

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	115	Skilled (SNF)	115	41,975	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	115	TOTALS	115	41,975	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	23,215	6,272	8,505	37,992	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	23,215	6,272	8,505	37,992	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.51%

D. How many bed-hold days during this year were paid by the Department? 69 (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 Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location
 Date started 02/01/2003

J. Was the facility purchased or leased after January 1, 1978?
 YES Date 02/01/2003 NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 115 and days of care provided 8,388

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year YES NO

Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

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

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006**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
1	A. General Services										
1	Dietary	220,984	23,757	9,848	254,589		254,589	2,266	256,855		1
2	Food Purchase		186,136		186,136		186,136	(12,276)	173,860		2
3	Housekeeping	129,340	22,038	12,898	164,276		164,276	(1,725)	162,551		3
4	Laundry	50,715	24,765		75,480		75,480	(671)	74,809		4
5	Heat and Other Utilities			96,061	96,061		96,061	1,650	97,711		5
6	Maintenance	81,357		72,898	154,255		154,255	6,603	160,858		6
7	Other (specify):*			1,165	1,165		1,165	999	2,164		7
8	TOTAL General Services	482,396	256,696	192,870	931,962		931,962	(3,154)	928,808		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	2,083,762	116,202	116,490	2,316,454		2,316,454	5,391	2,321,845		10
10a	Therapy		2,041	498,363	500,404		500,404	(38,612)	461,792		10a
11	Activities	90,652	16,148	784	107,584		107,584		107,584		11
12	Social Services	41,678		1,048	42,726		42,726	8,542	51,268		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							24,206	24,206		15
16	TOTAL Health Care and Programs	2,216,092	134,391	628,685	2,979,168		2,979,168	(473)	2,978,695		16
	C. General Administration										
17	Administrative	89,001		341,979	430,980		430,980	(306,367)	124,613		17
18	Directors Fees										18
19	Professional Services			81,343	81,343		81,343	137,238	218,581		19
20	Dues, Fees, Subscriptions & Promotion			24,897	24,897		24,897	6,652	31,549		20
21	Clerical & General Office Expense	195,519	27,947	30,016	253,482		253,482	105,322	358,804		21
22	Employee Benefits & Payroll Tax			489,683	489,683		489,683	(3,689)	485,994		22
23	Inservice Training & Education			1,712	1,712		1,712	(150)	1,562		23
24	Travel and Semina			565	565		565	2,845	3,410		24
25	Other Admin. Staff Transportatior			2,585	2,585		2,585	122	2,707		25
26	Insurance-Prop.Liab.Malpractice			117,385	117,385		117,385	735	118,120		26
27	Other (specify):*							19,462	19,462		27
28	TOTAL General Administration	284,520	27,947	1,090,165	1,402,632		1,402,632	(37,830)	1,364,802		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,983,008	419,034	1,911,720	5,313,762		5,313,762	(41,457)	5,272,305		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.

**See schedule of adjustments attached at end of cost report.

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			84,817	84,817		84,817	119,132	203,949			30
31	Amortization of Pre-Op. & Org											31
32	Interest			34,406	34,406		34,406	179,591	213,997			32
33	Real Estate Taxes			383,539	383,539		383,539	1,382	384,921			33
34	Rent-Facility & Grounds			377,775	377,775		377,775	(375,097)	2,678			34
35	Rent-Equipment & Vehicle:			15,708	15,708		15,708	(6,894)	8,814			35
36	Other (specify): ³							14,115	14,115			36
37	TOTAL Ownership			896,245	896,245		896,245	(67,771)	828,474			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		391,794	44,547	436,341		436,341	(3,210)	433,131			39
40	Barber and Beauty Shops			3,139	3,139		3,139		3,139			40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			62,963	62,963		62,963		62,963			42
43	Other (specify): ³ Nonallowable Cost			144,210	144,210		144,210	(144,210)				43
44	TOTAL Special Cost Centers		391,794	254,859	646,653		646,653	(147,420)	499,233			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,983,008	810,828	3,062,824	6,856,660		6,856,660	(256,648)	6,600,012			45

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

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

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 Program				3
4	Non-Patient Meals	(595)	2		4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(52,121)	30		9
10	Interest and Other Investment Income	(78)	32		10
11	Discounts, Allowances, Rebates & Refund				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 Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(83)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(123,916)	43		24
25	Fund Raising, Advertising and Promotions	(4,173)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(173)	43		26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(135,473)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (316,612)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	59,964		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 59,964		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (256,648)		37

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

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

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

Applewood Nursing & Rehabilitation Center

Provider #: 0046151

01/01/2006 to 12/31/2006

Schedule 5A

VI. Adjustment Detail

Line 29 - Other

<u>Non-allowable expenses</u>	<u>Amount</u>	<u>Reference</u>
To offset Other Income	(3,209)	21
To disallow Sales Tax	(2,845)	43
To disallow Collection Expense	(329)	43
To disallow Radiology Expense	(5,392)	43
To disallow Laboratory Expense	(7,230)	43
To disallow Theft Loss	(69)	43
To disallow non-allowable Education Exp	(150)	43
To disallow out of period legal fees	(849)	19
To disallow Legal Collection Fees	(350)	19
To disallow Management Fees	(113,300)	17
To disallow Valuation Expense	(1,500)	19
To disallow Bldg. Co. Replacement Tax	(250)	43
Total	(135,473)	

Applewood Nursing & Rehabilitation Center

ID# 0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			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	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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	321	0	0	(668)	0	0	(13)	2,626	0	2,266	1
2	Food Purchase	(595)	0	0	0	0	(11,681)	0	0	0	0	0	(12,276)	2
3	Housekeeping	0	0	0	0	0	0	0	0	(1,725)	0	0	(1,725)	3
4	Laundry	0	0	0	0	0	0	0	0	(671)	0	0	(671)	4
5	Heat and Other Utilities	0	0	1,466	0	0	118	0	0	0	66	0	1,650	5
6	Maintenance	0	0	6,023	0	0	189	0	354	(6)	43	0	6,603	6
7	Other (specify):*	0	0	550	0	0	0	0	0	0	449	0	999	7
8	TOTAL General Services	(595)	0	8,360	0	0	(12,042)	0	354	(2,415)	3,184	0	(3,154)	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	(8,674)	14,065	0	5,391	10
10a	Therapy	0	0	0	0	0	0	0	0	(110)	1,745	(40,247)	(38,612)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	2,098	0	0	0	0	0	0	6,444	0	8,542	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	281	0	0	0	0	0	0	3,132	20,793	24,206	15
16	TOTAL Health Care and Programs	0	0	2,379	0	0	0	0	0	(8,784)	25,386	(19,454)	(473)	16
	C. General Administration													
17	Administrative	0	0	(189,128)	0	0	1,831	0	0	0	(10,996)	5,226	(193,067)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	128,564	10,859	0	0	53	0	0	0	282	179	139,937	19
20	Fees, Subscriptions & Promotions	0	250	3,940	0	0	83	0	0	0	27	2,352	6,652	20
21	Clerical & General Office Expenses	0	0	98,495	0	0	2,490	0	0	(11)	6,770	787	108,531	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	(3,391)	0	(298)	0	0	(3,689)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,487	0	0	0	0	0	0	29	329	2,845	24
25	Other Admin. Staff Transportation	0	0	0	0	0	122	0	0	0	0	0	122	25
26	Insurance-Prop.Liab.Malpractice	0	0	(353)	0	0	182	0	0	0	15	891	735	26
27	Other (specify):*	0	0	13,936	0	0	610	0	0	0	4,182	734	19,462	27
28	TOTAL General Administration	0	128,814	(59,764)	0	0	5,371	(3,391)	0	(309)	309	10,498	81,528	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(595)	128,814	(49,025)	0	0	(6,671)	(3,391)	354	(11,508)	28,879	(8,956)	77,901	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	(52,121)	159,297	7,075	0	0	41	0	4,645	0	195	0	119,132 30
31	Amortization of Pre-Op. & Org.	0	14,115	0	0	0	0	0	0	0	0	0	14,115 31
32	Interest	(78)	159,545	0	16,593	0	5	0	500	0	556	2,470	179,591 32
33	Real Estate Taxes	0	0	0	1,212	0	42	0	0	0	128	0	1,382 33
34	Rent-Facility & Grounds	0	(377,525)	0	2,678	0	0	0	0	0	0	0	(374,847) 34
35	Rent-Equipment & Vehicles	0	0	0	717	0	75	0	(8,280)	0	0	594	(6,894) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(52,199)	(44,568)	7,075	21,200	0	163	0	(3,135)	0	879	3,064	(67,521) 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	2,694	0	0	(5,904)	0	0	(3,210) 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):*	(128,345)	0	0	0	0	0	0	0	0	0	0	(128,345) 43
44	TOTAL Special Cost Centers	(128,345)	0	0	0	0	2,694	0	0	(5,904)	0	0	(131,555) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(181,139)	84,246	(41,950)	21,200	0	(3,814)	(3,391)	(2,781)	(17,412)	29,758	(5,892)	(121,175) 45

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 List		See Attached List		Applewood Property LLC	Evanston, IL	Building Co.
				See Attached List		

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	19 Professional Fees	\$	Applewood Property LLC	100.00%	\$ 128,564	\$ 128,564	1
2	V	20 License and Fees		Applewood Property LLC	100.00%	250	250	2
3	V	30 Depreciation		Applewood Property LLC	100.00%	159,297	159,297	3
4	V	31 Amortization		Applewood Property LLC	100.00%	14,115	14,115	4
5	V	32 Interest Expense		Applewood Property LLC	100.00%	770	770	5
6	V	32 Interest Income		Applewood Property LLC	100.00%	(312,310)	(312,310)	6
7	V	32 Mortgage Interest		Applewood Property LLC	100.00%	471,085	471,085	7
8	V	33 Real Estate Tax	383,539	Applewood Property LLC	100.00%	383,539		8
9	V	34 Rent	377,775	Applewood Property LLC	100.00%	250	(377,525)	9
10	V	43 Illinois Replacement Tax						10
11	V							11
12	V							12
13	V							13
14	Total		\$ 761,314			\$ 845,560	\$ *	84,246 14

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary - Salary	\$	Care Centers, Inc.	100.00%	\$	\$
16	V	01 Dietary - Other		Care Centers, Inc.	100.00%	321	321
17	V	05 Utilities		Care Centers, Inc.	100.00%	1,466	1,466
18	V	06 Maintenance Salary		Care Centers, Inc.	100.00%	3,800	3,800
19	V	06 Maintenance - Other		Care Centers, Inc.	100.00%	2,223	2,223
20	V	07 Employee Benefits - General Serv.		Care Centers, Inc.	100.00%	550	550
21	V	10 Nursing - Salary		Care Centers, Inc.	100.00%		
22	V	10 Nursing - Other		Care Centers, Inc.	100.00%		
23	V	12 Social Services - Salary		Care Centers, Inc.	100.00%	2,098	2,098
24	V	10a Social Services - Other		Care Centers, Inc.	100.00%		
25	V	15 Employee Benefits - Healthcare		Care Centers, Inc.	100.00%	281	281
26	V	17 Administrative - Salary		Care Centers, Inc.	100.00%	3,176	3,176
27	V	17 Administrative - Other	193,735	Care Centers, Inc.	100.00%	1,431	(192,304)
28	V	19 Professional Fees		Care Centers, Inc.	100.00%	10,859	10,859
29	V	20 Dues and Subscriptions		Care Centers, Inc.	100.00%	3,940	3,940
30	V	21 Office & Clerical - Salary		Care Centers, Inc.	100.00%	90,263	90,263
31	V	21 Office & Clerical - Other		Care Centers, Inc.	100.00%	8,232	8,232
32	V	22 Employee Benefits		Care Centers, Inc.	100.00%		
33	V	23 Inservice & Education		Care Centers, Inc.	100.00%		
34	V	24 Travel and Seminar		Care Centers, Inc.	100.00%	2,487	2,487
35	V	25 Other Admin. Staff Transportation		Care Centers, Inc.	100.00%		
36	V	26 Insurance		Care Centers, Inc.	100.00%	(353)	(353)
37	V	27 Employee Benefits - Admin Serv.		Care Centers, Inc.	100.00%	13,936	13,936
38	V	30 Depreciation		Care Centers, Inc.	100.00%	7,075	7,075
39	Total		\$ 193,735			\$ 151,785	\$ * (41,950)

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

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

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	32 Interest	\$	Care Centers, Inc.	100.00%	\$ 16,593	\$ 16,593
16	V	33 Real Estate Taxes		Care Centers, Inc.	100.00%	1,212	1,212
17	V	34 Rent-Building		Care Centers, Inc.	100.00%	2,678	2,678
18	V	35 Rent-Equipment & Auto		Care Centers, Inc.	100.00%	717	717
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 21,200	\$ * 21,200

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	06 Maintenance Salary	\$ 2,719	Care Centers, Inc.	100.00%	\$ 2,719	
16	V	07 Employee Benefits - Gen Service	1,165	Care Centers, Inc.	100.00%	1,165	
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,884			\$ 3,884	\$ *

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary Salary	\$	Care Center Health System	100.00%	\$	\$
16	V	01 Dietary Other	1,725	Care Center Health System	100.00%	1,057	(668)
17	V	02 Food	12,882	Care Center Health System	100.00%	1,201	(11,681)
18	V	05 Utilities		Care Center Health System	100.00%	118	118
19	V	06 Maintenance		Care Center Health System	100.00%	189	189
20	V	07 Employee Benefits - Gen Services		Care Center Health System	100.00%		
21	V	10 Nursing Supplies		Care Center Health System	100.00%		
22	V	17 Administrative Salary		Care Center Health System	100.00%	1,554	1,554
23	V	17 Administrative Other		Care Center Health System	100.00%	277	277
24	V	19 Professional Fees		Care Center Health System	100.00%	53	53
25	V	20 Dues & Subscriptions		Care Center Health System	100.00%	83	83
26	V	21 Office & Clerical Salary		Care Center Health System	100.00%	2,316	2,316
27	V	21 Office & Clerical Other		Care Center Health System	100.00%	174	174
28	V	23 Inservice & Education		Care Center Health System	100.00%		
29	V	24 Travel & Seminar		Care Center Health System	100.00%		
30	V	25 Other Admin. Staff Transportation		Care Center Health System	100.00%	122	122
31	V	26 Insurance		Care Center Health System	100.00%	182	182
32	V	27 Employee Benefits - Admin.		Care Center Health System	100.00%	610	610
33	V	30 Depreciation		Care Center Health System	100.00%	41	41
34	V	32 Interest Expense		Care Center Health System	100.00%	5	5
35	V	33 Real Estate Taxes		Care Center Health System	100.00%	42	42
36	V	34 Rent-Building		Care Center Health System	100.00%		
37	V	35 Rent-Equipment & Auto		Care Center Health System	100.00%	75	75
38	V	39 Ancillary	8,691	Care Center Health System	100.00%	11,385	2,694
39	Total		\$ 23,298			\$ 19,484	\$ * (3,814)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 Employee Health Insurance	\$ 169,541	CCS Employee Benefit Group	100.00%	\$ 166,150	\$ (3,391)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 169,541			\$ 166,150	\$ * (3,391)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

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	6 Maintenance	\$	Vent Lease LLC	100.00%	\$ 354	\$ 354
16	V	30 Depreciation		Vent Lease LLC	100.00%	4,645	4,645
17	V	32 Interest Expense		Vent Lease LLC	100.00%	500	500
18	V	35 Rent - Equipment	8,280	Vent Lease LLC	100.00%		(8,280)
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 8,280			\$ 5,499	\$ * (2,781)

* Total must agree with the amount recorded on line 34 of Schedule V1

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary	\$ 164	Xcel Medical Supply, LLC		\$ 151	\$ (13)
16	V	02 Food		Xcel Medical Supply, LLC			
17	V	03 Housekeeping	21,279	Xcel Medical Supply, LLC		19,554	(1,725)
18	V	04 Laundry	8,278	Xcel Medical Supply, LLC		7,607	(671)
19	V	06 Repairs & Maintenance	78	Xcel Medical Supply, LLC		72	(6)
20	V	10 Nursing	106,969	Xcel Medical Supply, LLC		98,295	(8,674)
21	V	10a Therapy	1,338	Xcel Medical Supply, LLC		1,228	(110)
22	V	11 Activities		Xcel Medical Supply, LLC			
23	V	20 Dues, Fee, Subscriptions		Xcel Medical Supply, LLC			
24	V	21 Clerical & General Office	137	Xcel Medical Supply, LLC		126	(11)
25	V	22 Employee Benefits	3,669	Xcel Medical Supply, LLC		3,371	(298)
26	V	39 Ancillary	72,779	Xcel Medical Supply, LLC		66,875	(5,904)
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 214,691			\$ 197,279	\$ * (17,412)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary - Salary	\$	Care Center Clinical	100.00%	\$ 2,626	\$ 2,626	15
16	V	05 Utilities		Care Center Clinical	100.00%	66	66	16
17	V	06 Maintenance - Other		Care Center Clinical	100.00%	43	43	17
18	V	07 Employee Benefits - General Serv.		Care Center Clinical	100.00%	449	449	18
19	V	10 Nursing - Salary		Care Center Clinical	100.00%	14,065	14,065	19
20	V	10 Nursing - Other		Care Center Clinical	100.00%			20
21	V	10a Therapy - Salary		Care Center Clinical	100.00%	1,745	1,745	21
22	V	12 Social Services - Salary		Care Center Clinical	100.00%	6,444	6,444	22
23	V	15 Employee Benefits - Healthcare		Care Center Clinical	100.00%	3,132	3,132	23
24	V	17 Administrative - Salary		Care Center Clinical	100.00%	23,948	23,948	24
25	V	17 Administrative - Other	34,944	Care Center Clinical	100.00%		(34,944)	25
26	V	19 Professional Fees		Care Center Clinical	100.00%	282	282	26
27	V	20 Dues and Subscriptions		Care Center Clinical	100.00%	27	27	27
28	V	21 Office & Clerical - Salary		Care Center Clinical	100.00%	6,750	6,750	28
29	V	21 Office & Clerical - Other		Care Center Clinical	100.00%	20	20	29
30	V	22 Employee Benefits		Care Center Clinical	100.00%			30
31	V	23 Inservice & Education		Care Center Clinical	100.00%			31
32	V	24 Travel and Seminar		Care Center Clinical	100.00%	29	29	32
33	V	25 Other Admin. Staff Transportation		Care Center Clinical	100.00%			33
34	V	26 Insurance		Care Center Clinical	100.00%	15	15	34
35	V	27 Employee Benefits - Admin Serv.		Care Center Clinical	100.00%	4,182	4,182	35
36	V	30 Depreciation		Care Center Clinical	100.00%	195	195	36
37	V	32 Interest		Care Center Clinical	100.00%	556	556	37
38	V	33 Real Estate Taxes		Care Center Clinical	100.00%	128	128	38
39	Total		\$ 34,944			\$ 64,702	\$ * 29,758	39

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

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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	10a Therapy Salaries PT	\$	Therapy Works Rehabilitation Services LLC	100.00%	\$ 44,522	\$ 44,522
16	V	10a Therapy Salaries OT		Therapy Works Rehabilitation Services LLC	100.00%	47,331	47,331
17	V	10a Therapy Salaries ST		Therapy Works Rehabilitation Services LLC	100.00%	18,252	18,252
18	V	10a Therapy Salaries Other		Therapy Works Rehabilitation Services LLC	100.00%	37,783	37,783
19	V	10a Therapy - Other		Therapy Works Rehabilitation Services LLC	100.00%	3	3
20	V	10a Therapy - Other PT	69,471	Therapy Works Rehabilitation Services LLC	100.00%	9,335	(60,136)
21	V	10a Therapy - Other OT	90,172	Therapy Works Rehabilitation Services LLC	100.00%		(90,172)
22	V	10a Therapy - Other ST	37,830	Therapy Works Rehabilitation Services LLC	100.00%		(37,830)
23	V	15 Employee Benefits - Health		Therapy Works Rehabilitation Services LLC	100.00%	20,793	20,793
24	V	17 Administrative- Salary		Therapy Works Rehabilitation Services LLC	100.00%	5,226	5,226
25	V	19 Professional Fees		Therapy Works Rehabilitation Services LLC	100.00%	179	179
26	V	20 Dues & Subscriptions		Therapy Works Rehabilitation Services LLC	100.00%	2,352	2,352
27	V	21 Office & Clerical -Salary		Therapy Works Rehabilitation Services LLC	100.00%		
28	V	21 Office & Clerical Other		Therapy Works Rehabilitation Services LLC	100.00%	787	787
29	V	24 Travel & Seminar		Therapy Works Rehabilitation Services LLC	100.00%	329	329
30	V	25 Other Admin. Staff Transport		Therapy Works Rehabilitation Services LLC	100.00%		
31	V	26 Insurance		Therapy Works Rehabilitation Services LLC	100.00%	891	891
32	V	27 Employee Ben. - Gen. Admin		Therapy Works Rehabilitation Services LLC	100.00%	734	734
33	V	30 Depreciation		Therapy Works Rehabilitation Services LLC	100.00%		
34	V	32 Interest		Therapy Works Rehabilitation Services LLC	100.00%	2,470	2,470
35	V	33 Real Estate Taxes		Therapy Works Rehabilitation Services LLC	100.00%		
36	V	34 Rent- Building		Therapy Works Rehabilitation Services LLC	100.00%		
37	V	35 Rent - Equipment & Auto		Therapy Works Rehabilitation Services LLC	100.00%	594	594
38	V						
39	Total		\$ 197,473			\$ 191,581	\$ * (5,892)

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

Applewood Nursing & Rehabilitation Center

Provider #: 0046151
01/01/2006 to **12/31/2006**

Schedule 6

Partner Name	Ownership %
Nathan & Shirley Rothner Trust	22.00%
Eric Rothner	1.00%
William Rothner Accum. Trust	11.00%
Daniel Rothner Accum. Trust	11.00%
Rachel Rothner Accum. Trust	11.00%
Mellissa Rothner Accum. Trust	11.00%
Adam Vales Accum. Trust	11.00%
Kathryn Vales Accum. Trust	11.00%
Kimberly Richman Accum. Trust	11.00%
	100.00%

Applewood Nursing & Rehabilitation Center
 Provider #: 0046151
 01/01/2006

0046151
 12/31/2006

Schedule 6A

CARE CENTERS, INC.
 SUMMARY OF NON-BUILDING RENTAL
 RELATED ENTITIES
 AS OF
 December 31, 2006

	CARE CENTERS, INC.	CARE CENTER CLINICAL	CARE CENTERS HEALTH SYSTEMS	CCS EMPLOYEE BENEFITS GROUP	XCEL MEDICAL SUPPLIES	CARE VENT LEASE LLC	THERAPY WORKS REHAB	HARBOR LIGHTS	
ILLINOIS HOMES									
Applewood Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Beecher Manor Nsg & Rehab	X	X	X	X	X	X	X		
Briar Place LTD.	X	X	X	X	X	X		X	
Center for the Hispanic Elderly	X	X	X	X	X	X			
Chateau Village Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Concord Extended Care	X	X	X	X	X			X	
Grasmere Place LLC	X	X		X	X				
International Village Nursing & Rehabilitation Center	X	X	X	X	X	X			
Lakewood Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Lemont Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Pavillion of Forest Park LLC	X	X	X	X	X	X		X	
Plum Grove Nursing & Rehabilitation Center	X	X		X	X				
Prairie Manor Health Care	X	X	X	X	X	X			
Rainbow Beach Nursing Center	X	X		X	X	X			
Ridgeland Nursing & Rehabilitation Center	X	X	X	X	X	X			
Sheridan Shores Nursing & Rehabilitation Center	X	X	X	X	X				
Snow Valley Nursing & Rehabilitation Center	X	X	X	X	X		X		
Somerset Place LLC	X	X		X	X	X			
South Shores Nursing & Rehabilitation Center	X	X	X	X	X				
Tri-State Nursing & Rehabilitation Center	X	X	X	X	X	X			
Washington Heights Nursing & Rehabilitation Center	X	X	X	X	X	X			
Westshire Nursing & Rehabilitation Center	X	X	X	X	X	X			
Wheaton Care Center, LTD	X	X	X	X	X	X		X	
INDIANA HOMES									
Clark Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Dyer Nursing & Rehabilitation Center	X	X	X	X	X	X	X	X	
East Lake Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Lake County Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Northlake Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Sebos, Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Sheffield Manor	X	X		X	X				
Valparaiso Care & Rehabilitation Center	X	X	X	X	X	X		X	
OHIO HOMES									
McKinley Health Care Center	X	X	X	X	X	X			

THIS INFORMATION IS PROVIDED ONLY FOR PURPOSES OF MEDICAID COST REPORTS COMPLIANCE.
 THE AFFILIATED PARTIES ARE NOT NECESSARY RELATED PARTIES OTHER THAN BY MEDICAID RULE
 THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Applewood Nursing & Rehabilitation Center

Provider #: 0046151

01/01/2006

12/31/2006

Schedule 6B

RELATED NURSING HOMES
December 31, 2006

GROUP NAME	FACILITY NAME	CITY
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CARE CENTERS, INC.

ILLINOIS HOMES

Applewood Nursing & Rehabilitation Center	MATTESON
Beecher Manor Nursing & Rehab	BEECHER
Briar Place LTD.	INDIAN HEAD
Center for the Hispanic Elderly	CHICAGO
Chateau Village Nursing & Rehabilitation Center	WILLOWBROOK
Concord Extended Care	OAK LAWN
Grasmere Place LLC	CHICAGO
International Village Nursing & Rehabilitation Center	CHICAGO
Lakewood Nursing & Rehabilitation Center	PLAINFIELD
Lemont Nursing & Rehabilitation Center	LEMONT
Pavillion of Forest Park LLC	FOREST PARK
Plum Grove Nursing & Rehabilitation Center	PALATINE
Prairie Manor Health Care	CHICAGO HEIGHTS
Rainbow Beach Nursing Center	CHICAGO
Ridgeland Nursing & Rehabilitation Center	PALOS HEIGHTS
Sheridan Shores Nursing & Rehabilitation Center	CHICAGO
Snow Valley Nursing & Rehabilitation Center	LISLE
Somerset Place LLC	CHICAGO
South Shores Nursing & Rehabilitation Center	CHICAGO
Tri-State Nursing & Rehabilitation Center	Lansing
Washington Heights Nursing & Rehabilitation Center	CHICAGO
Westshire Nursing & Rehabilitation Center	CICERO
Wheaton Care Center, LTD	WHEATON

INDIANA HOMES

Clark Nursing & Rehabilitation Center	Gary
Dyer Nursing & Rehabilitation Center	Dyer
East Lake Nursing & Rehabilitation Center	Elkhardt
Lake County Nursing & Rehabilitation Center	East Chicago
Northlake Nursing & Rehabilitation Center	Merriville
Sebos, Nursing & Rehabilitation Center	Holbart
Sheffield Manor	Dyer
Valparaiso Care & Rehabilitation Center	Valparaiso

OHIO HOMES

McKinley Health Care Center	Canton
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THIS INFORMATION IS PROVIDED ONLY FOR PURPOSES OF MEDICAID COST REPORTS COMPLIANCE.
THE AFFILIATED PARTIES ARE NOT NECESSARY RELATED PARTIES OTHER THAN BY MEDICAID RULE.
THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Applewood Nursing & Rehabilitation Center

Provider #: 0046151
01/01/2006 12/31/2006 **Schedule 6C**

OTHER RELATED BUSINESS ENTITIES
AS OF
December 31, 2006

NAME		CITY	TYPE OF BUSINESS
CARE CENTERS, INC.		EVANSTON, IL	MANAGEMENT COMPANY
CARE CENTER CLINICAL		EVANSTON, IL	MANAGEMENT COMPANY
CARE CENTERS HEALTH SYSTEM		EVANSTON, IL	DIETARY & FOOD SUPPLEMENTS
HARBOR LIGHTS	*	GLEN ELLYN	HOSPICE
ROTHNER VENTS LLC		EVANSTON, IL	MEDICAL EQUIP RENTAL
XCEL MEDICAL SUPPLY		EVANSTON, IL	MEDICAL SUPPLIES
2201 MAIN, LLC		EVANSTON, IL	BUILDING COMPANY

* - Page 6 & 8 Are not required for this entity since there was no payment from the Nursing Homes to the Related Entity

SEE THE ATTACHED SUMMARY FOR THE APPLICABILITY OF EACH RELATED BUSINESS ENTITY TO THE RELATED NURSING HOME THIS INFORMATION IS PROVIDED ONLY FOR PURPOSES OF MEDICAID COST REPORTS COMPLIANCE. THE AFFILIATED PARTIES ARE NOT NECESSARY RELATED PARTIES OTHER THAN BY MEDICAID RULE. THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Owner	Administrative	1.0000%	See Attached	0.8	2.00%	CCI -Salary	\$ 1,303	17-7	1
2	Mark Steinberg	Relative	Administrative	0.0000%	See Attached	1.31	3.28%	CCI -Salary	3,186	17-7	2
3	Gale Rothner	Relative	Administrative	0.0000%	See Attached	0.83	2.08%	CCI -Salary	1,861	17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 6,350		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 Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary Salary	Patient Days	31	\$ 37,992	\$ 37,992	37,992	0	1
2	1	Dietary Other	Patient Days	31	13,468		37,992	321	2
3	5	Utilities	Patient Days	31	61,456		37,992	1,466	3
4	6	Maintenance Salary	Patient Days	31	159,318	159,318	37,992	3,800	4
5	6	Maintenance Other	Patient Days	31	93,209		37,992	2,223	5
6	7	Employee Ben. - Gen. Services	Patient Days	31	23,038		37,992	550	6
7	10	Nursing Salary	Patient Days	31			37,992	0	7
8	10	Nursing Other	Patient Days	31			37,992	0	8
9	12	Social Services Salary	Patient Days	31	87,938	87,938	37,992	2,098	9
10	12	Social Services Other	Patient Days	31			37,992	0	10
11	15	Employee Ben. Healthcare	Patient Days	31	11,794		37,992	281	11
12	17	Administrative Salary	Patient Days	31	133,122	133,122	37,992	3,176	12
13	17	Administrative Other	Patient Days	31	60,000		37,992	1,431	13
14	19	Professional Fees	Patient Days	31	455,203		37,992	10,859	14
15	20	Dues & Subscriptions	Patient Days	31	165,158		37,992	3,940	15
16	21	Office & Clerical Salary	Patient Days	31	3,783,895	3,783,895	37,992	90,263	16
17	21	Office & Clerical Other	Patient Days	31	345,085		37,992	8,232	17
18	23	Inservice & Education	Patient Days	31			37,992	0	18
19	24	Travel & Seminar	Patient Days	31	104,250		37,992	2,487	19
20	25	Other Admin. Staff Transportation	Patient Days	31			37,992	0	20
21	26	Insurance	Patient Days	31	(14,814)		37,992	(353)	21
22	27	Employee Ben. - Gen. Admin	Patient Days	31	584,195		37,992	13,936	22
23	30	Depreciation	Patient Days	31	296,584		37,992	7,075	23
24	32	Interest	Patient Days	31	695,586		37,992	16,593	24
25	TOTALS				\$ 7,058,485	\$ 4,164,273		\$ 168,378	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	33	Real Estate Taxes	Patient Days	31	\$ 50,799	\$ 37,992	37,992	\$ 1,212	1
2	34	Rent- Building	Patient Days	31	112,256		37,992	2,678	2
3	35	Rent - Equipment & Auto	Patient Days	31	30,066		37,992	717	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				\$ 193,121	\$		\$ 4,607	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers, Inc
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance Salary	Direct Cost	2,719	\$ 2,719	\$ 2,719	2,719	\$ 2,719	1
2	7	Emp. Ben. - Gen Services	Direct Cost	1,165	1,165		1,165	1,165	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,884	\$ 2,719		\$ 3,884	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Center Health System
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary Salary	2,455,454	30	\$	\$	28,313	\$	1
2	01	Dietary Other	2,455,454	30	91,698		28,313	1,057	2
3	02	Food	2,455,454	30	104,128		28,313	1,201	3
4	05	Utilities	2,455,454	30	10,245		28,313	118	4
5	06	Maintenance	2,455,454	30	16,367		28,313	189	5
6	07	Employee Benefits - Gen Services	2,455,454	30			28,313		6
7	10	Nursing Supplies	2,455,454	30			28,313		7
8	17	Administrative Salary	2,455,454	30	134,802	134,802	28,313	1,554	8
9	17	Administrative Other	2,455,454	30	24,000		28,313	277	9
10	19	Professional Fees	2,455,454	30	4,618		28,313	53	10
11	20	Dues & Subscriptions	2,455,454	30	7,167		28,313	83	11
12	21	Office & Clerical Salary	2,455,454	30	200,852	200,852	28,313	2,316	12
13	21	Office & Clerical Other	2,455,454	30	15,126		28,313	174	13
14	23	Inservice & Education	2,455,454	30			28,313		14
15	24	Travel & Seminar	2,455,454	30			28,313		15
16	25	Other Admin. Staff Transportation	2,455,454	30	10,605		28,313	122	16
17	26	Insurance	2,455,454	30	15,802		28,313	182	17
18	27	Employee Benefits - Admin.	2,455,454	30	52,885		28,313	610	18
19	30	Depreciation	2,455,454	30	3,557		28,313	41	19
20	32	Interest Expense	2,455,454	30	392		28,313	5	20
21	33	Real Estate Taxes	2,455,454	30	3,660		28,313	42	21
22	34	Rent-Building	2,455,454	30			28,313		22
23	35	Rent-Equipment & Auto	2,455,454	30	6,478		28,313	75	23
24	39	Ancillary	2,455,454	30	987,356		28,313	11,385	24
25	TOTALS				\$ 1,689,738	\$ 335,654		\$ 19,484	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization CCS Employee Benefits Group, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$			1
2	22 Employee Health Insuranc	Direct Allocation						166,150	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		166,150	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Vent Lease, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6 Maintenance	Direct Billing	868,537	30	\$ 30,521	\$	10,085	354	1
2	30 Depreciation	Direct Billing	868,537	30	400,000		10,085	4,645	2
3	32 Interest	Direct Billing	868,537	30	43,063		10,085	500	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				\$ 473,584	\$		\$ 5,499	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Xcel Medical Supply, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 328-7600
 Fax Number (847) 3287615

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1 Dietary	Direct allocation			\$	\$		151	1
2	2 Food	Direct allocation							2
3	3 Housekeeping	Direct allocation						19,554	3
4	4 Laundry	Direct allocation						7,607	4
5	6 Repair and Maintenance	Direct allocation						72	5
6	10 Nursing	Direct allocation						98,296	6
7	10a Therapy	Direct allocation						1,228	7
8	11 Activities	Direct allocation							8
9	20 Dues, Fee, Subscriptions	Direct allocation							9
10	21 Clerical & General Office	Direct allocation						126	10
11	22 Employee Benefits	Direct allocation						3,371	11
12	39 Ancillary	Direct allocation						66,875	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				\$	\$		197,280	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Center Clinical
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary - Salary	Patient Days	31	\$ 110,093	\$	37,992	\$ 2,626	1
2	05	Utilities	Patient Days	31	2,749		37,992	66	2
3	06	Maintenance - Other	Patient Days	31	1,817		37,992	43	3
4	07	Employee Benefits - Gen Serv	Patient Days	31	18,826		37,992	449	4
5	10	Nursing - Salary	Patient Days	31	589,608		37,992	14,065	5
6	10	Nursing - Other	Patient Days	31			37,992		6
7	10a	Therapy - Salary	Patient Days	31	73,158		37,992	1,745	7
8	12	Social Services - Salary	Patient Days	31	270,126		37,992	6,444	8
9	15	Employee Benefits - Healthcare	Patient Days	31	131,280		37,992	3,132	9
10	17	Administrative - Salary	Patient Days	31	1,003,912		37,992	23,948	10
11	17	Administrative - Other	Patient Days	31			37,992		11
12	19	Professional Fees	Patient Days	31	11,820		37,992	282	12
13	20	Dues and Subscriptions	Patient Days	31	1,118		37,992	27	13
14	21	Office & Clerical - Salary	Patient Days	31	282,969		37,992	6,750	14
15	21	Office & Clerical - Other	Patient Days	31	847		37,992	20	15
16	22	Employee Benefits	Patient Days	31			37,992		16
17	23	Inservice & Education	Patient Days	31			37,992		17
18	24	Travel and Seminar	Patient Days	31	1,201		37,992	29	18
19	25	Other Admin. Staff Transport	Patient Days	31			37,992		19
20	26	Insurance	Patient Days	31	623		37,992	15	20
21	27	Employee Benefits - Admin Ser	Patient Days	31	175,293		37,992	4,182	21
22	30	Depreciation	Patient Days	31	8,167		37,992	195	22
23	32	Interest	Patient Days	31	23,321		37,992	556	23
24	33	Real Estate Taxes	Patient Days	31	5,358		37,992	128	24
25	TOTALS				\$ 2,712,286	\$		\$ 64,702	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

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 Therapy Works Rehabilitation Services LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10a	Therapy Salaries PT	1,681,285	9	\$ 379,954	\$ 379,954	197,008	\$ 44,522	1
2	10a	Therapy Salaries OT	1,681,285	9	403,928	403,928	197,008	47,331	2
3	10a	Therapy Salaries ST	1,681,285	9	155,766	155,766	197,008	18,252	3
4	10a	Therapy Salaries Other	1,681,285	9	322,445	322,445	197,008	37,783	4
5	10a	Therapy - Other	1,681,285	9	23		197,008	3	5
6	10a	Therapy - Other PT	1,681,285	9	79,669		197,008	9,335	6
7	10a	Therapy - Other OT	1,681,285	9			197,008		7
8	10a	Therapy - Other ST	1,681,285	9			197,008		8
9	15	Employee Benefits - Health	1,681,285	9	177,452		197,008	20,793	9
10	17	Administrative- Salary	1,681,285	9	44,598	44,598	197,008	5,226	10
11	19	Professional Fees	1,681,285	9	1,524		197,008	179	11
12	20	Dues & Subscriptions	1,681,285	9	20,074		197,008	2,352	12
13	21	Office & Clerical -Salary	1,681,285	9			197,008		13
14	21	Office & Clerical Other	1,681,285	9	6,717		197,008	787	14
15	24	Travel & Seminar	1,681,285	9	2,806		197,008	329	15
16	25	Other Admin. Staff Transport	1,681,285	9			197,008		16
17	26	Insurance	1,681,285	9	7,608		197,008	891	17
18	27	Employee Ben. - Gen. Admin	1,681,285	9	6,265		197,008	734	18
19	30	Depreciation	1,681,285	9			197,008		19
20	32	Interest	1,681,285	9	21,079		197,008	2,470	20
21	33	Real Estate Taxes	1,681,285	9			197,008		21
22	34	Rent- Building	1,681,285	9			197,008		22
23	35	Rent - Equipment & Auto	1,681,285	9	5,067		197,008	594	23
24							197,008		24
25	TOTALS				\$ 1,634,975	\$ 1,306,691		\$ 191,581	25

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10
		Related**					Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Monthly Payment Required	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Business Partners (Net)		X	Mortgage			\$	\$ 2,411,570			\$ 158,775	1
2												2
3												3
4												4
5												5
	Working Capital											
6	LaSalle Bank		X	Line of Credit				775,477			34,406	6
7	Applewood Bldg. Co.		X								770	7
8	See Sch 9A										20,124	8
9	TOTAL Facility Related						\$	\$ 3,187,047			\$ 214,075	9
	B. Non-Facility Related*											
10	Interest Income										(78)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (78)	14
15	TOTALS (line 9+line14)						\$	\$ 3,187,047			\$ 213,997	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
A. Directly Facility Related																				
Long-Term																				
1						\$	\$			\$	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	Allocated from Care Centers									16,593	6									
6a	Allocated from Care Clinical									556	6a									
7	Allocated from Vent Lease									500	7									
7a	Allocated from Therapy Works									2,470	7a									
8	Allocated from CCHS									5	8									
9	TOTAL Facility Related					\$ 0	\$ 0			\$ 20,124	9									
B. Non-Facility Related*																				
10											10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$ 0	\$ 0			\$ 0	14									
15	TOTALS (line 9+line14)					\$ 0	\$ 0			\$ 20,124	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2005 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 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 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.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Applewood Nursing & Rehabilitation Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046151

CONTACT PERSON REGARDING THIS REPORT Mike Kaplan

TELEPHONE (847) 905-4042 FAX #: (547) 905-3030

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(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>31-22-144-023-000</u>	<u>Long Term Care Property</u>	\$ <u>13,392.25</u>	\$ <u>13,392.25</u>
2. <u>31-22-144-024-000</u>	<u>Long Term Care Property</u>	\$ <u>299,261.34</u>	\$ <u>299,261.34</u>
3. <u>31-22-144-025-000</u>	<u>Long Term Care Property</u>	\$ <u>5,376.01</u>	\$ <u>5,376.01</u>
4. <u>31-22-144-026-000</u>	<u>Long Term Care Property</u>	\$ <u>14,909.83</u>	\$ <u>14,909.83</u>
5. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>45,054.56</u>	\$ <u>1,212.00</u>
6. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>4,751.91</u>	\$ <u>128.00</u>
7. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>3,246.13</u>	\$ <u>42.00</u>
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>385,992.03</u>	\$ <u>334,321.43</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151 Report Period Beginning:

01/01/2006 Ending: 12/31/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,449 B. General Construction Type: Exterior Brick Frame Steel Stud Number of Stories 1

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 ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et al). List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

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: Various
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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>191,664</u>	<u>2003</u>	<u>\$ 223,625</u>	<u>1</u>
2	<u>2201 Main LLC</u>			<u>8,635</u>	<u>2</u>
3	TOTALS	<u>191,664</u>		<u>\$ 232,260</u>	<u>3</u>

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

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 BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	115	2003	1967	\$ 1,977,860	\$	Various	\$ 50,711	\$ 50,711	\$ 196,578	4
5										5
6										6
7										7
8										8
Improvement Type**										
9										9
10	Site Preparation of the Land for Fine Grade		2003	97,603		15	7,515	7,515	30,013	10
11	Concrete Retaining wall		2003	1,757		15	135	135	540	11
12	Monument Sign		2003	7,608		15	586	586	2,339	12
13	Water/Sanitary Sewer Utility Line		2003	12,216		15	941	941	3,757	13
14	Telephone Lateral		2003	2,577		15	198	198	792	14
15	Concrete Curb & Gutter		2003	17,462		15	1,345	1,345	5,369	15
16	Concrete Sidewalk		2003	10,146		15	781	781	3,120	16
17	Fire Hydrant		2003	1,591		15	123	123	489	17
18	Concrete Steps		2003	384		15	30	30	118	18
19	Site Informational Signage		2003	1,208		15	139	139	999	19
20	Asphalt Parking Lot		2003	152,906		15	11,774	11,774	47,018	20
21	Parking Striping		2003	349		15	40	40	289	21
22	Handicapped Parking Striping		2003	278		15	32	32	230	22
23	Handicapped Parking Signage w/ Pole		2003	403		15	46	46	333	23
24	Pipe Bollards		2003	486		15	37	37	149	24
25	Transformer Pad		2003	1,178		15	91	91	362	25
26	Decorative Post Lanterns		2003	241		15	19	19	74	26
27	Light Pole		2003	1,481		15	114	114	455	27
28	Landscape		2003	31,795		15	2,448	2,448	9,777	28
29	Shrubs		2003	465		15	36	36	143	29
30	Railing		2003	87		15	10	10	72	30
31	Flag Pole		2003	1,852		15	143	143	569	31
32	Light Post Base		2003	3,031		15	233	233	932	32
33	Light pole Base		2003	3,031		15	233	233	932	33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38	Care Centers, Inc							38
39	2201 Main LLC Allocation of Building Purchase Price	2002	10,435	20	268	268	1,148	39
40	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2002	8,620	20	359	359	1,939	40
41	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2003	10,158	20	193	193	1,778	41
42	2201 Main LLC Allocation Asbesto Removal & Alarm Sv:	2005	505	20	22	22	38	42
43								43
44								44
45								45
46	Care Center Clinical							46
47	2201 Main LLC Allocation of Building Purchase Price	2002	1,101	20	28	28	121	47
48	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2002	909	20	38	38	205	48
49	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2003	1,071	20	20	20	187	49
50	2201 Main LLC Allocation Asbesto Removal & Alarm Sv:	2005	53	20	2	2	4	50
51								51
52								52
53	Care Center Health Syster							53
54	2201 Main LLC Allocation of Building Purchase Price	2002	363	20	9	9	40	54
55	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2002	300	20	12	12	68	55
56	2201 Main LLC Allocation Bldg Improv. Of Landmark Cons	2003	354	20	7	7	62	56
57	2201 Main LLC Allocation Asbesto Removal & Alarm Sv:	2005	18	20	1	1	1	57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$ 2,361,882		\$ 78,719	\$ 78,719	\$ 311,040	70

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

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

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		\$ 2,361,882	\$		\$ 78,719	\$ 78,719	\$ 311,040	1
2	Avary	2003	4,987	499	20	499		1,912	2
3	Boiler Repairs	2003	734	61	20	61		224	3
4	Walk In Cooler repair	2003	1,491	99	20	99		365	4
5	Roof Repair	2003	2,000	200	20	100	(100)	367	5
6	Condensing Unit Replacement	2003	1,522	127	20	127		454	6
7	Condenser Repairs	2003	566	47	20	47		169	7
8	Recirculating Pump	2003	663	55	20	55		198	8
9	Hot Water Heater Repair:	2003	1,028	86	20	86		307	9
10	Hot Water Heater Repair:	2003	1,131	94	20	94		338	10
11	Phone Line Repair	2003	608	61	20	61		213	11
12	Six Motor Fans (Showers)	2003	1,154	231	20	231		808	12
13	Alarms	2003	663	95	20	95		315	13
14	Water Heater Repair	2003	533	44	20	44		148	14
15	Hot Water Heater Repair:	2003	565	47	20	47		153	15
16	Roof Top Unit	2004	4,800	480	20	240	(240)	620	16
17	Chemical Kitchen System	2004	2,996	300	20	150	(150)	362	17
18	New Main Entrance	2004	2,250	225	20	113	(112)	263	18
19	Pedestrian Doors	2004	3,200	320	20	160	(160)	360	19
20	New Sidewalk	2004	3,250	325	20	163	(162)	366	20
21	Ductless Air Conditioner	2004	4,748	475	20	237	(238)	514	21
22	Construction Engineer Fees	2004	1,540	154	20	77	(77)	167	22
23	Roof Repair	2004	2,500		20	250	250	750	23
24	Backflow Maintenance	2004	710		20	71	71	207	24
25	Repair Parking Lot Potholes	2004	1,550		20	155	155	362	25
26	Fire Alarm System Repair	2004	1,516		20	152	152	341	26
27	Air Conditioner	2004	1,690		20	169	169	380	27
28	Air Conditioner - Install. & Furnish	2005	12,773	1,277	20	639	(638)	905	28
29	Kitchen Remodeling - Cabinet and Counter Tops	2005	3,420	342	20	171	(171)	228	29
30	Kitchen Remodeling - Cabinet and Counter Tops	2005	7,705	771	20	385	(386)	514	30
31	Kitchen Remodeling - Cabinet and Counter Tops	2005	14,240	1,424	20	712	(712)	949	31
32	Building Improvements - Painting	2005	4,394	439	20	220	(219)	238	32
33	Building Improvements - Blinds	2005	8,625	863	20	431	(432)	503	33
34	TOTAL (lines 1 thru 33)		\$ 2,461,434	\$ 9,141		\$ 84,860	\$ 75,719	\$ 325,040	34

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

STATE OF ILLINOIS

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

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		\$ 2,461,434	\$ 9,141		\$ 84,860	\$ 75,719	\$ 325,040	1
2	Building Improvements - Painting	2006	12,424	10,353	20	311	(10,042)	311	2
3	Building Improvements - Painting	2006	6,570	4,928	20	164	(4,764)	164	3
4	Building Improvements - Painting	2006	5,347	3,565	20	134	(3,431)	134	4
5	Building Improvements - Painting	2006	14,706	8,579	20	367	(8,212)	367	5
6	Building Improvements - Painting	2006	6,556	3,278	20	164	(3,114)	164	6
7	Building Improvements - Painting	2006	13,319	5,550	20	333	(5,217)	333	7
8	Remodel Six Shower Rooms	2006	17,400	1,595	20	798	(797)	798	8
9	Roof Repair	2006	161,960	9,448	20	4,724	(4,724)	4,724	9
10	Air Condition Installation	2006	4,407	220	20	110	(110)	110	10
11	Window Replacemen	2006	75,118	3,756	20	1,878	(1,878)	1,878	11
12	Building Improvements - Painting	2006	7,107	2,369	20	178	(2,191)	178	12
13	Wall Cover Installation	2006	22,109	941	20	470	(471)	470	13
14	Water Heater Installation	2006	4,668	97	12	97		97	14
15	Concrete Floor and Tiles	2006	16,000	400	20	200	(200)	200	15
16	Building Improvements - Painting	2006	10,565	2,641	20	264	(2,377)	2,641	16
17	Building Improvements - Painting	2006	1,351	225	20	34	(191)	34	17
18	Building Improvements - Painting	2006	6,846	1,141	20	171	(970)	171	18
19	Building Improvements - Painting	2006	10,007	834	20	250	(584)	250	19
20	Install New Carpeting	2006	11,321	189	20	283	94	283	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)		\$ 2,869,215	\$ 69,250		\$ 95,790	\$ 26,540	\$ 338,347	34

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

Facility Name & ID Number: Applewood Nursing & Rehabilitation Cente # 0046151 Report Period Beginning: 01/01/2006 Ending: 12/31/2006
 XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	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	\$ 840,754	\$ 11,020	\$ 103,597	\$ 92,577	5-15 Yrs.	\$ 662,180	71
72	Current Year Purchases	35,400	4,548	4,283	(265)	5-10 Yrs.	4,283	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 876,154	\$ 15,568	\$ 107,880	\$ 92,312		\$ 666,463	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	Allocated from Care Center			17,154		208	208		12,329	77
78	Allocated from Care Center Clinical			1,043		71	71		71	78
79										79
80	TOTALS			\$ 18,197	\$	\$ 279	\$ 279		\$ 12,400	80

E. Summary of Care-Related Asset

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,995,826	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 84,818	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 203,949	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 119,131	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,017,210	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 1

Applewood Nursing & Rehabilitation Center, LLC
Moveable Equipment Schedule
1/1/06-12/31/06
0046151

Company Name	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Straight Line Depreciation
Line 28: Prior Years					
Applewood Nursing & Rehab Center	62,669	11,020	11,377	357	22,155
Applewood Property LLC	708,867		81,537	81,537	583,669
2201 Main LLC	3,296		384	384	1,483
Care Centers, Inc	65,922		5,654	5,654	54,873
Vent Lease			4,645	4,645	
Care Centers Health System					
Total	840,754	11,020	103,597	92,577	662,180

Line 29: Current Year

Applewood Nursing & Rehab Center	35,168	4,548	4,248	(300)	4,248
Applewood Property LLC					
2201 Main LLC					
Care Centers, Inc	232		35	35	35
Vent Lease					
Care Centers Health System					
Total	35,400	4,548	4,283	(265)	4,283

Line 30: Fully Depreciated

Applewood Nursing & Rehab Center					
Applewood Property LLC					
2201 Main LLC					
Care Centers, Inc					
Vent Lease					
Care Centers Health System					
Total					

Total (Should tie to page 13)

Applewood Nursing & Rehab Center	97,837	15,568	15,625	57	26,403
Applewood Property LLC	708,867		81,537	81,537	583,669
2201 Main LLC	3,296		384	384	1,483
Care Centers, Inc	66,154		5,689	5,689	54,908
Vent Lease			4,645	4,645	
Care Centers Health System					
Total	876,154	15,568	107,880	92,312	666,463

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
 If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocation from Care Centers, Inc				2,678			5
6								6
7	TOTAL				\$ 2,678			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>/2007</u>	\$ _____
13.	<u>/2008</u>	\$ _____
14.	<u>/2009</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 N/A.

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

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

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ 8,739 Description: \$6,517 Copier, \$652 Postage Meter, \$259 Dish Machine, CCI \$717, & Therapy Works \$594
 (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	Allocated from CCHS			75	18
19					19
20					20
21	TOTAL		\$	\$ 75	21

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

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

A. TYPE OF TRAINING PROGRAM (If 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>It is the policy of this facility to only hire certified nurses aides If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>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			
	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 Wage (c)				
6 Transportation				
7 Contractual Payment:				
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 benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (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	L10a,C2	hrs	\$		\$ 198,976	\$		\$ 198,976	1
2	Licensed Speech and Language Development Therapist	L10a, C 3	hrs			104,238			104,238	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C 3	hrs			193,745			193,745	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				321,287		321,287	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Sch 16A						71,432		71,432	13
14	TOTAL			\$		\$ 496,959	\$ 392,719		\$ 889,678	14

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

Applewood Nursing & Rehabilitation Center

Provider #: 0046151

01/01/2006 to 12/31/2006

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Therapy And Rehab. Supplies	L 10A C 2			1,931
Ventilation Equipment	L 10A C 3			
Low Pressure Mattress	L 39 C 2			4,830
Oxygen	L 39 C 2			4,243
Other Services Medicare	L 39 C 3			
Ambulance Services	L 39 C 3			
Food Pump	L 39 C 2			12,704
Medical Supplies Chargeable	L 39 C 2			47,724
Total			<u>0</u>	<u>71,432</u>

Facility Name & ID Number Applewood Nursing & Rehabilitation Center

0046151

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1 Cash on Hand and in Banks	\$ (143,755)	\$ (143,755)	1
2 Cash-Patient Deposits	29,716	29,716	2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance 110,000)	1,145,087	1,145,087	3
4 Supply Inventory (priced at)			4
5 Short-Term Investments			5
6 Prepaid Insurance	22,038	22,038	6
7 Other Prepaid Expenses	1	1	7
8 Accounts Receivable (owners or related parties)	534,988	534,988	8
9 Other(specify): Due From Employees	725	725	9
TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,588,800	\$ 1,588,800	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments			12
13 Land		232,260	13
14 Buildings, at Historical Cost		1,989,759	14
15 Leasehold Improvements, at Historical Cost	499,367	879,456	15
16 Equipment, at Historical Cost	94,303	894,351	16
17 Accumulated Depreciation (book methods)	(104,262)	(1,017,210)	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): Loan Cost		37,509	23
TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 489,408	\$ 3,016,125	24
TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,078,208	\$ 4,604,925	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 356,369	\$ 356,369	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits	25,161	25,161	28
29 Short-Term Notes Payable	775,477	775,477	29
30 Accrued Salaries Payable	334,364	334,364	30
31 Accrued Taxes Payable (excluding real estate taxes)	11,014	11,014	31
32 Accrued Real Estate Taxes(Sch.IX-B)	183,129	183,129	32
33 Accrued Interest Payable			33
34 Deferred Compensation			34
35 Federal and State Income Taxes			35
Other Current Liabilities(specify):			
36 See Sch 17A	231,127	231,127	36
37 See Sch 17A	168,872	168,872	37
TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,085,513	\$ 2,085,513	38
D. Long-Term Liabilities			
39 Long-Term Notes Payable			39
40 Mortgage Payable		2,411,570	40
41 Bonds Payable			41
42 Deferred Compensation			42
Other Long-Term Liabilities(specify):			
43			43
44			44
TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 2,411,570	45
TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,085,513	\$ 4,497,083	46
47 TOTAL EQUITY(page 18, line 24)	\$ (7,305)	\$ 107,842	47
48 TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,078,208	\$ 4,604,925	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 719,304	1
2	Restatements (describe):		2
3	Rounding	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 719,305	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(443,812)	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	(282,798)	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)	\$ (726,610)	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)	\$ (7,305)	24 *

Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number Applewood Nursing & Rehabilitation Center # 0046151 Report Period Beginning: 01/01/2006Ending: 12/31/2006**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 expenses.**

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,137,352	1
2	Discounts and Allowances for all Level	(2,155,976)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,981,376	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,929,781	6
7	Oxygen	4,650	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,934,431	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,580	13
14	Non-Patient Meals	595	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	319,591	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	62,677	19
20	Radiology and X-Ray	7,190	20
21	Other Medical Services	96,493	21
22	Laundry	4,628	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 493,754	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	78	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 78	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	3,209	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,209	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,412,848	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	931,962	31
32	Health Care	2,979,168	32
33	General Administrator	1,402,632	33
B. Capital Expense			
34	Ownership	896,245	34
C. Ancillary Expense			
35	Special Cost Centers	583,690	35
36	Provider Participation Fee	62,963	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,856,660	40
41	Income before Income Taxes (line 30 minus line 40)**	(443,812)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (443,812)	43

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

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

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

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

Facility Name & ID Number **Applewood Nursing & Rehabilitation Center**

0046151

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,941	2,119	\$ 66,856	\$ 31.55	1
2	Assistant Director of Nursing	1,919	2,088	60,133	28.80	2
3	Registered Nurses	13,424	15,320	412,099	26.90	3
4	Licensed Practical Nurses	18,626	20,930	476,642	22.77	4
5	CNAs & Orderlies	63,316	69,130	738,715	10.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,068	2,362	36,273	15.36	9
10	Activity Assistants	6,712	7,285	54,379	7.46	10
11	Social Service Worker	3,246	3,509	41,678	11.88	11
12	Dietician	778	802	10,924	13.62	12
13	Food Service Supervisor	1,892	2,188	35,090	16.04	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,894	6,579	73,962	11.24	15
16	Dishwashers	12,215	13,166	101,008	7.67	16
17	Maintenance Worker	4,325	4,951	81,357	16.43	17
18	Housekeepers	12,123	13,512	129,340	9.57	18
19	Laundry	2,555	2,782	50,715	18.23	19
20	Administrator	1,781	2,079	89,001	42.81	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,617	13,605	195,519	14.37	24
25	Vocational Instructor					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	1,957	2,098	25,420	12.12	31
32	Other Health C: See Sch 20A	15,164	16,688	303,897	18.21	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	182,553	201,193	\$ 2,983,008 *	\$ 14.83	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	226	\$ 9,848	L. 1, C. 3	35
36	Medical Director	Monthly	12,000	L. 9, C. 3	36
37	Medical Records Consultant	Monthly	1,804	L. 10, C. 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,725	L. 10, C. 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	16	784	L. 11, C. 3	44
45	Social Service Consultant	16	1,048	L. 12, C. 3	45
46	Other(specify)				46
47	Therapy Program Consultant	36	1,404	L. 10a, C. 3	47
48	See Sch 20B	190	2,719		48
49	TOTAL (lines 35 - 48)	484	\$ 31,332		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,701	\$ 94,152	L. 10, C. 3	50
51	Licensed Practical Nurses	542	18,809	L. 10, C. 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	2,243	\$ 112,961		53

Applewood Nursing & Rehabilitation Center
 0046151
 12/31/2006

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Ward Clerk	2,133	2,362	\$ 33,916	14.36
Rehab Nurse	1,754	1,940	\$ 56,706	29.23
Rehab Aide	7,266	7,751	\$ 94,758	12.23
Care Plan Coord.	3,776	4,335	\$ 114,948	26.52
Supply Clerk	235	300	3,569	11.90
Total Line 32 - Other	15,164	16,688	\$ 303,897	\$ 18.21

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
				#DIV/0!
				#DIV/0!
				#DIV/0!
Total Line 33 - Other	0	0	\$ -	#DIV/0!

Applewood Nursing & Rehabilitation Center
0046151
12/31/2006

Schedule 20B

XVIII. Consultant Services
LINE 46

	<u># of Hrs.</u>	<u>Reporting Period</u>	<u>Schedule V</u>
	<u>Actually</u>	<u>Total Consultant</u>	<u>Line &</u>
	<u>Worked</u>	<u>Costs</u>	<u>Column</u>
Maintenance - CCI	190	2,719	L 6 C 3
Total Line 46 - Other	190	\$ 2,719	

Applewood Nursing & Rehabilitation Center

Provider #: 0046151

01/01/2006 to 12/31/2006

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Ehealth Data Solutions	Billing Program Sys	3,255
Azulay, Horn & Seiden	Collection Legal	350
National Hotline Services	Compliance Services	150
Wellspring Evaluation	Valuation Services	6,500
Allen A Lekovitz	Valuation Services	1,500
SMS	Medicare Billing	7,814
		19,569
Total (agree to Schedule V, line 19, column 3)		81,343
Allocated from Care Centers Inc		10,859
Allocated from Care Center Clinical		282
Allocated from Care Center Health System		53
Allocated from Therapy Works Rehab		179
From Bldg Co -Legal Architects		128,564
Non-allowable Valuation Services		(1,500)
Non-allowable Legal Fees		(350)
Out of Period Legal fees		(849)
Total (agree to Schedule V, line 19, column 8)		<u><u>218,581</u></u>

Facility Name & ID Number Applewood Nursing & Rehabilitation Center# 0046151Report Period Beginning: 01/01/2006Ending: 12/31/2006**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? No
If YES, give association name and amount _____
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5.85 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 43,526 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 N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over _____
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. 62,963
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 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 if 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. \$ _____ Has any meal income been offset against related costs? Yes 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 program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees _____

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	220,984	23,757	9,848	254,589	0	254,589	2,266	256,855
2. Food Purchase	0	186,136	0	186,136	0	186,136	-12,276	173,860
3. Housekeeping	129,340	22,038	12,898	164,276	0	164,276	-1,725	162,551
4. Laundry	50,715	24,765	0	75,480	0	75,480	-671	74,809
5. Heat and Other Utilities	0	0	96,061	96,061	0	96,061	1,650	97,711
6. Maintenance	81,357	0	72,898	154,255	0	154,255	6,603	160,858
7. Other (specify)*	0	0	1,165	1,165	0	1,165	999	2,164
8. Total General Services	482,396	256,696	192,870	931,962	0	931,962	-3,154	928,808
9. Medical Director	0	0	12,000	12,000	0	12,000	0	12,000
10. Nursing & Medical Records	2,083,762	116,202	116,490	2,316,454	0	2,316,454	5,391	2,321,845
10a. Therapy	0	2,041	498,363	500,404	0	500,404	-38,612	461,792
11. Activities	90,652	16,148	784	107,584	0	107,584	0	107,584
12. Social Services	41,678	0	1,048	42,726	0	42,726	8,542	51,268
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	24,206	24,206
16. Total Health Care & Programs	2,216,092	134,391	628,685	2,979,168	0	2,979,168	-473	2,978,695
17. Administrative	89,001	0	341,979	430,980	0	430,980	-306,367	124,613
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	81,343	81,343	0	81,343	137,238	218,581
20. Fees, Subscriptions & Promotion	0	0	24,897	24,897	0	24,897	6,652	31,549
21. Clerical & General Office	195,519	27,947	30,016	253,482	0	253,482	105,322	358,804
22. Employee Benefits & Payroll	0	0	489,683	489,683	0	489,683	-3,689	485,994
23. Inservice Training & Education	0	0	1,712	1,712	0	1,712	-150	1,562
24. Travel and Seminar	0	0	565	565	0	565	2,845	3,410
25. Other Admin. Staff Trans	0	0	2,585	2,585	0	2,585	122	2,707
26. Insurance-Prop.Liab.Malpractice	0	0	117,385	117,385	0	117,385	735	118,120
27. Other (specify)*	0	0	0	0	0	0	19,462	19,462
28. Total General Adminis	284,520	27,947	1,090,165	1,402,632	0	1,402,632	-37,830	1,364,802
29. Total General Administrative	2,983,008	419,034	1,911,720	5,313,762	0	5,313,762	-41,457	5,272,305
30. Depreciation	0	0	84,817	84,817	0	84,817	119,132	203,949
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	34,406	34,406	0	34,406	179,591	213,997
33. Real Estate	0	0	383,539	383,539	0	383,539	1,382	384,921
34. Rent - Facility & Grounds	0	0	377,775	377,775	0	377,775	-375,097	2,678
35. Rent - Equipment & Vehicles	0	0	15,708	15,708	0	15,708	-6,894	8,814
36. Other (specify):*	0	0	0	0	0	0	14,115	14,115
37. Total Ownership	0	0	896,245	896,245	0	896,245	-67,771	828,474
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	391,794	44,547	436,341	0	436,341	-3,210	433,131
40. Barber and Beauty Shop	0	0	3,139	3,139	0	3,139	0	3,139
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	62,963	62,963	0	62,963	0	62,963
43. Other (specify):*	0	0	144,210	144,210	0	144,210	-144,210	0
44. Total Special Cost Ce	0	391,794	254,859	646,653	0	646,653	-147,420	499,233
45. Grand Total	2,983,008	810,828	3,062,824	6,856,660	0	6,856,660	-256,648	6,600,012

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-143,755	-143,755
2. Cash - Patient Deposits	29,716	29,716
3. Accounts & Notes Recievable	1,145,087	1,145,087
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	22,038	22,038
7. Other Prepaid Expenses	1	1
8. Accounts Receivable-Owner/Related Party	534,988	534,988
9. Other (specify):	725	725
10. Total current assets	1,588,800	1,588,800
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	232,260
14. Buildings, at Historical Cost	0	1,989,759
15. Leasehold Improvements, Historical Cost	499,367	879,456
16. Equipment, at Historical Cost	94,303	894,351
17. Accumulated Depreciation (book methods)	-104,262	-1,017,210
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	37,509
24. Total Long-Term Assets	489,408	3,016,125
25. Total Assets	2,078,208	4,604,925
CURRENT LIABILITIES		
26. Accounts Payable	356,369	356,369
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	25,161	25,161
29. Short-Term Notes Payable	775,477	775,477
30. Accrued Salaries Payable	334,364	334,364
31. Accrued Taxes Payable	11,014	11,014
32. Accrued Real Estate Taxes	183,129	183,129
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	231,127	231,127
37. Other Current Liabilities (specify):	168,872	168,872
38. Total Current Liabilities	2,085,513	2,085,513
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	2,411,570
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	2,411,570
46. Total Liabilities	2,085,513	4,497,083
47. Total Equity	-7,305	107,842
48. Total Liabilities and Equity	2,078,208	4,604,925

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,137,352
2. Discounts and Allowances for all Levels	-2,155,976
Subtotal - Inpatient Care	3,981,376
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,929,781
7. Oxygen	4,650
Subtotal - Ancillary Revenue	1,934,431
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	2,580
14. Non-Patient Meals	595
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	319,591
18. Sale of Supplies to Non-Patients	0
19. Laboratory	62,677
20. Radiology and X-Ray	7,190
21. Other Medical Services	96,493
22. Laundry	4,628
Subtotal - Other Operating Revenue	493,754
24. Contributions	0
25. Interest and Other Investments Income	78
Subtotal - Non-Operating Revenue	78
27. Other Revenue (specify):	3,209
28. Other Revenue (specify):	0
Subtotal - Other Revenue	3,209
30. Total Revenue	6,412,848
31. General Services	950,444
32. Health Care	3,029,713
33. General Administration	1,203,536
34. Ownership	721,274
35. Special Cost Centers	633,968
35. Provider Participation Fee	62,963
37. Other	0
40. Total Expenses	6,601,898
41. Income Before Income Taxes	-189,050
42. Income Taxes	0
43. Net Income or Loss for the Year	-189,050