

01/01/03

Ending:

12/31/03

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,398,219	\$ 220,838	\$ 141,429	\$ (79,409)	10	\$ 796,553	71
72	Current Year Purchases	136,885	78,902	61,474	(17,428)	10	61,474	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,535,104	\$ 299,740	\$ 202,903	\$ (96,837)		\$ 858,027	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from CCI		\$ 28,238	\$ 3,071	\$ 3,071	\$	5	\$ 23,800	76
77										77
78										78
79										79
80	TOTALS			\$ 28,238	\$ 3,071	\$ 3,071	\$		\$ 23,800	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)	\$ 14,343,847	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 601,557	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 823,716	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 222,159	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,425,492	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	Vacant Land-1999 - 1999	\$ 55,211	\$	\$	86
87	Doctor's Office - 1998	527,554	13,527		87
88					88
89					89
90					90
91	TOTALS	\$ 582,765	\$ 13,527	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____
 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 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated - Care Centers, Inc.				4,765			5
6								6
7	TOTAL				\$ 4,765			7

10. Effective dates of current rental agreement:
 Beginning _____
 Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	/2004	\$ _____
13.	/2005	\$ _____
14.	/2006	\$ _____

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: \$ 27,636 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

<p>1. HAVE YOU TRAINED AIDES 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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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	Nurse Aide 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 aides from other facilities.

\$

D. NUMBER OF AIDES 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 aide 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 aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides 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 aides.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	247,799	\$			\$	247,799		1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					49,736					49,736		2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs					295,240					295,240		4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescripts							346,949			346,949		9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Exceptional Care Program														12	
13	Other (specify): See Supplemental				198,669			10,050		255,740			464,459		13	
14	TOTAL			\$	198,669		\$	602,825	\$	602,689		\$	1,404,183		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 nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending:

12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 12,761	\$ 25,010	1
2	Cash-Patient Deposits	47,572	47,572	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,678,261	2,678,261	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	297,909	297,909	6
7	Other Prepaid Expenses	6,836	6,836	7
8	Accounts Receivable (owners or related parties)	1,114,025		8
9	Other(specify): See Attached Schedule	98,576	98,576	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,255,940	\$ 3,154,164	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		455,211	13
14	Buildings, at Historical Cost		9,978,393	14
15	Leasehold Improvements, at Historical Cost	259,812	884,378	15
16	Equipment, at Historical Cost	390,042	3,409,491	16
17	Accumulated Depreciation (book methods)	(303,226)	(5,062,258)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule		64,607	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 346,628	\$ 9,729,822	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,602,568	\$ 12,883,986	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,415,432	\$ 1,415,433	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	45,718	45,718	28
29	Short-Term Notes Payable	4,007,038	7,187,782	29
30	Accrued Salaries Payable	316,323	316,323	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,348	17,348	31
32	Accrued Real Estate Taxes(Sch.IX-B)	341,552	341,552	32
33	Accrued Interest Payable	19,917	88,376	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	(5,300)	(5,300)	35
Other Current Liabilities(specify):				
36	See Attached Schedule	259,814	259,814	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,417,842	\$ 9,667,046	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,913,242	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,913,242	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,417,842	\$ 19,580,288	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,815,274)	\$ (6,696,302)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,602,568	\$ 12,883,986	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,060,880)	1
2	Restatements (describe):		2
3	Bad Debt Expense	(123,750)	3
4	State Replacement Tax	1,800	4
5	Rounding	7	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,182,823)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	367,549	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 367,549	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,815,274)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,584,402	1
2	Discounts and Allowances for all Levels	(3,435,509)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,148,893	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,831,248	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,831,248	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	5	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	54,881	16
17	Sale of Drugs	409,519	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	56,939	19
20	Radiology and X-Ray	13,790	20
21	Other Medical Services	733,551	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,268,685	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	56,537	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 56,537	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	17	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,305,380	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,577,345	31
32	Health Care	4,122,802	32
33	General Administration	1,997,742	33
B. Capital Expense			
34	Ownership	1,708,739	34
C. Ancillary Expense			
35	Special Cost Centers	1,404,183	35
36	Provider Participation Fee	127,020	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,937,831	40
41	Income before Income Taxes (line 30 minus line 40)**	367,549	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 367,549	43

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

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

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

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

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending:

