

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning: 1/1/05 Ending: 12/31/05

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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	260	Intermediate (ICF)	260	94,900	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	260	TOTALS	260	94,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF	87,074	59		87,133
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	87,074	59		87,133

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.82%

D. How many bed-hold days during this year were paid by the Department? 619 (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 12/1/63

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/05 Fiscal Year: 12/31/05

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/05 Ending: 12/31/05

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	274,702	40,418	13,800	328,920		328,920		328,920			1
2	Food Purchase		402,644		402,644	(28,231)	374,413	(1,409)	373,004			2
3	Housekeeping	392,528		94,159	486,687		486,687		486,687			3
4	Laundry		61,910		61,910		61,910		61,910			4
5	Heat and Other Utilities			202,248	202,248		202,248	2,882	205,130			5
6	Maintenance	251,718		253,216	504,934		504,934	2,993	507,927			6
7	Other (specify):*											7
8	TOTAL General Services	918,948	504,972	563,423	1,987,343	(28,231)	1,959,112	4,466	1,963,578			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,372,766	25,763	64,393	1,462,922		1,462,922		1,462,922			10
10a	Therapy											10a
11	Activities	106,622	17,986	4,332	128,940		128,940		128,940			11
12	Social Services	627,257		629,637	1,256,894		1,256,894	(600,000)	656,894			12
13	CNA Training											13
14	Program Transportation			(373)	(373)		(373)		(373)			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,106,645	43,749	697,989	2,848,383		2,848,383	(600,000)	2,248,383			16
	C. General Administration											
17	Administrative	367,902		907,161	1,275,063		1,275,063	(1,012,575)	262,488			17
18	Directors Fees			210,000	210,000		210,000	(150,000)	60,000			18
19	Professional Services			90,672	90,672		90,672	(63,108)	27,564			19
20	Dues, Fees, Subscriptions & Promotions			18,529	18,529		18,529	54	18,583			20
21	Clerical & General Office Expenses	476,608		69,648	546,256		546,256	(111,530)	434,726			21
22	Employee Benefits & Payroll Taxes			664,756	664,756	28,231	692,987	6,216	699,203			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,203	1,203		1,203		1,203			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			227,732	227,732		227,732	303	228,035			26
27	Other (specify):*			13,350	13,350		13,350	(13,350)				27
28	TOTAL General Administration	844,510		2,203,051	3,047,561	28,231	3,075,792	(1,343,990)	1,731,802			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,870,103	548,721	3,464,463	7,883,287		7,883,287	(1,939,524)	5,943,763			29

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

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

Facility Name & ID Number Central Plaza Residential Home #0017038 Report Period Beginning: 1/1/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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
	D. Ownership										
30	Depreciation			90,392	90,392	90,392	49	90,441			30
31	Amortization of Pre-Op. & Org.			36,153	36,153	36,153		36,153			31
32	Interest			141,714	141,714	141,714	(78,912)	62,802			32
33	Real Estate Taxes			134,173	134,173	134,173	6,256	140,429			33
34	Rent-Facility & Grounds			30,315	30,315	30,315	(11,923)	18,392			34
35	Rent-Equipment & Vehicles			16,927	16,927	16,927		16,927			35
36	Other (specify):*										36
37	TOTAL Ownership			449,674	449,674	449,674	(84,530)	365,144			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			142,350	142,350	142,350		142,350			42
43	Other (specify):*										43
44	TOTAL Special Cost Centers			142,350	142,350	142,350		142,350			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,870,103	548,721	4,056,487	8,475,311	8,475,311	(2,024,054)	6,451,257			45

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning: 1/1/05

Ending: 12/31/05

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	49	30		9
10	Interest and Other Investment Income	(79,049)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,409)	2		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	(63,624)	19		17
18	Fines and Penalties				18
19	Entertainment	(3,851)	21		19
20	Contributions	(16,672)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	15	21		24
25	Fund Raising, Advertising and Promotional	(1,167)	21		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(13,350)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,233,025)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,412,083)		\$	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)	7,576		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 7,576		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,404,507)		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

Central Plaza Residential Home

ID# 0017038

Report Period Beginning: 1/1/05

Ending: 12/31/05

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Allowable Fees	\$ (150,000)	18	1
2	Fees	(907,161)	17	2
3	Penalties	(110)	21	3
4	Resident Christmas Gifts	(1,182)	21	4
5	Non-Allowable Salaries	(105,414)	17	5
6	Non-Allowable Salaries	(69,158)	21	6
7	Community Social Service	(600,000)	12	7
8	Non-Allowable Marketing Salaries	(19,547)	21	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				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	(1,852,572)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,409)	0	0	0	0	0	0	0	0	0	0	(1,409)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,882	0	0	0	0	0	0	0	0	2,882	5
6	Maintenance	0	0	2,993	0	0	0	0	0	0	0	0	2,993	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,409)	0	5,875	0	4,466	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	(600,000)	0	0	0	0	0	0	0	0	0	0	(600,000)	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	(600,000)	0	0	0	0	0	0	0	0	0	0	(600,000)	16
	C. General Administration													
17	Administrative	(1,012,575)	0	0	0	0	0	0	0	0	0	0	(1,012,575)	17
18	Directors Fees	(150,000)	0	0	0	0	0	0	0	0	0	0	(150,000)	18
19	Professional Services	(63,624)	0	0	516	0	0	0	0	0	0	0	(63,108)	19
20	Fees, Subscriptions & Promotions	0	0	7	47	0	0	0	0	0	0	0	54	20
21	Clerical & General Office Expenses	(111,672)	0	142	0	0	0	0	0	0	0	0	(111,530)	21
22	Employee Benefits & Payroll Taxes	0	0	6,216	0	0	0	0	0	0	0	0	6,216	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	0	0	303	0	0	0	0	0	0	0	0	303	26
27	Other (specify):*	(13,350)	0	0	0	0	0	0	0	0	0	0	(13,350)	27
28	TOTAL General Administration	(1,351,221)	0	6,668	563	0	(1,343,990)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,952,630)	0	12,543	563	0	(1,939,524)	29						

STATE OF ILLINOIS

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning:

1/1/05 Ending: 12/31/05 Summary B

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	49	0	0	0	0	0	0	0	0	0	0	49	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(79,049)	0	0	137	0	0	0	0	0	0	0	(78,912)	32
33	Real Estate Taxes	0	0	6,256	0	0	0	0	0	0	0	0	6,256	33
34	Rent-Facility & Grounds	0	0	(11,923)	0	0	0	0	0	0	0	0	(11,923)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(79,000)	0	(5,667)	137	0	(84,530)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(2,031,630)	0	6,876	700	0	(2,024,054)	45						

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	
1	V		\$			\$	\$
2	V						
3	V						
4	V						
5	V						
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$			\$	\$ *

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/05Ending: 12/31/05

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Barton Management Inc	100.00%	\$ 2,882	\$ 2,882	15
16	V	6 Repairs & Maint		Barton Management Inc		2,993	2,993	16
17	V	20 Dues, Fees, Subscriptions		Barton Management Inc		7	7	17
18	V	21 Clerical and General		Barton Management Inc		142	142	18
19	V	26 Insurance		Barton Management Inc		303	303	19
20	V	22 Emp. Ben. Gen. Admin		Barton Management Inc		6,216	6,216	20
21	V	33 Real Estate Taxes		Barton Management Inc		6,256	6,256	21
22	V	34 Rent Office Space		Barton Management Inc		18,077	18,077	22
23	V							23
24	V							24
25	V							25
26	V	34 Rent	30,000	Barton Management Inc			(30,000)	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		\$ 30,000			\$ 36,876	\$ * 6,876	39

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/05Ending: 12/31/05

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	19	Professional Fees	\$	Barton Healthcare LLC	100.00%	\$ 516	\$ 516	15
16	V	20	Dues, Subscriptions		Barton Healthcare LLC		47	47	16
17	V	32	Interest		Barton Healthcare LLC		141,851	141,851	17
18	V								18
19	V	32	Interest	141,714				(141,714)	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			\$ 141,714			\$ 142,414	\$ * 700	39

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/05 Ending: 12/31/05

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	Leon Shlofrock	Stockholder	Administrative	8.24	See Attached	See Attached		Betcare II	\$ 0	17-3	1
2	Irwin Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	30,000	18-3	2
3	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	67,954	6-1	3
4	Marla Coquillette	Stockholder	Social Service	4.50	See Attached	See Attached		Social Service	48,028	12-1	4
5	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	23,333	17-1	5
6	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	3,000	21-1	6
7	Jean Shlofrock	Stockholder	Office	0.00	See Attached	See Attached		Office Sal	18,333	21-1	7
8	Paul Magit	Stockholder	Administrative	3.60	See Attached	See Attached		Admin Sal	25,000	21-1	8
9	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	9
10	Melissa Shlofrock	Relative	Office	0.00	N/A	14	0.33	Office Salary	16,667	21-1	10
11											11
12											12
13								TOTAL	\$ 262,315		13

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending: 12/31/05

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 Barton Healthcare Inc
 Street Address 465 Central Ave
 City / State / Zip Code Northfield, IL
 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	19	Professional Fees	Note Receivable	29	4	\$ 2,760	\$ 6	\$ 516	1
2	20	Dues, Subscriptions	Note Receivable	29	4	250	6	47	2
3	32	Interest	Note Receivable	29	4	758,257	6	141,851	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					\$ 761,267	\$	\$ 142,414	25

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending: 12/31/05

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 Barton Management, Inc
 Street Address 465 Central Ave
 City / State / Zip Code Northfield, IL
 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	5	Utilities	Rental Income 218,800	8	\$ 15,766	\$	40,000	\$ 2,882	1
2	6	Repairs and Maint	Rental Income 218,800	8	16,372		40,000	2,993	2
3	20	Dues, Fees, Subscriptions	Rental Income 218,800	8	40		40,000	7	3
4	21	Clerical ans General	Rental Income 218,800	8	777		40,000	142	4
5	26	Insurance	Rental Income 218,800	8	1,656		40,000	303	5
6	27	Emp. Ben. Gen. Admin	Rental Income 218,800	8	34,000		40,000	6,216	6
7	33	Real Estate Taxes	Rental Income 218,800	8	34,220		40,000	6,256	7
8	34	Rent Office Space	Rental Income 218,800	8	98,882		40,000	18,077	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				\$ 201,713	\$		\$ 36,876	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	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	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 2,474,956	demand	variable	\$ 141,714	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 5,500,000	\$ 2,474,956			\$ 141,714	9								
B. Non-Facility Related*																				
10	Interest Income										(78,912)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(78,912)	14								
15	TOTALS (line 9+line14)						\$ 5,500,000	\$ 2,474,956			\$ 62,802	15								

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

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning: 1/1/05

Ending: 12/31/05

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2004 report.		\$ 156,931	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.)		\$ 149,657	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (7,274)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 147,703	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.		\$ 140,429	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2000	141,273	8
	2001	146,080	9
	2002	152,822	10
	2003	148,930	11
	2004	145,942	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- 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.

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 Central Plaza Residential Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017038

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE 847-441-8200 FAX #: 847-441-0800

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. <u>16-09-300-011-0000</u>	<u>324 N Pine Ave</u>	\$ <u>373.00</u>	\$ <u>373.00</u>
2. <u>16-09-300-004-0000</u>	<u>327 N Central Ave</u>	\$ <u>44,256.00</u>	\$ <u>44,256.00</u>
3. <u>16-09-300-005-0000</u>	<u>321 N Central Ave</u>	\$ <u>95,519.00</u>	\$ <u>95,519.00</u>
4. <u>16-08-405-020-0000</u>	<u>318 N Central Ave</u>	\$ <u>3,253.00</u>	\$ <u>3,253.00</u>
5. <u>Barton Management Alloc</u>	<u>See Attached</u>	\$ <u>68,439.00</u>	\$ <u>6,256.00</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>211,840.00</u>	\$ <u>149,657.00</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 X 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 Central Plaza Residential Home

0017038 Report Period Beginning:

1/1/05 Ending:

12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 90,310 B. General Construction Type: Exterior Brick Frame _____ Number of Stories Wing#1-Wing#2-4

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).

N/A

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: Loan Amortization 2. Number of Years Over Which it is Being Amortized: See Attached
3. Current Period Amortization: _____ 4. Dates Incurred: See Attached

Nature of Costs: See Attached

(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	<u>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	1
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	2
3	TOTALS	29,048		\$ 256,168	3

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	260		1974	1964	\$ 385,508	\$	30	\$	\$	\$ 385,508	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Building Additions			1975	303,849		12.5			303,849	9
10	Building Additions			1976	53,526		12.5			53,526	10
11											11
12	Building Additions			1977	47,780		12.5			47,780	12
13	Building Additions			1978	66,037		2.5			66,037	13
14	Building Additions			1979	59,303		12.5			59,303	14
15	Building Additions			1980	24,816		12.5			24,816	15
16											16
17	Building Additions			1980	40,762		3			40,762	17
18	Building Additions			1981	34,255		3			34,255	18
19	Building Additions			1981	10,665		12.5			10,665	19
20	Building Additions			1982	13,492		10			13,492	20
21	Building Additions			1983	48,201		10			48,201	21
22	Building Additions			1984	52,327		10			52,327	22
23	Building Additions			1985	295,316		10			295,316	23
24	Building Additions			1986	144,407		10			144,407	24
25	Building Additions			1987	11,075		10			11,075	25
26	Building Additions			1988	10,240		10			10,240	26
27	Building Additions			1989	39,943		10			39,943	27
28	Building Additions			1990	65,848		10			65,848	28
29	Building Additions			1991	77,448		10			77,448	29
30	Building Additions			1992	89,051		10			89,051	30
31	Building Additions			1993	46,236		10			46,236	31
32	Building Additions			1994	220,966		10			220,966	32
33	Building Additions			1994	12,302		10			12,302	33
34	Building Additions			1994	1,430		10			1,430	34
35	Building Additions			1995	125,206	3,210	39	3,210		33,842	35
36	Curtains			1996	1,169	30	39	30		271	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71	\$	\$ 642	37
38	Boiler Repair	1996	4,763	122	39	122		1,103	38
39	Windows	1996	10,000	256	39	256		2,315	39
40	Water Heater	1996	5,100	131	39	131		1,184	40
41	Water Line	1996	1,985	51	39	51		461	41
42	Sidewalk Repairs	1996	2,464	63	39	63		570	42
43	Storm Windows	1996	10,679	274	39	274		2,477	43
44	Electrical Circuit	1996	22,780	584	39	584		5,280	44
45	Elevator Selector	1996	2,632	67	39	67		606	45
46	House Pump	1996	22,527	578	39	578		5,227	46
47	Water Gate	1996	2,165	56	39	56		506	47
48	Air Conditioner Circuits	1997	6,845	176	39	176		1,488	48
49	Alarm Detectors	1997	634	16	39	16		140	49
50	Bathtub Refinish	1997	9,152	235	39	235		1,979	50
51	Bathroom Remodel	1997	5,135	132	39	132		1,138	51
52	Boiler Flame	1997	2,769	71	39	71		571	52
53	Ceiling Tiles	1997	623	16	39	16		138	53
54	Circuit Breakers	1997	1,920	49	39	49		411	54
55	Concrete	1997	1,300	33	39	33		282	55
56	Curtains	1997	749	19	39	19		164	56
57	Doorways	1997	6,660	171	39	171		1,404	57
58	Electrical	1997	1,361	35	39	35		281	58
59	Elevator	1997	42,595	1,092	39	1,092		9,662	59
60	Emergency Lights	1997	7,110	182	39	182		1,464	60
61	Fence	1997	4,500	115	39	115		963	61
62	Fire Alarm	1997	78,500	2,013	39	2,013		17,364	62
63	Flooring	1997	4,972	127	39	127		1,072	63
64	Kitchen Pipes	1997	2,200	56	39	56		460	64
65	Laundry Room	1997	24,750	635	39	635		5,542	65
66	Ramp Rail	1997	795	20	39	20		176	66
67	Remodeling	1997	141,653	3,632	39	3,632		30,104	67
68	Roof Repair	1997	14,458	371	39	371		3,262	68
69	Sensor Modules	1997	1,005	26	39	26		233	69
70	TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 2,984,565	70

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 2,984,565	1
2	Water Valves	1997	1,060	27	39	27		233	2
3	Windows	1997	11,978	307	39	307		2,673	3
4	Bath Tub Refinish	1998	2,620	67	39	67		531	4
5	Blinds	1998	608	16	39	16		126	5
6	Electrical	1998	6,670	171	39	171		1,235	6
7	Elevator Remodel	1998	1,778	46	39	46		328	7
8	Emergency Lights	1998	10,323	265	39	265		2,087	8
9	Flooring	1998	1,600	41	39	41		306	9
10	Heat Pump	1998	1,213	31	39	31		223	10
11	Masonry/Electrical	1998	11,660	299	39	299		2,105	11
12	Paneling	1998	1,116	29	39	29		216	12
13	Remodeling	1998	5,053	130	39	130		1,025	13
14	Replace Pipes	1998	2,204	57	39	57		401	14
15	Roofing	1998	3,800	97	39	97		756	15
16	Spec. Consult	1998	232	6	39	6		42	16
17	Walk in Cooler	1998	11,565	297	39	297		2,240	17
18	Windows	1998	18,387	471	39	471		3,500	18
19	Wiring	1998	4,787	123	39	123		917	19
20	Activity Area	1999	10,937	280	39	280		1,879	20
21	Air Cleaners	1999	8,338	214	39	214		1,389	21
22	Café Line	1999	5,927	152	39	152		982	22
23	Doors	1999	4,225	108	39	108		726	23
24	Drain Line	1999	950	24	39	24		163	24
25	Electrical Panel	1999	985	25	39	25		159	25
26	Fire Dumper	1999	37,670	966	39	966		6,723	26
27	Flooring	1999	1,304	33	39	33		219	27
28	Heat Booster	1999	2,521	65	39	65		441	28
29	Masonry/Tuckpoint	1999	11,740	301	39	301		1,944	29
30	Renovate Elevator	1999	9,520	244	39	244		1,556	30
31	Roof Repair	1999	1,050	27	39	27		163	31
32	Spec. Consult	1999	2,474	63	39	63		441	32
33	Tubs & Valves	1999	5,422	139		139		857	33
34	TOTAL (lines 1 thru 33)		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 3,021,151	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 3,021,151	1
2	Windows	1999	30,303	777	39	777		5,016	2
3	Air Cleaners	2000	3,900	100	39	100		579	3
4	Bathroom Valve	2000	1,894	49	39	49		284	4
5	Carpeting	2000	749	19	39	19		96	5
6	CPU Unit	2000	5,580	143	39	143		828	6
7	Door Parts	2000	1,724	44	39	44		240	7
8	Electrical Panel	2000	2,305	59	39	59		326	8
9	Elevator Switch	2000	2,300	59	39	59		322	9
10	Fire Alarm Pump	2000	1,700	44	39	44		255	10
11	Fire Code Improvement	2000	8,131	208	39	208		1,205	11
12	Fire Damper	2000	5,620	144	39	144		774	12
13	Fire System	2000	66,705	1,710	39	1,710		9,763	13
14	Hand Rails	2000	6,602	169	39	169		914	14
15	Masonry	2000	11,840	304	39	304		1,801	15
16	Paint and Drywall	2000	12,400	318	39	318		1,816	16
17	Remodel Fire Pump Room	2000	3,100	79	39	79		418	17
18	Remodel Laundry Room	2000	3,500	90	39	90		476	18
19	Remodeling	2000	15,441	396	39	396		2,250	19
20	Remove Walls	2000	9,600	246	39	246		1,343	20
21	Shower Valves	2000	4,650	119	39	119		650	21
22	Sprinkler	2000	689	18	39	18		104	22
23	Steam Line	2000	2,734	70	39	70		411	23
24	Windows	2000	24,967	640	39	640		3,265	24
25	Heat Detectors	2001	880	23	39	23		108	25
26	Fire Alarm	2001	1,320	34	39	34		160	26
27	Pipe Add On Devices	2001	880	23	39	23		108	27
28	Pipe Add On Devices	2001	1,320	34	39	34		160	28
29	Fire Alarm	2001	1,997	51	39	51		240	29
30	Heat Detectors	2001	1,721	44	39	44		207	30
31	Heat Detectors	2001	990	25	39	25		118	31
32	Heat Detectors	2001	660	17	39	17		80	32
33	Water Heater	2001	4,950	127	39	127		598	33
34	TOTAL (lines 1 thru 33)		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 3,056,066	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 3,056,066	1
2	Wood Door	2001	570	15	39	15		70	2
3	Wood Door	2001	570	15	39	15		70	3
4	HVAC	2001	36,200	928	39	928		4,293	4
5	Heat Detectors	2001	2,660	68	39	68		315	5
6	Fire Alarm	2001	1,320	34	39	34		157	6
7	Panel	2001	440	11	39	11		51	7
8	Testing	2001	660	17	39	17		79	8
9	Plumbing	2001	4,050	104	39	104		481	9
10	Electrical	2001	1,180	30	39	30		139	10
11	Masonry	2001	2,450	63	39	63		286	11
12	Cubicle Curtains	2001	1,225	31	39	31		138	12
13	Reroof	2001	8,080	207	39	207		923	13
14	Elevator Repair	2001	17,412	446	39	446		1,989	14
15	Fencing	2001	4,000	103	39	103		451	15
16	Electrical	2001	2,485	64	39	64		280	16
17	Excavating/Paving	2001	28,083	720	39	720		3,030	17
18	Windows	2001	18,400	472	39	472		1,947	18
19	Windows	2001	2,900	74	39	74		305	19
20	Boiler Parts	2001	3,148	81	39	81		334	20
21	Iron Gate	2001	1,725	44	39	44		182	21
22	Front Walk	2001	2,950	76	39	76		313	22
23	Electrical	2001	7,528	193	39	193		780	23
24	Shower Room	2001	24,500	628	39	628		2,538	24
25	Water Heater	2001	4,950	127	39	127		513	25
26	Generator	2001	3,500	90	39	90		364	26
27	Plumbing	2001	1,340	34	39	34		137	27
28	Plumbing	2001	1,485	38	39	38		154	28
29	Plumbing	2001	1,635	42	39	42		170	29
30	Plumbing	2001	578	15	39	15		61	30
31	Smoke & Stobe Add ons	2001	16,979	435	39	435		1,775	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 3,078,391	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 3,078,391	1
2	Water Heater	2002	4,433	114	39	114		451	2
3	Roof Repair	2002	3,870	99	39	99		367	3
4	Remodel Weight Room	2002	4,200	108	39	108		400	4
5	Remove Fire Escapes	2002	5,600	144	39	144		498	5
6	Electrical Work	2002	4,240	109	39	109		350	6
7	Plumbing Café	2002	15,294	392	39	392		1,225	7
8	Wiring Panels	2002	10,970	281	39	281		878	8
9	Wiring	2002	2,965	76	39	76		231	9
10	Replace Water Heater	2002	5,037	129	39	129		392	10
11	Steam Heat Repair	2002	3,370	86	39	86		298	11
12	Tuckpoint	2002	5,600	144	39	144		462	12
13	Kitchen Hood Fire Suspension	2003	2,819	72	39	72		213	13
14	Sewer Pipe	2003	3,287	84	39	84		249	14
15	Tile	2003	512	13	39	13		39	15
16	Pipe Replacement	2003	752	19	39	19		55	16
17	Air Conditioning Work	2003	5,130	132	39	132		379	17
18	Fence	2003	1,380	35	39	35		98	18
19	Roof Repair	2003	10,250	263	39	263		647	19
20	AC Compressor	2003	7,800	200	39	200		492	20
21	Breaker Panels	2003	18,986	487	39	487		1,157	21
22	Electrical Work	2003	5,420	139	39	139		295	22
23	Remodeling	2004	35,300	905	39	905		1,698	23
24	Coffee Shop	2004	51,000	1308	39	1308		2,345	24
25	Laundry/Hall	2004	20,800	533	39	533		956	25
26	Sink	2004	2,811	72	39	72		123	26
27	Renovation-2nd Floor	2004	26,000	667	39	667		1,140	27
28	Game Room	2004	54,500	1397	39	1397		2,388	28
29	Bathroom	2004	6,500	167	39	167		285	29
30	Bathroom#406	2004	6,500	167	39	167		271	30
31	Bathroom#408	2004	6,500	167	39	167		271	31
32	Bathroom#301	2004	6,500	167	39	167		271	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 3,097,315	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 3,097,315	1
2	Bathroom#201	2004	6,500	167	39	167		271	2
3	Bathroom#405	2004	6,500	167	39	167		271	3
4	Bathroom#215	2004	6,500	167	39	167		271	4
5	Electromedia	2004	11,825	303	39	303		467	5
6	Electrical	2004	5,478	140	39	140		216	6
7	Drywall/Paint	2004	1,500	38	39	38		56	7
8	Scissor Gate	2004	3,600	92	39	92		134	8
9	Tubs	2004	3,640	93	39	93		136	9
10	Hall	2004	41,900	1,074	39	1,074		1,298	10
11	Bathroom	2004	23,230	596	39	596		745	11
12	Bathroom	2004	54,928	1,408	39	1,408		1,584	12
13	Roof/Fan	2004	5,800	149	39	149		168	13
14	Boiler	2004	79,311	2,034	39	2,034		2,289	14
15	Bathroom	2004	2,745	70	39	70		73	15
16	Gas Boiler	2005	6,139	151	39	157	6	151	16
17	3rd Floor Lighting and Walls	2005	35,900	807	39	921	114	807	17
18	4th Floor Lighting and Walls	2005	35,900	730	39	921	191	730	18
19	Workrooms	2005	3,850	78	39	99	21	78	19
20	Freight Elevator	2005	3,300	67	39	85	18	67	20
21	Cooler Floor	2005	1,850	38	39	47	9	38	21
22	5th Floor Hall	2005	35,900	653	39	921	268	653	22
23	Shelves	2005	1,195	22	39	31	9	22	23
24	Circulating Pump	2005	1,660	27	39	43	16	27	24
25	Roof Top A/C	2005	18,687	300	39	479	179	300	25
26	Lighting and Stairwells	2005	82,790	1,329	39	2,123	794	1,329	26
27	5th Floor Hall	2005	1,950	27	39	50	23	27	27
28	3rd Floor Hall	2005	1,150	16	39	29	13	16	28
29	4th Floor Hall	2005	300	4	39	8	4	4	29
30	1st Floor Hall	2005	8,000	111	39	205	94	111	30
31	Bathroom Remodeling	2005	13,000	181	39	333	152	181	31
32	Bathroom Remodeling	2005	26,800	258	39	687	429	258	32
33	Cooler Door	2005	3,410	26	39	87	61	26	33
34	TOTAL (lines 1 thru 33)		\$ 4,246,160	\$ 51,223		\$ 53,624	\$ 2,401	\$ 3,110,119	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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		\$ 4,246,160	\$ 51,223		\$ 53,624	\$ 2,401	\$ 3,110,119	1
2	Fire Doors & Stops	2005	11,000	59	39	282	223	59	2
3	Stairwells	2005	15,950	17	39	409	392	17	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)		\$ 4,273,110	\$ 51,299		\$ 54,315	\$ 3,016	\$ 3,110,195	34

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/05 Ending: 12/31/05

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	\$ 25,351	\$ 4,127	\$ 3,971	\$ (156)	5-7	\$ 17,287	71
72	Current Year Purchases	29,641	29,641	4,585	(25,056)	5-7	29,641	72
73	Fully Depreciated Assets	1,035,680		12,305	12,305	5-7	1,035,680	73
74								74
75	TOTALS	\$ 1,090,672	\$ 33,768	\$ 20,861	\$ (12,907)		\$ 1,082,608	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	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$ 1,775	\$ 4,259	\$ 2,484	5	\$ 14,240	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	1,775	5,221	3,446	5	9,625	77
78	Facility	Ford Van 2003	2002	28,925	1,775	5,785	4,010	5	9,625	78
79										79
80	TOTALS			\$ 76,324	\$ 5,325	\$ 15,265	\$ 9,940		\$ 33,490	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)		\$ 5,696,274	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 90,392	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 90,441	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 49	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 4,226,293	85

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

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

G. Construction-in-Progress

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

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

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

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	Barton Management-Allocations				18,077			5
6					_____			6
7	TOTAL				\$ 18,077			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.	_____ /2006	\$ _____
13.	_____ /2007	\$ _____
14.	_____ /2008	\$ _____

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: Schedule Attached \$16,927

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		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 prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									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.

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/05

Ending:

12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(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	\$ 3,409,219	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>100,000</u>)	847,748		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	187,425		6
7	Other Prepaid Expenses	63,814		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,508,206	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	3,961,444		15
16	Equipment, at Historical Cost	1,166,994		16
17	Accumulated Depreciation (book methods)	(3,544,612)		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>Rush Barton Investment</u>	341,575		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,493,235	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,001,441	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 142,495	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	100,532		30
31	Accrued Taxes Payable (excluding real estate taxes)	28,811		31
32	Accrued Real Estate Taxes(Sch.IX-B)	147,703		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 419,541	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	2,474,956		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,474,956	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,894,497	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,106,944	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,001,441	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,415,991	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,415,991	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	690,953	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)	\$ 690,953	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)	\$ 4,106,944	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/05Ending: 12/31/05**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	\$ 9,086,626	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,086,626	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		24
25	Interest and Other Investment Income***	79,049	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 79,049	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Phone Commissions	353	28
28a	Misc Income	236	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 589	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,166,264	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,987,343	31
32	Health Care	2,848,383	32
33	General Administration	3,047,561	33
B. Capital Expense			
34	Ownership	449,674	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	142,350	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,475,311	40
41	Income before Income Taxes (line 30 minus line 40)**	690,953	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 690,953	43

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

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

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	2,088	2,124	\$ 71,580	\$ 33.70	1
2	Assistant Director of Nursing	1,113	1,131	29,603	26.17	2
3	Registered Nurses	4,467	4,674	126,689	27.11	3
4	Licensed Practical Nurses	17,232	18,926	363,308	19.20	4
5	CNAs & Orderlies	66,899	75,287	759,252	10.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,335	11,183	106,622	9.53	10
11	Social Service Workers	36,513	39,312	627,257	15.96	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,483	26,387	274,702	10.41	15
16	Dishwashers					16
17	Maintenance Workers	18,585	19,582	251,718	12.85	17
18	Housekeepers	38,882	42,703	392,528	9.19	18
19	Laundry					19
20	Administrator	2,080	2,080	85,669	41.19	20
21	Assistant Administrator	2,080	2,080	44,642	21.46	21
22	Other Administrative			305,155		22
23	Office Manager					23
24	Clerical	23,332	24,608	409,044	16.62	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	1,522	1,770	22,334	12.62	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	248,611	271,847	\$ 3,870,103 *	\$ 14.24	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	340	\$ 13,800	1-3	35
36	Medical Director	142	4,200	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,800	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	144	4,332	11-3	44
45	Social Service Consultant	395	13,837	12-3	45
46	Other(specify)				46
47	Psychiatric	72	4,000	12-3	47
48	Psychological	337	11,800	12-3	48
49	TOTAL (lines 35 - 48)	1,527	\$ 53,769		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,517	\$ 58,393	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,517	\$ 58,393		53

Facility Name & ID Number Central Plaza Residential Home

Report Period Beginning: 1/1/05 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2002	6 FY2003	7 FY2004	8 FY2005	9 FY2006	10 FY2007	11 FY2008	12 FY2009	13 FY2010
1	Decorating	12/00	\$ 4,257	3	\$ 1,419								
2	Decorating	12/01	3,819	3	1,273	1,273							
3	Decorating	12/02	2,652	3	884	884	884						
4	Decorating	12/03	1,225	3		408	408	409					
5	Decorating	12/04	292	3			97	97	98				
6	Decorating	12/05	3,167	3				1,056	1,056	1,055			
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 15,412		\$ 3,576	\$ 2,565	\$ 1,389	\$ 1,562	\$ 1,154	\$ 1,055	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only CNA's
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on LTC \$7,074
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line _____
- (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. _____
- (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. \$ 142,350
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. \$ 28,231 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ 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? n/a
Attach invoices and a summary of services for all architect and appraisal fees.