

Facility Name & ID Number Center Home for Hispanic Elderly

0038893 Report Period Beginning: July 1, 2004 Ending: June 30, 2005

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	98	Skilled (SNF)	98	35,770	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	56,940	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 Medicaid Recipient	4 Private Pay	Other		
8	SNF	15,420	148	5,789	21,357	8
9	SNF/PED					9
10	ICF	29,009	277	802	30,088	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,429	425	6,591	51,445	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.35%

D. How many bed-hold days during this year were paid by the Department? 2,542 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 02/18/1982

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1980 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 44 and days of care provided 5,363

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

STATE OF ILLINOIS

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2004 Ending: June 30, 2005

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

	Operating Expenses	Costs Per General Ledger				Reclassification 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	338,687	10,463	8,890	358,040		358,040	8,400	366,440		1
2	Food Purchase		218,430		218,430		218,430		218,430		2
3	Housekeeping	63,378	51,196		114,574		114,574	1,787	116,361		3
4	Laundry	97,006	48,700		145,706		145,706		145,706		4
5	Heat and Other Utilities			155,675	155,675		155,675	19,982	175,657		5
6	Maintenance	131,311		187,331	318,642		318,642	76,836	395,478		6
7	Other (specify):*										7
8	TOTAL General Services	630,382	328,789	351,896	1,311,067		1,311,067	107,005	1,418,072		8
B. Health Care and Programs											
9	Medical Director										9
10	Nursing and Medical Records	2,032,840	399,899	131,974	2,564,713		2,564,713		2,564,713		10
10a	Therapy	115,467		550,221	665,688		665,688		665,688		10a
11	Activities	84,242	4,681		88,923		88,923		88,923		11
12	Social Services	87,582			87,582		87,582		87,582		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,320,131	404,580	682,195	3,406,906		3,406,906		3,406,906		16
C. General Administration											
17	Administrative	246,901		550,000	796,901		796,901	(517,496)	279,405		17
18	Directors Fees										18
19	Professional Services			153,143	153,143		153,143	3,716	156,859		19
20	Dues, Fees, Subscriptions & Promotions			22,994	22,994		22,994	(1,943)	21,051		20
21	Clerical & General Office Expenses	176,111	74,154	31,398	281,663		281,663	261,145	542,808		21
22	Employee Benefits & Payroll Taxes			677,136	677,136		677,136	59,945	737,081		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,291	11,291		11,291		11,291		24
25	Other Admin. Staff Transportation			1,429	1,429		1,429		1,429		25
26	Insurance-Prop.Liab.Malpractice			179,926	179,926		179,926	21,395	201,321		26
27	Other (specify):* Vehicle Expense			9,658	9,658		9,658		9,658		27
28	TOTAL General Administration	423,012	74,154	1,636,975	2,134,141		2,134,141	(173,238)	1,960,903		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,373,525	807,523	2,671,066	6,852,114		6,852,114	(66,233)	6,785,881		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

Center Home for Hispanic Elderly

#0038893

Report Period Beginning:

July 1, 2004

Ending:

June 30, 2005

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			167,655	167,655		167,655	53,025	220,680			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			49,090	49,090		49,090	7,629	56,719			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			216,745	216,745		216,745	60,654	277,399			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			85,410	85,410		85,410		85,410			42
43	Other (specify):* Fines and Bad Debt			53,088	53,088		53,088	(53,088)				43
44	TOTAL Special Cost Centers			138,498	138,498		138,498	(53,088)	85,410			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,373,525	807,523	3,026,309	7,207,357		7,207,357	(58,667)	7,148,690			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 Center Home for Hispanic Elderly

0038893

Report Period Beginning: July 1, 2004

Ending: June 30, 2005

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				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				9
10	Interest and Other Investment Income	(1,313)	P4L32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(17,919)	P3L17		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	(53,088)	P4L42		24
25	Fund Raising, Advertising and Promotional	(1,943)	P3L20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Executive Director Salary	(45,661)	P3L17		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (119,924)		\$	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)	61,257		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 61,257		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (58,667)		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.			\$ Only for IDPA		38
39				Pending Patients		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