12/31/03

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing		\$	\$	1	
2	Assistant Director of Nursing	1,547	1,736	47,174	27.17	2
3	Registered Nurses	17,908	19,497	475,560	24.39	3
4	Licensed Practical Nurses	54,141	58,717	1,322,057	22.52	4
5	Nurse Aides & Orderlies	126,195	136,513	1,280,124	9.38	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	8,313	9,327	198,669	21.30	7
8	Rehab/Therapy Aides	7,100	7,734	90,303	11.68	8
9	Activity Director	1,958	2,216	31,920	14.40	9
10	Activity Assistants	13,717	14,546	105,055	7.22	10
11	Social Service Workers	10,740	11,923	162,423	13.62	11
12	Dietician					12
13	Food Service Supervisor	3,594	4,424	70,623	15.96	13
14	Head Cook					14
15	Cook Helpers/Assistants	26,964	29,362	227,432	7.75	15
16	Dishwashers					16
17	Maintenance Workers	4,010	4,417	98,177	22.23	17
18	Housekeepers	30,704	32,884	224,593	6.83	18
19	Laundry	10,691	11,397	82,381	7.23	19
20	Administrator					20
21	Assistant Administrator	1,975	2,255	45,593	20.22	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,863	8,522	94,230	11.06	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,855	2,084	23,513	11.28	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	329,275	357,554	\$ 4,579,827 *	\$ 12.81	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	487	\$ 19,759	01-03	35
36	Medical Director	Monthly	72,000	09-03	36
37	Medical Records Consultant	Monthly	4,128	10-03	37
38	Nurse Consultant	6	300	10-03	38
39	Pharmacist Consultant	Monthly	2,820	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	768	11-03	44
45	Social Service Consultant	38	1,821	12-03	45
46	Other(specify)				46
47	Psychiatrist	2	125	12-03	47
48	CCI Salary		110,496	Various	48
49	TOTAL (lines 35 - 48)	549	\$ 212,217		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	4,837	177,630	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	4,837	\$ 177,630		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Patricia Long	Assistant Admin.	0	\$ 45,593	Workers' Compensation Insurance	\$ 179,529	IDPH License Fee	\$	
				Unemployment Compensation Insurance	68,123	Advertising: Employee Recruitment		
				FICA Taxes	345,880	Health Care Worker Background Check	2,124	
				Employee Health Insurance	117,135	(Indicate # of checks performed <u>212</u>)		
				Employee Meals		Employee Placement Fee	5,050	
				Illinois Municipal Retirement Fund (IMRF)*		Classified Advertising	15,343	
				Pension	31,801	Advertising Promotion	11,440	
				Employee Physical	7,615	Dues and Subscriptions	8,924	
				Other Employee Benefits	8,545	Licenses and Fees	12,312	
						See Supplemental Schedule	2,439	
						Less: Public Relations Expense	()	
						Non-allowable advertising	(11,440)	
						Yellow page advertising	(922)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 45,593	TOTAL (agree to Schedule V, line 22, col.8)	\$ 758,628	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 45,270	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
CCI Administrator Payroll - (Adjusted out on Page 6)			\$ 81,354			\$	Out-of-State Travel	\$
CCI Assistant Administrator Payroll (Adjusted out on Page 6)			10,769					
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 92,123					
C. Professional Services							Seminar Expense	6,517
Vendor/Payee	Type		Amount				Allocated - Care Centers, Inc.	932
FR&R	Accounting		\$ 14,638				See Supplemental Schedule	949
Care Centers, Inc.	Accounting		22,225				Entertainment Expense	()
Care Centers, Inc.	Bookkeeping Services		47,328				(agree to Sch. V, line 24, col. 8)	\$ 8,398
Alpha Data	Data Processing		613					
ADP	Data Processing		10,936					
Care Centers, Inc.	Data Processing		8,352					
Care Centers, Inc.	Home Office Expense		194,880					
Care Centers, Inc.	Ancillary Admin. Services		27,840					
Accrued Expense	Adjusted out on P. 5A		3,600					
Appraisal Research Counselors	Appraisal - Reclass to In 33		4,600					
Bernie Sanner	Professional Fee		125					
See Supplemental Schedule			89,007					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 424,144	TOTAL		\$		

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

1	2	3	4	5										
				6										
1	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year									
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavilion Of Forest Park

0043778

Report Period Beginning: 01/01/03

Ending: 12/31/03

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Aides Only
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC \$8,331
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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. \$ 1,753 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES No NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 127,020
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 of Public Aid, 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? See Page 11 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. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 5
- (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? None
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
- 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? Yes
Firm Name: No The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT