

		FOR BHF USE					

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

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

I. IDPH Facility ID Number: 0043778

Facility Name: Pavillion of Forest Park

Address: 8200 West Roosevelt Road Forest Park 60130
 Number City Zip Code

County: Cook

Telephone Number: (708) 488-9850 **Fax #** (708) 488-9870

HFS ID Number: 364186094001

Date of Initial License for Current Owners: 03/18/98

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/06 to 12/31/06 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Edward N. Slack, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778 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	<u>232</u>	Skilled (SNF)	<u>232</u>	<u>84,680</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>232</u>	TOTALS	<u>232</u>	<u>84,680</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>40,096</u>	<u>4,269</u>	<u>7,363</u>	<u>51,728</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>40,096</u>	<u>4,269</u>	<u>7,363</u>	<u>51,728</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.09%

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

85 (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 03/23/1998

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

YES Date 03/23/1998 NO

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

YES NO If YES, enter number of beds certified 232 and days of care provided 6,907

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	
	A. General Services											
1	Dietary	297,671	38,445	18,338	354,454		354,454	5,281	359,735			1
2	Food Purchase		232,767		232,767		232,767	(4,559)	228,208			2
3	Housekeeping	227,925	41,809		269,734		269,734	(3,218)	266,516			3
4	Laundry	78,348	21,770		100,118		100,118		100,118			4
5	Heat and Other Utilities			338,770	338,770		338,770	(7,509)	331,261			5
6	Maintenance	94,023	4	161,608	255,635		255,635	29,877	285,512			6
7	Other (specify):*							6,280	6,280			7
8	TOTAL General Services	697,967	334,795	518,716	1,551,478		1,551,478	26,152	1,577,630			8
	B. Health Care and Programs											
9	Medical Director			22,800	22,800		22,800		22,800			9
10	Nursing and Medical Records	3,028,235	137,755	247,745	3,413,735		3,413,735	11,987	3,425,722			10
10a	Therapy	145,913		38,468	184,381		184,381	2,376	186,757			10a
11	Activities	144,208	13,321	1,568	159,097		159,097		159,097			11
12	Social Services	144,077		2,295	146,372		146,372	11,629	158,001			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							4,647	4,647			15
16	TOTAL Health Care and Programs	3,462,433	151,076	312,876	3,926,385		3,926,385	30,639	3,957,024			16
	C. General Administration											
17	Administrative	141,763			141,763		141,763	41,074	182,837			17
18	Directors Fees											18
19	Professional Services			674,734	674,734	(3,613)	671,121	(346,954)	324,167			19
20	Dues, Fees, Subscriptions & Promotions			83,923	83,923		83,923	(11,104)	72,819			20
21	Clerical & General Office Expenses	134,924	21,439	723,704	880,067		880,067	(533,722)	346,345			21
22	Employee Benefits & Payroll Taxes			797,820	797,820		797,820	(2,858)	794,962			22
23	Inservice Training & Education											23
24	Travel and Seminar			452	452		452	3,425	3,877			24
25	Other Admin. Staff Transportation			17,737	17,737		17,737	(14,853)	2,884			25
26	Insurance-Prop.Liab.Malpractice			304,919	304,919		304,919	(243)	304,676			26
27	Other (specify):*							25,398	25,398			27
28	TOTAL General Administration	276,687	21,439	2,603,289	2,901,415	(3,613)	2,897,802	(839,837)	2,057,965			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,437,087	507,310	3,434,881	8,379,278	(3,613)	8,375,665	(783,046)	7,592,619			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park #0043778 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
	D. Ownership										
30	Depreciation			97,360	97,360		97,360	328,685	426,045		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			718,984	718,984		718,984	699,550	1,418,534		32
33	Real Estate Taxes			422,549	422,549	3,613	426,162	(10,269)	415,893		33
34	Rent-Facility & Grounds			864,000	864,000		864,000	(860,354)	3,646		34
35	Rent-Equipment & Vehicles			4,429	4,429		4,429	1,067	5,496		35
36	Other (specify):*							27,514	27,514		36
37	TOTAL Ownership			2,107,322	2,107,322	3,613	2,110,935	186,193	2,297,128		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	63,566	485,985	625,731	1,175,282		1,175,282	(45,189)	1,130,093		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			127,020	127,020		127,020		127,020		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers	63,566	485,985	752,751	1,302,302		1,302,302	(45,189)	1,257,113		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,500,653	993,295	6,294,954	11,788,902		11,788,902	(642,042)	11,146,860		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 Pavillion of Forest Park

0043778

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	(5)	02		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	28,485	30		9
10	Interest and Other Investment Income	(71,070)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(190)	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	(59,488)	21		18
19	Entertainment				19
20	Contributions	(2,670)	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	(607,676)	21		24
25	Fund Raising, Advertising and Promotional	(10,428)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(109,194)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (832,236)		\$	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)	190,194		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 190,194		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (642,042)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line
1 Other Income	\$ (9,774)	21
2 Jury Duty	(51)	10
3 Theft Loss	(971)	21
4 Collection Expense	(1,721)	21
5 CAFE Dues	(3,366)	20
6 Building Co. - Filing Fees	(250)	20
7 Filing Fees	(113)	20
8 Capitalized REIM	(2,879)	09
9 Non-Allowable Billing Service	(15,459)	19
10 Non-Allowable Legal Fees	(7,659)	19
11 Vacant Space		11
12 Depreciation	(13,527)	30
13 Utilities	(9,736)	05
14 RE Tax	(12,144)	33
15 Maintenance Salary	(4,961)	06
16 Mortgage Interest	(17,994)	32
17 Prior Year Contract Nursing	(576)	10
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100		100
101 Total	(108,194)	101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pavillion of Forest Park

0043778

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)	
	A. General Services													
1	Dietary			437				3,576	1,268				5,281	1
2	Food Purchase	(195)							(4,364)				(4,559)	2
3	Housekeeping										(3,218)		(3,218)	3
4	Laundry													4
5	Heat and Other Utilities	(9,736)		1,996			89		142				(7,509)	5
6	Maintenance	(5,521)		3,027	5,174	25,993	59		226		(22)	941	29,877	6
7	Other (specify):*				748	4,921		611					6,280	7
8	TOTAL General Services	(15,452)		5,460	5,922	30,914	148	4,187	(2,728)		(3,240)	941	26,152	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(628)						19,150			(6,535)		11,987	10
10a	Therapy							2,376					2,376	10a
11	Activities													11
12	Social Services				2,856			8,773					11,629	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				383			4,264					4,647	15
16	TOTAL Health Care and Programs	(628)			3,239			34,563			(6,535)		30,639	16
	C. General Administration													
17	Administrative			1,949	4,324			32,606	2,195				41,074	17
18	Directors Fees													18
19	Professional Services	(33,109)		(245,017)			(68,892)		64				(346,954)	19
20	Fees, Subscriptions & Promotions	(16,767)	250	5,364			36		99		(86)		(11,104)	20
21	Clerical & General Office Expenses	(680,030)		11,208	122,897		27	9,191	2,985				(533,722)	21
22	Employee Benefits & Payroll Taxes					(749)				(1,948)	(162)		(2,858)	22
23	Inservice Training & Education													23
24	Travel and Seminar			3,386			39						3,425	24
25	Other Admin. Staff Transportation			(15,000)					147				(14,853)	25
26	Insurance-Prop.Liab.Malpractice			(481)			20		218				(243)	26
27	Other (specify):*				18,974			5,693	731				25,398	27
28	TOTAL General Administration	(729,906)	250	(238,591)	146,195	(749)	(68,770)	47,490	6,439	(1,948)	(248)		(839,837)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(745,986)	250	(233,131)	155,356	30,165	(68,622)	86,240	3,711	(1,948)	(10,022)	941	(783,046)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pavillion of Forest Park

0043778

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	14,958	291,454	9,633			265		49			12,326	328,685	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(89,064)	763,933	22,592			757		5			1,327	699,550	32
33	Real Estate Taxes	(12,144)		1,650			174		51				(10,269)	33
34	Rent-Facility & Grounds		(864,000)	3,646									(860,354)	34
35	Rent-Equipment & Vehicles			977					90				1,067	35
36	Other (specify):*		27,514										27,514	36
37	TOTAL Ownership	(86,250)	218,901	38,498			1,196		195			13,653	186,193	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers								(14,491)		(3,933)	(26,765)	(45,189)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers								(14,491)		(3,933)	(26,765)	(45,189)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(832,236)	219,151	(194,633)	155,356	30,165	(67,426)	86,240	(10,585)	(1,948)	(13,956)	(12,171)	(642,042)	45

VII. RELATED PARTIES

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

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

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	\$ 864,000	Forest Park Property	100.00%	\$	\$ (864,000)	1
2	V	20 Filing Fees		Forest Park Property	100.00%	250	250	2
3	V	30 Depreciation		Forest Park Property	100.00%	291,454	291,454	3
4	V	36 Amortization		Forest Park Property	100.00%	27,514	27,514	4
5	V	32 Interest		Forest Park Property	100.00%	763,933	763,933	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 864,000			\$ 1,083,151	\$ * 219,151	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	01 Dietary	\$	Care Centers, Inc.	100.00%	\$ 437	437	15
16	V	05 Utilities		Care Centers, Inc.	100.00%	1,996	1,996	16
17	V	06 Maintenance		Care Centers, Inc.	100.00%	3,027	3,027	17
18	V							18
19	V	17 Administration		Care Centers, Inc.	100.00%	1,949	1,949	19
20	V	19 Professional Fees	259,802	Care Centers, Inc.	100.00%	14,785	(245,017)	20
21	V	20 Dues and Subscriptions		Care Centers, Inc.	100.00%	5,364	5,364	21
22	V	21 Office & Clerical		Care Centers, Inc.	100.00%	11,208	11,208	22
23	V	24 Travel and Seminar		Care Centers, Inc.	100.00%	3,386	3,386	23
24	V	26 Insurance		Care Centers, Inc.	100.00%	(481)	(481)	24
25	V	30 Depreciation		Care Centers, Inc.	100.00%	9,633	9,633	25
26	V	32 Interest		Care Centers, Inc.	100.00%	22,592	22,592	26
27	V	33 Real Estate Taxes		Care Centers, Inc.	100.00%	1,650	1,650	27
28	V	34 Rent - Building		Care Centers, Inc.	100.00%	3,646	3,646	28
29	V	35 Rent - Equipment and Auto		Care Centers, Inc.	100.00%	977	977	29
30	V	25 Bus Reimbursement	15,000	Care Centers, Inc.	100.00%		(15,000)	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		\$ 274,802			\$ 80,169	\$ * (194,633)	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	06	Maintenance Salary	Care Centers, Inc.	100.00%	5,174	5,174		15
16	V	07	Emp. Ben. - Gen. Serv.	Care Centers, Inc.	100.00%	748	748		16
17	V	10	Nursing Salary	Care Centers, Inc.	100.00%				17
18	V	10a	Rehab Salary	Care Centers, Inc.	100.00%				18
19	V	12	Social Service Salary	Care Centers, Inc.	100.00%	2,856	2,856		19
20	V	15	Emp. Ben. - Healthcare	Care Centers, Inc.	100.00%	383	383		20
21	V	17	Administration Salary	Care Centers, Inc.	100.00%	4,324	4,324		21
22	V	21	Office Salary	Care Centers, Inc.	100.00%	122,897	122,897		22
23	V	27	Emp. Ben. - Gen. Admin.	Care Centers, Inc.	100.00%	18,974	18,974		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		\$			\$ 155,356	\$ *	155,356	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	06 Maintenance Salary	2,276	Care Centers, Inc.	100.00%	28,269	25,993	15
16	V	07 Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	4,921	4,921	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V	17 Administration Salary		Care Centers, Inc.	100.00%			21
22	V	21 Office Salary		Care Centers, Inc.	100.00%			22
23	V	27 Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%			23
24	V							24
25	V	22 Employee Benefits	749				(749)	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		\$ 3,025			\$ 33,190	\$ * 30,165	39

