

		FOR BHF USE					

LL1

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

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

I. IDPH Facility ID Number: 0024463

Facility Name: Peterson Park Health Care Center

Address: 6141 North Pulaski Road Chicago 60646
 Number City Zip Code

County: Cook

Telephone Number: (773) 478-2000 **Fax #** (773) 478-8408

HFS ID Number: _____

Date of Initial License for Current Owners: 01/01/78

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 checked="" 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 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: Bob Kagda **Telephone Number:** (847)-675-3585

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) <u>Partner</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Bob Kagda</u> <u>Partner</u>	
	(Firm Name & Address) <u>Krupnick, Bokor, Kagda & Brooks, Ltd.</u> <u>3750 W. Devon Ave. Lincolnwood, IL 60712-1124</u>	
	(Telephone) <u>(847)-675-3585</u> Fax # <u>(847) 675-5777</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

Facility Name & ID Number Peterson Park Health Care Center

0024463 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 _____

	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>93</u>	Skilled (SNF)	<u>93</u>	<u>33,945</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>95</u>	Intermediate (ICF)	<u>95</u>	<u>34,675</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>188</u>	TOTALS	<u>188</u>	<u>68,620</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>6,848</u>	<u>550</u>	<u>3,850</u>	<u>11,248</u>	8
9	SNF/PED					9
10	ICF	<u>49,416</u>	<u>2,316</u>	<u>330</u>	<u>52,062</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>56,264</u>	<u>2,866</u>	<u>4,180</u>	<u>63,310</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.26%

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

1,143 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

YES NO

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

YES NO

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

Date started 01/01/78

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

YES Date 12/86 NO

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

YES NO If YES, enter number of beds certified 17 and days of care provided 3,846

Medicare Intermediary Administar

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Peterson Park Health Care Center # 0024463 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	309,433	33,494	10,270	353,197		353,197		353,197			1
2	Food Purchase		326,930		326,930	(38,581)	288,349	(147)	288,202			2
3	Housekeeping	157,565	20,536		178,101		178,101		178,101			3
4	Laundry	86,647	16,668		103,315		103,315		103,315			4
5	Heat and Other Utilities			190,234	190,234		190,234	6,460	196,694			5
6	Maintenance	71,730		62,330	134,060		134,060	7,438	141,498			6
7	Other (specify):*											7
8	TOTAL General Services	625,375	397,628	262,834	1,285,837	(38,581)	1,247,256	13,751	1,261,007			8
	B. Health Care and Programs											
9	Medical Director			3,675	3,675		3,675		3,675			9
10	Nursing and Medical Records	2,569,618	166,436	22,702	2,758,756		2,758,756		2,758,756			10
10a	Therapy		342	4,879	5,221		5,221		5,221			10a
11	Activities	229,276	32,209	7,049	268,534		268,534		268,534			11
12	Social Services	219,367	912	7,955	228,234		228,234		228,234			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,018,261	199,899	46,260	3,264,420		3,264,420		3,264,420			16
	C. General Administration											
17	Administrative	210,174		564,686	774,860		774,860	(473,470)	301,390			17
18	Directors Fees											18
19	Professional Services			156,172	156,172		156,172	(63,155)	93,017			19
20	Dues, Fees, Subscriptions & Promotions			42,977	42,977		42,977	(12,227)	30,750			20
21	Clerical & General Office Expenses	125,983	32,474	119,315	277,772		277,772	204,006	481,778			21
22	Employee Benefits & Payroll Taxes			627,132	627,132	38,581	665,713	54,067	719,780			22
23	Inservice Training & Education											23
24	Travel and Seminar			529	529		529		529			24
25	Other Admin. Staff Transportation			13,385	13,385		13,385	(4,823)	8,562			25
26	Insurance-Prop.Liab.Malpractice			22,976	22,976		22,976	190,154	213,130			26
27	Other (specify):*							3,244	3,244			27
28	TOTAL General Administration	336,157	32,474	1,547,172	1,915,803	38,581	1,954,384	(102,204)	1,852,180			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,979,793	630,001	1,856,266	6,466,060		6,466,060	(88,453)	6,377,607			29

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

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

Peterson Park Health Care Center
0024463
COST REPORT RECLASSIFICATIONS
01/01/06
12/31/06

SCHEDULE V
LINE #

22	EMPLOYEE BENEFITS	38,581
2	FOOD	38,581

To reclass cost of employee meals from raw food to employee benefits

33	REAL ESTATE TAX	
19	PROFESSIONAL FEES	

To reclass cost of appealing real estate taxes

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Peterson Park Health Care Center #0024463 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							207,016	207,016			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			124,662	124,662		124,662	243,525	368,187			32
33	Real Estate Taxes							240,120	240,120			33
34	Rent-Facility & Grounds			1,094,760	1,094,760		1,094,760	(1,094,760)				34
35	Rent-Equipment & Vehicles			2,376	2,376		2,376		2,376			35
36	Other (specify):* From Page 6							30,440	30,440			36
37	TOTAL Ownership			1,221,798	1,221,798		1,221,798	(373,659)	848,139			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	72,712	235,595	111,618	419,925		419,925		419,925			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			102,930	102,930		102,930		102,930			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	72,712	235,595	214,548	522,855		522,855		522,855			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,052,505	865,596	3,292,612	8,210,713		8,210,713	(462,112)	7,748,601			45

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

Report Period Beginning: 01/01/06

Ending: 12/31/06

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	127,748	30		9
10	Interest and Other Investment Income	(114,213)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(147)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,130)	20		19
20	Contributions	(3,140)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,000)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(20,774)	21		24
25	Fund Raising, Advertising and Promotional	(8,056)	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	(96,668)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (125,380)		\$	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)	(336,732)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (336,732)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (462,112)		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

Peterson Park Health Care Center

ID# 0024463

Report Period Beginning: 01/01/06

Ending: 12/31/06

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Adjustments from Peterson Park Realty:	\$		1
2	Bank Charges	(1,530)	21	2
3	State Replacement Taxes	(900)	21	3
4	Mtge Costs	(6,239)	36	4
5	Collection Fees	(939)	19	5
6	Depreciation Round off adj	1	30	6
7	Auto Expense	(13,132)	25	7
8	Deferred Maintenance	398	6	8
9	Marketing	(74,327)	19	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(96,668)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Peterson Park Health Care Center

0024463

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(147)	0	0	0	0	0	0	0	0	0	0	(147)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	6,460	0	0	0	0	0	0	0	0	6,460	5
6	Maintenance	398	0	7,040	0	0	0	0	0	0	0	0	7,438	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	251	0	13,500	0	0	0	0	0	0	0	0	13,751	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	(348,686)	(124,784)	0	0	0	0	0	0	0	(473,470)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(83,266)	8,474	11,637	0	0	0	0	0	0	0	0	(63,155)	19
20	Fees, Subscriptions & Promotions	(13,326)	250	849	0	0	0	0	0	0	0	0	(12,227)	20
21	Clerical & General Office Expenses	(23,204)	2,430	224,780	0	0	0	0	0	0	0	0	204,006	21
22	Employee Benefits & Payroll Taxes	0	0	54,067	0	0	0	0	0	0	0	0	54,067	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(13,132)	0	8,309	0	0	0	0	0	0	0	0	(4,823)	25
26	Insurance-Prop.Liab.Malpractice	0	185,910	4,244	0	0	0	0	0	0	0	0	190,154	26
27	Other (specify):*	0	0	0	3,244	0	0	0	0	0	0	0	3,244	27
28	TOTAL General Administration	(132,928)	197,064	(44,800)	(121,540)	0	(102,204)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(132,677)	197,064	(31,300)	(121,540)	0	(88,453)	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Peterson Park Health Care Center

0024463

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	127,749	68,366	10,901	0	0	0	0	0	0	0	0	207,016	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(114,213)	345,415	12,323	0	0	0	0	0	0	0	0	243,525	32
33	Real Estate Taxes	0	228,029	12,091	0	0	0	0	0	0	0	0	240,120	33
34	Rent-Facility & Grounds	0	(1,094,760)	0	0	0	0	0	0	0	0	0	(1,094,760)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(6,239)	36,679	0	0	0	0	0	0	0	0	0	30,440	36
37	TOTAL Ownership	7,297	(416,271)	35,315	0	0	0	0	0	0	0	0	(373,659)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(125,380)	(219,207)	4,015	(121,540)	0	(462,112)	45						

Facility Name & ID Number Peterson Park Health Care Center

0024463

Report Period Beginning:

01/01/06

Ending:

12/31/06

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See schedule		Embassy Care Cener	Wilmington	See Schedule		

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)
1	V	34 Rent	\$ 1,094,760	Peterson Park Realty		\$	\$ (1,094,760)
2	V	32 Interest Expense		Peterson Park Realty		347,933	347,933
3	V	20 License and Fees		Peterson Park Realty		250	250
4	V	30 Depreciation		Peterson Park Realty		68,366	68,366
5	V	21 Bank Charges		Peterson Park Realty		1,530	1,530
6	V	36 Amort of Mtge Costs		Peterson Park Realty		6,239	6,239
7	V	19 Accounting		Peterson Park Realty		8,474	8,474
8	V	33 RE Tax Expense		Peterson Park Realty		228,029	228,029
9	V	26 Insurance		Peterson Park Realty		185,910	185,910
10	V	32 Interest Income		Peterson Park Realty		(2,518)	(2,518)
11	V	36 Mortgage Insurance		Peterson Park Realty		30,440	30,440
12	V	21 State Replacemnt Tax		Peterson Park Realty		900	900
13	V						
14	Total		\$ 1,094,760			\$ 875,553	\$ * (219,207)

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

Facility Name & ID Number Peterson Park Health Care Center# 0024463Report Period Beginning: 01/01/06Ending: 12/31/06

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Management Fees	\$ 564,686	Future Associates		\$	(564,686)	15
16	V	5 Utilities		Future Associates		6,460	6,460	16
17	V	6 Maintenance		Future Associates		7,040	7,040	17
18	V	17 Administrative		Future Associates		216,000	216,000	18
19	V	19 Professional Fees		Future Associates		11,637	11,637	19
20	V	21 Clerical and General	36,156	Future Associates		260,936	224,780	20
21	V	22 Employee Benefits		Future Associates		54,067	54,067	21
22	V	25 Auto Expense		Future Associates		8,309	8,309	22
23	V	26 Insurance Expense		Future Associates		4,244	4,244	23
24	V	30 Depreciation		Future Associates		10,901	10,901	24
25	V	32 Interest Expense		Future Associates		12,323	12,323	25
26	V	33 Real Estate Taxes		Future Associates		12,091	12,091	26
27	V	20 License, Dues, Fees		Future Associates		849	849	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		\$ 600,842			\$ 604,857	\$ * 4,015	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	17 Salary Ron Shabat	\$	Shabat & Associates		\$ 91,216	\$ 91,216	15
16	V	27 Payroll Taxes		Shabat & Associates		3,244	3,244	16
17	V	17 Management Fees (from Future)	216,000	Future Associates			(216,000)	17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 216,000			\$ 94,460	\$ * (121,540)	39

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

Facility Name & ID Number Peterson Park Health Care Center # 0024463 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	Ronald Shabat	Director	Administrative	43.09		25	67.00	Salary	\$ 52,000	17-1	1
2	Ronald Shabat	Director	Administrative	43.09		25	67.00	Allocated	91,216	17-7	2
3	Menachem Shabat	Administrator	Administrative	6.38		40	67.00	Salary	114,998	17-1	3
4	Nachshon Draiman	Director	Administrative	35.64		15	25.00				4
5	Accrual adjustment								(10,149)		5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 248,065		13

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

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

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 Future Associates
 Street Address 7514 N. Skokie Blvd
 City / State / Zip Code Skokie, IL
 Phone Number (847)982-1195
 Fax Number (847)982-0992

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Management Fees	958,016	2	\$ 10,959	\$ 564,686	\$ 6,460	1
2	6	Maintenance	Management Fees	958,016	2	11,944	564,686	7,040	2
3	17	Administrative	Direct allocation		2	232,600		216,000	3
4	19	Professional Fees	Management Fees	958,016	2	19,742	564,686	11,637	4
5	21	Clerical and General	Management Fees	958,016	2	387,143	327,750	228,195	5
6	22	Employee Benefits	Management Fees	958,016	2	87,284	564,686	51,448	6
7	25	Auto Expense	Management Fees	958,016	2	14,097	564,686	8,309	7
8	26	Insurance Expense	Management Fees	958,016	2	7,200	564,686	4,244	8
9	30	Depreciation	Management Fees	958,016	2	18,494	564,686	10,901	9
10	32	Interest Expense	Management Fees	958,016	2	20,907	564,686	12,323	10
11	33	Real Estate Taxes	Management Fees	958,016	2	20,513	564,686	12,091	11
12	20	License, Dues, Fees	Management Fees	958,016	2	1,440	564,686	849	12
13	21	Clerical and General	Direct allocation		3	100,692	100,692	32,741	13
14	22	Employee Benefits	Direct allocation		3	8,057		2,619	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 941,072	\$ 428,442	\$ 604,857	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Heartland Bank		X	Mortgage	\$39,040.46	10/16/04	\$ 6,296,100	\$ 6,040,615	11/01/29	5.6000	\$ 342,331	1								
2												2								
3	IL. Dept of Revenue										47	3								
4	Allocation from Future										12,323	4								
5												5								
Working Capital																				
6	BankFinancial, F.S.B.		X	Line of Credit			1,000,000	1,289,679			112,124	6								
7	Insurance		X								5,702	7								
8	Illinois Provider Asses		X								10,292	8								
9	TOTAL Facility Related				\$39,040.46		\$ 7,296,100	\$ 7,330,294			\$ 482,819	9								
B. Non-Facility Related*																				
10	Interest Income (Realty)	X									(2,518)	10								
11	Interest Income	X									(114,213)	11								
12	Other										2,099	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (114,632)	14								
15	TOTALS (line 9+line14)						\$ 7,296,100	\$ 7,330,294			\$ 368,187	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 30,440 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

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

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Peterson Park Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0024463

CONTACT PERSON REGARDING THIS REPORT Bob Kagda

TELEPHONE (847) 675-3585 FAX #: (847) 675-5777

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>10-28-408-025</u>	<u>Management Office</u>	\$ <u>16,751.44</u>	\$ <u>2,805.00</u>
2. <u>10-28-408-026</u>	<u>Management Office</u>	\$ <u>8,136.37</u>	\$ <u>1,362.00</u>
3. <u>10-28-408-027</u>	<u>Management Office</u>	\$ <u>8,136.37</u>	\$ <u>1,362.00</u>
4. <u>10-28-408-028</u>	<u>Management Office</u>	\$ <u>16,773.08</u>	\$ <u>2,809.00</u>
5. <u>10-28-408-029</u>	<u>Management Office</u>	\$ <u>16,773.08</u>	\$ <u>2,809.00</u>
6. <u>10-28-408-030</u>	<u>Management Office</u>	\$ <u>1,768.02</u>	\$ <u>296.00</u>
7. <u>10-28-408-031</u>	<u>Management Office</u>	\$ <u>1,768.02</u>	\$ <u>296.00</u>
8. <u>13-02-115-052-0000</u>	<u>Facility</u>	\$ <u>224,029.00</u>	\$ <u>224,029.00</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>294,135.38</u>	\$ <u>235,768.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

