



Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960 Report Period Beginning: 01/01/06 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 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	108	Skilled (SNF)	108	39,420	1
2		Skilled Pediatric (SNF/PED)			2
3	108	Intermediate (ICF)	108	39,420	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	216	TOTALS	216	78,840	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	14,967	129	4,370	19,466	8
9	SNF/PED					9
10	ICF	51,049	440	241	51,730	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	66,016	569	4,611	71,196	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.30%

D. How many bed-hold days during this year were paid by the Department? 2,995 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 01/01/92

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 01/01/92 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 54 and days of care provided 2,699

Medicare Intermediary National Government Services

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 Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 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
	<b>A. General Services</b>										
1	Dietary	256,716	62,353	35,516	354,585		354,585	(19,785)	334,800		1
2	Food Purchase		338,846		338,846	(31,317)	307,529	(27)	307,502		2
3	Housekeeping	207,864	39,700		247,564		247,564	870	248,434		3
4	Laundry	96,133	50,666		146,799		146,799		146,799		4
5	Heat and Other Utilities			214,656	214,656		214,656	2,797	217,453		5
6	Maintenance	43,632	27,859	210,900	282,391		282,391	17,477	299,868		6
7	Other (specify):*							5,602	5,602		7
8	<b>TOTAL General Services</b>	<b>604,345</b>	<b>519,424</b>	<b>461,072</b>	<b>1,584,841</b>	<b>(31,317)</b>	<b>1,553,524</b>	<b>6,934</b>	<b>1,560,458</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,400	14,400		14,400	(7,200)	7,200		9
10	Nursing and Medical Records	2,420,909	161,637	269,727	2,852,273		2,852,273	(31,166)	2,821,107		10
10a	Therapy	103,663	215	13,490	117,368		117,368	(2,259)	115,109		10a
11	Activities	95,859	10,208	3,491	109,558		109,558		109,558		11
12	Social Services	121,212		8,673	129,885		129,885		129,885		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							4,560	4,560		15
16	<b>TOTAL Health Care and Programs</b>	<b>2,741,643</b>	<b>172,060</b>	<b>309,781</b>	<b>3,223,484</b>		<b>3,223,484</b>	<b>(36,065)</b>	<b>3,187,419</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	127,009		565,972	692,981		692,981	(482,583)	210,398		17
18	Directors Fees										18
19	Professional Services			163,997	163,997	(2,286)	161,711	(115,535)	46,176		19
20	Dues, Fees, Subscriptions & Promotions			78,470	78,470		78,470	(18,472)	59,998		20
21	Clerical & General Office Expenses	102,414	26,349	144,433	273,196		273,196	(47,060)	226,136		21
22	Employee Benefits & Payroll Taxes			576,585	576,585	31,317	607,902	(1,391)	606,511		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,552	5,552		5,552	422	5,974		24
25	Other Admin. Staff Transportation			2,728	2,728		2,728	3,474	6,202		25
26	Insurance-Prop.Liab.Malpractice			148,393	148,393		148,393	10,279	158,672		26
27	Other (specify):*							24,935	24,935		27
28	<b>TOTAL General Administration</b>	<b>229,423</b>	<b>26,349</b>	<b>1,686,130</b>	<b>1,941,902</b>	<b>29,031</b>	<b>1,970,933</b>	<b>(625,931)</b>	<b>1,345,002</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,575,411</b>	<b>717,833</b>	<b>2,456,983</b>	<b>6,750,227</b>	<b>(2,286)</b>	<b>6,747,941</b>	<b>(655,063)</b>	<b>6,092,878</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr #0037960 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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	
	<b>D. Ownership</b>											
30	Depreciation			129,519	129,519		129,519	184,541	314,060			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			133,089	133,089		133,089	605,744	738,833			32
33	Real Estate Taxes			20,783	20,783	2,286	23,069	115,860	138,929			33
34	Rent-Facility & Grounds			1,066,000	1,066,000		1,066,000	(1,066,000)				34
35	Rent-Equipment & Vehicles			10,310	10,310		10,310	4,659	14,969			35
36	Other (specify):*							59,084	59,084			36
37	<b>TOTAL Ownership</b>			1,359,701	1,359,701	2,286	1,361,987	(96,112)	1,265,875			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		114,078	202,853	316,931		316,931		316,931			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,260	118,260		118,260		118,260			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		114,078	321,113	435,191		435,191		435,191			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,575,411	831,911	4,137,797	8,545,119		8,545,119	(751,175)	7,793,944			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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	(178,025)	30		9
10	Interest and Other Investment Income	(20)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(27)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(2,160)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(106,384)	21		24
25	Fund Raising, Advertising and Promotional	(6,204)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(8,199)	20		28
29	Other-Attach Schedule	(103,150)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (404,169)		\$	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)	(347,006)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (347,006)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (751,175)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49		50	
				51	
					52

SEE ACCOUNTANTS' COMPILATION REPORT

**NON-ALLOWABLE EXPENSES**

	Amount	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		49
50		50
51		51
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67		67
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70		70
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76		76
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78		78
79		79
80		80
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82		82
83		83
84		84
85		85
86		86
87		87
88		88
89		89
90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101		101
<b>Total</b>	(103,150)	

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Columbus Park Nrsg &amp; Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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)	
	<b>A. General Services</b>													
1	Dietary					(14,195)	(5,590)						(19,785)	1
2	Food Purchase	(27)											(27)	2
3	Housekeeping			880					(10)				870	3
4	Laundry													4
5	Heat and Other Utilities			1,164	1,633								2,797	5
6	Maintenance		35,000	1,047	(10,524)		(8,046)						17,477	6
7	Other (specify):*				1,090	1,487	3,025						5,602	7
8	<b>TOTAL General Services</b>	(27)	35,000	3,091	(7,801)	(12,708)	(10,611)		(10)				6,934	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	(7,200)											(7,200)	9
10	Nursing and Medical Records	(481)			(21,610)				(9,075)				(31,166)	10
10a	Therapy						(2,259)						(2,259)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				3,789		771						4,560	15
16	<b>TOTAL Health Care and Programs</b>	(7,681)			(17,821)		(1,488)		(9,075)				(36,065)	16
	<b>C. General Administration</b>													
17	Administrative	(72,000)		19,163	(63,863)	(361,563)	(4,320)						(482,583)	17
18	Directors Fees													18
19	Professional Services	(9,710)	9,037	(114,838)	303	17,169	(17,496)						(115,535)	19
20	Fees, Subscriptions & Promotions	(19,485)	250	308	455								(18,472)	20
21	Clerical & General Office Expenses	(107,796)		66,636	(5,900)								(47,060)	21
22	Employee Benefits & Payroll Taxes							(1,391)					(1,391)	22
23	Inservice Training & Education													23
24	Travel and Seminar			104	318								422	24
25	Other Admin. Staff Transportation			665	2,809								3,474	25
26	Insurance-Prop.Liab.Malpractice	(1,925)	11,239	367	598								10,279	26
27	Other (specify):*			12,029	4,289	8,617							24,935	27
28	<b>TOTAL General Administration</b>	(210,916)	20,526	(15,566)	(60,991)	(335,777)	(21,816)	(1,391)					(625,931)	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(218,624)	55,526	(12,475)	(86,613)	(348,485)	(33,915)	(1,391)	(9,085)				(655,063)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 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	(178,025)	358,282	1,883	2,401								184,541	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(7,520)	613,323	(603)	544								605,744	32
33	Real Estate Taxes		108,104	2,707	5,049								115,860	33
34	Rent-Facility & Grounds		(1,066,000)										(1,066,000)	34
35	Rent-Equipment & Vehicles			2,310	2,349								4,659	35
36	Other (specify):*		59,084										59,084	36
37	<b>TOTAL Ownership</b>	<b>(185,545)</b>	<b>72,793</b>	<b>6,297</b>	<b>10,343</b>								<b>(96,112)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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													42
43	Other (specify):*													43
44	<b>TOTAL Special Cost Centers</b>													<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(404,169)</b>	<b>128,319</b>	<b>(6,178)</b>	<b>(76,270)</b>	<b>(348,485)</b>	<b>(33,915)</b>	<b>(1,391)</b>	<b>(9,085)</b>				<b>(751,175)</b>	<b>45</b>

