

		FOR BHF USE					

LL1

2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0017038

Facility Name: Central Plaza Residential Home

Address: 321-27 North Central Chicago 60644
 Number City Zip Code

County: Cook

Telephone Number: 847-441-8200 **Fax #** 847-441-0800

HFS ID Number: 36-2520668

Date of Initial License for Current Owners: 12/1/63

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: Rick Duros **Telephone Number:** 847-441-8200

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/06 to 12/31/06 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Rick Duros</u>	
	(Title) <u>CFO</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) () _____ Fax # () _____	

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Central Plaza Residential Home# 0017038 Report Period Beginning: 1/1/06 Ending: 12/31/06

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	260	Intermediate (ICF)	260	94,900	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	260	TOTALS	260	94,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF	86,729	355		87,084
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	86,729	355		87,084

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.76%

D. How many bed-hold days during this year were paid by the Department?

686 (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)

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 12/1/63

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/06 Ending: 12/31/06

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	287,572	42,206	14,250	344,028		344,028		344,028			1
2	Food Purchase		397,574		397,574	(27,891)	369,683	(1,803)	367,880			2
3	Housekeeping	392,805		84,608	477,413		477,413		477,413			3
4	Laundry		86,920		86,920		86,920		86,920			4
5	Heat and Other Utilities			191,065	191,065		191,065	1,759	192,824			5
6	Maintenance	257,222		216,902	474,124		474,124	2,310	476,434			6
7	Other (specify):*											7
8	TOTAL General Services	937,599	526,700	506,825	1,971,124	(27,891)	1,943,233	2,266	1,945,499			8
	B. Health Care and Programs											
9	Medical Director			4,200	4,200		4,200		4,200			9
10	Nursing and Medical Records	1,429,019	24,396	61,192	1,514,607		1,514,607		1,514,607			10
10a	Therapy											10a
11	Activities	137,412	16,210	4,245	157,867		157,867		157,867			11
12	Social Services	587,863		659,289	1,247,152		1,247,152	(600,000)	647,152			12
13	CNA Training											13
14	Program Transportation			320	320		320		320			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,154,294	40,606	729,246	2,924,146		2,924,146	(600,000)	2,324,146			16
	C. General Administration											
17	Administrative	376,858		928,051	1,304,909		1,304,909	(1,028,163)	276,746			17
18	Directors Fees			202,500	202,500		202,500	(142,350)	60,150			18
19	Professional Services			85,611	85,611		85,611	(58,652)	26,959			19
20	Dues, Fees, Subscriptions & Promotions			30,268	30,268		30,268	46	30,314			20
21	Clerical & General Office Expenses	473,150		103,540	576,690		576,690	(115,420)	461,270			21
22	Employee Benefits & Payroll Taxes			693,157	693,157	27,891	721,048	6,571	727,619			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,081	4,081		4,081		4,081			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			227,967	227,967		227,967	118	228,085			26
27	Other (specify):*											27
28	TOTAL General Administration	850,008		2,275,175	3,125,183	27,891	3,153,074	(1,337,850)	1,815,224			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,941,901	567,306	3,511,246	8,020,453		8,020,453	(1,935,584)	6,084,869			29

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

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

Facility Name & ID Number Central Plaza Residential Home #0017038 Report Period Beginning: 1/1/06 Ending: 12/31/06

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			70,345	70,345	70,345	27,696	98,041			30
31	Amortization of Pre-Op. & Org.			43,270	43,270	43,270		43,270			31
32	Interest			115,020	115,020	115,020	(22,566)	92,454			32
33	Real Estate Taxes			146,365	146,365	146,365	5,645	152,010			33
34	Rent-Facility & Grounds			30,296	30,296	30,296	(11,723)	18,573			34
35	Rent-Equipment & Vehicles			15,587	15,587	15,587		15,587			35
36	Other (specify):*										36
37	TOTAL Ownership			420,883	420,883	420,883	(948)	419,935			37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			142,350	142,350	142,350		142,350			42
43	Other (specify):*										43
44	TOTAL Special Cost Centers			142,350	142,350	142,350		142,350			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,941,901	567,306	4,074,479	8,583,686	8,583,686	(1,936,532)	6,647,154			45

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning: 1/1/06

Ending: 12/31/06

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	27,696	30		9
10	Interest and Other Investment Income	(46,322)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,803)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(59,191)	19		17
18	Fines and Penalties				18
19	Entertainment	(16,482)	21		19
20	Contributions	(39,769)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	5,360	21		24
25	Fund Raising, Advertising and Promotional	(884)	21		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,834,167)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,965,562)		\$	30

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)	(29,030)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (29,030)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,994,592)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Central Plaza Residential Home

ID# 0017038

Report Period Beginning: 1/1/06

Ending: 12/31/06

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Allowable Fees	\$ (142,350)	18	1
2	Fees	(928,051)	17	2
3	Penalties	(275)	21	3
4	Resident Christmas Gifts	(1,220)	21	4
5	Non-Allowable Salaries	(100,112)	17	5
6	Non-Allowable Salaries	(62,159)	21	6
7	Community Social Service	(600,000)	12	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	(1,834,167)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,803)	0	0	0	0	0	0	0	0	0	0	(1,803)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,759	0	0	0	0	0	0	0	0	1,759	5
6	Maintenance	0	0	2,310	0	0	0	0	0	0	0	0	2,310	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,803)	0	4,069	0	2,266	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(600,000)	0	0	0	0	0	0	0	0	0	0	(600,000)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(600,000)	0	0	0	0	0	0	0	0	0	0	(600,000)	16
	C. General Administration													
17	Administrative	(1,028,163)	0	0	0	0	0	0	0	0	0	0	(1,028,163)	17
18	Directors Fees	(142,350)	0	0	0	0	0	0	0	0	0	0	(142,350)	18
19	Professional Services	(59,191)	0	0	539	0	0	0	0	0	0	0	(58,652)	19
20	Fees, Subscriptions & Promotions	0	0	46	0	0	0	0	0	0	0	0	46	20
21	Clerical & General Office Expenses	(115,429)	0	9	0	0	0	0	0	0	0	0	(115,420)	21
22	Employee Benefits & Payroll Taxes	0	0	6,571	0	0	0	0	0	0	0	0	6,571	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	118	0	0	0	0	0	0	0	0	118	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(1,345,133)	0	6,744	539	0	(1,337,850)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,946,936)	0	10,813	539	0	(1,935,584)	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning:

1/1/06 Ending:

12/31/06

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	27,696	0	0	0	0	0	0	0	0	0	0	27,696	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(46,322)	0	0	23,756	0	0	0	0	0	0	0	(22,566)	32
33	Real Estate Taxes	0	0	5,645	0	0	0	0	0	0	0	0	5,645	33
34	Rent-Facility & Grounds	0	0	(11,723)	0	0	0	0	0	0	0	0	(11,723)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(18,626)	0	(6,078)	23,756	0	(948)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,965,562)	0	4,735	24,295	0	(1,936,532)	45						

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

VII. RELATED PARTIES

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

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

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

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

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

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/06Ending: 12/31/06

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Barton Management Inc	100.00%	\$ 1,759	\$ 1,759	15
16	V	6 Repairs & Maint		Barton Management Inc		2,310	2,310	16
17	V	20 Dues, Fees, Subscriptions		Barton Management Inc		46	46	17
18	V	21 Clerical and General		Barton Management Inc		9	9	18
19	V	26 Insurance		Barton Management Inc		118	118	19
20	V	22 Emp. Ben. Gen. Admin		Barton Management Inc		6,571	6,571	20
21	V	33 Real Estate Taxes		Barton Management Inc		5,645	5,645	21
22	V	34 Rent Office Space		Barton Management Inc		18,277	18,277	22
23	V							23
24	V							24
25	V							25
26	V	34 Rent	30,000	Barton Management Inc			(30,000)	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 30,000			\$ 34,735	\$ * 4,735	39

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/06Ending: 12/31/06

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	\$	Barton Healthcare LLC	100.00%	\$ 539	\$ 539	15
16	V	20	Dues, Subscriptions		Barton Healthcare LLC				16
17	V	32	Interest		Barton Healthcare LLC		138,776	138,776	17
18	V								18
19	V	32	Interest	115,020				(115,020)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 115,020			\$ 139,315	\$ * 24,295	39

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/06 Ending: 12/31/06

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Leon Shlofrock	Stockholder	Administrative	8.24	See Attached	See Attached		Betcare II	\$ 0	17-3	1
2	Irwin Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	30,000	18-3	2
3	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	68,195	6-1	3
4	Marla Coquillette	Stockholder	Social Service	4.50	See Attached	See Attached		Social Service	48,028	12-1	4
5	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	23,333	17-1	5
6	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	23,333	21-1	6
7	Jean Shlofrock	Stockholder	Office	0.00	See Attached	See Attached		Office Sal	13,333	21-1	7
8	Paul Magit	Stockholder	Administrative	3.60	See Attached	See Attached		Admin Sal	25,000	21-1	8
9	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	9
10	Melissa Shlofrock	Relative	Office	0.00	N/A	14	0.33	Office Sal	13,334	21-1	10
11											11
12											12
13								TOTAL	\$ 274,556		13

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Barton Healthcare Inc
 Street Address 465 Central Ave
 City / State / Zip Code Northfield, IL
 Phone Number ()
 Fax Number ()

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Fees	Note Receivable	29	7	\$ 2,880	\$ 6	\$ 539	1
2	20	Dues, Subscriptions	Note Receivable	29	7	0	6	0	2
3	32	Interest	Note Receivable	29	7	741,820	6	138,776	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					\$ 744,700	\$	\$ 139,315	25

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Barton Management Inc
 Street Address 465 Central Ave
 City / State / Zip Code Northfield, IL
 Phone Number ()
 Fax Number ()

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Rental Income 218,800	8	\$ 9,622	\$	40,000	\$ 1,759	1
2	6	Repairs and Maint	Rental Income 218,800	8	12,634		40,000	2,310	2
3	20	Dues, Fees, Subscriptions	Rental Income 218,800	8	250		40,000	46	3
4	21	Clerical and General	Rental Income 218,800	8	50		40,000	9	4
5	26	Insurance	Rental Income 218,800	8	643		40,000	118	5
6	27	Emp. Ben. Gen. Admin	Rental Income 218,800	8	35,942		40,000	6,571	6
7	33	Real Estate Taxes	Rental Income 218,800	8	30,877		40,000	5,645	7
8	34	Rent Office Space	Rental Income 218,800	8	99,973		40,000	18,277	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				\$ 189,991	\$		\$ 34,735	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 2,199,952	demand	variable	\$ 115,020	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 5,500,000	\$ 2,199,952			\$ 115,020	9								
B. Non-Facility Related*																				
10	Interest Income										(22,566)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(22,566)	14								
15	TOTALS (line 9+line14)						\$ 5,500,000	\$ 2,199,952			\$ 92,454	15								

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

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning: 1/1/06

Ending: 12/31/06

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2005 report.		\$ 147,703	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 150,506	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 2,803	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 149,207	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 152,010	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	146,080	8
	2002	152,822	9
	2003	148,930	10
	2004	145,942	11
	2005	149,657	12
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2005 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

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 Central Plaza Residential Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017038

CONTACT PERSON REGARDING THIS REPORT _____

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

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>16-09-300-011-0000</u>	<u>324 N Pine</u>	\$ <u>377.00</u>	\$ <u>377.00</u>
2. <u>16-09-300-004-0000</u>	<u>327 N Central</u>	\$ <u>44,707.00</u>	\$ <u>44,707.00</u>
3. <u>16-09-300-005-0000</u>	<u>321 N Central</u>	\$ <u>96,491.00</u>	\$ <u>96,491.00</u>
4. <u>16-08-405-020-0000</u>	<u>318 N Central</u>	\$ <u>3,286.00</u>	\$ <u>3,286.00</u>
5. <u>Barton Management Alloc</u>	<u>See Attached</u>	\$ <u>61,754.00</u>	\$ <u>5,645.00</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>206,615.00</u>	\$ <u>150,506.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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 Central Plaza Residential Home

0017038 Report Period Beginning:

1/1/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

N/A

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

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

Nature of Costs: See Attached

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	1
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	2
3	TOTALS	<u>29,048</u>		<u>\$ 256,168</u>	3

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	260		1974	1964	\$ 385,508	\$	30	\$	\$	\$	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Building Additions			1975	303,849		12.5			303,849	9
10	Building Additions			1976	53,526		12.5			53,526	10
11											11
12	Building Additions			1977	47,780		12.5			47,780	12
13	Building Additions			1978	66,037		2.5			66,037	13
14	Building Additions			1979	59,303		12.5			59,303	14
15	Building Additions			1980	24,816		12.5			24,816	15
16											16
17	Building Additions			1980	40,762		3			40,762	17
18	Building Additions			1981	34,255		3			34,255	18
19	Building Additions			1981	10,665		12.5			10,665	19
20	Building Additions			1982	13,492		10			13,492	20
21	Building Additions			1983	48,201		10			48,201	21
22	Building Additions			1984	52,327		10			52,327	22
23	Building Additions			1985	295,316		10			295,316	23
24	Building Additions			1986	144,407		10			144,407	24
25	Building Additions			1987	11,075		10			11,075	25
26	Building Additions			1988	10,240		10			10,240	26
27	Building Additions			1989	39,943		10			39,943	27
28	Building Additions			1990	65,848		10			65,848	28
29	Building Additions			1991	77,448		10			77,448	29
30	Building Additions			1992	89,051		10			89,051	30
31	Building Additions			1993	46,236		10			46,236	31
32	Building Additions			1994	220,966		10			220,966	32
33	Building Additions			1994	12,302		10			12,302	33
34	Building Additions			1994	1,430		10			1,430	34
35	Building Additions			1995	125,206	3,210	39	3,210			35
36	Curtains			1996	1,169	30	39	30			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71	\$	\$ 713	37
38	Boiler Repair	1996	4,763	122	39	122		1,225	38
39	Windows	1996	10,000	256	39	256		2,571	39
40	Water Heater	1996	5,100	131	39	131		1,315	40
41	Water Line	1996	1,985	51	39	51		512	41
42	Sidewalk Repairs	1996	2,464	63	39	63		633	42
43	Storm Windows	1996	10,679	274	39	274		2,751	43
44	Electrical Circuit	1996	22,780	584	39	584		5,864	44
45	Elevator Selector	1996	2,632	67	39	67		673	45
46	House Pump	1996	22,527	578	39	578		5,805	46
47	Water Gate	1996	2,165	56	39	56		562	47
48	Air Conditioner Circuits	1997	6,845	176	39	176		1,664	48
49	Alarm Detectors	1997	634	16	39	16		156	49
50	Bathtub Refinish	1997	9,152	235	39	235		2,214	50
51	Bathroom Remodel	1997	5,135	132	39	132		1,270	51
52	Boiler Flame	1997	2,769	71	39	71		642	52
53	Ceiling Tiles	1997	623	16	39	16		154	53
54	Circuit Breakers	1997	1,920	49	39	49		460	54
55	Concrete	1997	1,300	33	39	33		315	55
56	Curtains	1997	749	19	39	19		183	56
57	Doorways	1997	6,660	171	39	171		1,575	57
58	Electrical	1997	1,361	35	39	35		316	58
59	Elevator	1997	42,595	1,092	39	1,092		10,754	59
60	Emergency Lights	1997	7,110	182	39	182		1,646	60
61	Fence	1997	4,500	115	39	115		1,078	61
62	Fire Alarm	1997	78,500	2,013	39	2,013		19,377	62
63	Flooring	1997	4,972	127	39	127		1,199	63
64	Kitchen Pipes	1997	2,200	56	39	56		516	64
65	Laundry Room	1997	24,750	635	39	635		6,177	65
66	Ramp Rail	1997	795	20	39	20		196	66
67	Remodeling	1997	141,653	3,632	39	3,632		33,736	67
68	Roof Repair	1997	14,458	371	39	371		3,633	68
69	Sensor Modules	1997	1,005	26	39	26		259	69
70	TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 2,576,419	70

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 2,576,419	1
2	Water Valves	1997	1,060	27	39	27		260	2
3	Windows	1997	11,978	307	39	307		2,980	3
4	Bath Tub Refinish	1998	2,620	67	39	67		598	4
5	Blinds	1998	608	16	39	16		142	5
6	Electrical	1998	6,670	171	39	171		1,406	6
7	Elevator Remodel	1998	1,778	46	39	46		374	7
8	Emergency Lights	1998	10,323	265	39	265		2,352	8
9	Flooring	1998	1,600	41	39	41		347	9
10	Heat Pump	1998	1,213	31	39	31		254	10
11	Masonry/Electrical	1998	11,660	299	39	299		2,404	11
12	Paneling	1998	1,116	29	39	29		245	12
13	Remodeling	1998	5,053	130	39	130		1,155	13
14	Replace Pipes	1998	2,204	57	39	57		458	14
15	Roofing	1998	3,800	97	39	97		853	15
16	Spec. Consult	1998	232	6	39	6		48	16
17	Walk in Cooler	1998	11,565	297	39	297		2,537	17
18	Windows	1998	18,387	471	39	471		3,971	18
19	Wiring	1998	4,787	123	39	123		1,040	19
20	Activity Area	1999	10,937	280	39	280		2,159	20
21	Air Cleaners	1999	8,338	214	39	214		1,603	21
22	Café Line	1999	5,927	152	39	152		1,134	22
23	Doors	1999	4,225	108	39	108		834	23
24	Drain Line	1999	950	24	39	24		187	24
25	Electrical Panel	1999	985	25	39	25		184	25
26	Fire Dumper	1999	37,670	966	39	966		7,689	26
27	Flooring	1999	1,304	33	39	33		252	27
28	Heat Booster	1999	2,521	65	39	65		506	28
29	Masonry/Tuckpoint	1999	11,740	301	39	301		2,245	29
30	Renovate Elevator	1999	9,520	244	39	244		1,800	30
31	Roof Repair	1999	1,050	27	39	27		190	31
32	Spec. Consult	1999	2,474	63	39	63		504	32
33	Tubs & Valves	1999	5,422	139	39	139		996	33
34	TOTAL (lines 1 thru 33)		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 2,618,126	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 2,618,126	1
2	Windows	1999	30,303	777	39	777		5,793	2
3	Air Cleaners	2000	3,900	100	39	100		679	3
4	Bathroom Valve	2000	1,894	49	39	49		333	4
5	Carpeting	2000	749	19	39	19		115	5
6	CPU Unit	2000	5,580	143	39	143		971	6
7	Door Parts	2000	1,724	44	39	44		284	7
8	Electrical Panel	2000	2,305	59	39	59		385	8
9	Elevator Switch	2000	2,300	59	39	59		381	9
10	Fire Alarm Pump	2000	1,700	44	39	44		299	10
11	Fire Code Improvement	2000	8,131	208	39	208		1,413	11
12	Fire Damper	2000	5,620	144	39	144		918	12
13	Fire System	2000	66,705	1,710	39	1,710		11,473	13
14	Hand Rails	2000	6,602	169	39	169		1,083	14
15	Masonry	2000	11,840	304	39	304		2,105	15
16	Paint and Drywall	2000	12,400	318	39	318		2,134	16
17	Remodel Fire Pump Room	2000	3,100	79	39	79		497	17
18	Remodel Laundry Room	2000	3,500	90	39	90		566	18
19	Remodeling	2000	15,441	396	39	396		2,646	19
20	Remove Walls	2000	9,600	246	39	246		1,589	20
21	Shower Valves	2000	4,650	119	39	119		769	21
22	Sprinkler	2000	689	18	39	18		122	22
23	Steam Line	2000	2,734	70	39	70		481	23
24	Windows	2000	24,967	640	39	640		3,905	24
25	Heat Detectors	2001	880	23	39	23		131	25
26	Fire Alarm	2001	1,320	34	39	34		194	26
27	Pipe Add On Devices	2001	880	23	39	23		131	27
28	Pipe Add On Devices	2001	1,320	34	39	34		194	28
29	Fire Alarm	2001	1,997	51	39	51		291	29
30	Heat Detectors	2001	1,721	44	39	44		251	30
31	Heat Detectors	2001	990	25	39	25		143	31
32	Heat Detectors	2001	660	17	39	17		97	32
33	Water Heater	2001	4,950	127	39	127		725	33
34	TOTAL (lines 1 thru 33)		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,659,224	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,659,224	1
2	Wood Door	2001	570	15	39	15		85	2
3	Wood Door	2001	570	15	39	15		85	3
4	HVAC	2001	36,200	928	39	928		5,221	4
5	Heat Detectors	2001	2,660	68	39	68		383	5
6	Fire Alarm	2001	1,320	34	39	34		191	6
7	Panel	2001	440	11	39	11		62	7
8	Testing	2001	660	17	39	17		96	8
9	Plumbing	2001	4,050	104	39	104		585	9
10	Electrical	2001	1,180	30	39	30		169	10
11	Masonry	2001	2,450	63	39	63		349	11
12	Cubicle Curtains	2001	1,225	31	39	31		169	12
13	Reroof	2001	8,080	207	39	207		1,130	13
14	Elevator Repair	2001	17,412	446	39	446		2,435	14
15	Fencing	2001	4,000	103	39	103		554	15
16	Electrical	2001	2,485	64	39	64		344	16
17	Excavating/Paving	2001	28,083	720	39	720		3,750	17
18	Windows	2001	18,400	472	39	472		2,419	18
19	Windows	2001	2,900	74	39	74		379	19
20	Boiler Parts	2001	3,148	81	39	81		415	20
21	Iron Gate	2001	1,725	44	39	44		226	21
22	Front Walk	2001	2,950	76	39	76		389	22
23	Electrical	2001	7,528	193	39	193		973	23
24	Shower Room	2001	24,500	628	39	628		3,166	24
25	Water Heater	2001	4,950	127	39	127		640	25
26	Generator	2001	3,500	90	39	90		454	26
27	Plumbing	2001	1,340	34	39	34		171	27
28	Plumbing	2001	1,485	38	39	38		192	28
29	Plumbing	2001	1,635	42	39	42		212	29
30	Plumbing	2001	578	15	39	15		76	30
31	Smoke & Stobe Add ons	2001	16,979	435	39	435		2,210	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,686,754	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,686,754	1
2	Water Heater	2002	4,433	114	39	114		565	2
3	Roof Repair	2002	3,870	99	39	99		466	3
4	Remodel Weight Room	2002	4,200	108	39	108		508	4
5	Remove Fire Escapes	2002	5,600	144	39	144		642	5
6	Electrical Work	2002	4,240	109	39	109		459	6
7	Plumbing Café	2002	15,294	392	39	392		1,617	7
8	Wiring Panels	2002	10,970	281	39	281		1,159	8
9	Wiring	2002	2,965	76	39	76		307	9
10	Replace Water Heater	2002	5,037	129	39	129		521	10
11	Steam Heat Repair	2002	3,370	86	39	86		384	11
12	Tuckpoint	2002	5,600	144	39	144		606	12
13	Kitchen Hood Fire Suspension	2003	2,819	72	39	72		285	13
14	Sewer Pipe	2003	3,287	84	39	84		333	14
15	Tile	2003	512	13	39	13		52	15
16	Pipe Replacement	2003	752	19	39	19		74	16
17	Air Conditioning Work	2003	5,130	132	39	132		511	17
18	Fence	2003	1,380	35	39	35		133	18
19	Roof Repair	2003	10,250	263	39	263		910	19
20	AC Compressor	2003	7,800	200	39	200		692	20
21	Breaker Panels	2003	18,986	487	39	487		1,644	21
22	Electrical Work	2003	5,420	139	39	139		434	22
23	Remodeling	2004	35,300	905	39	905		2,603	23
24	Coffee Shop	2004	51,000	1,308	39	1,308		3,653	24
25	Laundry/ Hall	2004	20,800	533	39	533		1,489	25
26	Sink	2004	2,811	72	39	72		195	26
27	Renovation-2nd Floor	2004	26,000	667	39	667		1,807	27
28	Game Room	2004	54,500	1,397	39	1,397		3,785	28
29	Bathroom	2004	6,500	167	39	167		452	29
30	Bathroom#406	2004	6,500	167	39	167		438	30
31	Bathroom#408	2004	6,500	167	39	167		438	31
32	Bathroom#301	2004	6,500	167	39	167		438	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,714,354	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,714,354	1
2	Bathroom#201	2004	6,500	167	39	167		438	2
3	Bathroom#405	2004	6,500	167	39	167		438	3
4	Bathroom#215	2004	6,500	167	39	167		438	4
5	Electromedia	2004	11,825	303	39	303		770	5
6	Electrical	2004	5,478	140	39	140		356	6
7	Drywall/Paint	2004	1,500	38	39	38		94	7
8	Scissor Gate	2004	3,600	92	39	92		226	8
9	Tubs	2004	3,640	93	39	93		229	9
10	Hall	2004	41,900	1,074	39	1,074		2,372	10
11	Bathroom	2004	23,230	596	39	596		1,341	11
12	Bathroom	2004	54,928	1,408	39	1,408		2,992	12
13	Roof/Fan	2004	5,800	149	39	149		317	13
14	Boiler	2004	79,311	2,034	39	2,034		4,323	14
15	Bathroom	2004	2,745	70	39	70		143	15
16	Gas Boiler	2005	6,139	157	39	157		308	16
17	3rd Floor Remodel	2005	35,900	920	39	920		1,727	17
18	4th Floor Remodel	2005	35,900	920	39	920		1,650	18
19	Workrooms	2005	3,850	99	39	99		177	19
20	Freight Elevator	2005	3,300	85	39	85		152	20
21	Cooler Floor	2005	1,850	47	39	47		85	21
22	5th Floor Hall	2005	35,900	920	39	920		1,573	22
23	Shelves	2005	1,195	31	39	31		53	23
24	Circulating Pump	2005	1,660	43	39	43		70	24
25	Roof Top A/C	2005	18,687	479	39	479		779	25
26	Remodeling Projects	2005	82,790	2,123	39	2,123		3,452	26
27	5th Floor Hall	2005	1,950	50	39	50		77	27
28	3rd Floor Hall	2005	1,150	29	39	29		45	28
29	4th Floor Hall	2005	300	8	39	8		12	29
30	1st Floor Hall	2005	8,000	205	39	205		316	30
31	Bathroom Remodeling	2005	13,000	333	39	333		514	31
32	Bathroom Remodeling	2005	26,800	687	39	687		945	32
33	Cooler Door	2005	3,410	87	39	87		113	33
34	TOTAL (lines 1 thru 33)		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,740,879	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,740,879	1
2	Fire Doors & Stops	2005	11,000	282	39	282		341	2
3	Remodeling Projects	2005	15,950	409	39	409		426	3
4	Pump Room	2006	4,900	121	39	126	5	121	4
5	Bathroom Work	2006	11,500	283	39	295	12	283	5
6	Fire Alarm System	2006	3,818	94	39	98	4	94	6
7	Laundry Rm/Office	2006	3,650	82	39	94	12	82	7
8	Electrical Repairs	2006	1,070	24	39	27	3	24	8
9	Radiator	2006	2,175	49	39	56	7	49	9
10	Iron Fence	2006	4,790	97	39	123	26	97	10
11	Electrical/Plumbing	2006	4,350	88	39	112	24	88	11
12	Boiler Repair	2006	1,790	36	39	46	10	36	12
13	Wiring Fire Alarm	2006	19,703	316	39	505	189	316	13
14	Remodel Bird Room	2006	24,000	385	39	615	230	385	14
15	Windows	2006	3,350	54	39	86	32	54	15
16	3rd Floor Hallway Flooring	2006	7,700	107	39	197	90	107	16
17	3rd Floor Hallway remodeling	2006	38,500	536	39	987	451	536	17
18	Doors/Fixtures	2006	3,150	44	39	81	37	44	18
19	Computer Room Remodel	2006	4,800	67	39	123	56	5	19
20	Entry Staircase	2006	11,500	135	39	295	160	135	20
21	Roof Repair	2006	4,100	31	39	105	74	31	21
22	Windows	2006	1,165	6	39	30	24	6	22
23	Tile Floor	2006	12,200	65	39	313	248	65	23
24	Tiles	2006	1,370	7	39	35	28	7	24
25	Remodel Bathrooms	2006	1,512	2	39	39	37	2	25
26	Remodel Bathrooms	2006	1,584	2	39	41	39	2	26
27	Remodel Bathrooms	2006	1,785	2	39	46	44	2	27
28	Remodel Bathrooms	2006	2,784	3	39	71	68	3	28
29	Remodel Bathrooms	2006	2,958	3	39	76	73	3	29
30	Remodel Bathrooms	2006	2,062	2	39	53	51	2	30
31	Remodel Bathrooms	2006	3,127	3	39	80	77	3	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,458,503	\$ 56,956		\$ 59,067	\$ 2,111	\$ 2,744,228	34

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/06 Ending: 12/31/06

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 25,351	\$ 2,761	\$ 3,971	\$ 1,210		\$ 20,048	71
72	Current Year Purchases	35,484	5,303	5,303			5,303	72
73	Fully Depreciated Assets	1,065,317		14,435	14,435		1,065,317	73
74								74
75	TOTALS	\$ 1,126,152	\$ 8,064	\$ 23,709	\$ 15,645		\$ 1,090,668	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$ 1,775	\$ 4,259	\$ 2,484	5	\$ 16,015	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	1,775	5,221	3,446	5	11,301	77
78	Facility	Ford Van 2003	2002	28,925	1,775	5,785	4,010	5	11,400	78
79										79
80	TOTALS			\$ 76,324	\$ 5,325	\$ 15,265	\$ 9,940		\$ 38,716	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)		\$ 5,917,147	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 70,345	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 98,041	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 27,696	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 3,873,612	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5	Barton Management-Allocations				18,277			5
6					_____			6
7	TOTAL				\$ 18,277			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.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ _____ Description: Schedule Attached \$15,587

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ _____	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/06

Ending:

12/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,347,890	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>100,000</u>)	2,709,024		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	191,391		6
7	Other Prepaid Expenses	54,767		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,303,072	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	4,146,835		15
16	Equipment, at Historical Cost	1,202,478		16
17	Accumulated Depreciation (book methods)	(3,614,957)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Rush Barton Investment</u>	355,238		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,657,428	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,960,500	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 209,813	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	113,978		30
31	Accrued Taxes Payable (excluding real estate taxes)	15,681		31
32	Accrued Real Estate Taxes(Sch.IX-B)	149,207		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due to Austin Mental Health</u>	600,000		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,088,679	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	2,199,952		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,199,952	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,288,631	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 4,671,869	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,960,500	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,106,944	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,106,944	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	764,925	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	(200,000)	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)	\$ 564,925	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,671,869	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/06Ending: 12/31/06**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,302,013	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,302,013	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	46,322	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 46,322	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Phone Commissions	60	28
28a	Misc Income	216	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 276	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,348,611	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,971,124	31
32	Health Care	2,872,610	32
33	General Administration	3,176,719	33
B. Capital Expense			
34	Ownership	420,883	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	142,350	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,583,686	40
41	Income before Income Taxes (line 30 minus line 40)**	764,925	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 764,925	43

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

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

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

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/06

Ending:

12/31/06

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	1,891	2,027	\$ 75,792	\$ 37.39	1
2	Assistant Director of Nursing	2,056	2,080	54,457	26.18	2
3	Registered Nurses	3,132	3,317	122,338	36.88	3
4	Licensed Practical Nurses	15,617	17,026	353,596	20.77	4
5	CNAs & Orderlies	66,071	72,766	795,280	10.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,569	13,416	137,412	10.24	10
11	Social Service Workers	34,896	37,886	587,863	15.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,271	26,587	287,572	10.82	15
16	Dishwashers					16
17	Maintenance Workers	17,281	18,413	257,222	13.97	17
18	Housekeepers	36,942	40,184	392,805	9.78	18
19	Laundry					19
20	Administrator	2,080	2,080	87,755	42.19	20
21	Assistant Administrator	2,080	2,080	48,624	23.38	21
22	Other Administrative			231,523		22
23	Office Manager					23
24	Clerical	23,687	24,770	482,106	19.46	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,898	2,121	27,556	12.99	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	244,471	264,753	\$ 3,941,901 *	\$ 14.89	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	340	\$ 14,250	1-3	35
36	Medical Director	144	4,200	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	450	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	154	5,379	12-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	121	4,245	11-3	44
45	Social Service Consultant	988	34,590	12-3	45
46	Other(specify)				46
47	Psychiatric	96	6,000	12-3	47
48	Psychological	296	13,320	12-3	48
49	TOTAL (lines 35 - 48)	2,235	\$ 82,434		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,735	\$ 60,742	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,735	\$ 60,742		53

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning: 1/1/06

Ending: 12/31/06

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Gwen Washington	Administrator	0	\$ 87,755	Workers' Compensation Insurance	\$ 77,164	IDPH License Fee	\$	
Keisha Jones	Admin Asst	0	29,886	Unemployment Compensation Insurance	75,800	Advertising: Employee Recruitment	13,606	
Della Richardson	Admin Asst	0	18,738	FICA Taxes	284,165	Health Care Worker Background Check		
John Shlofrock	Administrative	8.8	91,500	Employee Health Insurance	215,270	(Indicate # of checks performed <u>543</u>)	5,426	
Rick Duros	CFO	0	58,456	Employee Meals	27,891	Patient Background Checks <u>233</u>	2,326	
Gary Weintraub	Legal	0	40,257	Illinois Municipal Retirement Fund (IMRF)*		Dues-Alliance for Living	6,500	
Arnie Kanter	Administrative	0	50,266	Employee Head Tax	5,552	Misc Dues, Subs, & Licenses	1,256	
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Benefits-Other	8,992	City of Chicago License	1,100	
(List each licensed administrator separately.)			\$ 376,858	Union Pension Contribution	26,214	Franchise Tax	100	
B. Administrative - Other				Barton Alloc-Employee Benefits				
Description			Amount			Less: Public Relations Expense	()	
(Adjusted out on page 5)			\$ 928,051			Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 727,619	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 928,051	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
(Attach a copy of any management service agreement)				Description	Line #	Amount		
C. Professional Services				G. Schedule of Travel and Seminar**				
Vendor/Payee	Type		Amount	Description			Amount	
Lawrencewood Financial	Accounting		\$ 6,000	Out-of-State Travel			\$	
Pension Performance	Accounting		1,873					
Bisys	Accounting		2,213	In-State Travel				
Alpha Data Services	Data Processing		5,632					
Hinext	Computer Service		218					
Barton Management Alloc	Computer Service		7,072					
Personnal Planner	Unemployment Consult		2,454					
Barton Management Alloc	Professional Fees		59,191	Seminar Expense			4,081	
Barton Management Alloc	Legal		958					
TOTAL (agree to Schedule V, line 19, column 3)				Entertainment Expense			()	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 85,611	(agree to Sch. V, line 24, col. 8)				
				TOTAL			\$ 4,081	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Central Plaza Residential Home

Report Period Beginning: 1/1/06 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2003	6 FY2004	7 FY2005	8 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011
1	Decorating	12/01	\$ 3,819		\$ 1,273	\$	\$	\$	\$	\$	\$	\$	\$
2	Decorating	12/02	2,652		884	884							
3	Decorating	12/03	1,225		408	408	409						
4	Decorating	12/04	292			97	97	98					
5	Decorating	12/05	3,167				1,056	1,056	1,055				
6	Decorating	12/06	4,729					1,576	1,576	1,577			
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 15,884		\$ 2,565	\$ 1,389	\$ 1,562	\$ 2,730	\$ 2,631	\$ 1,577	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only CNA'S
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Alliance for Living \$6,500
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 142,350
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 27,891 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a
Attach invoices and a summary of services for all architect and appraisal fees.