Facility Name & ID Number Peterson Park Health Care Center

0024463 Report Period Beginning:

01/01/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,900 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 2

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>1986</u>	<u>\$ 283,071</u>	1
2					2
3	TOTALS			\$ 283,071	3

Facility Name & ID Number Peterson Park Health Care Center

0024463

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	188		1986		\$ 2,548,850		35	\$ 72,824	\$ 72,824	\$ 1,462,550	4
5	Alloc LCF		1986		128,105		30	4,270	4,270	85,759	5
6	Alloc LCF		1987		3,073	98	31.5	98		1,903	6
7											7
8											8
	Improvement Type**										
9	Various		1979		4,800					4,800	9
10	Various		1981		57,728					57,728	10
11	Various		1982		11,967					11,967	11
12	Various		1983		3,440					3,440	12
13	Various		1984		12,700					12,700	13
14	Various		1985		98,707					98,707	14
15	Various		1986		42,087		19			42,087	15
16	Various		1987		17,729	563	31	572	9	11,302	16
17	Various		1988		35,577	1,129	31	1,147	18	21,027	17
18	Various		1989		14,591	463	31	470	7	8,179	18
19	Various		1990		27,693	879	31	894	15	14,649	19
20	Various		1991		62,352	1,980	20	3,118	1,138	47,580	20
21	Various		1992		10,152	322	20	508	186	7,618	21
22	Various		1993		21,815	247	20	1,092	845	14,855	22
23	Various		1994		264,384	5,873	20	13,226	7,353	162,098	23
24	Various		1995		103,507	2,757	20	5,176	2,419	59,283	24
25	Various		1996		35,086	956	20	1,757	801	18,552	25
26	Various		1997		62,950	1,615	20	3,150	1,535	29,600	26
27	Various		1998		49,698	1,275	20	2,487	1,212	21,676	27
28	Various		1999		87,532	2,489	20	4,383	1,894	34,264	28
29	Various		2000		188,443	4,839	20	9,427	4,588	61,503	29
30	Various		2001		73,918	1,897	20	3,700	1,803	20,982	30
31	Various		2002		350,099	8,977	20	17,508	8,531	78,772	31
32	Heat & A/C Motor		01/02/03		1,274	32	20	64	32	223	32
33	New fan, 26" blade		01/02/03		652	17	20	32	15	114	33
34	New smoke detector assembly		01/26/03		865	22	20	43	21	151	34
35	Bathroom remodeling		01/29/03		4,595	117	20	230	113	804	35
36	Roof repairs		02/03/03		715	18	20	36	18	125	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Peterson Park Health Care Center

0024463

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	
37	Installed CCTV for lobby	02/07/03	\$ 1,447	\$ 37	20	\$ 72	\$ 35	\$ 253	37
38	Three compmnt. sink w/drains	02/07/03	950	24	20	47	23	166	38
39	Install CCTV main dining room	02/07/03	1,237	32	20	62	30	217	39
40	Two pipe freezing unit	02/11/03	946	24	20	48	24	166	40
41	B7G motor assembly	02/17/03	2,360	60	20	118	58	413	41
42	Recirculating pump on storage tank	02/21/03	750	20	20	37	17	131	42
43	Nurses call system	03/01/03	765	19	20	38	19	134	43
44	Install CCTV o/s delivery door	03/28/03	1,286	33	20	64	31	225	44
45	Install CCTV basement	03/28/03	1,382	35	20	69	34	242	45
46	Roof repairs	04/10/03	660	17	20	33	16	116	46
47	Defrost clock walk in freezer	04/16/03	573	15	20	28	13	100	47
48	Leak in baseboard	04/29/03	1,161	29	20	58	29	203	48
49	Cedar fencing	05/08/03	2,800	72	20	140	68	490	49
50	Nurses station 2nd floor	05/16/03	550	14	20	27	13	96	50
51	Stockade fencing	06/04/03	1,880	48	20	94	46	329	51
52	Elevator communication system	06/12/03	887	23	20	44	21	155	52
53	Electrical svce basement, cctv panel	06/12/03	532	13	20	27	14	93	53
54	Electrical svce in kitchen	06/12/03	813	21	20	40	19	142	54
55	Telephone svce, outlets, lines	06/12/03	716	18	20	35	17	125	55
56	Montiring system for CCTV	06/12/03	1,044	27	20	53	26	183	56
57	Elevator repairs	06/30/03	10,591	272	20	529	257	1,853	57
58	Verical sewerage pump	07/11/03	5,813	149	20	290	141	1,017	58
59	Patio door	07/29/03	5,774	148	20	289	141	1,011	59
60	Circuit breakers elect svce	08/25/03	942	24	20	47	23	165	60
61	Nurses call system 2nd floor	08/25/03	817	21	20	41	20	153	61
62	B&G circulating pump	08/25/03	3,845	99	20	192	93	673	62
63	Parking lot repaving	09/12/03	5,100	130	20	255	125	893	63
64	Pump motor	09/12/03	829	21	20	41	20	145	64
65	Johnson controls	10/21/03	1,146	29	20	58	29	201	65
66	Walk in cooler leaks & short cycles	10/29/03	941	24	20	47	23	165	66
67	Telephone svce, in basement	11/28/03	800	20	20	40	20	140	67
68	Duct control panel	12/30/03	10,800	277	20	540	263	1,890	68
69	Front door locking system	01/07/04	716	18	20	36	18	90	69
70	TOTAL (lines 4 thru 69)		\$ 4,395,937	\$ 38,378		\$ 149,751	\$ 111,373	\$ 2,407,373	70