Center Home for Hispanic Elderly

ID# 0038893

Report Period Beginning: July 1, 2004

Ending: June 30, 2005

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line	Reference
1	Interest Income	\$ (1,313)	32	1
2	Vending machine income	(8,063)	17	2
3	Cafeteria revenue	(587)	17	3
4	50th Anniversary Dinner revenue	(3,373)	17	4
5	Miscellaneous expenses	(5,896)	17	5
6	Fines and penalties	0		6
7	Bad debt	(53,088)	43	7
8	Advertising	(1,943)	20	8
9	Executive director salary	(45,661)	17	9
10				10
11	Home Office Cost Allocation:			11
12	Dietary	8,400	1	12
13	Professional fees	3,716	19	13
14	Office supplies, telephone, printing	76,313	21	14
15	Insurance	21,395	26	15
16	Housekeeping	1,787	3	16
17	Utilities	19,982	5	17
18	Maintenance supplies	21,698	6	18
19	Interest	8,942	32	19
20	Depreciation	53,025	30	20
21	Fringe benefits	59,945	22	21
22	Maintenance salaries	55,138	6	22
23	Clerical salaries	184,832	21	23
24	Admin. Salaries	96,084	17	24
25	Administrative costs	(611,257)	17	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(119,924)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Center Home for Hispanic Elderly

0038893

Report Period Beginning:

July 1, 2004

Ending:

June 30, 2005

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	8,400	0	0	0	0	0	0	0	0	0	0	8,400	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	1,787	0	0	0	0	0	0	0	0	0	0	1,787	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	19,982	0	0	0	0	0	0	0	0	0	0	19,982	5
6	Maintenance	76,836	0	0	0	0	0	0	0	0	0	0	76,836	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	107,005	0	0	0	0	0	0	0	0	0	0	107,005	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(578,753)	61,257	0	0	0	0	0	0	0	0	0	(517,496)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	3,716	0	0	0	0	0	0	0	0	0	0	3,716	19
20	Fees, Subscriptions & Promotions	(1,943)	0	0	0	0	0	0	0	0	0	0	(1,943)	20
21	Clerical & General Office Expenses	261,145	0	0	0	0	0	0	0	0	0	0	261,145	21
22	Employee Benefits & Payroll Taxes	59,945	0	0	0	0	0	0	0	0	0	0	59,945	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	21,395	0	0	0	0	0	0	0	0	0	0	21,395	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(234,495)	61,257	0	(173,238)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(127,490)	61,257	0	(66,233)	29								

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
None A 501c(3) organization	None			Padres Corporation	Chicago	Social Service

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		
	V	17 Other Administrative Expense	\$ 550,000	Padres Corporation	0.00%	\$ 611,257	\$ *	61,257
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 550,000			\$ 611,257	\$ *	61,257

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	None								\$	1
2	Please Refer to Page 8									2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Center Home for Hispanic Elderly # 0038893 Report Period Beginning: July 1, 2004 Ending: ne 30, 2005

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 Padres Corporation
 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	1 Dietary	See page 25 for details of cost allocation.	2	2				8,400	4
5	3 Housekeeping							1,787	5
6	5 Utilities							19,982	6
7	6 Maintenance supplies							21,698	7
8	6 Maintenance salaries							55,138	8
9	17 Admin. Salaries							96,084	9
10	19 Professional fees							3,716	10
11	21 Office supplies, telephone, postage							76,313	11
12	21 Clerical salaries							184,832	12
13	22 Fringe benefits							59,945	13
14	26 Insurance							21,395	14
15	30 Interest expense							8,942	15
16	32 Depreciation expense							53,025	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	611,257

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Center Home for Hispanic Elderly**# **0038893** Report Period Beginning: **July 1, 2004** Ending: **June 30, 2005****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 2004 report.	\$	Not Applicable		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.)	\$			2
3.	Under or (over) accrual (line 2 minus line 1).	\$	Not Applicable		3
4.	Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	\$			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.)	\$			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.	\$	Not Applicable		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2000	_____	8	
		2001	_____	9	
		2002	_____	10	
		2003	_____	11	
		2004	_____	12	
FOR OHF USE ONLY					
13	FROM R. E. TAX STATEMENT FOR 2004	\$			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:** 2004 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 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 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 Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Center Home for Hispanic Elderly COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038893

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 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 2004.

(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		\$ _____	\$ _____

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 original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Center Home for Hispanic Elderly

0038893 Report Period Beginning:

July 1, 2004 Ending:

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,149 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home	55,145	1981	\$ 45,000	1
2					2
3	TOTALS	55,145		\$ 45,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Center Home for Hispanic Elderly

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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	156			\$	\$		\$	\$	
5									
6									
7									
8									
Improvement Type**									
9	Driveway Paving		Dec-04	3,100	103	15	103		103
10	Driveway Paving		Dec-04	500	17	15	17		17
11	Driveway Paving		Dec-04	6,000	200	15	200		200
12	1410 N. California		6/30/1982	255,000	10,200	15	10,200		239,700
13	Improvements		Jun-82	2,251	90	25	90		2,116
14	Fire sprinkler		Jun-83	101,950	4,078	25	4,078		91,755
15	Window replacements		Jun-83	93,903	3,756	25	3,756		84,513
16	Misc items < \$1,000		Jun-83	9,720	389	25	389		8,748
17	Misc items < \$1,000		Jun-84	22,241	890	25	890		19,127
18	Heating system		Jun-84	45,346	1,814	25	1,814		38,998
19	Fire alarms		Jun-84	5,000	200	25	200		4,300
20	Fire alarms		Jun-85	20,000	800	25	800		17,200
21	Misc items < \$1,000		Jun-85	6,900	276	25	276		5,658
22	Wheelchair ramp		Jun-85	14,535	581	25	581		11,919
23	Rear stairway		Jun-86	130,937	5,237	25	5,237		102,131
24	Elevator		Jun-86	77,500	3,100	25	3,100		60,450
25	Nurses Station		Jun-86	27,673	1,107	25	1,107		21,585
26	Door		Jan-88	555	22	25	22		389
27	Rugs		Jan-88	598	24	25	24		419
28	A/C lines		Jul-88	2,697	108	25	108		1,780
29	Roof repairs and tuckpointing		Jun-90	38,398	2,560	15	2,560		38,398
30	roof & tuckpointing		Jul-90	7,980	532	15	532		7,448
31	roof & tuckpointing		Aug-90	11,530	769	15	769		10,761
32	roof & tuckpointing		Sep-90	3,647	243	15	243		3,404
33	roof & tuckpointing		Nov-90	1,410	94	15	94		1,316
34	roof & tuckpointing		Feb-91	(1,490)	(99)	15	(99)		(1,391)
35	Rewiring of dishwashers		Mar-91	705	47	15	47		658
36	Rewiring od sup pump		Mar-91	868	58	15	58		810

*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 Center Home for Hispanic Elderly

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Report Period Beginning:

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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	New transfer switch	Dec-90	\$ 2,750	\$ 183	15	\$ 183	\$	\$ 2,567	37
38	Repair traco windows	Oct-90	4,850	323	15	323		4,527	38
39	Gutters, downspouts	Jun-91	1,650	110	15	110		1,540	39
40	Chimnew tuckpointing	Jun-91	4,100	273	15	273		3,827	40
41	Fire alarm	Dec-90	1,054	70	15	70		984	41
42	Reapir hot water systes	Dec-90	2,171	145	15	145		2,026	42
43	Elevator repair	Jun-92	10,325	688	15	688		9,006	43
44	Elevator repair	Nov-92	8,325	555	15	555		7,030	44
45	Elevator repair	Dec-92	1,395	93	15	93		1,170	45
46	Kitchen elevator rpr	Jan-93	1,733	116	15	116		1,444	46
47	Tile work	May-93	56,438	3,763	15	3,763		45,778	47
48	Door & Windows (Richmond Glass)	Nov-93	9,620	641	15	641		7,482	48
49	Boiler repairs	Nov-93	3,800	253	15	253		2,956	49
50	Elevator repairs	Nov-93	10,950	730	15	730		8,517	50
51	Boiler repairs	Dec-93	11,131	742	15	742		8,596	51
52	Elevator repairs	Dec-93	2,200	147	15	147		1,699	52
53	Sewer repairs	Dec-93	2,500	167	15	167		1,931	53
54	Room rewiring	Feb-94	1,095	73	15	73		833	54
55	nurse system rewire	Feb-94	1,150	77	15	77		875	55
56	Chicago welding & boiler	Mar-94	1,232	82	15	82		931	56
57	Elevator repairs	Jun-94	962	64	15	64		727	57
58	roof & tuckpointing	Jul-94	2,400	160	15	160		1,813	58
59	Water heater (Mid Lake)	Aug-94	2,025	135	15	135		1,474	59
60	Elevator repairs (B.P. Electric)	Aug-94	8,000	533	15	533		5,822	60
61	Elevator repairs (C&H Elevator)	Sep-94	3,160	211	15	211		2,282	61
62	Front door (Door Systems)	Sep-94	6,020	401	15	401		4,348	62
63	Boiler repairs (Chicago Welding)	Oct-94	4,145	276	15	276		2,971	63
64	Plumbing repairs (Aaron plumbing)	Nov-94	1,550	103	15	103		1,102	64
65	Front door (Door Systems)	Nov-94	4,573	305	15	305		3,252	65
66	Elevator repairs (C&H Elevator)	Dec-94	1,500	100	15	100		1,058	66
67	Front door (Donald H. Prosek)	Dec-94	1,250	83	15	83		882	67
68	Electrical improvements -	Jul-94	213,730	14,249	15	14,249		156,735	68
69	Elevator improvements - contract with	Nov-94	27,264	1,818	15	1,818		19,388	69
70	TOTAL (lines 4 thru 69)		\$ 1,304,501	\$ 64,865		\$ 64,865	\$	\$ 1,088,081	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Center Home for Hispanic Elderly

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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	\$ 1,304,501	\$ 64,865		\$ 64,865	\$	\$ 1,088,081		1
2	Boiler repairs (Chicago Welding)	Mar-95 11,537	769	15	769		7,947		2
3	Laun+Kitch repairs (Super T. Plumbin	Aug-95 4,400	293	15	293		2,909		3
4	Repair Garbage compact(Good Electric)	Sep-95 2,100	140	15	140		1,377		4
5	4th fl construction (Espino Const)	Sep-95 3,950	263	15	263		2,589		5
6	Boiler repairs(Chicago Welding & B)	Sep-95 2,180	145	15	145		1,429		6
7	Laun+Kitch repairs (Super T. Plumbin	Oct-95 4,000	267	15	267		2,600		7
8	4th fl construction (Espino Const)	Oct-95 1,000	67	15	67		650		8
9	4th fl construction (Espino Const)	Nov-95 2,550	170	15	170		1,643		9
10	Misc repairs (Espino Const)	Dec-95 2,800	187	15	187		1,789		10
11	Electrical upgrade (Good Electric)	Mar-96 895	60	15	60		557		11
12	Elevator repairs west(C&H Elevator)	Aug-96 2,000	133	15	133		1,189		12
13	Elevator repairs west(C&H Elevator)	Oct-96 2,530	169	15	169		1,476		13
14	Elevator repairs west(B.P. Electric)	Oct-96 2,200	147	15	147		1,283		14
15	Kitchen repairs(Sebastian Espino)	Nov-96 1,400	93	15	93		809		15
16	Elevator repairs west(CNH Elevator)	Nov-96 2,320	155	15	155		1,340		16
17	Electrical repairs (Good Electric)	Nov-96 4,350	290	15	290		2,513		17
18	Kitchen repairs(Sebastian Espino)	Dec-96 2,800	187	15	187		1,602		18
19	Electrical repairs (Good Electric)	Dec-96 750	50	15	50		429		19
20	Elevator repairs west(CNH Elevator)	Jan-97 3,285	219	15	219		1,862		20
21	Elevator repairs east (CNH Elevator)	Jan-97 6,585	439	15	439		3,732		21
22	Electrical repairs (Good Electric)	Feb-97 1,885	126	15	126		1,058		22
23	Doors (D&R Doors & Frames)	Apr-97 1,675	112	15	112		921		23
24	Boiler repairs (Chicago Welding)	Apr-97 3,573	238	15	238		1,965		24
25	Elevator repairs east (CNH Elevator)	Jun-97 4,520	301	15	301		2,436		25
26	Toilet conversion (Smibrht Const)	Dec-97 59,698	3,980	15	3,980		30,181		26
27	(Chicago Welding)	Jan-98 4,229	282	15	282		2,115		27
28	New tile 13 bathrms (Dimatteo Tile)	Jan-98 7,500	500	15	500		3,750		28
29	New tile 13 bathrms (Dimatteo Tile)	Feb-98 1,250	83	15	83		618		29
30	(CNH Elevator)	Feb-98 3,000	200	15	200		1,483		30
31	Replace 2 pumps lndry (Jacobs Boiler)	Feb-98 2,212	147	15	147		1,094		31
32	Electrical work (Father&Son)	Mar-98 8,393	560	15	560		4,103		32
33	Replace 2 pumps lndry (Jacobs Boiler)	Mar-98 2,210	147	15	147		1,080		33
34	TOTAL (lines 1 thru 33)	\$ 1,468,278	\$ 75,784		\$ 75,784	\$	\$ 1,178,611		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Center Home for Hispanic Elderly