**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		
				Columbus Park LLC		Bldg. Co.

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	34 Rent	\$ 1,066,000	Columbus Park LLC		\$	\$ (1,066,000)	1
2	V	20 Fees		Columbus Park LLC		250	250	2
3	V	36 Insurance - MIP		Columbus Park LLC		54,474	54,474	3
4	V	26 Insurance - Property		Columbus Park LLC		11,239	11,239	4
5	V	32 Interest - HUD		Columbus Park LLC		617,769	617,769	5
6	V	19 Professional Fee		Columbus Park LLC		9,037	9,037	6
7	V	33 R/E Taxes - Current		Columbus Park LLC		155,650	155,650	7
8	V	33 R/E Taxes - Prior		Columbus Park LLC		(47,546)	(47,546)	8
9	V	06 Repairs - Building		Columbus Park LLC		35,000	35,000	9
10	V	32 Interest Income	4,446	Columbus Park LLC			(4,446)	10
11	V	36 Amortization -HUD Costs		Columbus Park LLC		4,610	4,610	11
12	V	30 Depreciation		Columbus Park LLC		358,282	358,282	12
13	V							13
14	Total		\$ 1,070,446			\$ 1,198,765	\$ * 128,319	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 Ending: 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	3 HOUSEKEEPING	\$	PREFERRED BOOKKEEPING	100.00%	\$ 880	880	15
16	V	5 UTILITIES		PREFERRED BOOKKEEPING	100.00%	1,164	1,164	16
17	V	6 REPAIRS AND MAINT.		PREFERRED BOOKKEEPING	100.00%	1,047	1,047	17
18	V	17 ADMIN. FINANCIAL SAL.		PREFERRED BOOKKEEPING	100.00%	19,163	19,163	18
19	V	19 PROFESSIONAL FEES		PREFERRED BOOKKEEPING	100.00%	1,248	1,248	19
20	V	20 DUES,SUBSCRIPTIONS		PREFERRED BOOKKEEPING	100.00%	308	308	20
21	V	21 CLERICAL		PREFERRED BOOKKEEPING	100.00%	66,636	66,636	21
22	V	24 SEMINARS		PREFERRED BOOKKEEPING	100.00%	104	104	22
23	V	25 ADMIN. STAFF TRAVEL		PREFERRED BOOKKEEPING	100.00%	665	665	23
24	V	26 INSURANCE		PREFERRED BOOKKEEPING	100.00%	367	367	24
25	V	27 EMPLOYEE BENEFITS		PREFERRED BOOKKEEPING	100.00%	12,029	12,029	25
26	V	30 DEPRECIATION		PREFERRED BOOKKEEPING	100.00%	1,883	1,883	26
27	V	32 INTEREST		PREFERRED BOOKKEEPING	100.00%	(603)	(603)	27
28	V	33 REAL ESTATE TAXES		PREFERRED BOOKKEEPING	100.00%	2,707	2,707	28
29	V	35 EQUIPMENT RENTAL		PREFERRED BOOKKEEPING	100.00%	2,310	2,310	29
30	V							30
31	V							31
32	V	19 ACCOUNT./BOOKKEEPING	116,086	PREFERRED BOOKKEEPING	100.00%		(116,086)	32
33	V	19 COMPUTER	5,184	PREFERRED BOOKKEEPING	100.00%	5,184		33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 121,270			\$ 115,092	\$ * (6,178)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 Ending: 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	\$	S.I.R. MANAGEMENT, INC.	100.00%	\$ 1,633	1,633	15
16	V	6 REPAIRS AND MAINT.	19,440	S.I.R. MANAGEMENT, INC.	100.00%	8,916	(10,524)	16
17	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	1,090	1,090	17
18	V	10 NURSING	42,768	S.I.R. MANAGEMENT, INC.	100.00%	21,158	(21,610)	18
19	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	3,789	3,789	19
20	V	17 ADMINISTRATIVE	75,816	S.I.R. MANAGEMENT, INC.	100.00%	11,953	(63,863)	20
21	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	303	303	21
22	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	455	455	22
23	V	21 CLERICAL & GENERAL	22,032	S.I.R. MANAGEMENT, INC.	100.00%	16,132	(5,900)	23
24	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	318	318	24
25	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	2,809	2,809	25
26	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	598	598	26
27	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	4,289	4,289	27
28	V	30 DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	2,401	2,401	28
29	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	544	544	29
30	V	33 REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	5,049	5,049	30
31	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	2,349	2,349	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 160,056			\$ 83,786	\$ * (76,270)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 Ending: 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	1	DIETARY SALARIES	\$ 22,032	S.I.R. MANAGEMENT, INC.	100.00%	\$ 7,837	(14,195)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,487	1,487	16
17	V	17	ADMIN./LEGAL SALARIES	413,836	S.I.R. MANAGEMENT, INC.	100.00%	52,273	(361,563)	17
18	V	19	FINANCIAL CONSULTANT		S.I.R. MANAGEMENT, INC.	100.00%	17,169	17,169	18
19	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	8,617	8,617	19
20	V								20
21	V	17	ADMIN. SALARY-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			21
22	V	6	REPAIRS & MAINT.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			22
23	V	21	CLERICAL & GEN.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			23
24	V	26	AUTO INSURANCE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			24
25	V	27	EMP. BENEFITS-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			25
26	V	35	AUTO LEASE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			26
27	V								27
28	V	17	ADMIN. SALARY-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			28
29	V	21	CLERICAL & GEN.-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			29
30	V	26	AUTO INSURANCE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			30
31	V	27	EMP. BENEFITS-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			31
32	V	35	AUTO LEASE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 435,868				\$ 87,383	\$ * (348,485)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 Ending: 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	10A SPECIAL REHAB	6,324	S.I.R. MANAGEMENT, INC.	100.00%	4,065	\$	(2,259)	15
16	V	15 EMP. BEN.-H. CARE & PROG.		S.I.R. MANAGEMENT, INC.	100.00%	771		771	16
17	V								17
18	V	6 REPAIRS AND MAINT.	20,376	S.I.R. MANAGEMENT, INC.	100.00%	12,330		(8,046)	18
19	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	2,340		2,340	19
20	V								20
21	V								21
22	V	1 DIETICIAN SALARIES	9,200	S.I.R. MANAGEMENT, INC.	100.00%	3,610		(5,590)	22
23	V	7 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	685		685	23
24	V								24
25	V	19 LEGAL FEES	17,496	S.I.R. MANAGEMENT, INC.	100.00%			(17,496)	25
26	V								26
27	V	17 COUNCIL DUES	4,320	S.I.R. MANAGEMENT, INC.	100.00%			(4,320)	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		\$ 57,716			\$ 23,801	\$ *	(33,915)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$	CCS EMPLOYEE BENEFIT GROUP	100.00%	\$ 68,693	\$ 68,693	15
16	V								16
17	V								17
18	V								18
19	V	22	EMPLOYEE HEALTH INSURANCE	70,084	CCS EMPLOYEE BENEFIT GROUP	100.00%		(70,084)	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			\$ 70,084			\$ 68,693	\$ * (1,391)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 DIETARY	\$	XCEL SUPPLY, LLC	100.00%	\$		15
16	V	03 HOUSEKEEPING	123	XCEL SUPPLY, LLC	100.00%	113	(10)	16
17	V	04 LAUNDRY		XCEL SUPPLY, LLC	100.00%			17
18	V	06 REPAIRS & MAINTENANCE		XCEL SUPPLY, LLC	100.00%			18
19	V	10 NURSING	111,908	XCEL SUPPLY, LLC	100.00%	102,833	(9,075)	19
20	V	11 ACTIVITIES		XCEL SUPPLY, LLC	100.00%			20
21	V	12 SOCIAL SERVICE		XCEL SUPPLY, LLC	100.00%			21
22	V	20 DUES, FEES, SUBSCRIPTIONS & PROM		XCEL SUPPLY, LLC	100.00%			22
23	V	21 CLERICAL & GENERAL OFFICE		XCEL SUPPLY, LLC	100.00%			23
24	V	22 EMPLOYEE BENEFITS		XCEL SUPPLY, LLC	100.00%			24
25	V	24 SEMINARS & EDUCATION		XCEL SUPPLY, LLC	100.00%			25
26	V	39 ANCILLARY		XCEL SUPPLY, LLC	100.00%			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		\$ 112,031			\$ 102,946	\$ * (9,085)	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**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			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

**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			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 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	Eric Rothner	Shareholder	Administrative	3.77%	See Attached	0.80	11.43%	Alloc. Salary	\$ 10,920	17-7	1
2	Nenita Guzman	Relative	Dietary	0.00%	See Attached	5.72	11.50%	Alloc. Salary	7,837	1-7	2
3	Louise Bergthold	Shareholder	Administrative	4.25%	See Attached	6.30	11.45%	Alloc. Salary	18,888	17-7	3
4	Tom Winter	Shareholder	Administrative	9.40%	See Attached	6.97	11.62%	Alloc. Salary	19,163	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 56,808		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 PREFERRED BOOKKEEPING SERVICES  
 Street Address 4100 WEST PRATT AVE.  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 674-5200  
 Fax Number ( 847) 674-5267

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	3	HOUSEKEEPING	BOOK./ACCNT.INCOME 999,524	10	\$ 7,576	\$	116,086	\$ 880	1
2	5	UTILITIES	BOOK./ACCNT.INCOME 999,524	10	10,021		116,086	1,164	2
3	6	REPAIRS AND MAINT.	BOOK./ACCNT.INCOME 999,524	10	9,017		116,086	1,047	3
4	17	ADMIN. FINANCIAL SAL.	BOOK./ACCNT.INCOME 999,524	10	165,000	165,000	116,086	19,163	4
5	19	PROFESSIONAL FEES	BOOK./ACCNT.INCOME 999,524	10	10,747		116,086	1,248	5
6	20	DUES,SUBSCRIPTIONS	BOOK./ACCNT.INCOME 999,524	10	2,655		116,086	308	6
7	21	CLERICAL	BOOK./ACCNT.INCOME 999,524	10	573,753	512,109	116,086	66,636	7
8	24	SEMINARS	BOOK./ACCNT.INCOME 999,524	10	898		116,086	104	8
9	25	ADMIN. STAFF TRAVEL	BOOK./ACCNT.INCOME 999,524	10	5,727		116,086	665	9
10	26	INSURANCE	BOOK./ACCNT.INCOME 999,524	10	3,157		116,086	367	10
11	27	EMPLOYEE BENEFITS	BOOK./ACCNT.INCOME 999,524	10	103,576		116,086	12,029	11
12	30	DEPRECIATION	BOOK./ACCNT.INCOME 999,524	10	16,212		116,086	1,883	12
13	32	INTEREST	BOOK./ACCNT.INCOME 999,524	10	(5,190)		116,086	(603)	13
14	33	REAL ESTATE TAXES	BOOK./ACCNT.INCOME 999,524	10	23,306		116,086	2,707	14
15	35	EQUIPMENT RENTAL	BOOK./ACCNT.INCOME 999,524	10	19,888		116,086	2,310	15
16									16
17									17
18									18
19	19	COMPUTER	DIRECT ALLOCATION					5,184	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 946,343	\$ 677,109		\$ 115,092	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

Name of Related Organization S.I.R. MANAGEMENT, INC.  
 Street Address 6840 N. LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 675 -7979  
 Fax Number ( 847) 675 -0555

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	PATIENT DAYS	621,946	10	\$ 14,269	\$ 71,196	\$ 1,633	1	
2	6	REPAIRS AND MAINT.	PATIENT DAYS	621,946	10	77,891	51,158	71,196	8,916	2
3	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	621,946	10	9,520		71,196	1,090	3
4	10	NURSING	PATIENT DAYS	621,946	10	184,832	184,832	71,196	21,158	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	621,946	10	33,100		71,196	3,789	5
6	17	ADMINISTRATIVE	PATIENT DAYS	621,946	10	104,417	104,417	71,196	11,953	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	621,946	10	2,646		71,196	303	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	621,946	10	3,970		71,196	455	8
9	21	CLERICAL & GENERAL	PATIENT DAYS/DIRECT	621,946	10	163,095	125,172	71,196	16,132	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	621,946	10	2,778		71,196	318	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	621,946	10	24,542		71,196	2,809	11
12	26	INSURANCE	PATIENT DAYS	621,946	10	5,228		71,196	598	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS/DIRECT	621,946	10	41,464		71,196	4,289	13
14	30	DEPRECIATION	PATIENT DAYS	621,946	10	20,978		71,196	2,401	14
15	32	INTEREST	PATIENT DAYS	621,946	10	4,752		71,196	544	15
16	33	REAL ESTATE TAXES	PATIENT DAYS	621,946	10	44,103		71,196	5,049	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	621,946	10	20,518		71,196	2,349	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 758,103	\$ 465,579		\$ 83,786	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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

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

Name of Related Organization S.I.R. MANAGEMENT, INC.  
 Street Address 6840 N. LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 675 -7979  
 Fax Number ( 847) 675 -0555

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	621,946	10	\$ 68,465	\$ 71,196	\$ 7,837	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	621,946	10	12,992	71,196	1,487	2
3	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	621,946	10	456,644	456,644	52,273	3
4	19	FINANCIAL CONSULTANT	PATIENT DAYS	621,946	10	149,980	71,196	17,169	4
5	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	621,946	10	75,273	71,196	8,617	5
6									6
7	17	ADMIN. SALARY-B. BARRISH	AVG HRS WKD	20	4	15,163	15,163		7
8	6	REPAIRS & MAINT.-B. BARRISH	AVG HRS WKD	20	4	376			8
9	21	CLERICAL & GEN.-B. BARRISH	AVG HRS WKD	20	4	1,125			9
10	26	AUTO INSURANCE-B. BARRISH	AVG HRS WKD	20	4	330			10
11	27	EMP. BENEFITS-B. BARRISH	AVG HRS WKD	20	4	25,952			11
12	35	AUTO LEASE-B. BARRISH	AVG HRS WKD	20	4	5,250			12
13									13
14	17	ADMIN. SALARY-M. GIANNINI	AVG HRS WKD	30	4	9,863	9,863		14
15	21	CLERICAL & GEN.-M. GIANNINI	AVG HRS WKD	30	4	375			15
16	26	AUTO INSURANCE-M. GIANNINI	AVG HRS WKD	30	4	614			16
17	27	EMP. BENEFITS-M. GIANNINI	AVG HRS WKD	30	4	25,440			17
18	35	AUTO LEASE-M. GIANNINI	AVG HRS WKD	30	4	4,656			18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 852,498	\$ 550,135	\$ 87,383	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsrg & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

Name of Related Organization S.I.R. MANAGEMENT, INC.  
 Street Address 6840 N. LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 675 -7979  
 Fax Number ( 847) 675 -0555

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	10A	SPECIAL REHAB	SPECIAL REHAB INC.	107,736	7	\$ 69,259	\$ 69,259	6,324	\$ 4,065	1
2	15	EMP. BEN.-H. CARE & PROG.	SPECIAL REHAB INC.	107,736	7	13,143		6,324	771	2
3										3
4	6	REPAIRS AND MAINT.	MAINTENANCE INC.	126,720	10	76,680	76,680	20,376	12,330	4
5	7	EMP. BEN.-GEN. SERV.	MAINTENANCE INC.	126,720	10	14,551		20,376	2,340	5
6										6
7										7
8	1	DIETICIAN SALARIES	DIETICIAN SERVICE INC.	83,600	10	32,808	32,808	9,200	3,610	8
9	7	EMP. BEN.-GEN. ADMIN.	DIETICIAN SERVICE INC.	83,600	10	6,226		9,200	685	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					\$ 212,667	\$ 178,747		\$ 23,801	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

Name of Related Organization CCS EMPLOYEE BENEFITS GROUP, INC.  
 Street Address 2201 W. MAIN STREET  
 City / State / Zip Code EVANSTON, IL 60202  
 Phone Number ( 847)905-4000  
 Fax Number ( 847)905-4040

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	22	EMPLOYEE HEALTH INSURANCE	DIRECT ALLOCATION		\$	\$		\$ 70,084	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 70,084	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

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

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	01	DIETARY	Direct Allocation		\$	\$		\$	1
2	03	HOUSEKEEPING	Direct Allocation					113	2
3	04	LAUNDRY	Direct Allocation						3
4	06	REPAIRS & MAINTENANCE	Direct Allocation						4
5	10	NURSING	Direct Allocation					102,833	5
6	11	ACTIVITIES	Direct Allocation						6
7	12	SOCIAL SERVICE	Direct Allocation						7
8	20	DUES, FEES, SUBSCRIPTIONS	Direct Allocation						8
9	21	CLERICAL & GENERAL OFFIC	Direct Allocation						9
10	22	EMPLOYEE BENEFITS	Direct Allocation						10
11	24	SEMINARS & EDUCATION	Direct Allocation						11
12	39	ANCILLARY	Direct Allocation						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				\$	\$		\$ 102,946	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	HUD		X	Mortgage	\$88,228.00	9/9/03	\$	\$ 10,818,085	9/9/33		\$ 617,769	1				
2												2				
3												3				
4												4				
5	See Supplemental Schedule											5				
<b>Working Capital</b>																
6	SIR Management		X	Line Of Credit				1,680,000			133,089	6				
7												7				
8	See Supplemental Schedule										(59)	8				
9	TOTAL Facility Related				\$88,228.00		\$	\$ 12,498,085			\$ 750,799	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(20)	10				
11	Tower Rent		X								(7,500)	11				
12	Interest Income - Bldg. Co.		X								(4,446)	12				
13	See Supplemental Schedule											13				
14	TOTAL Non-Facility Related						\$	\$			(11,966)	14				
15	TOTALS (line 9+line14)						\$	\$ 12,498,085			\$ 738,833	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 54,474 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 Ending: 12/31/06

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	<b>TOTAL Long-Term</b>																			
	<b>Working Capital</b>																			
8	Alloc. - Preferred Bookkeeping		X				\$	\$			\$ (603)	8								
9	Alloc. - S.I.R. Management		X								544	9								
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Working Capital</b>																			
	<b>B. Non-Facility Related*</b>																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	<b>TOTAL Non-Facility Related</b>																			

\* 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.)

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

B. Real Estate Taxes

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2005 report.	\$	<u>175,000</u>	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.)	\$	<u>155,993</u>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<u>(19,007)</u>	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>155,650</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$	<u>2,286</u>	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. <b>TOTAL REFUND \$ <u>20,783</u> For <u>2004</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>138,929</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2001	<u>149,243</u>	8
	2002	<u>150,916</u>	9
	2003	<u>163,886</u>	10
	2004	<u>167,526</u>	11
	2005	<u>148,237</u>	12

2006 Accrual = \$148,237 x 1.05 = \$155,650

SIR Management Allocation - \$4,736

Preferred Bookkeeping - \$2,539

No Need To Offset Refund of R/E Tax Since It Does Not Relate To A Year Used To Set Rate For R/E Tax Reimb.

<b>FOR BHF USE ONLY</b>			
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.**

SEE ACCOUNTANTS' COMPILATION REPORT

**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 Columbus Park Nrsng & Rehab Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037960

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 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>16-17-401-026-0000</u>	<u>Long Term Care Property</u>	\$ <u>78,736.04</u>	\$ <u>78,736.04</u>
2. <u>16-17-401-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>21,089.66</u>	\$ <u>21,089.66</u>
3. <u>16-17-401-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>48,411.29</u>	\$ <u>48,411.29</u>
4. <u>See Attached</u>	<u>See Attached</u>	\$ <u>89,494.10</u>	\$ <u>7,275.35</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>237,731.09</u>	\$ <u>155,512.34</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.

**IMPORTANT NOTICE**

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

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

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

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

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Columbus Park Nrsng & Rehab Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037960

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

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

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

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960 Report Period Beginning:

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**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 29,685 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 6

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).

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: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2002</u>	<u>\$ 300,000</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 300,000</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

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**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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
		<b>Improvement Type**</b>									
9	Various		1992		51,845		20	2,592	2,592	37,503	9
10	Various		1993		71,558		20	3,579	3,579	50,103	10
11	Various		1994		46,784		20	2,339	2,339	29,775	11
12	Various		1995		131,277		20	6,467	6,467	76,843	12
13	Various		1996		62,128		20	3,108	3,108	33,559	13
14	Various		1997		40,477		20	2,025	2,025	19,384	14
15	Various		1998		419,667		20	20,987	20,987	176,856	15
16	Various		1999		244,069		20	12,197	12,197	92,028	16
17	Various		2000		27,418		20	1,371	1,371	8,910	17
18	Various		2001		87,910		20	4,397	4,397	23,072	18
19	Various		2002		40,839		20	4,050	4,050	18,067	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

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**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								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		7,255,369	207,832		200,386	(7,446)	1,041,583	67
68		94,796	3,230		3,726	496	43,064	68
69			25,871			(25,871)		69
70		\$ 8,574,137	\$ 236,933		\$ 267,224	\$ 30,291	\$ 1,650,747	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Columbus Park Nrsg &amp; Rehab Ctr

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,574,137	\$ 236,933		\$ 267,224	\$ 30,291	\$ 1,650,747	1
2	Window Screen	2003	782		20	78	78	287	2
3	Carpeting	2003	7,014		20	351	351	1,257	3
4	Hvac Work	2003	7,247		20	725	725	2,597	4
5	Water Heater	2003	4,840		20	242	242	948	5
6	Vent Covers	2003	6,700		20	335	335	1,173	6
7	Window Coverings	2003	9,429		20	471	471	1,650	7
8	Stairwell Alarm 1/2 Pd	2003	1,535		20	77	77	249	8
9	Compressor	2003	1,411		20	141	141	435	9
10	Fire Pump Work	2003	16,575		20	829	829	2,693	10
11	Smoke Detector	2003	3,225		20	161	161	497	11
12	Electrical Work	2003	11,026		20	551	551	1,700	12
13	Outside Lights	2003	1,060		20	53	53	163	13
14	Electrical Cable	2003	9,551		20	478	478	1,472	14
15	Water Pump	2003	2,305		20	115	115	355	15
16	Sprinkler System	2003	1,806		20	90	90	278	16
17	Middle Style Door	2003	1,453		20	73	73	291	17
18	Door Screens & Clips	2003	1,975		20	99	99	362	18
19	Block Heater With Hardware	2003	1,037		20	52	52	190	19
20	Replace Faucet	2003	1,175		20	59	59	196	20
21	Repair Elevator Doors	2003	1,010		20	51	51	198	21
22	Elevator Jack Packing	2003	2,184		20	109	109	373	22
23	Sprinkler System Repair	2003	2,355		20	118	118	383	23
24	Wallbase & Floor Tile	2003	986		20	49	49	152	24
25	Stairwell Alarm	2004	1,535		20	77	77	230	25
26	Hot Water Tank	2004	24,050		20	1,203	1,203	3,207	26
27	Electrical Work	2004	1,278		20	64	64	186	27
28	Hvac Work	2004	5,700		20	285	285	808	28
29	Boiler Tanks	2004	2,924		20	146	146	390	29
30	Elevator Work	2004	7,516		20	376	376	908	30
31	Telephone Work	2004	995		20	50	50	116	31
32	Nurse Call System	2004	4,274		20	214	214	499	32
33	Hvac Work	2004	2,946		20	147	147	331	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,722,036	\$ 236,933		\$ 275,093	\$ 38,160	\$ 1,675,321	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Columbus Park Nrsg &amp; Rehab Ctr

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,722,036	\$ 236,933		\$ 275,093	\$ 38,160	\$ 1,675,321	1
2	Bathroom Work	2004	2,700		20	135	135	281	2
3	Hvac Work	2004	2,032		20	203	203	423	3
4	Hvac Work	2004	2,780		20	278	278	579	4
5	Elevator Work	2004	2,375		20	119	119	247	5
6	Blinds	2004	1,801		20	90	90	263	6
7	Door Repair	2004	895		20	45	45	127	7
8	Plumbing	2004	2,145		20	107	107	286	8
9	Miniblinds	2004	631		20	32	32	76	9
10	Water Heater Repair	2004	2,323		20	116	116	252	10
11	Water Heater Pump	2004	1,152		20	58	58	149	11
12	A/C Repair	2004	1,041		20	52	52	126	12
13	A/C Repair	2004	1,370		20	68	68	171	13
14	Elevator Detector Edge	2004	1,490		20	75	75	205	14
15	Fire Alarm Repair	2004	2,129		20	106	106	284	15
16	Sprinkler System Repair	2004	1,103		20	55	55	115	16
17	Lobby Renovation	2005	7,358		20	736	736	1,472	17
18	Flooring	2005	3,958		20	198	198	330	18
19	(17) Closet Doors	2005	5,100		20	510	510	850	19
20	Elevator Work	2005	2,289		20	114	114	172	20
21	Plumbing Work	2005	3,275		20	164	164	246	21
22	Elevator Work	2005	3,482		20	174	174	348	22
23	Cubicle Curtains	2005	4,599		20	230	230	441	23
24	Elevator Work	2005	3,505		20	175	175	336	24
25	Boiler Work	2005	1,201		20	60	60	110	25
26	Boiler Work	2005	1,239		20	62	62	114	26
27	Air Filtration	2005	6,277		20	314	314	549	27
28	Boiler Work	2005	1,408		20	70	70	123	28
29	Elevator Work	2005	6,317		20	316	316	553	29
30	Elevator Work	2005	10,176		20	509	509	848	30
31	Fire Alarm System	2005	11,745		20	587	587	979	31
32	Fire Alarm System	2005	9,144		20	457	457	724	32
33	Hvac Work	2005	14,152		20	708	708	1,002	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,843,228	\$ 236,933		\$ 282,016	\$ 45,083	\$ 1,688,102	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,843,228	\$ 236,933		\$ 282,016	\$ 45,083	\$ 1,688,102	1
2	Fire Door	2005	1,840		20	92	92	130	2
3	Door Alarms	2005	1,975		20	99	99	140	3
4	Roof Work	2005	5,060		20	253	253	295	4
5	Fire Door	2005	2,560		20	128	128	171	5
6	3 Industrial Grade Faucets	2005	1,825		20	91	91	152	6
7	Chiller Repair	2005	2,680		20	134	134	179	7
8	Closet Doors	2006	6,600		20	605	605	605	8
9	Fire Door	2006	1,840		20	138	138	138	9
10	Motor	2006	1,193		20	60	60	60	10
11	Hvac	2006	2,216		20	37	37	37	11
12	Light Fixtures	2006	1,685		20	14	14	14	12
13	A/C Chiller	2006	48,000		20	1,000	1,000	1,000	13
14	Flooring - Tile	2006	5,598		20	23	23	23	14
15	Boiler Pump	2006	12,000		20	100	100	100	15
16	Elevator Work	2006	4,202		20	193	193	193	16
17	Elevator Work	2006	4,376		20	146	146	146	17
18	Fire Alarm Work	2006	10,992		20	275	275	275	18
19	Fire Doors	2006	15,205		20	380	380	380	19
20	Cubicle Curtains	2006	2,130		20	18	18	18	20
21	Cubicle Curtains	2006	2,918		20	24	24	24	21
22	Walk-In Cooler	2006	3,212		20	27	27	27	22
23	Fire Alarm Generator	2006	3,739		20	31	31	31	23
24	Electrical Work	2006	3,660		20	183	183		24
25	Boiler	2006	2,611		20	131	131		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	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
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12E, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12F, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12G, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12I, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12J, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		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
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19									19
20									20
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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)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 12K, Carried Forward		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 12L, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 12M, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 12N, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		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
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19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	
1		\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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 12P, Carried Forward	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,991,345	\$ 236,933		\$ 286,198	\$ 49,265	\$ 1,692,240		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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	
	FOR OHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
	Bed* <sup>*</sup>	Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
4	216	2003	1976	\$ 7,013,521	\$ 182,065	35	\$ 200,386	\$ 18,321	\$ 1,001,930	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Elevator Work		2003	67,488	1,753	20		(1,753)	4,444	9
10	Roof Work		2005	98,265	2,520	20		(2,520)	3,256	10
11	HVAC Chiller		2005	52,295	16,734	20		(16,734)	27,193	11
12	Rooftop Cooling Tower		2006	23,800	4,760	20		(4,760)	4,760	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

Ending:

12/31/06

**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								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 7,255,369	\$ 207,832		\$ 200,386	\$ (7,446)	\$ 1,041,583	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	SIR - SIR		1993	1993	\$ 30,588	\$ 971	35	\$ 874	\$ (97)	\$ 11,798	4
5	SIR - PREF		1993	1993	16,400	521	35	469	(52)	6,326	5
6											6
7											7
8											8
	Improvement Type**										
9	Preferred Bookkeeping - Allocation			1997	20,481	459	20	1,024	565	10,045	9
10	Preferred Bookkeeping - Allocation			1999	162	-	20	8	8	61	10
11	Preferred Bookkeeping - Allocation			2000	1,027	-	20	51	51	329	11
12											
13	S.I.R. Properties - Preferred Bookkeeping - Allocation			2002	65	-	20	3	3	15	13
14	S.I.R. Properties - Preferred Bookkeeping - Allocation			1999	2,078	208	20	104	(104)	779	14
15	S.I.R. Properties - Preferred Bookkeeping - Allocation			1998	993	99	20	50	(49)	422	15
16	S.I.R. Properties - Preferred Bookkeeping - Allocation			1997	62	6	20	3	(3)	32	16
17	S.I.R. Properties - Preferred Bookkeeping - Allocation			1994	156	4	20	8	4	98	17
18	S.I.R. Properties - Preferred Bookkeeping - Allocation			1993	266	1	20	13	12	180	18
19											
20	S.I.R. Properties - S.I.R. Management - Allocation			2002	121	-	20	6	6	27	20
21	S.I.R. Properties - S.I.R. Management - Allocation			1999	3,876	388	20	194	(194)	1,453	21
22	S.I.R. Properties - S.I.R. Management - Allocation			1998	1,852	185	20	93	(92)	787	22
23	S.I.R. Properties - S.I.R. Management - Allocation			1997	115	12	20	6	(6)	61	23
24	S.I.R. Properties - S.I.R. Management - Allocation			1994	291	7	20	15	8	182	24
25	S.I.R. Properties - S.I.R. Management - Allocation			1993	496	3	20	25	22	335	25
26											
27	S.I.R. Management - Allocation			1993	13,137	366	20	651	285	9,119	27
28	S.I.R. Management - Allocation			1994	41	-	20	-		41	28
29	S.I.R. Management - Allocation			1995	300	-	20	15	15	171	29
30	S.I.R. Management - Allocation			1999	1,427	-	20	71	71	515	30
31	S.I.R. Management - Allocation			2000	862	-	20	43	43	288	31
32											
33											
34											
35											
36											

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

Ending:

12/31/06

**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								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	<b>TOTAL (lines 4 thru 69)</b>	\$	\$		\$	\$	\$	70
		94,796	3,230		3,726	496	43,064	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr # 0037960 Report Period Beginning: 01/01/06 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	\$ 1,675,612	\$ 223,338	\$ 25,747	\$ (197,591)	10	\$ 1,491,015	71
72	Current Year Purchases	39,127	31,815	2,116	(29,699)	10	2,116	72
73	Fully Depreciated Assets	100,378				10	100,378	73
74								74
75	TOTALS	\$ 1,815,117	\$ 255,153	\$ 27,863	\$ (227,290)		\$ 1,593,509	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,106,462	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 492,086	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 314,061	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (178,025)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,285,749	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5					_____			5
6					_____			6
7	<b>TOTAL</b>				\$ _____			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: \$ 9,631 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Van	\$ 485.28	\$ 5,338	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ 485.28	\$ 5,338	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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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	39 - 03	hrs	\$		\$ 83,903	\$		\$ 83,903	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			15,335			15,335	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			103,527			103,527	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				83,275		83,275	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39 - 03				88	6,168		6,256	12
13	Other (specify): <b>See Supplemental</b>						24,635		24,635	13
14	<b>TOTAL</b>			\$		\$ 202,853	\$ 114,078		\$ 316,931	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Ctr# 0037960Report Period Beginning: 01/01/06

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 19,980	\$ 54,855	1
2	Cash-Patient Deposits	46,278	46,278	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,030,906	2,030,906	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	54,674	54,674	6
7	Other Prepaid Expenses	1,399	47,141	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	3,759	200,455	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,156,996	\$ 2,434,309	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		300,000	13
14	Buildings, at Historical Cost		7,179,274	14
15	Leasehold Improvements, at Historical Cost	981,182	981,182	15
16	Equipment, at Historical Cost	920,403	2,322,977	16
17	Accumulated Depreciation (book methods)	(927,555)	(3,062,212)	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>See Attached Schedule</u>	3,768	126,708	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 977,798	\$ 7,847,929	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 3,134,794	\$ 10,282,238	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 272,574	\$ 272,575	26
27	Officer's Accounts Payable	5,671	5,671	27
28	Accounts Payable-Patient Deposits	47,332	47,332	28
29	Short-Term Notes Payable	1,680,000	1,680,000	29
30	Accrued Salaries Payable	231,417	231,417	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,619	29,619	31
32	Accrued Real Estate Taxes(Sch.IX-B)		155,650	32
33	Accrued Interest Payable		51,115	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	17,000	17,000	35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>			36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 2,283,613	\$ 2,490,379	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,818,085	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 10,818,085	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 2,283,613	\$ 13,308,464	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 851,181	\$ (3,026,226)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 3,134,794	\$ 10,282,238	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,098,271	1
2	Restatements (describe):		2
3	<u>Rounding</u>	4	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,098,275	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(247,094)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (247,094)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 851,181	24 *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr# 0037960Report Period Beginning: 01/01/06Ending: 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,751,082	1
2	Discounts and Allowances for all Levels	(130,113)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 7,620,969</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	545,660	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 545,660</b>	8
<b>C. Other Operating Revenue</b>			
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	77,327	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,250	19
20	Radiology and X-Ray	1,983	20
21	Other Medical Services	18,115	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 101,675</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	20	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 20</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	29,701	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 29,701</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 8,298,025</b>	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,584,841	31
32	Health Care	3,223,484	32
33	General Administration	1,941,902	33
<b>B. Capital Expense</b>			
34	Ownership	1,359,701	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	316,931	35
36	Provider Participation Fee	118,260	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 8,545,119</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(247,094)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (247,094)</b>	43