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

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	19 Professional Fees	\$ 69,276	Care Centers Clinical, Inc.	100.00%	\$ 384	\$ (68,892)	15
16	V	20 Dues and Subscriptions		Care Centers Clinical, Inc.	100.00%	36	36	16
17	V	21 Office and Clerical		Care Centers Clinical, Inc.	100.00%	27	27	17
18	V	24 Travel and Seminar		Care Centers Clinical, Inc.	100.00%	39	39	18
19	V	30 Depreciation		Care Centers Clinical, Inc.	100.00%	265	265	19
20	V	32 Interest		Care Centers Clinical, Inc.	100.00%	757	757	20
21	V	05 Utilities		Care Centers Clinical, Inc.	100.00%	89	89	21
22	V	06 Maintenance		Care Centers Clinical, Inc.	100.00%	59	59	22
23	V	26 Insurance		Care Centers Clinical, Inc.	100.00%	20	20	23
24	V	33 Real Estate Taxes		Care Centers Clinical, Inc.	100.00%	174	174	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		\$ 69,276			\$ 1,850	\$ * (67,426)	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	01	Dietary Salary	\$	Care Centers Clinical, Inc.	100.00%	\$ 3,576	\$ 3,576	15
16	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc.	100.00%	611	611	16
17	V	10	Nursing Salary		Care Centers Clinical, Inc.	100.00%	19,150	19,150	17
18	V	10a	Rehab Salary		Care Centers Clinical, Inc.	100.00%	2,376	2,376	18
19	V	12	Social Service Salary		Care Centers Clinical, Inc.	100.00%	8,773	8,773	19
20	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc.	100.00%	4,264	4,264	20
21	V	17	Administration Salary		Care Centers Clinical, Inc.	100.00%	32,606	32,606	21
22	V	21	Office Salary		Care Centers Clinical, Inc.	100.00%	9,191	9,191	22
23	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc.	100.00%	5,693	5,693	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			\$			\$ 86,240	\$ * 86,240	39

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

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	01 Dietary	\$	Care Centers Health Systems	100.00%	\$ 1,268	\$ 1,268	15
16	V	02 Food	5,803	Care Centers Health Systems	100.00%	1,439	(4,364)	16
17	V	05 Utilities		Care Centers Health Systems	100.00%	142	142	17
18	V	06 Maintenance		Care Centers Health Systems	100.00%	226	226	18
19	V	17 Administration		Care Centers Health Systems	100.00%	332	332	19
20	V	19 Professional Fees		Care Centers Health Systems	100.00%	64	64	20
21	V	20 Dues & Subscriptions		Care Centers Health Systems	100.00%	99	99	21
22	V	21 Office & Clerical		Care Centers Health Systems	100.00%	209	209	22
23	V	25 Auto Expenses		Care Centers Health Systems	100.00%	147	147	23
24	V	26 Insurance		Care Centers Health Systems	100.00%	218	218	24
25	V	30 Depreciation		Care Centers Health Systems	100.00%	49	49	25
26	V	32 Interest Expense		Care Centers Health Systems	100.00%	5	5	26
27	V	33 Real Estate Taxes		Care Centers Health Systems	100.00%	51	51	27
28	V	35 Rent - Equipment & Auto		Care Centers Health Systems	100.00%	90	90	28
29	V	39 Ancillary Enteral Supplies	28,139	Care Centers Health Systems	100.00%	13,648	(14,491)	29
30	V	17 Administrative-Salary		Care Centers Health Systems	100.00%	1,863	1,863	30
31	V	21 Office & Clerical-Salary		Care Centers Health Systems	100.00%	2,776	2,776	31
32	V	27 Emp. Ben. - Gen. Admin.		Care Centers Health Systems	100.00%	731	731	32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 33,942			\$ 23,357	\$ * (10,585)	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%	\$ 96,193	\$ 96,193	15
16	V							16
17	V							17
18	V							18
19	V	22 EMPLOYEE HEALTH INSURANCE	98,141	CCS EMPLOYEE BENEFIT GROUP	100.00%		(98,141)	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		\$ 98,141			\$ 96,193	\$ * (1,948)	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	39,687	Xcel Supply, LLC	100.00%	36,468	(3,218)	16
17	V	04 Laundry		Xcel Supply, LLC	100.00%			17
18	V	06 Repairs & Maintenance	268	Xcel Supply, LLC	100.00%	246	(22)	18
19	V	10 Nursing	80,578	Xcel Supply, LLC	100.00%	74,043	(6,535)	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 & Promotions	1,060	Xcel Supply, LLC	100.00%	974	(86)	22
23	V	21 Clerical & General Office		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	1,993	Xcel Supply, LLC	100.00%	1,831	(162)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	48,499	Xcel Supply, LLC	100.00%	44,566	(3,933)	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		\$ 172,084			\$ 158,128	\$ * (13,956)	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	06 Repairs	\$	Vent Lease, LLC.	100.00%	\$ 941	\$ 941	15
16	V	30 Depreciation		Vent Lease, LLC.	100.00%	12,326	12,326	16
17	V	32 Interest		Vent Lease, LLC.	100.00%	1,327	1,327	17
18	V	39 Vent/Ancillary Reimbursement	26,765	Vent Lease, LLC.	100.00%		(26,765)	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		\$ 26,765			\$ 14,594	\$ * (12,171)	39

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

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	Relative	Administrative	N/A	See Attached	1.08	2.34%	Alloc Salary	\$ 1,774	17-7	1
2	Gale Rothner	Relative	Administrative	N/A	See Attached	1.14	3.25%	Alloc Salary	2,533	17-7	2
3	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.79	3.25%	Alloc Salary	4,338	17-7	3
4	David Aronin	Owner	Administrative	0.86%	See Attached	1.28	2.27%	Alloc Salary	2,434	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 11,079		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 Pavillion of Forest Park

0043778

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									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 Pavillion of Forest Park

0043778

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 Care Centers, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	Patient Days	1,592,658	31	\$ 13,468	\$ 51,728	\$ 437	1
2	05	Utilities	Patient Days	1,592,658	31	61,456	51,728	1,996	2
3	06	Maintenance	Patient Days	1,592,658	31	93,209	51,728	3,027	3
4									4
5	17	Administration	Patient Days	1,592,658	31	60,000	51,728	1,949	5
6	19	Professional Fees	Patient Days	1,592,658	31	455,203	51,728	14,785	6
7	20	Dues and Subscriptions	Patient Days	1,592,658	31	165,158	51,728	5,364	7
8	21	Office & Clerical	Patient Days	1,592,658	31	345,085	51,728	11,208	8
9	24	Travel and Seminar	Patient Days	1,592,658	31	104,250	51,728	3,386	9
10	26	Insurance	Patient Days	1,592,658	31	(14,814)	51,728	(481)	10
11	30	Depreciation	Patient Days	1,592,658	31	296,584	51,728	9,633	11
12	32	Interest	Patient Days	1,592,658	31	695,586	51,728	22,592	12
13	33	Real Estate Taxes	Patient Days	1,592,658	31	50,799	51,728	1,650	13
14	34	Rent - Building	Patient Days	1,592,658	31	112,256	51,728	3,646	14
15	35	Rent - Equipment & Auto	Patient Days	1,592,658	31	30,066	51,728	977	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,468,306	\$	\$ 80,169	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Care Centers, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	06	Maintenance Salary	Patient Days	1,592,658	31	159,318	159,318	51,728	5,174	1
2	07	Emp. Ben. - Gen. Serv.	Patient Days	1,592,658	31	23,038		51,728	748	2
3	10	Nursing Salary	Patient Days	1,592,658	31			51,728		3
4	10a	Rehab Salary	Patient Days	1,592,658	31			51,728		4
5	12	Social Service Salary	Patient Days	1,592,658	31	87,938	87,938	51,728	2,856	5
6	15	Emp. Ben. - Healthcare	Patient Days	1,592,658	31	11,794		51,728	383	6
7	17	Administration Salary	Patient Days	1,592,658	31	133,122	133,122	51,728	4,324	7
8	21	Office Salary	Patient Days	1,592,658	31	3,783,895	3,783,895	51,728	122,897	8
9	27	Emp. Ben. - Gen. Admin.	Patient Days	1,592,658	31	584,195		51,728	18,974	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					\$ 4,783,299	\$ 4,164,272		\$ 155,356	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Care Centers, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	06	Maintenance Salary	Direct Allocation	26	366,540	366,540		28,269	1
2	07	Emp. Ben. - Gen. Serv.	Direct Allocation	26	60,795			4,921	2
3									3
4									4
5									5
6									6
7									7
8	21	Office Salary	Direct Allocation	23	418,249	418,249			8
9	27	Emp. Ben. - Gen. Admin.	Direct Allocation	23	70,744				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				\$ 916,329	\$ 784,790		\$ 33,190	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Care Centers Clinical, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Fees	Patient Days	1,592,658	30	\$ 11,820	\$ 51,728	\$ 384	1
2	20	Dues and Subscriptions	Patient Days	1,592,658	30	1,118	51,728	36	2
3	21	Office and Clerical	Patient Days	1,592,658	30	847	51,728	27	3
4	24	Travel and Seminar	Patient Days	1,592,658	30	1,201	51,728	39	4
5	30	Depreciation	Patient Days	1,592,658	30	8,167	51,728	265	5
6	32	Interest	Patient Days	1,592,658	30	23,321	51,728	757	6
7	05	Utilities	Patient Days	1,592,658	30	2,749	51,728	89	7
8	06	Maintenance	Patient Days	1,592,658	30	1,817	51,728	59	8
9	26	Insurance	Patient Days	1,592,658	30	623	51,728	20	9
10	33	Real Estate Taxes	Patient Days	1,592,658	30	5,358	51,728	174	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					\$ 57,020	\$	\$ 1,850	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Care Centers Clinical, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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 Salary	Patient Days	1,592,658	30	110,093	110,093	51,728	3,576	1
2	07	Emp. Ben. - Gen. Serv.	Patient Days	1,592,658	30	18,826	18,826	51,728	611	2
3	10	Nursing Salary	Patient Days	1,592,658	30	589,608		51,728	19,150	3
4	10a	Rehab Salary	Patient Days	1,592,658	30	73,158	73,158	51,728	2,376	4
5	12	Social Service Salary	Patient Days	1,592,658	30	270,126	270,126	51,728	8,773	5
6	15	Emp. Ben. - Healthcare	Patient Days	1,592,658	30	131,280		51,728	4,264	6
7	17	Administration Salary	Patient Days	1,592,658	30	1,003,912		51,728	32,606	7
8	21	Office Salary	Patient Days	1,592,658	30	282,969	282,969	51,728	9,191	8
9	27	Emp. Ben. - Gen. Admin.	Patient Days	1,592,658	30	175,293		51,728	5,693	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					\$ 2,655,265	\$ 755,172		\$ 86,240	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Care Centers Health Systems
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	Billable Income	2,455,454	33	91,698	33,942	1,268	1
2	02	Food	Billable Income	2,455,454	33	104,128	33,942	1,439	2
3	05	Utilities	Billable Income	2,455,454	33	10,245	33,942	142	3
4	06	Maintenance	Billable Income	2,455,454	33	16,367	33,942	226	4
5	17	Administration	Billable Income	2,455,454	33	24,000	33,942	332	5
6	19	Professional Fees	Billable Income	2,455,454	33	4,618	33,942	64	6
7	20	Dues & Subscriptions	Billable Income	2,455,454	33	7,167	33,942	99	7
8	21	Office & Clerical	Billable Income	2,455,454	33	15,126	33,942	209	8
9	25	Auto Expenses	Billable Income	2,455,454	33	10,605	33,942	147	9
10	26	Insurance	Billable Income	2,455,454	33	15,802	33,942	218	10
11	30	Depreciation	Billable Income	2,455,454	33	3,557	33,942	49	11
12	32	Interest Expense	Billable Income	2,455,454	33	392	33,942	5	12
13	33	Real Estate Taxes	Billable Income	2,455,454	33	3,660	33,942	51	13
14	35	Rent - Equipment & Auto	Billable Income	2,455,454	33	6,478	33,942	90	14
15	39	Ancillary Enteral Supplies	Billable Income	2,455,454	33	987,356	33,942	13,648	15
16	17	Administrative-Salary	Billable Income	2,455,454	33	134,802	33,942	1,863	16
17	21	Office & Clerical-Salary	Billable Income	2,455,454	33	200,852	200,852	2,776	17
18	27	Emp. Ben. - Gen. Admin.	Billable Income	2,455,454	33	52,885	52,885	731	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,689,738	\$ 253,738	\$ 23,357	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 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		\$	\$		\$ 96,193	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				\$	\$		\$ 96,193	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 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					36,468	2
3	04	Laundry	Direct Allocation						3
4	06	Repairs & Maintenance	Direct Allocation					246	4
5	10	Nursing	Direct Allocation					74,043	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees, Subscriptions & Prom	Direct Allocation					974	8
9	21	Clerical & General Office	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					1,831	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					44,566	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				\$	\$		\$ 158,128	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 Vent Lease, LLC
 Street Address 2201 W. Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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	06	Repairs	Direct Billing	868,537	31	\$ 30,521	\$ 26,765	\$ 941	1
2	30	Depreciation	Direct Billing	868,537	31	400,000	26,765	12,326	2
3	32	Interest	Direct Billing	868,537	31	43,063	26,765	1,327	3
4	39	Vent/Ancillary Reimbursement							4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 473,584	\$	\$ 14,594	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Pavillion of Forest Park

0043778

Report Period Beginning:

01/01/06

Ending:

12/31/06

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	A. Directly Facility Related																	
	Long-Term																	
1	Business Partners LLC		X	Mortgage		6/30/96	\$	\$ 9,150,782			\$	626,098	1					
2	Mortgage Interest (Vacant Space)		X									(17,994)	2					
3													3					
4													4					
5	See Supplemental Schedule												5					
	Working Capital																	
6	Diawa		X	Line Of Credit				8,759,056				718,984	6					
7	Hunter Mngement	X						3,180,744				36,221	7					
8	See Supplemental Schedule							452,090				101,615	8					
9	TOTAL Facility Related																	
	B. Non-Facility Related*																	
10	Interst Income											(71,070)	10					
11	Care Centers Allocation		X									24,681	11					
12													12					
13	See Supplemental Schedule												13					
14	TOTAL Non-Facility Related																	
15	TOTALS (line 9+line14)																	
							\$	\$ 21,542,672			\$	1,418,535	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # _____* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

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.)

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			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	TOTAL Long-Term									7										
Working Capital																				
8	Applewood Property LLC	X					\$	\$ 452,090		\$ 30,567	8									
9	Forest Park Nursing Home	X								71,048	9									
10											10									
11											11									
12											12									
13											13									
14	TOTAL Working Capital									14										
B. Non-Facility Related*																				
15							\$	\$		\$	15									
16											16									
17											17									
18											18									
19											19									
20	TOTAL Non-Facility Related									20										

* 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

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2005 report.		\$ 451,089	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.)		\$ 412,283	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (38,806)	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 451,086	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 3,613	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$ _____	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 415,893	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	361,170	8
	2002	325,289	9
	2003	4,162,620	10
	2004	429,606	11
	2005	410,408	12
<u>2006 Accrual = \$422,522 x 1.05</u>			
<u>Care Centers Allocation = \$1,875</u>			
<u>Real Estate Taxes Relating To Vacant Space \$12,144. Adjusted Out On Page 5A</u>			
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2005 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

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 Pavillion of Forest Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0043778

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>15-24-100-020-000</u>	<u>Long Term Care Property</u>	\$ <u>422,552.12</u>	\$ <u>410,408.00</u>
2. <u>Home Office Allocation</u>	<u>See Attached</u>	\$ <u>116,388.47</u>	\$ <u>1,662.54</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>538,940.59</u>	\$ <u>412,070.54</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 Pavillion of Forest Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0043778

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. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>_____</u>	\$ <u>_____</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES 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 Pavillion of Forest Park

0043778 Report Period Beginning:

01/01/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 99,467 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

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>1995</u>	\$ <u>400,000</u>	1
2	<u>Care Centers Allocation</u>			<u>11,713</u>	2
3	TOTALS			\$ 411,713	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

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 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
	Improvement Type**										
9	Various			1998	97,160		20	4,858	4,858	40,605	9
10	Various			1999	55,584		20	2,779	2,779	20,766	10
11	Various			2000	34,151		20	1,708	1,708	11,256	11
12	Various			2001	67,620		20	3,385	3,385	19,445	12
13	Various			2002	30,217		20	3,903	3,903	18,101	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

*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 Pavillion of Forest Park

0043778

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
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59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		10,075,405	277,927		315,476	37,549	4,332,403	67
68		45,969	1,300		1,905	605	7,585	68
69			97,360			(97,360)		69
70		\$ 10,406,106	\$ 376,587		\$ 334,014	\$ (42,573)	\$ 4,450,161	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

Report Period Beginning:

01/01/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,406,106	\$ 376,587		\$ 334,014	\$ (42,573)	\$ 4,450,161	1
2	Paint	2003	853		20	43	43	171	2
3	Flooring	2003	16,864		20	843	843	3,373	3
4	Double Door	2003	4,519		20	226	226	904	4
5	Compressor	2003	792		20	40	40	158	5
6	Door	2003	1,281		20	64	64	251	6
7	Code Alert	2003	1,100		20	110	110	422	7
8	Heater Rep	2003	633		20	32	32	121	8
9	Asphalt	2003	800		20	80	80	280	9
10	Hvac	2003	543		20	27	27	95	10
11	Paint	2003	608		20	30	30	106	11
12	Fire Damper	2003	760		20	38	38	133	12
13	Generator	2003	695		20	35	35	122	13
14	Boiler Repair	2003	4,315		20	216	216	755	14
15	Skylights	2003	681		20	34	34	119	15
16	Fire Alarm Repair	2003	646		20	92	92	315	16
17	Fire Dampers	2003	2,200		20	110	110	376	17
18	Cove Base	2003	8,738		20	437	437	1,493	18
19	Keypad	2003	1,306		20	65	65	223	19
20	Office Doors	2003	756		20	38	38	129	20
21	Cove Base	2003	4,369		20	218	218	728	21
22	Carpet	2003	539		20	27	27	90	22
23	Asphalt For P.L.	2003	1,600		20	80	80	267	23
24	Repair Of Generator	2003	1,992		20	100	100	332	24
25	Hvac	2003	1,442		20	72	72	234	25
26	Cove Base	2003	4,369		20	218	218	710	26
27	Lamps	2003	700		20	70	70	222	27
28	Keypads	2003	720		20	72	72	228	28
29	Boiler Repairs	2003	3,174		20	159	159	503	29
30	Nurse Call System	2003	800		20	80	80	320	30
31	Elevator Repair	2003	779		20	78	78	266	31
32	Elevator Repair	2003	838		20	84	84	279	32
33	Boiler & Heating Repairs	2004	1,274		20	255	255	764	33
34	TOTAL (lines 1 thru 33)		\$ 10,476,792	\$ 376,587		\$ 338,087	\$ (38,500)	\$ 4,464,650	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12B, Carried Forward		\$ 10,476,792	\$ 376,587		\$ 338,087	\$ (38,500)	\$ 4,464,650	1
2	Security Cameras	2004	1,051		20	210	210	631	2
3	Door Alarms	2004	720		20	144	144	432	3
4	Repair Wood Fence	2004	1,449		20	145	145	423	4
5	Paint Rooms	2004	1,260		20	126	126	368	5
6	Paint Rooms	2004	1,410		20	141	141	411	6
7	Paint Rooms	2004	1,132		20	113	113	321	7
8	Paint Rooms	2004	926		20	93	93	262	8
9	Paint Rooms	2004	1,068		20	107	107	303	9
10	Paint Rooms On 2Nd Floor	2004	1,030		20	103	103	292	10
11	Plumbing Work	2004	1,150		20	230	230	652	11
12	Boiler Repair	2004	1,434		20	287	287	812	12
13	Khz Transmitters	2004	878		20	176	176	498	13
14	Work On Doors	2004	933		20	187	187	528	14
15	Paint	2004	1,290		20	129	129	355	15
16	Paint	2004	630		20	63	63	173	16
17	Paint	2004	564		20	113	113	310	17
18	66Khz Transmitter	2004	555		20	111	111	305	18
19	10 66Khz Transmitters	2004	919		20	184	184	490	19
20	Electric Door Opener	2004	5,057		20	506	506	1,306	20
21	Control Unit Keypad	2004	585		20	117	117	302	21
22	Carpeting	2004	567		20	57	57	142	22
23	Cable Installation	2004	2,007		20	401	401	1,003	23
24	Replace Smoke Damper	2004	730		20	146	146	365	24
25	New Front Entrance	2004	825		20	165	165	413	25
26	Door Problems	2004	1,621		20	324	324	810	26
27	Electric Installation	2004	2,055		20	206	206	497	27
28	Telecommunications	2004	702		20	140	140	339	28
29	Paint	2004	521		20	104	104	252	29
30	Telecommunications	2004	634		20	127	127	306	30
31	Telecommunications	2004	839		20	168	168	405	31
32	Electrical Walk	2004	504		20	50	50	118	32
33	Counter Top-Nursing Lounge	2004	528		20	53	53	123	33
34	TOTAL (lines 1 thru 33)		\$ 10,512,366	\$ 376,587		\$ 343,313	\$ (33,274)	\$ 4,478,597	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12C, Carried Forward		\$ 10,512,366	\$ 376,587		\$ 343,313	\$ (33,274)	\$ 4,478,597	1
2	Transmitters W/ Id'S	2004	794		20	159	159	370	2
3	Cable Telephone	2004	670		20	134	134	313	3
4	Three Elevators	2004	594		20	30	30	69	4
5	Healthcare Carpeting	2004	3,682		20	368	368	829	5
6	Special Work	2004	5,000		20	500	500	1,125	6
7	Repair Generator	2004	1,398		20	280	280	629	7
8	Keys & Cylinders	2004	3,030		20	606	606	1,363	8
9	Repair Fire Alarm Panel	2004	2,556		20	256	256	575	9
10	Camera Installation	2004	1,140		20	114	114	247	10
11	6 Showers Treated-Posi-Grip	2004	800		20	80	80	173	11
12	Pull Stations & Dome Lights	2004	531		20	106	106	230	12
13	Adult Transmitter 66Khz	2004	597		20	119	119	259	13
14	Carpeting	2004	1,064		20	106	106	230	14
15	Existing Wood Fence	2004	2,315		20	232	232	482	15
16	Paint	2004	647		20	65	65	135	16
17	Main Piping And Fittings	2004	619		20	62	62	129	17
18	Light Fixtures	2004	623		20	62	62	130	18
19	Paint	2004	617		20	31	31	93	19
20	Paint	2004	1,874		20	94	94	195	20
21	Patio Swing Door	2005	2,670		20	267	267	356	21
22	Water Heater	2005	36,390		20	7,278	7,278	9,098	22
23	Exhaust System	2005	5,900		20	1,180	1,180	1,278	23
24	Tile	2005	1,677		20	84	84	112	24
25	Water Heater Repair	2005	1,862		20	93	93	140	25
26	Combination Door Lock	2006	1,570		20	79	79	79	26
27	Combination Door Lock	2006	1,570		20	79	79	79	27
28	Combination Door Lock	2006	799		20	40	40	40	28
29	Automatic Door	2006	2,670		20	134	134	134	29
30	Fire Dambers Cleaning	2006	8,500		20	283	283	283	30
31	Painting	2006	14,525		20	242	242	242	31
32	Painting	2006	2,179		20	36	36	36	32
33	Painting	2006	11,279		20	94	94	94	33
34	TOTAL (lines 1 thru 33)		\$ 10,632,508	\$ 376,587		\$ 356,606	\$ (19,981)	\$ 4,498,144	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,632,508	\$ 376,587		\$ 356,606	\$ (19,981)	\$ 4,498,144	1
2	Painting	2006	1,692		20	14	14	14	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)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12E, Carried Forward		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	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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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12F, Carried Forward	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		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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28									28
29									29
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12G, Carried Forward	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		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)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12H, Carried Forward	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		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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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12I, Carried Forward	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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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)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12J, Carried Forward	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		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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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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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)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		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)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	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)	\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	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)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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 12O, Carried Forward		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	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)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	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)		\$ 10,634,200	\$ 376,587		\$ 356,620	\$ (19,967)	\$ 4,498,158	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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	232		1998	1998	\$ 9,372,011	\$ 240,308	20	\$ 315,476	\$ 75,168	\$ 4,332,403	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements		1998	1998	39,269	1,007			(1,007)		9
10	Theater		1998	1998	78,828	2,021			(2,021)		10
11	Leaschold Improvements		1998	1998	585,297	34,591			(34,591)		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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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)	\$ 10,075,405	\$ 277,927		\$ 315,476	\$ 37,549	\$ 4,332,403	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park

0043778

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	2201 Main LLC Allocation		2002	2002	\$ 14,207	\$ 364		\$ 364	\$	\$ 1,563	4
5	Care Centers Clinical Allocation		2002	2002	1,498	38		38		165	5
6	Care Centers Health Systems Allocation		2002	2002	436	11		11		48	6
7											7
8											8
Improvement Type**											
9	2201 Main LLC Allocation			2002	11,736	488	20	587	99	2,641	9
10	2201 Main LLC Allocation			2003	13,831	263	20	692	429	2,420	10
11	2201 Main LLC Allocation			2005	687	30	20	34	4	52	11
12											12
13	Care Centers Clinical Allocation			2002	1,238	51	20	62	11	279	13
14	Care Centers Clinical Allocation			2003	1,459	28	20	73	45	255	14
15	Care Centers Clinical Allocation			2005	72	3	20	4	1	5	15
16											16
17	Care Centers Health Systems Allocation			2002	360	15	20	18	3	81	17
18	Care Centers Health Systems Allocation			2003	424	8	20	21	13	74	18
19	Care Centers Health Systems Allocation			2005	21	1	20	1		2	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 Pavillion of Forest Park

0043778

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)	\$	\$		\$	\$	\$	70
		45,969	1,300		1,905	605	7,585	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pavillion of Forest Park # 0043778 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	\$ 413,226	\$ 20,544	\$ 67,080	\$ 46,536	10	\$ 282,199	71
72	Current Year Purchases	3,135	47	329	282	10	329	72
73	Fully Depreciated Assets	3,123,347				10	3,123,347	73
74								74
75	TOTALS	\$ 3,539,708	\$ 20,591	\$ 67,409	\$ 46,818		\$ 3,405,875	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	Care Centers, Inc.	Allocation	2006	\$ 23,356	\$ 283	\$ 1,917	\$ 1,634	5	\$ 16,706	76
77	Care Centers Clinical	Allocation	2006	1,421	96	96		5	96	77
78										78
79										79
80	TOTALS			\$ 24,777	\$ 379	\$ 2,013	\$ 1,634		\$ 16,802	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)		\$ 14,610,398	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 397,557	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 426,042	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 28,485	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 7,920,835	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	Vacant Space - 2006	\$ 527,554	\$ 13,527	\$ 118,928	86
87	Land - 2006	55,211			87
88					88
89					89
90					90
91	TOTALS	\$ 582,765	\$ 13,527	\$ 118,928	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: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Care Centers Allocation				3,646			5
6								6
7	TOTAL				\$ 3,646			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: \$ 5,496 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	\$		\$ 239,316	\$		\$ 239,316	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			72,014			72,014	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			313,020			313,020	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				255,280		255,280	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			63,566		1,381	230,705		295,652	13
14	TOTAL			\$ 63,566		\$ 625,731	\$ 485,985		\$ 1,175,282	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 Pavillion of Forest Park

0043778

Report 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*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 500	\$ 272,797	1
2	Cash-Patient Deposits	46,500	46,500	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,505,284	2,948,984	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	86,534	86,534	6
7	Other Prepaid Expenses	10,335	10,335	7
8	Accounts Receivable (owners or related parties)	1,489,096	97,018	8
9	Other(specify): See Attached Schedule	109,651	70,757	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,247,900	\$ 3,532,925	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		455,211	13
14	Buildings, at Historical Cost		9,978,393	14
15	Leasehold Improvements, at Historical Cost	335,786	960,352	15
16	Equipment, at Historical Cost	583,994	3,603,443	16
17	Accumulated Depreciation (book methods)	(625,826)	(6,264,190)	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): See Attached Schedule		100,882	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 293,954	\$ 8,834,091	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,541,854	\$ 12,367,016	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,675,683	\$ 1,675,684	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	40,007	40,007	28
29	Short-Term Notes Payable	8,759,056	11,939,800	29
30	Accrued Salaries Payable	332,858	332,858	30
31	Accrued Taxes Payable (excluding real estate taxes)	34,328	34,328	31
32	Accrued Real Estate Taxes(Sch.IX-B)	451,086	451,086	32
33	Accrued Interest Payable	27,652	97,643	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	84,145	527,845	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,404,815	\$ 15,099,251	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		452,090	39
40	Mortgage Payable		9,150,782	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,602,872	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,404,815	\$ 24,702,123	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,862,961)	\$ (12,335,107)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,541,854	\$ 12,367,016	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,290,291)	1
2	Restatements (describe):		2
3	See Attached	(9,234)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,299,525)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,563,436)	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)	\$ (2,563,436)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,862,961)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

0043778

Report Period Beginning: 01/01/06

Ending: 12/31/06

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,858,569	1
2	Discounts and Allowances for all Levels	(2,822,949)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,035,620	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,663,964	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,663,964	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	5	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	256,856	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	104,117	19
20	Radiology and X-Ray	11,950	20
21	Other Medical Services	72,058	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 444,986	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	71,070	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 71,070	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	9,826	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,826	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,225,466	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,551,478	31
32	Health Care	3,926,385	32
33	General Administration	2,901,415	33
B. Capital Expense			
34	Ownership	2,107,322	34
C. Ancillary Expense			
35	Special Cost Centers	1,175,282	35
36	Provider Participation Fee	127,020	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,788,902	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,563,436)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,563,436)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? [Not Complete](#) 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 Pavillion of Forest Park

0043778

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	2,086	2,170	\$ 87,331	\$ 40.24	1
2	Assistant Director of Nursing	1,509	1,711	54,369	31.78	2
3	Registered Nurses	27,289	31,893	834,095	26.15	3
4	Licensed Practical Nurses	33,688	37,521	967,641	25.79	4
5	CNAs & Orderlies	96,776	105,478	1,057,731	10.03	5
6	CNA Trainees					6
7	Licensed Therapist	2,241	2,506	63,566	25.37	7
8	Rehab/Therapy Aides	9,614	10,589	145,913	13.78	8
9	Activity Director	1,934	2,209	36,623	16.58	9
10	Activity Assistants	12,172	13,218	107,585	8.14	10
11	Social Service Workers	8,291	9,177	144,077	15.70	11
12	Dietician	406	418	6,120	14.64	12
13	Food Service Supervisor	1,902	1,998	43,611	21.83	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,802	5,346	58,491	10.94	15
16	Dishwashers	20,775	23,155	189,449	8.18	16
17	Maintenance Workers	5,673	6,197	94,023	15.17	17
18	Housekeepers	24,115	26,191	227,925	8.70	18
19	Laundry	8,373	9,335	78,348	8.39	19
20	Administrator	1,768	1,939	84,336	43.49	20
21	Assistant Administrator	2,319	2,545	57,427	22.56	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,361	10,288	134,924	13.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,995	2,034	27,068	13.31	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	277,089	305,918	\$ 4,500,653 *	\$ 14.71	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	429	\$ 18,338	01-03	35
36	Medical Director	Monthly	22,800	09-03	36
37	Medical Records Consultant	Monthly	460	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,970	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	885	35,936	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	32	1,568	11-03	44
45	Social Service Consultant	43	2,295	12-03	45
46	Other(specify) Therapy Consult.	63	2,532	10a-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,452	\$ 86,899		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	16	\$ 1,384	10-03	50
51	Licensed Practical Nurses	6,184	216,853	10-03	51
52	Certified Nurse Assistants/Aides	1,133	26,078	10-03	52
53	TOTAL (lines 50 - 52)	7,333	\$ 244,315		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pavillion of Forest Park

Report Period Beginning: 01/01/06 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2003	6 FY2004	7 FY2005	8 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
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8													
9													
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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? Aides Only
- (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? _____
- (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. \$ 330 Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 127,020
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? See Page 11 For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? None
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? _____
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT