



Facility Name & ID Number Rosewood Care Center Swansea

# 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

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>120</u>	Skilled (SNF)	<u>120</u>	<u>43,800</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>120</u>	TOTALS	<u>120</u>	<u>43,800</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>12,722</u>	<u>12,722</u>	8
9	SNF/PED					9
10	ICF	<u>2,932</u>	<u>21,651</u>		<u>24,583</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>2,932</u>	<u>21,651</u>	<u>12,722</u>	<u>37,305</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.17%

D. How many bed-hold days during this year were paid by the Department? 3 (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 10/8/1987

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 10/8/1987 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 48 and days of care provided 12,722

Medicare Intermediary Tri-Span

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 6/30/06 Fiscal Year: 6/30/06

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

Facility Name & ID Number      Rosewood Care Center Swansea      #      0032680      Report Period Beginning:      7/1/05      Ending:      6/30/06

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	201,043	20,461	8,604	230,108		230,108	644	230,752			1
2	Food Purchase		159,821		159,821		159,821	(7,070)	152,751			2
3	Housekeeping	138,443	31,868		170,311		170,311		170,311			3
4	Laundry	44,827	26,317		71,144		71,144		71,144			4
5	Heat and Other Utilities			169,543	169,543		169,543		169,543			5
6	Maintenance	28,916	10,584	123,415	162,915		162,915	33,026	195,941			6
7	Other (specify):*    Sanitation			10,175	10,175		10,175		10,175			7
8	<b>TOTAL General Services</b>	413,229	249,051	311,737	974,017		974,017	26,600	1,000,617			8
	<b>B. Health Care and Programs</b>											
9	Medical Director											9
10	Nursing and Medical Records	1,926,097	206,258	170,357	2,302,712		2,302,712		2,302,712			10
10a	Therapy	78,178	7,150	751,549	836,877		836,877	(37,567)	799,310			10a
11	Activities	57,251	4,865	2,200	64,316		64,316		64,316			11
12	Social Services	52,215		2,200	54,415		54,415		54,415			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	2,113,741	218,273	926,306	3,258,320		3,258,320	(37,567)	3,220,753			16
	<b>C. General Administration</b>											
17	Administrative			768,690	768,690		768,690	(597,714)	170,976			17
18	Directors Fees											18
19	Professional Services			8,270	8,270		8,270	50,244	58,514			19
20	Dues, Fees, Subscriptions & Promotions			33,262	33,262		33,262	(8,036)	25,226			20
21	Clerical & General Office Expenses	131,458	34,371	8,016	173,845		173,845	184,514	358,359			21
22	Employee Benefits & Payroll Taxes			334,801	334,801		334,801	31,693	366,494			22
23	Inservice Training & Education											23
24	Travel and Seminar			539	539		539		539			24
25	Other Admin. Staff Transportation			7,381	7,381		7,381	16,153	23,534			25
26	Insurance-Prop.Liab.Malpractice			54,105	54,105		54,105	15,115	69,220			26
27	Other (specify):*											27
28	<b>TOTAL General Administration</b>	131,458	34,371	1,215,064	1,380,893		1,380,893	(308,031)	1,072,862			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,658,428	501,695	2,453,107	5,613,230		5,613,230	(318,998)	5,294,232			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 Rosewood Care Center Swansea #0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			12,220	12,220		12,220	164,784	177,004			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							596,013	596,013			32
33	Real Estate Taxes			76,402	76,402		76,402		76,402			33
34	Rent-Facility & Grounds			1,432,115	1,432,115		1,432,115	(1,419,854)	12,261			34
35	Rent-Equipment & Vehicles			36,147	36,147		36,147		36,147			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,556,884	1,556,884		1,556,884	(659,057)	897,827			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		271,140	69,217	340,357		340,357		340,357			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			65,700	65,700		65,700		65,700			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		271,140	134,917	406,057		406,057		406,057			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,658,428	772,835	4,144,908	7,576,171		7,576,171	(978,055)	6,598,116			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 Rosewood Care Center Swansea

# 0032680

Report Period Beginning: 7/1/05

Ending: 6/30/06

**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	(6,611)	2		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				9
10	Interest and Other Investment Income	(16,382)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(459)	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	(3,000)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(1,621)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(4,818)	20		28
29	Other-Attach Schedule Marketing Salary	(41,435)	21		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (74,326)</b>		<b>\$</b>	<b>30</b>

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)	(903,729)	VAR	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (903,729)</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (978,055)</b>		<b>37</b>

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Rosewood Care Center Swansea

ID# 0032680

Report Period Beginning: 7/1/05

Ending: 6/30/06

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$ (41,435)	21
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49	<b>Total</b>	(41,435)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending:

6/30/06

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	644	0	0	0	0	0	0	0	0	644	1
2	Food Purchase	(7,070)	0	0	0	0	0	0	0	0	0	0	(7,070)	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	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	5,921	27,105	0	0	0	0	0	0	0	0	33,026	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(7,070)</b>	<b>5,921</b>	<b>27,749</b>	<b>0</b>	<b>26,600</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
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	(37,567)	0	0	0	0	0	0	0	0	0	(37,567)	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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>(37,567)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(37,567)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(768,690)	170,976	0	0	0	0	0	0	0	0	(597,714)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	50,244	0	0	0	0	0	0	0	0	50,244	19
20	Fees, Subscriptions & Promotions	(9,439)	0	1,403	0	0	0	0	0	0	0	0	(8,036)	20
21	Clerical & General Office Expenses	(41,435)	0	225,949	0	0	0	0	0	0	0	0	184,514	21
22	Employee Benefits & Payroll Taxes	0	0	31,693	0	0	0	0	0	0	0	0	31,693	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	16,153	0	0	0	0	0	0	0	0	16,153	25
26	Insurance-Prop.Liab.Malpractice	0	5,791	9,324	0	0	0	0	0	0	0	0	15,115	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(50,874)</b>	<b>(762,899)</b>	<b>505,742</b>	<b>0</b>	<b>(308,031)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(57,944)</b>	<b>(794,545)</b>	<b>533,491</b>	<b>0</b>	<b>(318,998)</b>	<b>29</b>							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Rosewood Care Center Swansea # 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

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	0	152,608	12,176	0	0	0	0	0	0	0	0	164,784	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(16,382)	612,395	0	0	0	0	0	0	0	0	0	596,013	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(1,432,115)	12,261	0	0	0	0	0	0	0	0	(1,419,854)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(16,382)</b>	<b>(667,112)</b>	<b>24,437</b>	<b>0</b>	<b>(659,057)</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(74,326)</b>	<b>(1,461,657)</b>	<b>557,928</b>	<b>0</b>	<b>(978,055)</b>	<b>45</b>							

Facility Name & ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending:

6/30/06

**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
Larry Vander Maten	75.00%	See Attached List		See Attached List		
Darrell Hoefling	25.00%	See Attached List		See Attached List		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	17 Management Fee	\$ 654,940	HSM Management Services, Inc.	0.00%	\$	\$ (654,940)	1
2	V	17 Administrative Fee	113,750	Midwest Administrative Services, Inc.	0.00%		(113,750)	2
3	V							3
4	V	10a Therapy	751,549	Rosewood Therapy Service, Inc.	0.00%	713,982	(37,567)	4
5	V							5
6	V	34 Rent	1,432,115	Swansea Real Estate, Co., Inc.	0.00%		(1,432,115)	6
7	V	30 Depreciation		Swansea Real Estate, Co., Inc.	0.00%	152,414	152,414	7
8	V	32 Interest		Swansea Real Estate, Co., Inc.	0.00%	612,395	612,395	8
9	V	26 Property Insurance		Swansea Real Estate, Co., Inc.	0.00%	5,791	5,791	9
10	V							10
11	V	6 Repairs & Maintenance	2,990	Senior Living Services, Inc.	0.00%	8,911	5,921	11
12	V	30 Depreciation		Senior Living Services, Inc.	0.00%	194	194	12
13	V							13
14	Total		\$ 2,955,344			\$ 1,493,687	\$ * (1,461,657)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Center Swansea # 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

## 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 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization		8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization						
15	V	17	See Schedule VIII	\$	HSM Management Services, Inc.	0.00%	\$ 140,915	\$ 140,915		15	
16	V	21	See Schedule VIII		HSM Management Services, Inc.	0.00%	195,699	195,699		16	
17	V	22	See Schedule VIII		HSM Management Services, Inc.	0.00%	27,674	27,674		17	
18	V	25	See Schedule VIII		HSM Management Services, Inc.	0.00%	14,785	14,785		18	
19	V	30	See Schedule VIII		HSM Management Services, Inc.	0.00%	9,903	9,903		19	
20	V	34	See Schedule VIII		HSM Management Services, Inc.	0.00%	11,753	11,753		20	
21	V	19	See Schedule VIII		HSM Management Services, Inc.	0.00%	34,725	34,725		21	
22	V	26	See Schedule VIII		HSM Management Services, Inc.	0.00%	7,454	7,454		22	
23	V	6	See Schedule VIII		HSM Management Services, Inc.	0.00%	26,285	26,285		23	
24	V	20	See Schedule VIII		HSM Management Services, Inc.	0.00%	1,018	1,018		24	
25	V									25	
26	V	1	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	644	644		26	
27	V	6	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	820	820		27	
28	V	17	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	30,061	30,061		28	
29	V	19	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	15,519	15,519		29	
30	V	20	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	385	385		30	
31	V	21	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	30,250	30,250		31	
32	V	22	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	4,019	4,019		32	
33	V	25	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	1,368	1,368		33	
34	V	26	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	1,870	1,870		34	
35	V	30	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	2,273	2,273		35	
36	V	34	See Schedule VIII		Midwest Administrative Services, Inc.	0.00%	508	508		36	
37	V									37	
38	V									38	
39	Total			\$			\$ 557,928	\$ * 557,928		39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Center Swansea # 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

## 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	Larry Vander Maten	President	Management	75.00%	1,038,581	3	6.43%	Salary	\$ 71,331	17-8	1
2	Darrell Hoefling	Vice President	Management	25.00%	454,797	3	6.43%	Salary	31,236	17-8	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 102,567		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 Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending: 6/30/06

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 HSM Management Services, Inc.  
 Street Address 11701 Borman Drive, Suite 315  
 City / State / Zip Code St. Louis, Mo 63146  
 Phone Number (314) 994-9070  
 Fax Number (314) 994-9912

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	17	Salaries - Officers	Total Cost	85,233,641	18	\$ 1,128,195	\$ 5,477,745	\$ 72,506	1
2	21	Salaries - Others	Total Cost	85,233,641	18	2,665,906	5,477,745	171,331	2
3	22	Payroll Taxes	Total Cost	85,233,641	18	251,062	5,477,745	16,135	3
4	22	Employee Benefits	Total Cost	85,233,641	18	102,624	5,477,745	6,595	4
5	25	Travel	Total Cost	85,233,641	18	230,054	5,477,745	14,785	5
6	30	Depreciation	Total Cost	85,233,641	18	154,087	5,477,745	9,903	6
7	34	Building Rent	Total Cost	85,233,641	18	182,875	5,477,745	11,753	7
8	19	Professional Services	Total Cost	85,233,641	18	540,314	5,477,745	34,725	8
9	21	Telephone	Total Cost	85,233,641	18	175,406	5,477,745	11,273	9
10	26	Insurance	Total Cost	85,233,641	18	115,979	5,477,745	7,454	10
11	21	Taxes, Licenses, Ofc Sup	Total Cost	85,233,641	18	203,759	5,477,745	13,095	11
12	6	Maintenance	Total Cost	85,233,641	18	100,147	5,477,745	6,436	12
13	20	Dues & Subscriptions	Total Cost	85,233,641	18	15,838	5,477,745	1,018	13
14	17	Direct - Admin	Direct Cost	1	1	68,409	68,409	1	68,409
15	17	Direct - Admin	Direct Cost	17	17	845,272	845,272	0	0
16	22	Direct - Payroll Taxes	Direct Cost	1	1	4,944	1	4,944	16
17	22	Direct - Payroll Taxes	Direct Cost	17	17	62,001	0	0	17
18	30	Direct - Depreciation	Direct Cost	1	0	0	1	0	18
19	30	Direct - Depreciation	Direct Cost	2	2	575	0	0	19
20	25	Direct - Travel	Direct Cost	1	0	0	1	0	20
21	25	Direct - Travel	Direct Cost	2	2	238	0	0	21
22	6	Direct - Maintenance	Direct Cost	1	1	19,849	1	19,849	22
23	6	Direct - Maintenance	Direct Cost	14	14	317,740	0	0	23
24									24
25	TOTALS					\$ 7,185,274	\$ 4,707,782	\$ 470,211	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending: 6/30/06

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 Midwest Administrative Services, Inc.  
 Street Address 11701 Borman Drive, Suite 315  
 City / State / Zip Code St. Louis, MO 63146  
 Phone Number ( 314 ) 994-9070  
 Fax Number ( 314 ) 994-9912

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	Dietary	Total Cost	18	\$ 10,015	\$ 10,015	5,477,745	\$ 644	1
2	6	Maintenance	Total Cost	18	11,176		5,477,745	718	2
3	17	Salaries - Officers	Total Cost	18	467,751	467,751	5,477,745	30,061	3
4	19	Professional Services	Total Cost	18	241,473		5,477,745	15,519	4
5	20	Dues & Subscriptions	Total Cost	18	5,983		5,477,745	385	5
6	21	Salaries - Other	Total Cost	18	400,855	400,855	5,477,745	25,762	6
7	21	Clerical & Office Supplies	Total Cost	18	69,834		5,477,745	4,488	7
8	22	Payroll Taxes & Emp. Benefits	Total Cost	18	62,532		5,477,745	4,019	8
9	25	Travel	Total Cost	18	21,283		5,477,745	1,368	9
10	26	Insurance	Total Cost	18	29,099		5,477,745	1,870	10
11	30	Depreciation	Total Cost	18	30,041		5,477,745	1,931	11
12	34	Building Rent	Total Cost	18	7,908		5,477,745	508	12
13	17	Direct - Admin	Direct Cost	1			1		13
14	17	Direct - Admin	Direct Cost	1	21,416	21,416			14
15	30	Direct - Depreciation	Direct Cost	1	342		1	342	15
16	30	Direct - Depreciation	Direct Cost	16	5,080				16
17	6	Direct - Maintenance	Direct Cost	1	102		1	102	17
18	6	Direct - Maintenance	Direct Cost	11	3,685				18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,388,575	\$ 900,037		\$ 87,717	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Bank of America		X	Loan Refinancing	\$85,143.00	10/26/99	\$ 10,237,500	\$ 9,356,306	11/2009	8.89%	\$ 850,608	1								
2	Amortization of Loan Costs										13,865	2								
3	Less: Related Party Interest Income Offset										(250,615)	3								
4	Less: Interest Income Offset										(16,382)	4								
5	Real Estate Company Interest Income										(1,463)	5								
<b>Working Capital</b>																				
6												6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>				\$85,143.00		\$ 10,237,500	\$ 9,356,306			\$ 596,013	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 10,237,500	\$ 9,356,306			\$ 596,013	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line # N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Rosewood Care Center Swansea# 0032680 Report Period Beginning: 7/1/05Ending: 6/30/06

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

## B. Real Estate Taxes

1. Real Estate Tax accrual used on 2005 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	<b>72,792</b>	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.)			\$	<b>36,036</b>	2														
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>(36,756)</b>	3														
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>113,158</b>	4														
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5														
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>76,402</b>	7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:																			
2001	<u>64,896</u>	<u>8</u>	<table border="1"> <thead> <tr> <th colspan="2">FOR BHF USE ONLY</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2005 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </tbody> </table>			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
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																	
2002	<u>62,589</u>	<u>9</u>																	
2003	<u>65,297</u>	<u>10</u>																	
2004	<u>72,071</u>	<u>11</u>																	
2005	<u>74,939</u>	<u>12</u>																	
<b>2004 Payment = \$36,036</b>																			
<b>Accrual = 2005 tax bill (\$74,939) + 1/2 of estimated 2006 tax bill (\$38,219)</b>																			

## NOTES:

- Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- 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 Rosewood Care Center Swansea COUNTY St. Clair

FACILITY IDPH LICENSE NUMBER 0032680

CONTACT PERSON REGARDING THIS REPORT Chuck Schmitz

TELEPHONE (314) 994-9070 FAX #: (314) 994-9912

**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>08-09.0-402-023</u>	<u>Wandering Woods</u>	\$ <u>74,939.04</u>	\$ <u>74,939.04</u>
2. _____	<u>LOT/SEC-3 BK 2855-554 &amp; 3023-25</u>	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>74,939.04</u>	\$ <u>74,939.04</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 Rosewood Care Center Swansea

# 0032680 Report Period Beginning:

7/1/05 Ending:

6/30/06

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 38,331 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's 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>Nursing Home</u>	<u>6.8097 Acres</u>	<u>1987</u>	<u>\$ 126,031</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>6.8097 Acres</b>		<b>\$ 126,031</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending:

6/30/06

**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	120			1987	\$ 2,175,969	\$	20-25	\$ 94,861	\$ 94,861	\$ 1,774,880	4
5				1988	253,539		25	10,141	10,141	179,172	5
6				1990	222,972		20-25	8,582	8,582	143,959	6
7				1991	6,679		25	267	267	3,938	7
8											8
<b>Improvement Type**</b>											
9		Beam Water Hydrant		1988	1,677		10			1,677	9
10		Trees & Seeding		1988	745		10			745	10
11		Seeding		1988	4,290		10			4,290	11
12		End Parking Lot Expansion		1988	621		25	25	25	448	12
13		Landscaping		1989	1,904		25	76	76	1,330	13
14		Road		1990	431,970		25	17,279	17,279	276,464	14
15		Parking Lot Expansion		1989	27,592		15			27,592	15
16		Lawn Sprinkler System		1992	10,926		25	437	437	6,009	16
17		Backflow for Sprinkler		1993	2,909		25	116	116	1,527	17
18		Landscape/Fencing		1987	25,279		25	1,011	1,011	18,956	18
19		Sinks		1987	4,156		10			4,156	19
20		Walk-in Cooler		1987	5,515		10			5,515	20
21		Exhaust Hood		1987	6,498		10			6,498	21
22		Hand Sinks		1987	181		10			181	22
23		Paging System		1987	632		10			632	23
24		Carpet		1987	39,910		10			39,910	24
25		Hospital Track/Curtain		1987	8,075		10			8,075	25
26		Signs		1987	2,916		10			2,916	26
27		Telephone Equipment		1987	3,180		10			3,180	27
28		Outside Sign		1987	4,504		10			4,504	28
29		Water heater		1988	3,650		10			3,650	29
30		Walk-in Freezer		1988	3,936		15			3,936	30
31		Nurse Call System		1989	670		15			670	31
32		Sign		1989	2,000		10			2,000	32
33		Exhaust Fan		1989	530		10			530	33
34		Water Treatment System		1989	5,905		10			5,905	34
35		Door Guards		1989	5,509		10			5,509	35
36		Corner Guards		1990	1,446		10			1,446	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 &amp; ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending:

6/30/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	<u>Carpeting</u>	1990	\$ 2,215	\$	10	\$	\$	\$ 2,215	37
38	<u>Hot Water Storage Tank</u>	1996	2,607		10	261	261	2,501	38
39	<u>Heat Pumps</u>	2003	3,746		10	375	375	1,093	39
40	<u>Roof Work</u>	2004	21,620		40	541	541	1,081	40
41	<u>Storage Building</u>	2004	13,980		25	559	559	932	41
42	<u>Parking Lot Seal &amp; Stripe</u>	2004	3,993		2	1,997	1,997	3,660	42
43	<u>Telephone Power Pole</u>	2005	10,875		10	997	997	997	43
44	<u>Fire Alarm System</u>	2005	9,668		10	725	725	725	44
45	<u>Satellite System</u>	2006	9,002		10	225	225	225	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56	<u>Leasehold Improvements - Facility:</u>								56
57	<u>Carpet/Tile/Painting - Nurse Call Station</u>	1993	20,471		7			20,471	57
58	<u>Painting/Wallpaper</u>	1994	15,422		7			15,422	58
59	<u>Painting/Wallpaper/Tile</u>	1995	25,375		7			25,375	59
60	<u>Shelving</u>	1995	2,186		7			2,186	60
61	<u>New Upholstery</u>	1995	513		7			513	61
62	<u>Design Work</u>	1995	128		7			128	62
63	<u>Carpeting</u>	1996	5,580		7			5,580	63
64	<u>Painting/Tiling</u>	1996	6,383		7			6,383	64
65	<u>Painting</u>	1997	3,025		7			3,025	65
66	<u>Tile &amp; Base 2 Rooms</u>	1997	1,400		7			1,400	66
67	<u>2 Oak Doors</u>	1997	803		7			803	67
68	<u>Carpet &amp; Installation</u>	1998	7,951		7			7,951	68
69	<u>Shower Renovations</u>	1998	16,869		7			16,869	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 3,450,097	\$		\$ 138,475	\$ 138,475	\$ 2,659,735	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Rosewood Care Center Swansea

# 0032680

Report Period Beginning:

7/1/05

Ending:

6/30/06

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,450,097	\$		\$ 138,475	\$ 138,475	\$ 2,659,735	1
2	Paint/Wallpaper/Tile Removal	1998	1,833		7			1,833	2
3	Shower Room	1998	18,424	329	7	329		18,424	3
4	Wallpaper	1999	273	26	7	26		273	4
5	Painting	1998	970		7			970	5
6	Wallpaper	1998	5,103		7			5,103	6
7	Carpet/Installation	1998	5,106		7			5,106	7
8	Phone System	1998	8,703	149	7	149		8,703	8
9	Wallpaper	1998	4,450	39	7	39		4,450	9
10	Drapery	2000	31,964	4,567	7	4,567		29,202	10
11	Computer Cabling	2000	2,392	341	7	341		1,906	11
12	Painting	2001	18,240	2,606	7	2,606		14,232	12
13	Cabling	2001	606	87	7	87		434	13
14	Carpet	2002	1,150	164	7	164		588	14
15	Wallcovering	2004	3,554	508	7	508		1,354	15
16	Drywall	2004	6,594	942	7	942		1,649	16
17	Shelving	2004	2,271	324	7	324		567	17
18	Tile	2004	5,918	845	7	845		1,338	18
19	Floor Tile & Base	2005	4,203	400	7	400		400	19
20	Parking Lot Striping and Sealing	2005	3,993	380	7	380		380	20
21	Repair Water Damaged Rooms	2005	6,141	513	7	513		513	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,581,985	\$ 12,220		\$ 150,695	\$ 138,475	\$ 2,757,160	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Rosewood Care Center Swansea # 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

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	\$ 144,694	\$	\$ 18,982	\$ 18,982	5-10 Yrs	\$ 80,881	71
72	Current Year Purchases	29,200		1,444	1,444	5-10 Yrs	1,444	72
73	Fully Depreciated Assets	430,325					430,325	73
74								74
75	TOTALS	\$ 604,219	\$	\$ 20,426	\$ 20,426		\$ 512,650	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	HSM Management	Various	Various	\$	\$	\$ 4,860	\$ 4,860	4 Yrs	\$	76
77	Midwest Admin. Services	Various	2006	15,159		829	829	4 Yrs	829	77
78	Senior Living Services	Various	2006	3,099		194	194	4 Yrs	194	78
79										79
80	TOTALS			\$ 18,258	\$	\$ 5,883	\$ 5,883		\$ 1,023	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)	\$ 4,330,493	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 12,220	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 177,004	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 164,784	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,270,833	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	Section Not Applicable	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	\$	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: Schedule Not Applicable

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

If NO, see instructions.

YES  NO

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending                      Annual Rent

12.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(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	<b>TOTAL</b>		\$	\$	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 Rosewood Care Center Swansea # 0032680 Report Period Beginning: 7/1/05 Ending: 6/30/06

**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>N/A - ONLY HIRE CERTIFIED AIDES If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-8	hrs	\$	21,959	\$ 241,562	\$	21,959	\$ 241,562	1
2	Licensed Speech and Language Development Therapist	10a-8	hrs		4,108	80,324		4,108	80,324	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-8	hrs		35,273	392,096	7,150	35,273	399,246	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-8	# of prescripts				246,091		246,091	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Ambulance, Laboratory, Enterals, Other (specify): & X-Ray	39-8				69,217	25,049		94,266	13
14	TOTAL			\$	61,340	\$ 783,199	\$ 278,290	61,340	\$ 1,061,489	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 Rosewood Care Center Swansea# 0032680Report Period Beginning: 7/1/05

Ending:

6/30/06**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 6/30/06

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 199,195	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>78,000</u> )	904,785		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,201		6
7	Other Prepaid Expenses	5,613		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,117,794	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	237,994		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(203,530)		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):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 34,464	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,152,258	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 309,857	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	198,472		30
31	Accrued Taxes Payable (excluding real estate taxes)	48,936		31
32	Accrued Real Estate Taxes(Sch.IX-B)	113,158		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes	200,900		35
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 871,323	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 871,323	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 280,936	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 1,152,259	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>196,096</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>196,096</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>352,540</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(267,700)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>84,840</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>280,936</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Center Swansea# 0032680Report Period Beginning: 7/1/05Ending: 6/30/06**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,348,636	1
2	Discounts and Allowances for all Levels	(3,056,678)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,291,958	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,805,644	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,805,644	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	3,025	13
14	Non-Patient Meals	6,612	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 9,637	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	16,382	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 16,382	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Income</u>	790	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 790	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,124,411	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	974,017	31
32	Health Care	3,258,320	32
33	General Administration	1,380,893	33
<b>B. Capital Expense</b>			
34	Ownership	1,556,884	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	340,357	35
36	Provider Participation Fee	65,700	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,576,171	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	548,240	41
42	<b>Income Taxes</b>	(195,700)	42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 352,540	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 Rosewood Care Center Swansea

# 0032680

Report Period Beginning: 7/1/05

Ending: 6/30/06

**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	1,980	2,105	\$ 64,096	\$ 30.45	1
2	Assistant Director of Nursing	1,278	1,359	36,691	27.00	2
3	Registered Nurses	10,932	11,621	268,899	23.14	3
4	Licensed Practical Nurses	34,167	36,319	702,178	19.33	4
5	CNAs & Orderlies	71,849	76,374	763,008	9.99	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,610	4,901	78,178	15.95	8
9	Activity Director					9
10	Activity Assistants	5,348	5,685	57,251	10.07	10
11	Social Service Workers	4,147	4,408	52,215	11.85	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,252	21,528	201,043	9.34	15
16	Dishwashers					16
17	Maintenance Workers	2,202	2,341	28,916	12.35	17
18	Housekeepers	15,807	16,803	138,443	8.24	18
19	Laundry	5,505	5,852	44,827	7.66	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,365	11,018	131,458	11.93	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	6,065	6,447	91,225	14.15	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	194,507	206,761	\$ 2,658,428 *	\$ 12.86	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	375	\$ 8,604	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	75	2,200	11-3	44
45	Social Service Consultant	75	2,200	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	525	\$ 13,004		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,270	\$ 62,162	10-3	50
51	Licensed Practical Nurses	2,937	108,195	10-3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,207	\$ 170,357		53

SEE ACCOUNTANTS' COMPILATION REPORT



**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	Schedule Not Applicable		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Center Swansea# 0032680Report Period Beginning: 7/1/05Ending: 6/30/06**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA - \$6,624
- (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? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 66,632 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 65,700  
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? N/A
- (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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 6,611
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**

ROSEWOOD CARE CENTER OF SWANSEA, INC.  
IDPH ID #0032680  
ATTACHMENT TO SCHEDULE V, LINE 25  
6/30/2006

OTHER ADMIN. STAFF TRANSPORTATION:

MILEAGE REIMBURSEMENT**	<u>\$ 7,381</u>
	<u><u>\$ 7,381</u></u>

\*\*ALL MILEAGE REIMBURSEMENTS ARE FOR TRAVEL VOUCHERS  
SUBMITTED WHICH WERE LESS THAN \$250.00 EACH

ROSEWOOD CARE CENTER OF SWANSEA, INC.  
IDPH ID #0032680  
ATTACHMENT TO SCHEDULE VII, SECTION A.  
6/30/2006

RELATED NURSING HOME:

CITY:

ROSEWOOD CARE CENTER OF ALTON	ALTON, IL
ROSEWOOD CARE CENTER OF EAST PEORIA	EAST PEORIA, IL
ROSEWOOD CARE CENTER OF EDWARDSVILLE	EDWARDSVILLE, IL
ROSEWOOD CARE CENTER OF ELGIN	ELGIN, IL
ROSEWOOD CARE CENTER OF GALESBURG	GALESBURG, IL
ROSEWOOD CARE CENTER OF INVERNESS	INVERNESS, IL
ROSEWOOD CARE CENTER OF JOLIET	JOLIET, IL
ROSEWOOD CARE CENTER OF MOLINE	MOLINE, IL
ROSEWOOD CARE CENTER OF NORTHBROOK	NORTHBROOK, IL
ROSEWOOD CARE CENTER OF PEORIA	PEORIA, IL
ROSEWOOD CARE CENTER OF ROCKFORD	ROCKFORD, IL
ROSEWOOD CARE CENTER OF ST. CHARLES	ST. CHARLES, IL
ROSEWOOD CARE CENTER OF ST. LOUIS	ST. LOUIS, MO

OTHER RELATED BUSINESS ENTITIES:

TYPE OF BUSINESS:

HSM MANAGEMENT SERVICES, INC.	MANAGEMENT CO.
MIDWEST ADMINISTRATIVE SERVICES, INC.	ADMINISTRATIVE CO.
SWANSEA REAL ESTATE, INC.	REAL ESTATE LSG.
RCC HOLDING COMPANY	HOLDING COMPANY
ROSEWOOD HOME HEALTH	HOME HEALTH CO.
ROSEWOOD THERAPY SERVICES	THERAPY COMPANY
SENIOR LIVING SERVICES, INC.	BLDG SERVICES CO.