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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	\$ 1,468,278	\$ 75,784		\$ 75,784		\$ 1,178,611		1
2	(Chicago Welding)	Mar-98 3,039	203	15	203		1,486		2
3	New tile 13 bathrms (Dimatteo Tile)	Mar-98 1,250	83	15	83		611		3
4	toilet conversion (Smibrht Const)	Mar-98 10,195	680	15	680		4,984		4
5	emergency panel\light(Good Electric)	Apr-98 2,790	186	15	186		1,349		5
6	survey staireay light (Good Electric)	Apr-98 924	62	15	62		447		6
7	electrical circuts(Good Electric)	Apr-98 2,861	191	15	191		1,383		7
8	admin air condit(Father & Son)	Apr-98 933	62	15	62		451		8
9	electrical (Good Electric)	May-98 677	45	15	45		323		9
10	doors & frames(Star contractors)	May-98 9,324	622	15	622		4,455		10
11	boiler repairs(FettesLove&S)	Jun-98 1,875	125	15	125		885		11
12	kitchen ansol syst (Good Electric)	Jun-98 2,258	151	15	151		1,066		12
13	doors & frames(Star contractors)	Jun-98 10,939	729	15	729		5,166		13
14	dampers (Chicago welding & boiler)	Jun-98 6,220	415	15	415		2,937		14
15	kitchen exhaust (Darmark mechanical)	Jun-98 1,645	110	15	110		777		15
16	lighting (Environmental group)	Jun-98 3,032	202	15	202		1,432		16
17	access on the ceiling	Jun-98 12,375	825	15	825		5,844		17
18	6 bathrooms	Jun-98 9,500	633	15	633		4,486		18
19	transfer switches	Aug-98 9,591	639	15	639		4,369		19
20	kitchen extinguishing syst	Aug-98 1,500	100	15	100		683		20
21	wireing toaster	Sep-98 1,370	91	15	91		609		21
22	boiler repairs	Oct-98 2,977	198	15	198		1,290		22
23	base board radiators	Oct-98 1,000	67	15	67		433		23
24	base board radiators	Oct-98 800	53	15	53		347		24
25	transfer switch	Nov-98 3,500	233	15	233		1,478		25
26	access panels	Nov-98 3,125	208	15	208		1,319		26
27	access panels	Dec-98 1,025	68	15	68		421		27
28	fire dampers	Dec-98 1,550	103	15	103		637		28
29	roof repairs	Dec-98 1,000	67	15	67		411		29
30	roof repairs	Dec-98 1,000	67	15	67		411		30
31	water heater	Jan-99 3,490	233	15	233		1,396		31
32	electrical repairs	Jan-99 2,444	163	15	163		977		32
33	exit signs	Feb-99 1,089	73	15	73		424		33
34	TOTAL (lines 1 thru 33)	\$ 1,583,575	\$ 83,470		\$ 83,470		\$ 1,231,898		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Center Home for Hispanic Elderly

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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		\$ 1,583,575	\$ 83,470		\$ 83,470	\$	\$ 1,231,898	1
2	water heaters	Apr-99	1,490	99	15	99		546	2
3	hand rail replacement	May-99	26,000	1,733	15	1,733		9,244	3
4	centigram 6.0	May-99	3,771	251	15	251		1,341	4
5	expanded metal fencing	Jun-99	1,000	67	15	67		400	5
6	expanded metal fencing	Jun-99	800	53	15	53		320	6
7	Install new air pump/motor, check valves/couplings	Jun-99	3,991	266	15	266		1,596	7
8	Emergency system upgrade	Jun-99	3,441	229	15	229		1,376	8
9	Stairway Light Fixtures/Labor/Parts	Aug-99	6,615	441	15	441		2,609	9
10	Replace dairy unit compresor & condensing unit	Nov-99	589	39	15	39		223	10
11	Wiring for Computers	Jan-00	326	22	15	22		120	11
12	Wiring for Computers	Jan-00	640	43	15	43		235	12
13	Water Heater	Feb-00	6,980	465	15	465		2,521	13
14	Wiring for Computers LABOR	Feb-00	1,000	67	15	67		361	14
15	Wiring for Computers LABOR	Mar-00	1,063	71	15	71		637	15
16	Tile for Nursing Home	Mar-00	258	17	15	17		155	16
17	Kitchen Repairs	Mar-00	2,547	170	15	170		1,528	17
18	Handraild/Pavment	Apr-00	13,500	900	15	900		4,725	18
19	Wiring for Computers	Apr-00	1,215	81	15	81		425	19
20	Roof Repairs	Apr-00	27,600	1,840	15	1,840		9,660	20
21	Wiring for Computers	Apr-00	714	48	15	48		250	21
22	Generator	May-00	64,267	4,284	15	4,284		22,136	22
23	Repair of kitchen lighting	May-00	1,739	116	15	116		599	23
24	Roof Repairs	Jun-00	28,000	1,867	15	1,867		9,489	24
25	Sump Pumps	Sep-00	4,750	317	15	317		1,531	25
26	Alarm System	Oct-00	2,776	185	15	185		879	26
27	Tank Removal	Oct-00	2,000	133	15	133		633	27
28	Sewage Pump	Oct-00	4,638	309	15	309		1,469	28
29	Alarm System	Nov-00	4,470	298	15	298		1,391	29
30	Handrails	Nov-00	12,132	809	15	809		3,774	30
31	Windows	Nov-00	3,560	237	15	237		1,108	31
32	Water Tank	Jan-01	5,452	363	15	363		1,636	32
33	Tank Removal	Mar-01	8,660	577	15	577		2,502	33
34	TOTAL (lines 1 thru 33)		\$ 1,829,558	\$ 99,869		\$ 99,869	\$	\$ 1,317,316	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Center Home for Hispanic Elderly

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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	\$ 1,829,558	\$ 99,869		\$ 99,869	\$	\$ 1,317,316		1
2	Tank Removal	Apr-01 850	57	15	57		241		2
3	Windows	Apr-01 2,300	153	15	153		652		3
4	Tuckpoint	May-01 900	60	15	60		250		4
5	Architech for Handrail Project	Jun-01 5,163	344	15	344		1,405		5
6	Electrical Wiring	Jun-01 1,153	77	15	77		314		6
7	Disposal Valve	Jun-01 400	27	15	27		109		7
8	Wiring for Generator	Jun-01 550	37	15	37		150		8
9	Boiler	Jun-01 4,429	295	15	295		1,206		9
10	New Tile	Jun-01 512	34	15	34		139		10
11	New Selector Unit for Elevator	Jun-01 5,200	347	15	347		1,416		11
12	Sewage Pump	Jun-01 1,156	77	15	77		315		12
13	New Valve for Pump	Jun-01 1,554	104	15	104		423		13
14	Underground Storage Tanks	Jun-01 2,000	133	15	133		544		14
15	Roof Repair	Jul-01 1,927	128	15	128		514		15
16	Elevator Repair	Aug-01 1,440	96	15	96		376		16
17	Elevator Repair	Aug-01 20,000	1,333	15	1,333		5,222		17
18	Biolor Repair	Oct-01 3,313	221	15	221		828		18
19	Kitchen Plumbing	Dec-01 1,500	100	15	100		358		19
20	Fire Rated Door Frame	Jan-02 1,800	120	15	120		420		20
21	New Boiler	Feb-02 3,300	220	15	220		752		21
22	Elevator Repair	Mar-02 10,000	667	15	667		2,222		22
23	Firm Alarm & Exit Signs	Mar-02 7,208	481	15	481		1,602		23
24	Electrical Work in Laundry room	Mar-02 1,839	123	15	123		409		24
25	Elevator Repair	Apr-02 1,340	89	15	89		290		25
26	Elevator Motor	Jul-02 15,000	1,000	15	1,000		3,000		26
27	Doors	Aug-02 20,000	1,333	15	1,333		3,889		27
28	Architectural Services	Aug-02 4,500	300	15	300		875		28
29	Grease Trap	Sep-02 4,200	280	15	280		793		29
30	Doors	Oct-02 20,000	1,333	15	1,333		3,667		30
31	Tuckpointing	Nov-02 3,400	227	15	227		604		31
32	Tuckpointing	Dec-02 3,400	227	15	227		586		32
33	Doors	Mar-03 10,000	667	15	667		1,556		33
34	TOTAL (lines 1 thru 33)	\$ 1,989,893	\$ 110,558		\$ 110,558	\$	\$ 1,352,443		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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		\$ 1,989,893	\$ 110,558		\$ 110,558	\$	\$ 1,352,443	1
2	Doors	Apr-03	9,850	657	15	657		1,478	2
3	Grease Trap & Boiler	Apr-03	3,385	226	15	226		508	3
4	Plumbing & Tile	Jul-03	4,900	327	15	327		653	4
5	Plumbing & Tile	Jul-03	4,900	327	15	327		653	5
6	16 corridoe holders & 3 fire alarms	Jul-03	4,868	325	15	325		649	6
7	Washroom rehab	Aug-03	250	17	15	17		32	7
8	Washroom rehab	Aug-03	492	33	15	33		63	8
9	Electrical in Kitchen	Sep-03	1,600	107	15	107		196	9
10	Replacing Doors	Sep-03	4,492	299	15	299		549	10
11	Concrete Sidewalk	Sep-03	305	20	15	20		37	11
12	Fire Pump Deposit	2003	13,400	893	15	893		893	12
13	Fire Pump 1 of 6	2003	2,312	154	15	154		154	13
14	Fire Pump 2 of 6	2003	2,312	154	15	154		154	14
15	Fire Pump 3 of 6	2003	2,312	154	15	154		154	15
16	Fire Pump 4 of 6	2003	2,312	154	15	154		154	16
17	Fire Pump 5 of 6	2003	2,312	154	15	154		154	17
18	Fire Pump 6 of 6	2003	1,839	123	15	123		123	18
19	Fire Pump testing	2003	2,675	178	15	178		178	19
20	Toilet rehab project	2003	123	8	15	8		8	20
21	Toilet rehab project	2003	7,083	472	15	472		472	21
22	Toilet rehab project	2003	19,115	1,274	15	1,274		1,274	22
23	Toilet rehab project	2003	15,000	1,000	15	1,000		1,000	23
24	Duplicate payment \$ reimbursed in July 2004	2003	2,556	170		170		170	24
25	Adjustments per Audit	Jun-04	4,259	284		284		284	25
26	Adjustments per Audit	Jun-04	1,670	111		111		111	26
27	Adjustments per Audit	Jun-04	3,595	240		240		240	27
28	Adjustments per Audit	Jun-04	1,800	120		120		120	28
29	Adjustments per Audit	Jun-04	1,300	87		87		87	29
30	Adjustments per Audit	Jun-04	1,159	77		77		77	30
31	Adjustments per Audit	Jul-04		5,369		5,369			31
32	Sewer repairs	Jul-04	2,550	170				170	32
33	Pipe Repairs	Jul-04	5,275	352		352		352	33
34	TOTAL (lines 1 thru 33)		\$ 2,119,896	\$ 124,594		\$ 124,594	\$	\$ 1,363,591	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 12F, Carried Forward								
2	Jul-04	3,830	255		255		255		2
3	Jul-04	3,830	255		255		255		3
4	Jul-04	3,845	256		256		256		4
5	Jul-04	1,100	73		73		73		5
6	Aug-04	5,484	366		366		366		6
7	Aug-04	6,500	433		433		433		7
8	Sep-04	10,000	667		667		667		8
9	Oct-04	6,657	444		444		444		9
10	Oct-04	3,649	243		243		243		10
11	Nov-04	1,232	82		82		82		11
12	Nov-04	3,649	243		243		243		12
13	Nov-04	1,290	86		86		86		13
14	Nov-04	2,468	165		165		165		14
15	Nov-04	3,288	219		219		219		15
16	Nov-04	3,570	238		238		238		16
17	Nov-04	1,281	85		85		85		17
18	Jan-05	3,400	227		227		227		18
19	Jan-05	5,988	399		399		399		19
20	Feb-05	1,500	100		100		100		20
21	Feb-05	3,370	225		225		225		21
22	Mar-05	7,500	500		500		500		22
23	Mar-05	3,263	218		218		218		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)		\$ 2,206,590	\$ 130,374		\$ 130,374	\$	\$ 1,369,371	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 250,905	\$ 27,924	\$ 27,924	\$		\$ 143,077	71
72	Current Year Purchases	64,843	9,357	9,357			9,357	72
73	Fully Depreciated Assets	240,124					240,124	73
74								74
75	TOTALS	\$ 555,872	\$ 37,281	\$ 37,281	\$		\$ 392,558	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 2,807,462	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 167,655	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 167,655	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,761,929	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	\$ 8,500	92
93			93
94			94
95		\$ 8,500	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 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			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.	<u> </u> /2006	\$ <u> </u>
13.	<u> </u> /2007	\$ <u> </u>
14.	<u> </u> /2008	\$ <u> </u>

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: \$ _____ Description: _____
(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.

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)		Units	Cost						
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist		hrs	\$		\$								1
2	Licensed Speech and Language Development Therapist		hrs											2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist		hrs											4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy		# of prescripts											9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Exceptional Care Program													12
13	Other (specify):		Please see attached listing of training costs											13
14	TOTAL			\$		\$		\$			\$			14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Center Home for Hispanic Elderly

0038893

Report Period Beginning: July 1, 2004

Ending: June 30, 2005

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2005 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (84,926)	\$	1
2	Cash-Patient Deposits	18,116		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 204,411)	1,854,435		3
4	Supply Inventory (priced at)	25,367		4
5	Short-Term Investments			5
6	Prepaid Insurance	262,529		6
7	Other Prepaid Expenses	18,659		7
8	Accounts Receivable (owners or related parties)	6,926,882		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,021,062	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	45,000		13
14	Buildings, at Historical Cost	255,000		14
15	Leasehold Improvements, at Historical Cost	1,951,590		15
16	Equipment, at Historical Cost	555,872		16
17	Accumulated Depreciation (book methods)	(1,766,003)		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): <u>Work in Progress</u>	8,500		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,049,959	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,071,021	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 279,158	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	52,924		28
29	Short-Term Notes Payable	446,371		29
30	Accrued Salaries Payable	285,629		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Other Accrued Expenses</u>	95,445		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,159,527	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable	250,842		40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Accounts Payable Related Parties</u>	7,878,010		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,128,852	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,288,379	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 782,642	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,071,021	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 569,311	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 569,311	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	213,331	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)	\$ 213,331	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)	\$ 782,642	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	\$ 7,411,877	1
2	Discounts and Allowances for all Levels	(87,574)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,324,303	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	88,945	24
25	Interest and Other Investment Income***	1,313	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 90,258	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	6,127	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,127	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,420,688	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,311,067	31
32	Health Care	3,406,906	32
33	General Administration	2,134,141	33
B. Capital Expense			
34	Ownership	216,745	34
C. Ancillary Expense			
35	Special Cost Centers	53,088	35
36	Provider Participation Fee	85,410	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,207,357	40
41	Income before Income Taxes (line 30 minus line 40)**	213,331	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 213,331	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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 Center Home for Hispanic Elderly

0038893

Report Period Beginning: July 1, 2004

Ending:

June 30, 2005

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,032	2,088	\$ 78,102	\$ 37.41	1
2	Assistant Director of Nursing			1,154		2
3	Registered Nurses	13,826	14,890	469,779	31.55	3
4	Licensed Practical Nurses	24,787	28,027	578,993	20.66	4
5	CNAs & Orderlies	75,701	94,553	812,357	8.59	5
6	CNA Trainees					6
7	Licensed Therapist	526	802	10,413	12.98	7
8	Rehab/Therapy Aides	7,185	8,214	105,054	12.79	8
9	Activity Director	1,944	1,988	25,706	12.93	9
10	Activity Assistants	4,451	5,223	58,536	11.21	10
11	Social Service Workers	2,102	2,249	87,582	38.94	11
12	Dietician	2,088	2,088	56,009	26.82	12
13	Food Service Supervisor					13
14	Head Cook	8,713	9,734	98,118	10.08	14
15	Cook Helpers/Assistants	16,354	17,864	139,140	7.79	15
16	Dishwashers	5,718	6,459	45,420	7.03	16
17	Maintenance Workers	7,056	8,227	131,311	15.96	17
18	Housekeepers	6,779	7,536	63,378	8.41	18
19	Laundry	7,610	8,930	97,006	10.86	19
20	Administrator	2,088	2,104	122,398	58.17	20
21	Assistant Administrator	2,088	2,088	78,842	37.76	21
22	Other Administrative	9,809	10,664	105,044	9.85	22
23	Office Manager					23
24	Clerical	4,013	4,472	71,067	15.89	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	5,843	6,290	92,455	14.70	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Executive Director</u>	2,088	2,088	45,661	21.87	33
34	TOTAL (lines 1 - 33)	212,801	246,578	\$ 3,373,525 *	\$ 13.68	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	\$ 8,890	Line1 Col3	35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 8,890		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 96,069	Line10 Col 3	50
51	Licensed Practical Nurses	34,545	Line10 Col 3	51
52	Certified Nurse Assistants/Aides	1,360	Line10 Col 3	52
53	TOTAL (lines 50 - 52)	\$ 131,974		53

SEE ACCOUNTANTS' COMPILATION REPORT

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									
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	
2			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
3														
4														
5														
6														
7														
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18														
19														
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Center Home for Hispanic Elderly

0038893

Report Period Beginning: July 1, 2004

Ending: June 30, 2004

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN \$7,563; IL Cncl on LTC \$5,460
- (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? _____
- (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? _____
- (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? 7 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 16,794 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? _____
If YES, give effective date of lease. No
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ _____
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? None Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Crowe Chizek The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit is not complete
- (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