

		FOR BHF USE					

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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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 License ID Number: 0040592

Facility Name: Bronzeville Park Nursing & Living Center

Address: 3400 South Indiana Chicago 60616
 Number City Zip Code

County: Cook

Telephone Number: (312) 842-5000 **Fax #** (312) 842-3790

HFS ID Number: 363964686001

Date of Initial License for Current Owners: 7/1/1994

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/07 to 12/31/07 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) _____
Paid Preparer	(Type or Print Name) _____
	(Title) _____
Paid Preparer	(Signed) _____
	(Date) _____
	(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u>
	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>
(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	
MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,230</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>302</u>	TOTALS	<u>302</u>	<u>110,230</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>76,422</u>	<u>4,782</u>	<u>15,589</u>	<u>96,793</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>76,422</u>	<u>4,782</u>	<u>15,589</u>	<u>96,793</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 87.81%

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

None (Do not include bed-hold days in Section B.)

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

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

NoneF. Does the facility maintain a daily midnight census? YesG. 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 7/1/94

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

YES Date 7/1/94 NO

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

YES NO If YES, enter number
of beds certified 302 and days of care provided 10,870Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

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 BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	355,406	114,809	12,749	482,964		482,964		482,964		1
2	Food Purchase		482,643		482,643	(69,971)	412,673	(416)	412,256		2
3	Housekeeping	395	62,971	448,083	511,449		511,449		511,449		3
4	Laundry		26,917		26,917		26,917		26,917		4
5	Heat and Other Utilities			307,225	307,225		307,225	(6,556)	300,669		5
6	Maintenance	91,959	71,025	178,786	341,770		341,770	5,519	347,289		6
7	Other (specify):*										7
8	TOTAL General Services	447,760	758,365	946,843	2,152,968	(69,971)	2,082,998	(1,453)	2,081,544		8
	B. Health Care and Programs										
9	Medical Director			111,000	111,000		111,000		111,000		9
10	Nursing and Medical Records	3,997,719	280,768	15,961	4,294,448		4,294,448	(37,584)	4,256,864		10
10a	Therapy	139,833		4,013	143,846		143,846		143,846		10a
11	Activities	112,062	21,668	1,296	135,026		135,026		135,026		11
12	Social Services	266,161		1,701	267,862		267,862		267,862		12
13	CNA Training										13
14	Program Transportation			73	73		73		73		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,515,775	302,436	134,044	4,952,255		4,952,255	(37,584)	4,914,671		16
	C. General Administration										
17	Administrative	339,751		699,445	1,039,196		1,039,196	(627,301)	411,895		17
18	Directors Fees										18
19	Professional Services			136,303	136,303	(7,916)	128,387	(12,281)	116,106		19
20	Dues, Fees, Subscriptions & Promotions			78,871	78,871		78,871	(41,442)	37,429		20
21	Clerical & General Office Expenses	248,044	58,989	249,046	556,079		556,079	41,189	597,268		21
22	Employee Benefits & Payroll Taxes			947,786	947,786	69,971	1,017,757		1,017,757		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,140	7,140		7,140	(1,366)	5,774		24
25	Other Admin. Staff Transportation			7,306	7,306		7,306	1,566	8,872		25
26	Insurance-Prop.Liab.Malpractice			183,992	183,992		183,992	1,891	185,883		26
27	Other (specify):*							42,843	42,843		27
28	TOTAL General Administration	587,795	58,989	2,309,889	2,956,673	62,055	3,018,728	(594,901)	2,423,827		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,551,330	1,119,790	3,390,776	10,061,896	(7,916)	10,053,980	(633,938)	9,420,042		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 Bronzeville Park Nursing & Living Center #0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			183,270	183,270		183,270	193,917	377,187		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			112,503	112,503		112,503	772,236	884,739		32
33	Real Estate Taxes					7,916	7,916	356,336	364,252		33
34	Rent-Facility & Grounds			2,061,865	2,061,865		2,061,865	(2,061,205)	660		34
35	Rent-Equipment & Vehicles			11,493	11,493		11,493	4,993	16,486		35
36	Other (specify):*							96,008	96,008		36
37	TOTAL Ownership			2,369,131	2,369,131	7,916	2,377,047	(637,715)	1,739,332		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		576,543	909,314	1,485,857		1,485,857		1,485,857		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			165,345	165,345		165,345		165,345		42
43	Other (specify):*	105,086			105,086		105,086	(105,086)			43
44	TOTAL Special Cost Centers	105,086	576,543	1,074,659	1,756,288		1,756,288	(105,086)	1,651,202		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,656,416	1,696,333	6,834,566	14,187,315		14,187,315	(1,376,739)	12,810,576		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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	BHF 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	(108,534)	30		9
10	Interest and Other Investment Income	(39,259)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(238)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(13,120)	21		18
19	Entertainment	(3,710)	24		19
20	Contributions	(13,975)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(96,000)	21		24
25	Fund Raising, Advertising and Promotional	(24,546)	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	(283,716)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (583,099)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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)	(793,640)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (793,640)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,376,739)		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

SEE ACCOUNTANTS' COMPILATION REPORT

Bromesville Park Nursing & Living Center IUP: 0046952		Sch. V Line
NON-ALLOWABLE EXPENSES	Amount	Reference
1	B Coins W/O - OT	(18,460) 21 1
2	B Coins W/O - PT	(25,663) 21 2
3	B Coins W/O - ST	(11,373) 21 3
4	CYPIE Dues	(3,860) 20 4
5	Pharmacies - Veterans	(11,036) 10 5
6	Patient Needs	(7,669) 10 6
7	Patient Clothing	(18,002) 10 7
8	Cable	(5,793) 05 8
9	Bank Charges	(15,208) 21 9
10	Non-allowable Salary	(96,504) 43 10
11	Prize Period and Non-Allowable Legal Fees	(28,088) 19 11
12	Marketing Salary	(8,824) 43 12
13	Bldg Co - Audit Expense	(4,800) 19 13
14	Bldg Co - Accounting	(3,962) 19 14
15	Bldg Co - Repairs and Maintenance	(5,917) 06 15
16	Bldg Co - Amortization	(6,846) 31 16
17	Bldg Co - Miscellaneous Licenses, Taxes	(1,152) 20 17
18	Non-Allowable Auto & Travel	(11) 25 18
19	Medical Record Copies	(785) 19 19
20	Donations	(525) 20 20
21	Food Service	(178) 02 21
22	Day Care Income	(172) 10 22
23	Seminar Refunds	(160) 24 23
24	Fed Tax Refund	(672) 21 24
25	Computer Rebate	(80) 21 25
26	Annual Report Fee	(175) 20 26
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101	Total	(283,716) 101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07**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													1
2	Food Purchase	(416)											(416)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,783)		3,227									(6,556)	5
6	Maintenance	(5,917)	5,917	5,519									5,519	6
7	Other (specify):*													7
8	TOTAL General Services	(16,116)	5,917	8,746									(1,453)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(37,584)											(37,584)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(37,584)											(37,584)	16
	C. General Administration													
17	Administrative			(627,301)									(627,301)	17
18	Directors Fees													18
19	Professional Services	(36,853)	8,765	15,807									(12,281)	19
20	Fees, Subscriptions & Promotions	(44,233)	1,152	1,639									(41,442)	20
21	Clerical & General Office Expenses	(184,607)		225,796									41,189	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(3,870)		2,504									(1,366)	24
25	Other Admin. Staff Transportation	(11)		1,577									1,566	25
26	Insurance-Prop.Liab.Malpractice			1,891									1,891	26
27	Other (specify):*			42,843									42,843	27
28	TOTAL General Administration	(269,573)	9,917	(335,245)									(594,901)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(323,274)	15,834	(326,498)									(633,938)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

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	(108,534)	286,880	15,571									193,917	30
31	Amortization of Pre-Op. & Org.	(6,946)	6,946											31
32	Interest	(39,259)	800,812	10,683									772,236	32
33	Real Estate Taxes		349,449	6,887									356,336	33
34	Rent-Facility & Grounds		(2,061,865)	660									(2,061,205)	34
35	Rent-Equipment & Vehicles			4,993									4,993	35
36	Other (specify):*		96,008										96,008	36
37	TOTAL Ownership	(154,739)	(521,770)	38,794									(637,715)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(105,086)											(105,086)	43
44	TOTAL Special Cost Centers	(105,086)											(105,086)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(583,099)	(505,936)	(287,704)									(1,376,739)	45

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Chevy Chase Associates		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	\$ 2,061,865	Chevy Chase Associates	100.00%	\$	\$ (2,061,865)	1
2	V	32 Interest	1,206	Chevy Chase Associates	100.00%	802,018	800,812	2
3	V	19 Audit Expense		Chevy Chase Associates	100.00%	4,800	4,800	3
4	V	19 Accounting		Chevy Chase Associates	100.00%	3,965	3,965	4
5	V	30 Depreciation		Chevy Chase Associates	100.00%	286,880	286,880	5
6	V	31 Amortization		Chevy Chase Associates	100.00%	6,946	6,946	6
7	V	33 Real Estate Tax		Chevy Chase Associates	100.00%	349,449	349,449	7
8	V	36 Property and Liability Insur.		Chevy Chase Associates	100.00%	17,689	17,689	8
9	V	20 Misc. Licenses, Taxes		Chevy Chase Associates	100.00%	1,152	1,152	9
10	V	36 MIP Expense		Chevy Chase Associates	100.00%	78,319	78,319	10
11	V	06 Repairs and Maintenance		Chevy Chase Associates	100.00%	5,917	5,917	11
12	V							12
13	V							13
14	Total		\$ 2,063,071			\$ 1,557,135	\$ * (505,936)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/07Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,227	\$	3,227	15
16	V	6 REPAIRS AND MAINT.				5,519		5,519	16
17	V	17 ADMIN. - NON-OWNER				39,774		39,774	17
18	V	19 PROFESSIONAL FEES				15,807		15,807	18
19	V	20 FEES SUBSCRIPTIONS				1,639		1,639	19
20	V	21 CLERICAL & GENERAL				225,796		225,796	20
21	V	24 SEMINARS AND EDUCATION				2,504		2,504	21
22	V	25 ADMIN. STAFF TRAVEL				1,577		1,577	22
23	V	26 INSURANCE				1,891		1,891	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				30,347		30,347	24
25	V	30 DEPRECIATION				15,571		15,571	25
26	V	32 INTEREST EXPENSE				10,683		10,683	26
27	V	33 REAL ESTATE TAX				6,887		6,887	27
28	V	34 PARKING LOT RENT				660		660	28
29	V	35 EQUIPMENT RENTAL				4,993		4,993	29
30	V	17 ADMIN. - R. HARTMAN				20,662		20,662	30
31	V	17 ADMIN. - B. CARR				11,708		11,708	31
32	V	17 ADMIN. - D. HARTMAN							32
33	V	27 EMP. BEN. - R. HARTMAN				10,053		10,053	33
34	V	27 EMP. BEN. - B. CARR				2,443		2,443	34
35	V	27 EMP. BEN. - D. HARTMAN							35
36	V								36
37	V	17 Management Fees	699,445					(699,445)	37
38	V								38
39	Total		\$ 699,445			\$ 411,741	\$ *	(287,704)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workmans Compensation	\$ 85,006	Diamond Insurance	100.00%	\$ 85,006	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 85,006			\$ 85,006	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

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	Robert Hartman	Owner	Administrative	60.75	See Attached	1.15	2.30%	Allocated	\$ 20,662	17-7	1
2	Barry Carr	Owner	Administrative	4.75	See Attached	5.74	11.48%	Allocated	11,708	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 32,370		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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 NUCARE SERVICES CORP.
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	960,286	12	\$ 28,115	\$ 110,230	\$ 3,227	1	
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	960,286	12	48,079	110,230	5,519	2	
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	960,286	12	346,499	346,499	110,230	39,774	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	960,286	12	137,702	110,230	15,807	4	
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	960,286	12	14,277	110,230	1,639	5	
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	960,286	12	1,967,057	1,688,717	110,230	225,796	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	960,286	12	21,810	110,230	2,504	7	
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	960,286	12	13,739	110,230	1,577	8	
9	26	INSURANCE	AVAIL. CENSUS DAYS	960,286	12	16,477	110,230	1,891	9	
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	960,286	12	264,372	110,230	30,347	10	
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	960,286	12	135,649	110,230	15,571	11	
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	960,286	12	93,063	110,230	10,683	12	
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	960,286	12	60,000	110,230	6,887	13	
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	960,286	12	5,749	110,230	660	14	
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	960,286	12	43,501	110,230	4,993	15	
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	10	12	180,000	180,000	110,230	20,662	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	50	12	102,000	102,000	110,230	11,708	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	40	2	80,000	80,000	110,230		18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	10	12	87,577	110,230	10,053	19	
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	50	12	21,286	110,230	2,443	20	
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	40	2	16,421	110,230		21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 3,683,372	\$ 2,397,215	\$ 411,741	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 Diamond Insurance
 Street Address 40 Skokie Blvd., Suite 105
 City / State / Zip Code Northbrook, IL 60062
 Phone Number (847) 559-1002
 Fax Number ()

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Worker Compensation	Direct Allocation		\$	\$		\$ 85,006	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 85,006	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					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	HUD Loan Payable		X	Mortgage			\$	\$ 15,576,576			\$ 802,018	1					
2												2					
3												3					
4												4					
5	See Supplemental Schedule											5					
Working Capital																	
6	Shareholder Loan		X	Working Capital				2,000,000			112,503	6					
7	Allocated Nucare Serv. Corp										10,683	7					
8	See Supplemental Schedule											8					
9	TOTAL Facility Related						\$	\$ 17,576,576			\$ 925,204	9					
B. Non-Facility Related*																	
10	Interest Income		X								(39,259)	10					
11	Int. Income - Bldg Company		X								(1,206)	11					
12												12					
13	See Supplemental Schedule											13					
14	TOTAL Non-Facility Related						\$	\$			\$ (40,465)	14					
15	TOTALS (line 9+line14)						\$	\$ 17,576,576			\$ 884,739	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 78,319 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

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

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

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	<u>\$ 258,561.73</u>	<u>\$ 258,561.73</u>
2. <u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	<u>\$ 127,881.80</u>	<u>\$ 127,881.80</u>
3. <u>10-27-319-028-0000</u>	<u>Home Office</u>	<u>\$ 100,273.68</u>	<u>\$ 11,510.29</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	<u>\$ 486,717.21</u>	<u>\$ 397,953.82</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

IMPORTANT NOTICE

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

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

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

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

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592 Report Period Beginning:

01/01/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,625 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories 4

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>7257 N. Lincoln</u>			\$ <u>18,366</u>	1
2	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>240,000</u>	2
3	TOTALS	<u>80,457</u>		\$ <u>258,366</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9	Various		1994		17,938		20	897	897	11,794	9
10	Various		1995		20,890		20	1,044	1,044	13,102	10
11	Various		1996		87,605		20	4,381	4,381	49,894	11
12	Various		1997		40,122		20	2,017	2,017	21,829	12
13	Various		1998		132,735		20	6,639	6,639	62,036	13
14	Various		1999		419,788		20	20,993	20,993	173,861	14
15	Various		2000		90,604		20	4,530	4,530	33,834	15
16	Various		2001		75,436		20	3,775	3,775	24,331	16
17	Various		2002		39,859		20	4,335	4,335	20,699	17
18	Various		2003		55,783		20	4,901	4,901	21,585	18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		4,570,747	286,880		130,416	(156,464)	2,781,174	67
68		216,105	7,734		7,483	(251)	28,030	68
69			179,506			(179,506)		69
70		\$ 5,767,612	\$ 474,120		\$ 191,411	\$ (282,709)	\$ 3,242,169	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/07

Ending:

12/31/07**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		\$ 5,767,612	\$ 474,120		\$ 191,411	\$ (282,709)	\$ 3,242,169	1
2	Telephone System	2004	3,651		20	365	365	1,308	2
3	Telephone System	2004	782		20	78	78	267	3
4	Telephone Service	2004			20				4
5	Telephone Service	2004	1,786		20	179	179	566	5
6	Telephone System	2004	873		20	87	87	342	6
7	Fay Esformes- ?	2004	589		20	59	59	231	7
8	Dialysis Room	2004	13,543		20	1,354	1,354	5,304	8
9	Install Piping	2004	3,626		20	363	363	1,450	9
10	Cctv	2004	2,529		20	253	253	991	10
11	Dialysis Room	2004	7,000		20	700	700	2,683	11
12	Cctv	2004	1,825		20	182	182	699	12
13	Monitoring System	2004	1,981		20	198	198	743	13
14	Wall Cover	2004	3,971		20	397	397	1,423	14
15	Ceiling Tiles	2004	2,130		20	213	213	728	15
16	Ceiling Tiles	2004			20				16
17	Ceiling Tiles	2004	819		20	82	82	259	17
18	Compressor	2004	2,466		20	247	247	863	18
19	Monitoring System	2004	834		20	83	83	285	19
20	Electric Lines	2004			20				20
21	Concrete	2004	6,965		20	697	697	2,148	21
22	Windows	2004			20				22
23	Pressure Guard	2004			20				23
24	Pressure Guard	2004	1,279		20	128	128	416	24
25	Water Booster	2004	2,160		20	216	216	666	25
26	Pressure Guard	2004	1,799		20	180	180	555	26
27	Monitoring/Telephone Service	2004	3,268		20	327	327	1,307	27
28	Electric Sign	2004	1,632		20	163	163	653	28
29	Nurses Station	2004			20				29
30	Sprinkler System Repair	2004	1,290		20	129	129	430	30
31	Phone Paging System	2004	3,293		20	329	329	1,015	31
32	Mural	2005	4,500		20	450	450	1,350	32
33	Window Treatment	2005	1,323		20	132	132	397	33
34	TOTAL (lines 1 thru 33)		\$ 5,843,526	\$ 474,120		\$ 199,002	\$ (275,118)	\$ 3,269,248	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/07

Ending:

12/31/07**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		\$ 5,843,526	\$ 474,120		\$ 199,002	\$ (275,118)	\$ 3,269,248	1
2	Ceiling Tile	2005	819		20	41	41	123	2
3	Ceiling Tile	2005	819		20	41	41	123	3
4	Light Fixtures	2005	2,593		20	259	259	778	4
5	Light Fixtures	2005	1,133		20	113	113	330	5
6	Ceiling Tiles	2005	1,008		20	50	50	147	6
7	Pana 40	2005	2,100		20	420	420	1,190	7
8	Ceiling Tiles	2005	3,820		20	191	191	573	8
9	Wallpaper	2005	24,200		20	4,840	4,840	13,713	9
10	Wallpaper	2005	13,065		20	2,613	2,613	7,404	10
11	Lighting Fixtures	2005	1,360		20	136	136	408	11
12	Soft Start	2005	3,000		20	150	150	413	12
13	Wallpaper	2005	3,818		20	764	764	2,164	13
14	Kitchen Cabinets	2005	990		20	66	66	187	14
15	Venetian Plaster Wallcovering	2005	1,587		20			1,587	15
16	Wallpaper	2005			20				16
17	Wallpaper	2005	7,460		20	1,492	1,492	3,979	17
18	Window Treatment	2005	2,436		20	244	244	650	18
19	Wallpaper	2005	4,400		20	880	880	2,420	19
20	Valve	2005	8,426		20	1,685	1,685	4,353	20
21	Fence	2005	2,853		20	190	190	491	21
22	Window Treatment	2005	31,522		20	3,152	3,152	8,406	22
23	Emergency Equip	2005	56,731		20	2,837	2,837	6,619	23
24	Railings	2005	6,158		20	616	616	1,642	24
25	Fence	2005	1,580		20	105	105	246	25
26	Drapery	2005	1,134		20	113	113	255	26
27	Fire Recall System	2005	12,553		20	628	628	1,517	27
28	Light Poles	2005	9,700		20	970	970	2,183	28
29	Pavement	2005	47,670		20	3,178	3,178	7,151	29
30	Generator	2005	15,676		20	784	784	1,764	30
31	Ceiling Tiles	2005	964		20	48	48	104	31
32	Carpet	2005	3,008		20	430	430	931	32
33	Window Treatment	2005	35,474		20	3,547	3,547	9,460	33
34	TOTAL (lines 1 thru 33)		\$ 6,151,583	\$ 474,120		\$ 229,585	\$ (244,535)	\$ 3,350,559	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/07

Ending:

12/31/07**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		\$ 6,151,583	\$ 474,120		\$ 229,585	\$ (244,535)	\$ 3,350,559	1
2	Air Cleaner	2005	4,265		20	853	853	2,559	2
3	Data Lines	2005	634		20	63	63	137	3
4	Cameras	2005	14,308		20	1,431	1,431	3,219	4
5	Door	2005	1,335		20	134	134	401	5
6	Ceiling Tile	2005	526		20	26	26	72	6
7	Ceiling Tile	2005	1,610		20	81	81	215	7
8	Refrigerator Door	2005	3,500		20	700	700	1,750	8
9	Cubical Track Sets	2005	776		20	78	78	201	9
10	Kitchen Equip Repair	2005	4,603		20	658	658	1,534	10
11	Drain	2005	1,600		20	160	160	360	11
12	Window Treatment	2005	536		20	54	54	121	12
13	Ceiling Tile	2005	665		20	33	33	100	13
14	Water Pump	2005	2,088		20	209	209	539	14
15	Pump	2005	746		20	75	75	180	15
16	? Allocated- Cap Per Nucare	2005	1,602		20	160	160	454	16
17	Cameras	2005	3,777		20	378	378	787	17
18	Cedar Fence	2006	6,419		20	428	428	856	18
19	Cedar Fence	2006	19,950		20	1,330	1,330	2,660	19
20	Awning For Main Entrance	2006	1,250		20	125	125	250	20
21	Awning For Main Entrance	2006	1,250		20	125	125	250	21
22	Activity Room Cabinets, Desks, Storage	2006			20				22
23	Activity Room Cabinets, Desks, Storage	2006			20				23
24	3 Kohler Toilet Bowls	2006	1,774		20	177	177	340	24
25	Nurse Call System	2006	1,151		20	77	77	153	25
26	Polish Wire Glass Sliders	2006	1,250		20	125	125	250	26
27	Carpeting	2006	2,476		20	354	354	648	27
28	Krause Style	2006	275		20	28	28	50	28
29	Tuff Top Table	2006	1,294		20	129	129	237	29
30	Hardwood Mulch	2006	2,000		20	133	133	244	30
31	Monitoring System	2006	972		20	139	139	255	31
32	Nursing Call System	2006	869		20	58	58	106	32
33	Elevator Fabrication And Installation	2006	5,000		20	250	250	417	33
34	TOTAL (lines 1 thru 33)		\$ 6,240,084	\$ 474,120		\$ 238,156	\$ (235,964)	\$ 3,369,904	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,240,084	\$ 474,120		\$ 238,156	\$ (235,964)	\$ 3,369,904	1
2	Elevator Flooring	2006	2,300		20	115	115	192	2
3	Paving, Concrete Work	2006	5,535		20	277	277	484	3
4	Concrete Handicap Ramp	2006	3,995		20	200	200	333	4
5	Chrysler Airtemp Compressor	2006	7,630		20	636	636	1,007	5
6	Lined Swags & Cascades	2006	2,284		20	228	228	324	6
7	Cctv Camera Install	2006	1,177		20	118	118	167	7
8	Door Detector Edge	2006	1,950		20	195	195	260	8
9	Reversal Of A/P Accrual For W.W. Grainger	2006	(624)		20	(62)	(62)	(125)	9
10	6 Foot High Cedar Fence	2006	3,150		20	210	210	245	10
11	Need Invoice	2006	3,577		20	358	358	417	11
12	Built In Cabinets	2006	7,800		20	390	390	748	12
13	Bar Cabinets	2007	4,500		20	450	450	450	13
14	New Flooring	2007	4,500		20	300	300	300	14
15	Door Circuitry And Wiring Components	2007	3,950		20	263	263	263	15
16	Fencing	2007	2,600		20	72	72	72	16
17	Security Cameras And Wiring	2007	1,493		20	107	107	107	17
18	Lavatory Faucets	2007	2,849		20	47	47	47	18
19	Replace Electronic Door Edge	2007	2,389		20	40	40	40	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)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12E, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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 12F, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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 12G, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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 12H, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12I, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12K, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12L, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
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10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12M, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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 12N, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,301,139	\$ 474,120		\$ 242,100	\$ (232,020)	\$ 3,375,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	302		1986	1977	\$ 4,471,948	\$ 286,880	35	\$ 127,770	\$ (159,110)	\$ 2,715,795	4
5			1984	1984	92,611		35	2,646	2,646	65,379	5
6											6
7											7
8											8
Improvement Type**											
9	Telephone Svc			2004	908						9
10	Tile			2004	1,110						10
11	Cubicle Curtains			2004	2,891						11
12	Pressure Guard			2004	1,279						12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
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28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
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63								63				
64								64				
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66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	4,570,747	\$	286,880	\$	130,416	\$	(156,464)	\$	2,781,174	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			2004	2004	\$ 165,296	\$ 4,238	35	\$ 4,723	\$ 485	\$ 19,481	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Allocated from Nucare Services Corp.		2003	1,345	49	20	67	18	277	9
10		Allocated from Nucare Services Corp.		2004	27,298	997	20	1,366	369	5,069	10
11		Allocated from Nucare Services Corp.		2005	1,618	59	20	81	22	231	11
12		Allocated from Nucare Services Corp.		2006	2,194	80	20	110	30	150	12
13											13
14		Allocated from 7257 N. Lincoln Avenue LLC		2004	3,285	378	20	164	(214)	575	14
15		Allocated from 7257 N. Lincoln Avenue LLC		2005	15,069	1,933	20	972	(961)	2,247	15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	216,105	\$	7,734	\$	7,483	\$	(251)	\$	28,030	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,078,458	\$ 10,963	\$ 124,239	\$ 113,276	10	\$ 687,228	71
72	Current Year Purchases	128,975	638	10,758	10,120	10	10,758	72
73	Fully Depreciated Assets	112,014		90	90	10	112,014	73
74								74
75	TOTALS	\$ 1,319,447	\$ 11,601	\$ 135,087	\$ 123,486		\$ 810,000	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,878,952	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 485,721	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 377,187	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (108,534)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,185,235	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NuVision Holding

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:	<u>1977</u>	<u>302</u>		\$ <u>2,061,865</u>			3
4	Additions							4
5	<u>Chevy Associates</u>				<u>(2,061,865)</u>			5
6	<u>Alloc. Nucare</u>				<u>660</u>			6
7	TOTAL		302		\$ 660			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.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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: \$ 16,486

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 310,931	\$ 349		\$ 311,280	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			164,926	695		165,621	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			335,207			335,207	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				408,848		408,848	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <u>See Supplemental</u>					98,250	166,651		264,901	13
14	TOTAL			\$		\$ 909,314	\$ 576,543		\$ 1,485,857	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 Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/07

Ending:

12/31/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(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	\$ 751	\$ 311,920	1
2	Cash-Patient Deposits	8,111	8,111	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	4,694,602	4,694,602	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	79,846	79,846	6
7	Other Prepaid Expenses	15,617	89,274	7
8	Accounts Receivable (owners or related parties)	(788,165)	(788,165)	8
9	Other(specify): <u>See Attached Schedule</u>	3,050	467,373	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,013,812	\$ 4,862,961	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	1,557,286	7,202,854	15
16	Equipment, at Historical Cost	1,193,865	1,705,264	16
17	Accumulated Depreciation (book methods)	(1,706,567)	(6,472,338)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	72,483	293,035	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,117,067	\$ 8,947,941	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,130,879	\$ 13,810,902	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,164,093	\$ 1,164,094	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,071	3,071	28
29	Short-Term Notes Payable	2,000,000	2,000,000	29
30	Accrued Salaries Payable	354,793	354,793	30
31	Accrued Taxes Payable (excluding real estate taxes)	34,664	34,664	31
32	Accrued Real Estate Taxes(Sch.IX-B)		405,766	32
33	Accrued Interest Payable		66,460	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	63,429	63,429	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	71,242	167,107	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,691,292	\$ 4,259,384	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,576,576	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,576,576	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,691,292	\$ 19,835,960	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,439,587	\$ (6,025,058)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,130,879	\$ 13,810,902	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,090,632	1
2	Restatements (describe):		2
3	Restatement (See Attached)	(364,396)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 726,236	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	713,351	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 713,351	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)	\$ 1,439,587	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/07Ending: 12/31/07**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	\$ 12,004,252	1
2	Discounts and Allowances for all Levels	(91,709)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,912,543	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,806,273	6
7	Oxygen	40,849	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,847,122	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	716,013	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	54,131	19
20	Radiology and X-Ray	9,403	20
21	Other Medical Services	125,246	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 904,793	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	39,259	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 39,259	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	196,949	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 196,949	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,900,666	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,152,968	31
32	Health Care	4,952,255	32
33	General Administration	2,956,673	33
B. Capital Expense			
34	Ownership	2,369,131	34
C. Ancillary Expense			
35	Special Cost Centers	1,590,943	35
36	Provider Participation Fee	165,345	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,187,315	40
41	Income before Income Taxes (line 30 minus line 40)**	713,351	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 713,351	43

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

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

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

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,029	2,086	\$ 100,553	\$ 48.20	1
2	Assistant Director of Nursing	1,981	2,086	85,550	41.01	2
3	Registered Nurses	28,185	30,804	741,451	24.07	3
4	Licensed Practical Nurses	51,382	55,991	1,379,224	24.63	4
5	CNAs & Orderlies	153,165	166,502	1,553,862	9.33	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			139,833		8
9	Activity Director	2,029	2,086	38,677	18.54	9
10	Activity Assistants	7,689	8,293	73,385	8.85	10
11	Social Service Workers	13,607	15,083	266,161	17.65	11
12	Dietician	1,912	2,051	48,113	23.46	12
13	Food Service Supervisor					13
14	Head Cook	6,061	6,989	83,120	11.89	14
15	Cook Helpers/Assistants	23,900	25,933	224,173	8.64	15
16	Dishwashers					16
17	Maintenance Workers	4,892	5,395	91,959	17.05	17
18	Housekeepers	29	36	395	10.97	18
19	Laundry					19
20	Administrator	4,936	5,073	262,578	51.76	20
21	Assistant Administrator					21
22	Other Administrative	1,044	1,044	77,173	73.92	22
23	Office Manager					23
24	Clerical	13,446	15,384	248,044	16.12	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	9,899	10,803	137,079	12.69	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	8,162	8,280	105,086	12.69	33
34	TOTAL (lines 1 - 33)	334,348	363,919	\$ 5,656,416 *	\$ 15.54	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	302	\$ 12,749	01-03	35
36	Medical Director	Monthly	111,000	09-03	36
37	Medical Records Consultant	Monthly	4,224	10-03	37
38	Nurse Consultant	Monthly	6,535	10-03	38
39	Pharmacist Consultant	Monthly	4,942	10-03	39
40	Physical Therapy Consultant	46	2,560	10a-03	40
41	Occupational Therapy Consultant	32	1,453	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,296	11-03	44
45	Social Service Consultant	38	1,701	12-03	45
46	Other(specify) <u>IMRR Consultant</u>	3	260	10-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	445	\$ 146,720		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	
Farhat Sharif	Administrator	0	\$ 91,091	Workers' Compensation Insurance	\$ 85,006	IDPH License Fee	\$	
Ted O'Brien	Contract Admin.	0	40,820	Unemployment Compensation Insurance	100,296	Advertising: Employee Recruitment	2,165	
Kathleen Brander	Dir of Regulatory Mgmt	0	16,004	FICA Taxes	428,995	Health Care Worker Background Check	8,800	
Marilyn Flaherty	VP of MC Reimbursement	0	21,251	Employee Health Insurance	223,910	(Indicate # of checks performed <u>880</u>)		
William Prather	Executive Director	0	130,667	Employee Meals	69,971	Patient Background Checks <u>58</u>	1,770	
Gerry Jenich	CEO	0	39,439	Illinois Municipal Retirement Fund (IMRF)*		ICLTC Dues	16,353	
See Supplemental Schedule			479	Chicago Head Tax	8,901	Dues & Subscriptions	1,193	
TOTAL (agree to Schedule V, line 17, col. 1)				401-k Matching Expense	4,831	Licenses & Inspections	5,509	
(List each licensed administrator separately.)			\$ 339,750	Pension - Union	39,309			
				Other Employee Benefits	56,538	See Supplemental Schedule	1,639	
B. Administrative - Other								
Description			Amount					
NuCare Services Corp - Management Fees			\$ 699,445					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 699,445	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,017,757	
(Attach a copy of any management service agreement)							TOTAL (agree to Sch. V, line 20, col. 8) \$ 37,429	
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
Personnel Planners	Unemployment Consultant		\$ 3,377				Out-of-State Travel	\$
FR&R	Accounting		25,023					
Emdeon	Computer Services		1,907					
Giftrap Corp.	Computer Services		5,655				In-State Travel	
HDSI	Computer Services		7,390					
Medifax	Computer Services		4,938					
PC Mall	Computer Services		1,383					
PSD Solutions	Computer Services		11,903				Seminar Expense	
Growth Design	Business Consulting		477				Seminars - See Attached	3,270
See Attached	Legal		74,251				Alloc. NuCare	2,504
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 136,304				\$ 5,774	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$16,353
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 28,964 Line 10-02
- (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? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Chevy Chase Nursing Center, #34892, 7/1/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 165,345
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. \$ 69,971 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% In 1
- 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? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ NO
- (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 \$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.

SEE ACCOUNTANTS' COMPILATION REPORT