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

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		\$ 4,460,242	\$ 40,023		\$ 152,966	\$ 112,943	\$ 2,415,412	1
2	Public address sound system	12/30/04	1,151	29	20	58	29	144	2
3	Cable to office; install speaker kit	01/07/05	786	20	20	39	19	59	3
4	Rear door alarm	01/07/05	670	18	20	33	15	50	4
5	Ceiling mounted tracks	01/17/05	1,047	27	20	53	26	79	5
6	Pump motor & flame contol	01/27/05	4,362	112	20	218	106	327	6
7	Install pump in pit	02/10/05	2,906	75	20	145	70	218	7
8	Nurses call system	03/01/05	669	17	20	33	16	50	8
9	Electric service in basement	03/01/05	808	21	20	41	20	61	9
10	New awning	03/14/05	2,100	53	20	105	52	158	10
11	Replace copper pipe	03/31/05	720	18	20	36	18	54	11
12	Kitchen ceiling light lines;on off switches	04/14/05	1,042	27	20	52	25	78	12
13	Update north nurse call station	05/02/05	654	17	20	33	16	49	13
14	Electric service 2nd floor north	05/02/05	742	19	20	37	18	56	14
15	Monitoring system to rear pkg lot	06/01/05	1,398	36	20	70	34	105	15
16	Installation of exterior insulation	06/15/05	4,000	102	20	200	98	300	16
17	Electric service 2nd floor end rooms	07/05/05	732	18	20	37	19	55	17
18	New fence	07/14/05	14,000	359	20	700	341	732	18
19	Roof caulk,membrane & rubberized coat	08/01/05	1,250	32	20	63	31	94	19
20	6 A/C	08/08/05	2,936	76	20	147	71	220	20
21	Lobby & conference room carpeting	08/08/05	3,301	84	20	165	81	248	21
22	Door monitoring system	09/12/05	4,870	125	20	243	118	365	22
23	Electric service 1st floor south	09/28/05	929	24	20	47	23	70	23
24	Rebuilt new blower assembly	10/21/05	3,243	83	20	162	79	243	24
25	Nurses call system 2 south	10/26/05	676	17	20	34	17	51	25
26	4 new thermocouples	01/01/06	1,063	26	20	27	1	27	26
27	Video monitoring system	01/01/06	874	21	20	22	1	22	27
28	Hot water circ pump	01/01/06	1,460	36	20	37	1	37	28
29	Roof top condenser	01/01/06	537	13	20	13		13	29
30	Welded plate for storage tank	01/16/06	1,500	37	20	38	1	38	30
31	60 amp cartridge fuse	02/06/06	656	15	20	16	1	16	31
32	Cooler compressor	02/13/06	1,933	43	20	48	5	48	32
33	New wall panel system for elevator	02/22/06	12,247	275	20	306	31	306	33
34	TOTAL (lines 1 thru 33)		\$ 4,535,504	\$ 41,898		\$ 156,224	\$ 114,326	\$ 2,419,785	34

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

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 12A, Carried Forward		\$ 4,395,937	\$ 38,378		\$ 149,751	\$ 111,373	\$ 2,407,373	1
2	2nd floor nurse call system	01/07/04	685	18	20	35	17	86	2
3	2nd floor electrical problem	01/07/04	683	18	20	34	16	85	3
4	CCTV service	01/07/04	1,151	29	20	58	29	144	4
5	Fire dampers actuators	01/15/04	1,424	36	20	71	35	178	5
6	Telephone system	02/29/04	10,557	270	20	528	258	1,320	6
7	Design service	02/29/04	13,045	335	20	653	318	1,631	7
8	Install latching alarm system	03/15/04	1,137	29	20	57	28	142	8
9	Electrical outlets, wall mounts	03/15/04	688	17	20	34	17	86	9
10	Install wall mount, call button & display	03/15/04	738	19	20	37	18	92	10
11	Digital recorder for CCTV	03/22/04	1,544	40	20	77	37	193	11
12	Floor drains	04/12/04	1,074	28	20	53	25	134	12
13	Tele svce in basement	05/05/04	1,275	33	20	63	30	159	13
14	Remove shower base, reinforce walls	05/23/04	2,200	56	20	110	54	275	14
15	Remove shower base, reinforce walls	05/23/04	2,200	56	20	110	54	275	15
16	Tile work 4 bathrooms	05/28/04	4,525	116	20	227	111	566	16
17	Video monitoring system	06/29/04	1,590	41	20	80	39	199	17
18	Electrical outlets, circuit breakers	06/29/04	942	24	20	47	23	118	18
19	12 A/C units	06/30/04	6,262	160	20	313	153	783	19
20	Install 220 volt outlet kitchen	06/30/04	553	14	20	27	13	69	20
21	New toilet	07/28/04	650	17	20	32	15	81	21
22	Elec service kitchen	08/20/04	575	15	20	29	14	72	22
23	Elec service 1st floor	08/31/04	542	14	20	27	13	68	23
24	Review alarm system	09/22/04	893	22	20	45	23	112	24
25	Doors	09/24/04	651	16	20	32	16	81	25
26	Route drain lines, new faucets	09/26/04	1,080	27	20	54	27	135	26
27	Cement sidewalk	09/27/04	1,000	26	20	50	24	125	27
28	Rerun return electric cables	10/22/04	699	18	20	35	17	87	28
29	Repair 4" drain pipe	11/20/04	630	16	20	32	16	79	29
30	Drain Lines, pipe fittings	11/30/04	920	23	20	46	23	115	30
31	Roof repairs	11/30/04	850	21	20	42	21	106	31
32	Drain line outside bldg	12/19/04	2,600	67	20	130	63	325	32
33	Install 220 amp outlet	12/27/04	942	24	20	47	23	118	33
34	TOTAL (lines 1 thru 33)		\$ 4,460,242	\$ 40,023		\$ 152,966	\$ 112,943	\$ 2,415,412	34

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

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 12C, Carried Forward		\$ 4,535,504	\$ 41,898		\$ 156,224	\$ 114,326	\$ 2,419,785	1
2	Pedestrian door weather stripping	03/17/06	857	17	20	21	4	21	2
3	New door keys	03/30/06	1,953	40	20	49	9	49	3
4	Base for Medroom	05/18/06	1,618	26	20	40	14	40	4
5									5
6	Video monitoring system Adm	05/31/06	988	16	20	25	9	25	6
7	A/C repair bad comp. and motor	06/07/06	826	11	20	11		11	7
8	Medrooms base & sink	06/21/06	2,438	34	20	61	27	61	8
9	A/C added bullet valves	06/22/06	883	12	20	22	10	22	9
10	Tuner for phone system	07/12/06	546	6	20	14	8	14	10
11	Install 1st floor circuit breaker	07/21/06	621	7	20	16	9	16	11
12	4 mop sink faucets	07/26/06	1,532	18	20	38	20	38	12
13	Electrical mtr for circulating pump	08/31/06	1,620	16	20	41	25	41	13
14	Install feed thru circuit breaker	09/08/06	732	5	20	18	13	18	14
15	20 amp 1 pole feed	09/20/06	746	6	20	19	13	19	15
16	40 bathroom exhaust fans	10/10/06	1,737	9	20	43	34	43	16
17	Elec svce to sunshine room	10/25/06	521	3	20	13	10	13	17
18	New hot water heater	12/27/06	10,000	11	20	250	239	250	18
19	Replace toilets & faucets	12/27/06	620	1	20	16	15	16	19
20	Install hot water htr replace copper line	12/27/06	2,100	2	20	53	51	53	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,565,842	\$ 42,138		\$ 156,974	\$ 114,836	\$ 2,420,535	34

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

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		\$ 4,565,842	\$ 42,138		\$ 156,974	\$ 114,836	\$ 2,420,535	1	
2	Alloc from LCF	1987	17,631	560	31.5	560		10,774	2	
3	Alloc from LCF	1988	990	31	31.5	31		576	3	
4	Alloc from LCF	1989	368	12	31.5	12		202	4	
5	Alloc from LCF	1993	10,241	262	39	262		3,509	5	
6	Alloc from LCF	1994	15,616	400	39	400		4,986	6	
7	Alloc from LCF	2001	4,349	111	39	111		612	7	
8	Alloc from LCF-5 Ton Trane A/C	2002	1,066	27	39	27		120	8	
9	Alloc from LCF-Office Remodeling	2003	647	17	39	17		48	9	
10	Alloc from LCF-Electrical	2004	2,242	Columns 5 to 9 included on line12						10
11	Alloc from LCF-Roof	2004	291	63	39	63		176	11	
12	Alloc from LCF 2006:								12	
13	Various blower mtrs, control board	2006	328	Columns 5 to 9 included on line17						13
14	Parking lot drainage pump	2006	159	Columns 5 to 9 included on line17						14
15	Catch basin	2006	499	Columns 5 to 9 included on line17						15
16	Remove, replace drywalls,studs	2006	489	Columns 5 to 9 included on line17						16
17	10' water guard, sump pump	2006	384	32	39	32		32	17	
18	Alloc from Future Associates	1987	55,564	1,764	31.5	1,792	28	35,643	18	
19	Alloc from Future Associates	1994	16,251	220	Var	220		10,409	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25									25	
26									26	
27									27	
28									28	
29									29	
30									30	
31									31	
32									32	
33									33	
34	TOTAL (lines 1 thru 33)		\$ 4,692,957	\$ 45,637		\$ 160,501	\$ 114,864	\$ 2,487,622	34	

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

Facility Name & ID Number Peterson Park Health Care Center # 0024463 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	\$ 381,017	\$ 27,830	\$ 38,406	\$ 10,576	10	\$ 234,241	71
72	Current Year Purchases	17,164	3,349	858	(2,491)	10	858	72
73	Fully Depreciated Assets	831,761	940	5,739	4,799	5-10	831,761	73
74								74
75	TOTALS	\$ 1,229,942	\$ 32,119	\$ 45,003	\$ 12,884		\$ 1,066,860	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	Allocation from Future			\$	\$	\$	\$	5	\$	76
77	Allocation from Future			135,997	1,512	1,512			85,169	77
78										78
79										79
80	TOTALS			\$ 135,997	\$ 1,512	\$ 1,512	\$		\$ 85,169	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)	\$ 6,341,967	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 79,268	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 207,016	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 127,748	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,639,651	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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								5
6								6
7	TOTAL				\$			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: \$ 2,376 Description: Postage 559; Scale 1375; Other Rental 442

(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.

Facility Name & ID Number Peterson Park Health Care Center # 0024463 Report Period Beginning: 01/01/06 Ending: 12/31/06

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$		1	
2	Licensed Speech and Language Development Therapist		hrs								2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	39-1	2520 hrs	72,712				2,520	72,712		4	
5	Physician Care		visits								5	
6	Dental Care		visits								6	
7	Work Related Program		hrs								7	
8	Habilitation		hrs								8	
9	Pharmacy	39-2	# of prescrpts				212,131		212,131		9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Exceptional Care Program										12	
13	Other (specify):	39-2;39-3				111,618	23,464		135,082		13	
14	TOTAL			\$ 72,712		\$ 111,618	\$ 235,595	2,520	\$ 419,925		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.

Peterson Park Health Care Center

0024463

01/01/06 to

12/31/06

Page16 Supplemnt

Special Services - Supplies - (Column 6 -Other)

1 Med Tube : Ent., & Urol

39-2

125

2 Equipment Rental

39-2

23339

Total

23464

Outside Therapies (Column 5- Other)

1 Respiratory Therapy

39-3

20267

2 Lab & XRay

39-3

9900

3 Outside Therapy Company

39-3

81451

Total

111618

Facility Name & ID Number Peterson Park Health Care Center# 0024463Report 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	\$ 1,250	\$ 1,306	1
2	Cash-Patient Deposits	84,222	84,222	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>200,000</u>)	1,962,372	1,962,576	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,404	171,865	6
7	Other Prepaid Expenses	80	3,404	7
8	Accounts Receivable (owners or related parties)	955,184	5,898,940	8
9	Other(specify):	7,500	670,012	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,023,012	\$ 8,792,325	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		102,484	13
14	Buildings, at Historical Cost		2,548,850	14
15	Leasehold Improvements, at Historical Cost		1,744,051	15
16	Equipment, at Historical Cost		1,242,807	16
17	Accumulated Depreciation (book methods)		(4,225,644)	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):		173,133	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 1,585,681	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,023,012	\$ 10,378,006	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 975,794	\$ 1,180,354	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	85,641	85,641	28
29	Short-Term Notes Payable	1,289,679	1,289,679	29
30	Accrued Salaries Payable	595,698	595,698	30
31	Accrued Taxes Payable (excluding real estate taxes)	673,034	673,034	31
32	Accrued Real Estate Taxes(Sch.IX-B)		226,000	32
33	Accrued Interest Payable	9,162	37,352	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,629,008	\$ 4,087,758	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,040,615	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,040,615	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,629,008	\$ 10,128,373	46
47	TOTAL EQUITY(page 18, line 24)	\$ (605,996)	\$ 249,633	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,023,012	\$ 10,378,006	48

*(See instructions.)

STATE OF ILLINOIS

Facility Name & ID Numb Peterson Park Health Care Center

0024463

Report Period Beginning 01/01/06

Ending: 12/31/06

SUPPLEMENTAL SCHEDULE OF OTHER ASSETS & LIABILITIES

As of 12/31/06

OTHER CURRENT ASSETS:	<u>Amount</u>	<u>Amount</u>
Real Estate Tax Escrow		122,766
Employee Advances	7,500	7,500
Insurance Escrows		39,375
Repalcement & Repairs Escrows		500,371
	<u>7,500</u>	<u>670,012</u>

OTHER CURRENT LIABILITIES:	<u>Amount</u>	<u>Amount</u>
Accrued Expenses		
	<u> </u>	<u> </u>

OTHER NON CURRENT ASSETS:		
Construction In Progress		30,168
Utility Deposit		
Mortgage Costs - Net Exchange		142,965
	<u> </u>	<u>173,133</u>

OTHER NON CURRENT LIABILITIES:		
	<u> </u>	<u> </u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (731,448)	1
2	Restatements (describe):		2
3	Round off adj	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (731,447)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	144,251	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	(18,800)	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)	\$ 125,451	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)	\$ (605,996)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Peterson Park Health Care Center# 0024463Report Period Beginning: 01/01/06Ending: 12/31/06**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,058,883	1
2	Discounts and Allowances for all Levels	(490,574)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,568,309	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	380,967	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 380,967	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	133,048	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	16,781	20
21	Other Medical Services	38,496	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 188,325	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	114,213	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 114,213	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Adj of Prior Period Expenses</u>	103,150	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 103,150	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,354,964	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,285,837	31
32	Health Care	3,264,420	32
33	General Administration	1,915,803	33
B. Capital Expense			
34	Ownership	1,221,798	34
C. Ancillary Expense			
35	Special Cost Centers	419,925	35
36	Provider Participation Fee	102,930	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,210,713	40
41	Income before Income Taxes (line 30 minus line 40)**	144,251	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 144,251	43

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

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

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

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

Facility Name & ID Number Peterson Park Health Care Center

0024463

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,964	2,348	\$ 111,058	\$ 47.30	1
2	Assistant Director of Nursing	1,733	1,923	62,101	32.29	2
3	Registered Nurses	34,304	40,086	1,097,548	27.38	3
4	Licensed Practical Nurses	4,096	4,867	99,827	20.51	4
5	CNAs & Orderlies	94,657	103,372	1,163,970	11.26	5
6	CNA Trainees					6
7	Licensed Therapist	2,254	2,520	72,712	28.85	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	17,972	19,613	229,276	11.69	10
11	Social Service Workers	13,182	14,723	219,367	14.90	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	23,255	25,808	309,433	11.99	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	5,323	5,846	71,730	12.27	17
18	Housekeepers	16,004	17,566	157,565	8.97	18
19	Laundry	6,827	7,820	86,647	11.08	19
20	Administrator	5,524	5,736	210,174	36.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,767	8,700	125,983	14.48	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	1,825	2,000	35,114	17.56	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	236,687	262,928	\$ 4,052,505 *	\$ 15.41	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	240	\$ 10,270	1-3	35
36	Medical Director	Monthly	3,675	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	6,000	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	86	4,879	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	152	6,969	11-3	44
45	Social Service Consultant	173	7,955	12-3	45
46	Other(specify) Rehab	Monthly	23,045	10-3	46
47	Religious Svce	As Req	80	11-3	47
48					48
49	TOTAL (lines 35 - 48)	651	\$ 62,873		49

C. CONTRACT NURSES

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

SUPPLEMENTAL SCHEDULE OF STAFFING AND SALARY COSTS

B. CONSULTANT SERVICES

<u># of Hrs. Actually Worked</u>	<u># of Hrs. Paid and Accrued</u>	<u>Reporting Period Total Salaries, Wages</u>	<u>Average Hourly Wage</u>
		\$	\$
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>#####</u>

Facility Name & ID Number Peterson Park Health Care Center

0024463

Report Period Beginning: 01/01/06

Ending: 12/31/06

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Ronald Shabat	Admin	43.09	\$ 52,000	Workers' Compensation Insurance	\$ 81,200	IDPH License Fee	\$	
Menachem Shabat	Admin	6.38	114,998	Unemployment Compensation Insurance	26,976	Advertising: Employee Recruitment	13,720	
Igor Shneyderman	Admin		53,325	FICA Taxes	305,363	Health Care Worker Background Check		
Year End Accrual Adjustments			(10,149)	Employee Health Insurance	58,007	(Indicate # of checks performed 255)	3,458	
				Employee Meals	38,581	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Ill Council LTC	9,275	
				Chicago Head Tax	6,540	Licenses & Fees	3,198	
				Health & Welfare Fund	116,763	Advertising	10,186	
				Misc	760	Donations	3,140	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 210,174	Employee Life Insurance	20,513	Alloc from Future(849): Realty (250)	1,099	
(List each licensed administrator separately.)				Allocation from Future	54,067	Less: Public Relations Expense	()	
				Employee Procurement	11,010	Non-allowable advertising	(13,326)	
						Yellow page advertising	()	
B. Administrative - Other						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 30,750	
Description			Amount					
Future Associates			564,686					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 564,686	TOTAL (agree to Schedule V, line 22, col.8)	\$ 719,780			
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
LJ Cohn	Accounting		\$ 27,265			\$	Out-of-State Travel	\$
R Peelo	Med Acctg		4,200					
KBKB	Accounting		8,750					
Neal, Gerber & Eisenberg	Legal		5,341				In-State Travel	
Sachnoff & Weaver	Legal (adj Out)		8,000					
Hamlin Burton	Ins Adjusters		31					
Gallagher, Bassett	Ins Adjusters		19,925					
Property Valuation	RE appraisal		2,500				Seminar Expense	529
Commitment Consulting	Collection		939					
Insurance Service	Ins		3,500					
Personnel Planners	UC Cons		1,395					
Marketing	Mktg		74,326				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 156,172	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 529
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Peterson Park Health Care Center
01/01/06 to 12/31/06

0024463

Page 21 SUPP

Page 21- Professional Services:

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Facility Name & ID Number Peterson Park Health Care Center

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	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Painting & decorating	2005	\$ 1,195	3	\$	\$	\$ 199	\$ 398	\$ 398	\$ 200	\$	\$	\$
2													
3													
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17													
18													
19													
20	TOTALS		\$ 1,195		\$	\$	\$ 199	\$ 398	\$ 398	\$ 200	\$	\$	\$

Facility Name & ID Number Peterson Park Health Care Center

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council of Long Term Care
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 11,350 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? _____
If YES, give effective date of lease. No
- (9) Are you presently operating under a sublease agreement? No YES _____ 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. \$ 102,930
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 38,581 Has any meal income been offset against related costs? _____ 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? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
- 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? _____
Firm Name: No The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.