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

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

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

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

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr

# 0037960

Report Period Beginning:

01/01/06

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	1,538	1,743	\$ 63,566	\$ 36.47	1
2	Assistant Director of Nursing	2,490	2,668	78,678	29.49	2
3	Registered Nurses	17,542	18,461	468,650	25.39	3
4	Licensed Practical Nurses	27,512	29,980	661,040	22.05	4
5	CNAs & Orderlies	104,613	111,258	1,042,722	9.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,477	11,127	103,663	9.32	8
9	Activity Director	2,005	2,086	27,899	13.37	9
10	Activity Assistants	7,408	8,186	67,960	8.30	10
11	Social Service Workers	8,795	9,486	121,212	12.78	11
12	Dietician					12
13	Food Service Supervisor	1,869	2,086	38,017	18.22	13
14	Head Cook	5,413	6,018	56,866	9.45	14
15	Cook Helpers/Assistants	17,552	18,857	161,833	8.58	15
16	Dishwashers					16
17	Maintenance Workers	3,533	3,951	43,632	11.04	17
18	Housekeepers	23,314	24,751	207,864	8.40	18
19	Laundry	10,110	11,139	96,133	8.63	19
20	Administrator	1,911	2,086	82,939	39.76	20
21	Assistant Administrator	1,989	2,086	44,070	21.13	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,183	11,216	102,414	9.13	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	4,348	4,926	106,253	21.57	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	262,602	282,111	\$ 3,575,411 *	\$ 12.67	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	Monthly	\$ 13,484	01-03	35
36	Medical Director	Monthly	14,400	09-03	36
37	Medical Records Consultant	Monthly	4,224	10-03	37
38	Nurse Consultant	Monthly	42,768	10-03	38
39	Pharmacist Consultant	Monthly	3,729	10-03	39
40	Physical Therapy Consultant	148	8,415	10a-03	40
41	Occupational Therapy Consultant	76	4,295	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	14	780	10a-03	43
44	Activity Consultant	72	3,491	11-03	44
45	Social Service Consultant	44	2,349	12-03	45
46	Other(specify)				46
47	Psychiatric MD Consultant	Monthly	7,200	12-03	47
48					48
49	TOTAL (lines 35 - 48)	354	\$ 105,135		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	57	\$ 2,118	10-03	50
51	Licensed Practical Nurses	6,042	209,688	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6,099	\$ 211,806		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Ctr

# 0037960

Report Period Beginning: 01/01/06

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		
Martin Lee	Admin	0	\$ 82,939	Workers' Compensation Insurance	\$ 71,101	IDPH License Fee	\$		
Maria Green	Asst. Admin	0	44,070	Unemployment Compensation Insurance	77,580	Advertising: Employee Recruitment	37,845		
				FICA Taxes	269,544	Health Care Worker Background Check			
				Employee Health Insurance	142,090	(Indicate # of checks performed <u>507</u> )	5,070		
				Employee Meals	31,317	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	9,584		
				Chicago Head Tax	7,224	Licenses & Permits	6,736		
				401K Matching	4,564	Advertising and Promotion	6,204		
				Other Employee Benefits	3,091	Yellow Page	8,199		
						See Supplemental Schedule	763		
						Less: Public Relations Expense	( )		
						Non-allowable advertising	(6,204)		
						Yellow page advertising	(8,199)		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 127,009	TOTAL (agree to Schedule V, line 22, col.8)		\$ 606,511	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 59,998
B. Administrative - Other			E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description		Amount	Description	Line #	Amount	Description	Amount		
Dues - Owners Council - SIR Management		\$ 4,320				Out-of-State Travel	\$		
Director of Administrative Service - SIR Management		27,216							
Ancillary Administrative Charges - SIR Management		48,600				In-State Travel			
See Supplemental Schedule		485,836							
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 565,972	TOTAL		Seminar Expense	5,552		
						Alloc. - Preferred Bookkeeping	104		
						Alloc. - S.I.R. Management	318		
						Entertainment Expense	( )		
						(agree to Sch. V, line 24, col. 8)			
						TOTAL	\$ 5,974		
C. Professional Services									
Vendor/Payee	Type	Amount							
Preferred Bookkeeping	Bookkeeping	\$ 85,536							
Preferred Bookkeeping	Computer Support	5,184							
Preferred Bookkeeping	Accounting	30,550							
Personnel Planners, Inc	Unempl. Tax Consultant	1,413							
FR&R	Accounting	15,515							
Amari & Locallo	Legal - R/E Tax Work	2,286							
ICS Solutions	Website	38							
LTC Solutions	Computer Services	1,320							
eHealth Data Solutions	MDS Software	3,789							
Stuart Sikes	Collection (ADJ PG 5A)	6							
Stern Processing	Collection (ADJ PG 5A)	50							
See Supplemental Schedule		18,310							
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 163,997						

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. See Attached
- (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? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 118,260  
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. \$ 31,317 Has any meal income been offset against related costs? No 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. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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: 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. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT