

		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:** 0017038

**Facility Name:** Central Plaza Residential Home

**Address:** 321-27 North Central Chicago 60644  
 Number City Zip Code

**County:** Cook

**Telephone Number:** 847-441-8200 **Fax #** 847-441-0800

**HFS ID Number:** 36-2520668

**Date of Initial License for Current Owners:** 12/1/63

**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
<b>IRS Exemption Code</b> _____	<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:** Rick Duros **Telephone Number:** 847-441-8200

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/07 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Rick Duros</u>	
<b>Paid Preparer</b>	(Title) <u>CFO</u>	
	(Signed) _____	(Date) _____
<b>Paid Preparer</b>	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) ( ) _____	Fax # ( ) _____
	<b>MAIL TO: BUREAU OF HEALTH FINANCE</b> <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b>	

**Phone # (217) 782-1630**

Facility Name & ID Number Central Plaza Residential Home# 0017038 Report Period Beginning: 1/1/07 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 \_\_\_\_\_

	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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>260</u>	Intermediate (ICF)	<u>260</u>	<u>94,900</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>260</u>	TOTALS	<u>260</u>	<u>94,900</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	
8	SNF				8
9	SNF/PED				9
10	ICF	<u>87,308</u>	<u>358</u>		<u>87,666</u>
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	<u>87,308</u>	<u>358</u>		<u>87,666</u>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.38%

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

427 (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? Yes

G. Do pages 3 &amp; 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 12/1/63

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

YES  Date \_\_\_\_\_ NO 

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

YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

## 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.

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/07 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
	<b>A. General Services</b>										
1	Dietary	310,948	63,751	14,400	389,099		389,099		389,099		1
2	Food Purchase		417,407		417,407	(27,591)	389,816	(1,430)	388,386		2
3	Housekeeping	367,849		51,071	418,920		418,920		418,920		3
4	Laundry		78,054		78,054		78,054		78,054		4
5	Heat and Other Utilities			212,538	212,538		212,538	1,384	213,922		5
6	Maintenance	268,227		337,715	605,942		605,942	3,124	609,066		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	947,024	559,212	615,724	2,121,960	(27,591)	2,094,369	3,078	2,097,447		8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	1,527,737	28,626	68,997	1,625,360		1,625,360		1,625,360		10
10a	Therapy										10a
11	Activities	133,433	16,683	5,529	155,645		155,645		155,645		11
12	Social Services	496,955		676,190	1,173,145		1,173,145	(600,000)	573,145		12
13	CNA Training										13
14	Program Transportation			691	691		691		691		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,158,125	45,309	751,407	2,954,841		2,954,841	(600,000)	2,354,841		16
	<b>C. General Administration</b>										
17	Administrative	452,847		948,335	1,401,182		1,401,182	(1,050,966)	350,216		17
18	Directors Fees			210,000	210,000		210,000	(142,350)	67,650		18
19	Professional Services			118,606	118,606		118,606	(75,797)	42,809		19
20	Dues, Fees, Subscriptions & Promotions			25,456	25,456		25,456	(312)	25,144		20
21	Clerical & General Office Expenses	565,390		90,827	656,217		656,217	(84,314)	571,903		21
22	Employee Benefits & Payroll Taxes			699,592	699,592	27,591	727,183		727,183		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,326	2,326		2,326		2,326		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			230,600	230,600		230,600	222	230,822		26
27	Other (specify):*			7,848	7,848		7,848	7,077	14,925		27
28	<b>TOTAL General Administration</b>	1,018,237		2,333,590	3,351,827	27,591	3,379,418	(1,346,440)	2,032,978		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,123,386	604,521	3,700,721	8,428,628		8,428,628	(1,943,362)	6,485,266		29

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

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

Facility Name & ID Number Central Plaza Residential Home #0017038 Report Period Beginning: 1/1/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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
	<b>D. Ownership</b>										
30	Depreciation			98,351	98,351		98,351	(433)	97,918		30
31	Amortization of Pre-Op. & Org.			70,565	70,565		70,565		70,565		31
32	Interest			80,610	80,610		80,610	(138,128)	(57,518)		32
33	Real Estate Taxes			141,237	141,237		141,237	5,082	146,319		33
34	Rent-Facility & Grounds			40,324	40,324		40,324	(15,952)	24,372		34
35	Rent-Equipment & Vehicles			16,453	16,453		16,453		16,453		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			447,540	447,540		447,540	(149,431)	298,109		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			142,350	142,350		142,350		142,350		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>			142,350	142,350		142,350		142,350		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,123,386	604,521	4,290,611	9,018,518		9,018,518	(2,092,793)	6,925,725		45

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning: 1/1/07

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	(433)	30		9
10	Interest and Other Investment Income	(66,049)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,430)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(76,839)	19		17
18	Fines and Penalties				18
19	Entertainment	(5,414)	21		19
20	Contributions	(19,384)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(6,068)	21		24
25	Fund Raising, Advertising and Promotional				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	(1,846,788)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (2,022,405)</b>		<b>\$</b>	<b>30</b>

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	70,388		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 70,388</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (1,952,017)</b>		<b>37</b>

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

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

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

BHF USE ONLY					
48		49		50	51
					52

Central Plaza Residential Home

ID# 0017038

Report Period Beginning: 1/1/07

Ending: 12/31/07

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Allowable Fees	\$ (142,350)	18	1
2	Fees	(948,335)	17	2
3	Penalties	(95)	21	3
4	Resident Christmas Gifts	(1,220)	21	4
5	Non-Allowable Salaries	(102,631)	17	5
6	Non-Allowable Salaries	(52,157)	21	6
7	Community Social Service	(600,000)	12	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,846,788)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,430)	0	0	0	0	0	0	0	0	0	0	(1,430)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,384	0	0	0	0	0	0	0	0	1,384	5
6	Maintenance	0	0	3,124	0	0	0	0	0	0	0	0	3,124	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(1,430)</b>	<b>0</b>	<b>4,508</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,078</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(600,000)	0	0	0	0	0	0	0	0	0	0	(600,000)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(600,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(600,000)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(1,050,966)	0	0	0	0	0	0	0	0	0	0	(1,050,966)	17
18	Directors Fees	(142,350)	0	0	0	0	0	0	0	0	0	0	(142,350)	18
19	Professional Services	(76,839)	0	0	1,042	0	0	0	0	0	0	0	(75,797)	19
20	Fees, Subscriptions & Promotions	0	0	(359)	47	0	0	0	0	0	0	0	(312)	20
21	Clerical & General Office Expenses	(84,338)	0	24	0	0	0	0	0	0	0	0	(84,314)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	222	0	0	0	0	0	0	0	0	222	26
27	Other (specify):*	0	0	7,077	0	0	0	0	0	0	0	0	7,077	27
28	<b>TOTAL General Administration</b>	<b>(1,354,493)</b>	<b>0</b>	<b>6,964</b>	<b>1,089</b>	<b>0</b>	<b>(1,346,440)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(1,955,923)</b>	<b>0</b>	<b>11,472</b>	<b>1,089</b>	<b>0</b>	<b>(1,943,362)</b>	<b>29</b>						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Plaza Residential Home

# 0017038 Report Period Beginning:

1/1/07 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	(433)	0	0	0	0	0	0	0	0	0	0	(433)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(66,049)	0	0	(72,079)	0	0	0	0	0	0	0	(138,128)	32
33	Real Estate Taxes	0	0	5,082	0	0	0	0	0	0	0	0	5,082	33
34	Rent-Facility & Grounds	0	0	(15,952)	0	0	0	0	0	0	0	0	(15,952)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(66,482)</b>	<b>0</b>	<b>(10,870)</b>	<b>(72,079)</b>	<b>0</b>	<b>(149,431)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(2,022,405)</b>	<b>0</b>	<b>602</b>	<b>(70,990)</b>	<b>0</b>	<b>(2,092,793)</b>	<b>45</b>						

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

\* 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	5 Utilities	\$	Barton Management Inc	100.00%	\$ 1,384	\$ 1,384	15
16	V	6 Repairs & Maint		Barton Management Inc		3,124	3,124	16
17	V	20 Dues, Fees, Subscriptions		Barton Management Inc		(359)	(359)	17
18	V	21 Clerical and General		Barton Management Inc		24	24	18
19	V	26 Insurance		Barton Management Inc		222	222	19
20	V	27 Emp. Ben. Gen. Admin		Barton Management Inc		7,077	7,077	20
21	V	33 Real Estate Taxes		Barton Management Inc		5,082	5,082	21
22	V	34 Rent Office Space		Barton Management Inc		14,048	14,048	22
23	V							23
24	V							24
25	V							25
26	V	34 Rent	30,000	Barton Management Inc			(30,000)	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		\$ 30,000			\$ 30,602	\$ * 602	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	19	Professional Fees	\$	Barton Healthcare LLC	100.00%	\$ 1,042	\$ 1,042	15
16	V	20	Dues, Subscriptions		Barton Healthcare LLC		47	47	16
17	V	32	Interest		Barton Healthcare LLC		129,725	129,725	17
18	V								18
19	V	32	Interest	201,804				(201,804)	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			\$ 201,804			\$ 130,814	\$ * (70,990)	39

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/07 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	Leon Shlofrock	Stockholder	Administrative	8.24	See Attached	See Attached		Betcare II	\$ 0	17-3	1
2	Irwin Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	30,000	18-3	2
3	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	73,794	6-1	3
4	Marla Coquillette	Stockholder	Social Service	4.50	See Attached	See Attached		Soc Service	58,845	12-1	4
5	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	26,667	17-1	5
6	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	16,667	21-1	6
7	Jean Shlofrock	Stockholder	Office	0.00	See Attached	See Attached		Office Sal	16,667	21-1	7
8	Paul Magit	Stockholder	Administrative	3.60	See Attached	See Attached		Admin Sal	25,000	21-1	8
9	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	9
10	Melissa Shlofrock	Relative	Office	0.00	N/A	14	0.33	Office Sal	6,410	21-1	10
11											11
12											12
13								TOTAL	\$ 284,050		13

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

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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 Barton Healthcare Inc  
 Street Address 465 Central  
 City / State / Zip Code Northfield, IL  
 Phone Number ( 847-441-8200  
 Fax Number ( 847-441-8200

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	19	Professional Fees	Note Receivable	29	7	\$ 5,570	\$	6	\$ 1,042	1
2	20	Dues, Subscriptions	Note Receivable	29	7	250		6	47	2
3	32	Interest	Note Receivable	29	7	693,438		6	129,725	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					\$ 699,258	\$		\$ 130,814	25

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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 Barton Management Inc  
 Street Address 465 Central  
 City / State / Zip Code Northfield, IL  
 Phone Number ( 847-441-8200  
 Fax Number ( 847-441-8200

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	Rental Income	184,800	8	\$ 8,523	\$ 30,000	\$ 1,384	1
2	6	Repairs and Maint	Rental Income	184,800	8	19,242	30,000	3,124	2
3	20	Dues, Fees,Subscriptions	Rental Income	184,800	8	(2,210)	30,000	(359)	3
4	21	Clerical and General	Rental Income	184,800	8	150	30,000	24	4
5	26	Insurance	Rental Income	184,800	8	1,367	30,000	222	5
6	27	Emp. Ben. Gen. Admin	Rental Income	184,800	8	43,594	30,000	7,077	6
7	33	Real Estate Taxes	Rental Income	184,800	8	31,308	30,000	5,082	7
8	34	Rent Office Space	Rental Income	184,800	8	86,534	30,000	14,048	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					\$ 188,508	\$	\$ 30,602	25

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 791,499	demand	variable	\$ 80,610	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6												6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 5,500,000	\$ 791,499			\$ 80,610	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income										(66,049)	10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(66,049)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 5,500,000	\$ 791,499			\$ 14,561	15								

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

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

\*\* 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 Central Plaza Residential Home

# 0017038 Report Period Beginning: 1/1/07

Ending: 12/31/07

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

**B. Real Estate Taxes**

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>																							
1. Real Estate Tax accrual used on 2006 report.		\$ 149,207	1																				
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 148,158	2																				
3. Under or (over) accrual (line 2 minus line 1).		\$ (1,049)	3																				
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 147,368	4																				
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5																				
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6																				
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 146,319	7																				
Real Estate Tax History:																							
Real Estate Tax Bill for Calendar Year:	2002	152,822	8																				
	2003	148,930	9																				
	2004	145,942	10																				
	2005	149,657	11																				
	2006	150,506	12																				
	<table border="1"> <tr> <td colspan="4"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2006</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>			<b>FOR BHF USE ONLY</b>				13	FROM R. E. TAX STATEMENT FOR 2006	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
<b>FOR BHF USE ONLY</b>																							
13	FROM R. E. TAX STATEMENT FOR 2006	\$	13																				
14	PLUS APPEAL COST FROM LINE 5	\$	14																				
15	LESS REFUND FROM LINE 6	\$	15																				
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																				

**NOTES:**

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

**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 Central Plaza Residential Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017038

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE 847-441-8200 FAX #: 847-441-0800

**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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>16-09-300-011-0000</u>	<u>324 N Pine</u>	\$ <u>848.00</u>	\$ <u>848.00</u>
2. <u>16-09-300-004-0000</u>	<u>327 N Central</u>	\$ <u>47,992.00</u>	\$ <u>47,992.00</u>
3. <u>16-09-300-005-0000</u>	<u>321 N Central</u>	\$ <u>90,444.00</u>	\$ <u>90,444.00</u>
4. <u>16-08-405-020-0000</u>	<u>318 N Central</u>	\$ <u>3,792.00</u>	\$ <u>3,792.00</u>
5. <u>Barton Management Alloc</u>	<u>See Attached</u>	\$ <u>62,617.00</u>	\$ <u>5,082.00</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>205,693.00</u>	\$ <u>148,158.00</u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 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.

Facility Name & ID Number Central Plaza Residential Home

# 0017038 Report Period Beginning:

1/1/07 Ending:

12/31/07

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 90,310 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories Wing#1-Wing#2-4

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).

N/A

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: Loan Amortization 2. Number of Years Over Which it is Being Amortized: See Attached  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: See Attached

Nature of Costs: See Attached

(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>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	1
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	2
3	TOTALS	29,048		\$ 256,168	3

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	260		1974	1964	\$ 385,508	\$	30	\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Building Additions			1975	303,849		12.5			303,849	9
10	Building Additions			1976	53,526		12.5			53,526	10
11											11
12	Building Additions			1977	47,780		12.5			47,780	12
13	Building Additions			1978	66,037		2.5			66,037	13
14	Building Additions			1979	59,303		12.5			59,303	14
15	Building Additions			1980	24,816		12.5			24,816	15
16											16
17	Building Additions			1980	40,762		3			40,762	17
18	Building Additions			1981	34,255		3			34,255	18
19	Building Additions			1981	10,665		12.5			10,665	19
20	Building Additions			1982	13,492		10			13,492	20
21	Building Additions			1983	48,201		10			48,201	21
22	Building Additions			1984	52,327		10			52,327	22
23	Building Additions			1985	295,316		10			295,316	23
24	Building Additions			1986	144,407		10			144,407	24
25	Building Additions			1987	11,075		10			11,075	25
26	Building Additions			1988	10,240		10			10,240	26
27	Building Additions			1989	39,943		10			39,943	27
28	Building Additions			1990	65,848		10			65,848	28
29	Building Additions			1991	77,448		10			77,448	29
30	Building Additions			1992	89,051		10			89,051	30
31	Building Additions			1993	46,236		10			46,236	31
32	Building Additions			1994	220,966		10			220,966	32
33	Building Additions			1994	12,302		10			12,302	33
34	Building Additions			1994	1,430		10			1,430	34
35	Building Additions			1996	125,206	3,210	39	3,210		40,262	35
36	Curtains			1996	1,169	30	39	30			36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	
37	Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71	\$	\$ 784	37
38	Boiler Repair	1996	4,763	122	39	122		1,347	38
39	Windows	1996	10,000	256	39	256		2,827	39
40	Water Heater	1996	5,100	131	39	131		1,446	40
41	Water Line	1996	1,985	51	39	51		563	41
42	Sidewalk Repairs	1996	2,464	63	39	63		696	42
43	Storm Windows	1996	10,679	274	39	274		3,025	43
44	Electrical Circuit	1996	22,780	584	39	584		6,448	44
45	Elevator Selector	1996	2,632	67	39	67		740	45
46	House Pump	1996	22,527	578	39	578		6,383	46
47	Water Gate	1996	2,165	56	39	56		618	47
48	Air Conditioner Circuits	1997	6,845	176	39	176		1,840	48
49	Alarm Detectors	1997	634	16	39	16		172	49
50	Bathtub Refinish	1997	9,152	235	39	235		2,449	50
51	Bathroom Remodel	1997	5,135	132	39	132		1,402	51
52	Boiler Flame	1997	2,769	71	39	71		713	52
53	Ceiling Tiles	1997	623	16	39	16		170	53
54	Circuit Breakers	1997	1,920	49	39	49		509	54
55	Concrete	1997	1,300	33	39	33		348	55
56	Curtains	1997	749	19	39	19		202	56
57	Doorways	1997	6,660	171	39	171		1,746	57
58	Electrical	1997	1,361	35	39	35		351	58
59	Elevator	1997	42,595	1,092	39	1,092		11,846	59
60	Emergency Light	1997	7,110	182	39	182		1,828	60
61	Fence	1997	4,500	115	39	115		1,193	61
62	Fire Alarm	1997	78,500	2,013	39	2,013		21,390	62
63	Flooring	1997	4,972	127	39	127		1,326	63
64	Kitchen Pipes	1997	2,200	56	39	56		572	64
65	Laundry Room	1997	24,750	635	39	635		6,812	65
66	Ramp Rail	1997	795	20	39	20		216	66
67	Remodeling	1997	141,653	3,632	39	3,632		37,368	67
68	Roof Repair	1997	14,458	371	39	371		4,004	68
69	Sensor Modules	1997	1,005	26	39	26		285	69
70	TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 1,931,156	70

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 1,931,156	1
2	Water Valves	1997	1,060	27	39	27		287	2
3	Windows	1997	11,978	307	39	307		3,287	3
4	Bath Tub Refinish	1998	2,620	67	39	67		665	4
5	Blinds	1998	608	16	39	16		158	5
6	Electrical	1998	6,670	171	39	171		1,577	6
7	Elevator Remodel	1998	1,778	46	39	46		420	7
8	Emergency Lights	1998	10,323	265	39	265		2,617	8
9	Flooring	1998	1,600	41	39	41		388	9
10	Heat Pump	1998	1,213	31	39	31		285	10
11	Masonry/Electrical	1998	11,660	299	39	299		2,703	11
12	Paneling	1998	1,116	29	39	29		274	12
13	Remodeling	1998	5,053	130	39	130		1,285	13
14	Replace Pipes	1998	2,204	57	39	57		515	14
15	Roofing	1998	3,800	97	39	97		950	15
16	Spec. Consult	1998	232	6	39	6		54	16
17	Walk In Cooler	1998	11,565	297	39	297		2,834	17
18	Windows	1998	18,387	471	39	471		4,442	18
19	Wiring	1998	4,787	123	39	123		1,163	19
20	Activity Area	1999	10,937	280	39	280		2,439	20
21	Air Cleaners	1999	8,338	214	39	214		1,817	21
22	Café Line	1999	5,927	152	39	152		1,286	22
23	Doors	1999	4,225	108	39	108		942	23
24	Drain Line	1999	950	24	39	24		211	24
25	Electrical Panel	1999	985	25	39	25		209	25
26	Fire Dumper	1999	37,670	966	39	966		8,655	26
27	Flooring	1999	1,304	33	39	33		285	27
28	Heat Booster	1999	2,521	65	39	65		571	28
29	Masonry/Tuckpoint	1999	11,740	301	39	301		2,546	29
30	Renovate Elevator	1999	9,520	244	39	244		2,044	30
31	Roof Repair	1999	1,050	27	39	27		217	31
32	Spec. Consult	1999	2,474	63	39	63		567	32
33	Tubs & Valves	1999	5,422	139	39	139		1,135	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 1,977,984	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 1,977,984	1
2	Windows	1999	30,303	777	39	777		6,570	2
3	Air Cleaners	2000	3,900	100	39	100		779	3
4	Bathroom Valve	2000	1,894	49	39	49		382	4
5	Carpeting	2000	749	19	39	19		134	5
6	CPU Unit	2000	5,580	143	39	143		1,114	6
7	Door Parts	2000	1,724	44	39	44		328	7
8	Electrical Panel	2000	2,305	59	39	59		444	8
9	Elevator Switch	2000	2,300	59	39	59		440	9
10	Fire Alarm Pump	2000	1,700	44	39	44		343	10
11	Fire Code Improvement	2000	8,131	208	39	208		1,621	11
12	Fire Damper	2000	5,620	144	39	144		1,062	12
13	Fire System	2000	66,705	1,710	39	1,710		13,183	13
14	Hand Rails	2000	6,602	169	39	169		1,252	14
15	Masonry	2000	11,840	304	39	304		2,409	15
16	Paint and Drywall	2000	12,400	318	39	318		2,452	16
17	Remodel Fire Pump Room	2000	3,100	79	39	79		576	17
18	Remodel Laundry Room	2000	3,500	90	39	90		656	18
19	Remodeling	2000	15,441	396	39	396		3,042	19
20	Remove Walls	2000	9,600	246	39	246		1,835	20
21	Shower Valves	2000	4,650	119	39	119		888	21
22	Sprinkler	2000	689	18	39	18		140	22
23	Steam Line	2000	2,734	70	39	70		551	23
24	Windows	2000	24,967	640	39	640		4,545	24
25	Heat Detectors	2001	880	23	39	23		154	25
26	Fire Alarm	2001	1,320	34	39	34		228	26
27	Pipe Add On Devices	2001	880	23	39	23		154	27
28	Pipe Add On Devices	2001	1,320	34	39	34		228	28
29	Fire Alarm	2001	1,997	51	39	51		342	29
30	Heat Detectors	2001	1,721	44	39	44		295	30
31	Heat Detectors	2001	990	25	39	25		168	31
32	Heat Detectors	2001	660	17	39	17		114	32
33	Water Heater	2001	4,950	127	39	127		852	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,025,265	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,025,265	1
2	Wood Door	2001	570	15	39	15		100	2
3	Wood Door	2001	570	15	39	15		100	3
4	HVAC	2001	36,200	928	39	928		6,149	4
5	Heat Detectors	2001	2,660	68	39	68		451	5
6	Fire Alarm	2001	1,320	34	39	34		225	6
7	Panel	2001	440	11	39	11		73	7
8	Testing	2001	660	17	39	17		113	8
9	Plumbing	2001	4,050	104	39	104		689	9
10	Electrical	2001	1,180	30	39	30		199	10
11	Masonry	2001	2,450	63	39	63		412	11
12	Cubicle Curtains	2001	1,225	31	39	31		200	12
13	Reroof	2001	8,080	207	39	207		1,337	13
14	Elevator Repair	2001	17,412	446	39	446		2,881	14
15	Fencing	2001	4,000	103	39	103		657	15
16	Electrical	2001	2,485	64	39	64		408	16
17	Excavating/Paving	2001	28,083	720	39	720		4,470	17
18	Windows	2001	18,400	472	39	472		2,891	18
19	Windows	2001	2,900	74	39	74		453	19
20	Boiler Parts	2001	3,148	81	39	81		496	20
21	Iron Gate	2001	1,725	44	39	44		270	21
22	Front Walk	2001	2,950	76	39	76		465	22
23	Electrical	2001	7,528	193	39	193		1,166	23
24	Shower Room	2001	24,500	628	39	628		3,794	24
25	Water Heater	2001	4,950	127	39	127		767	25
26	Generator	2001	3,500	90	39	90		544	26
27	Plumbing	2001	1,340	34	39	34		205	27
28	Plumbing	2001	1,485	38	39	38		230	28
29	Plumbing	2001	1,635	42	39	42		254	29
30	Plumbing	2001	578	15	39	15		91	30
31	Smoke & Stobe Add ons	2001	16,979	435	39	435		2,645	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,058,000	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12D, Carried Forward</b>		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,058,000	1
2	Water Heater	2002	4,433	114	39	114		679	2
3	Roof Repair	2002	3,870	99	39	99		565	3
4	Remodel Weight Room	2002	4,200	108	39	108		616	4
5	Remove Fire Escapes	2002	5,600	144	39	144		786	5
6	Electrical Work	2002	4,240	109	39	109		568	6
7	Plumbing Café	2002	15,294	392	39	392		2,009	7
8	Wiring Panels	2002	10,970	281	39	281		1,440	8
9	Wiring	2002	2,965	76	39	76		383	9
10	Replace Water Heater	2002	5,037	129	39	129		650	10
11	Steam Heat Repair	2002	3,370	86	39	86		470	11
12	Tuckpoint	2002	5,600	144	39	144		750	12
13	Kitchen Hood Fire Suspension	2003	2,819	72	39	72		357	13
14	Sewer Pipe	2003	3,287	84	39	84		417	14
15	Tile	2003	512	13	39	13		65	15
16	Pipe Replacement	2003	752	19	39	19		93	16
17	Air Conditioning Work	2003	5,130	132	39	132		643	17
18	Fence	2003	1,380	35	39	35		168	18
19	Roof Repair	2003	10,250	263	39	263		1,173	19
20	AC Compressor	2003	7,800	200	39	200		892	20
21	Breaker Panels	2003	18,986	487	39	487		2,131	21
22	Electrical Work	2003	5,420	139	39	139		573	22
23	Remodeling	2004	35,300	905	39	905		3,508	23
24	Coffee Shop	2004	51,000	1,308	39	1,308		4,961	24
25	Laundry/ Hall	2004	20,800	533	39	533		2,022	25
26	Sink	2004	2,811	72	39	72		267	26
27	Renovation-2nd Floor	2004	26,000	667	39	667		2,474	27
28	Game Room	2004	54,500	1,397	39	1,397		5,182	28
29	Bathroom	2004	6,500	167	39	167		619	29
30	Bathroom#406	2004	6,500	167	39	167		605	30
31	Bathroom#408	2004	6,500	167	39	167		605	31
32	Bathroom#301	2004	6,500	167	39	167		605	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,094,276	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12E, Carried Forward</b>		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,094,276	1
2	Bathroom#201	2004	6,500	167	39	167		605	2
3	Bathroom#405	2004	6,500	167	39	167		605	3
4	Bathroom#215	2004	6,500	167	39	167		605	4
5	Electromedia	2004	11,825	303	39	303		1,073	5
6	Electrical	2004	5,478	140	39	140		496	6
7	Drywall/Paint	2004	1,500	38	39	38		132	7
8	Scissor Gate	2004	3,600	92	39	92		318	8
9	Tubs	2004	3,640	93	39	93		322	9
10	Hall	2004	41,900	1,074	39	1,074		3,446	10
11	Bathroom	2004	23,230	596	39	596		1,937	11
12	Bathroom	2004	54,928	1,408	39	1,408		4,400	12
13	Roof/Fan	2004	5,800	149	39	149		466	13
14	Boiler	2004	79,311	2,034	39	2,034		6,357	14
15	Bathroom	2004	2,745	70	39	70		213	15
16	Gas Boiler	2005	6,139	157	39	157		465	16
17	3rd Floor Remodel	2005	35,900	920	39	920		2,647	17
18	4th Floor Remodel	2005	35,900	920	39	920		2,570	18
19	Workrooms	2005	3,850	99	39	99		276	19
20	Freight Elevator	2005	3,300	85	39	85		237	20
21	Cooler Floor	2005	1,850	47	39	47		132	21
22	5th Floor Hall	2005	35,900	920	39	920		2,493	22
23	Shelves	2005	1,195	31	39	31		84	23
24	Circulating Pump	2005	1,660	43	39	43		113	24
25	Roof Top A/C	2005	18,687	479	39	479		1,258	25
26	Remodeling Projects	2005	82,790	2,123	39	2,123		5,575	26
27	5th Floor Hall	2005	1,950	50	39	50		127	27
28	3rd Floor Hall	2005	1,150	29	39	29		74	28
29	4th Floor Hall	2005	300	8	39	8		20	29
30	1st Floor Hall	2005	8,000	205	39	205		521	30
31	Bathroom Remodeling	2005	13,000	333	39	333		847	31
32	Bathroom Remodeling	2005	26,800	687	39	687		1,632	32
33	Cooler Door	2005	3,410	87	39	87		200	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,134,522	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12F, Carried Forward</b>		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,134,522	1
2	Fire Doors & Stops	2005	11,000	282	39	282		623	2
3	Remodeling Projects	2005	15,950	409	39	409		835	3
4	Pump Room	2006	4,900	126	39	126		247	4
5	Bathroom Work	2006	11,500	295	39	295		578	5
6	Fire Alarm System	2006	3,818	98	39	98		192	6
7	Laundry Rm/Office	2006	3,650	94	39	94		176	7
8	Electrical Repairs	2006	1,070	27	39	27		51	8
9	Radiator	2006	2,175	56	39	56		105	9
10	Iron Fence	2006	4,790	123	39	123		220	10
11	Electrical/Plumbing	2006	4,350	112	39	112		200	11
12	Boiler Repair	2006	1,790	46	39	46		82	12
13	Wiring Fire Alarm	2006	19,703	505	39	505		821	13
14	Remodel Bird Room	2006	24,000	615	39	615		1,000	14
15	Windows	2006	3,350	86	39	86		140	15
16	3rd Floor Hallway Flooring	2006	7,700	197	39	197		304	16
17	3rd Floor Hallway remodeling	2006	38,500	987	39	987		1,523	17
18	Doors/Fixtures	2006	3,150	81	39	81		125	18
19	Computer Room Remodel	2006	4,800	123	39	123		128	19
20	Entry Staircase	2006	11,500	295	39	295		430	20
21	Roof Repair	2006	4,100	105	39	105		136	21
22	Windows	2006	1,165	30	39	30		36	22
23	Tile Floor	2006	12,200	313	39	313		378	23
24	Tiles	2006	1,370	35	39	35		42	24
25	Remodel Bathrooms	2006	1,512	39	39	39		41	25
26	Remodel Bathrooms	2006	1,584	41	39	41		43	26
27	Remodel Bathrooms	2006	1,785	46	39	46		48	27
28	Remodel Bathrooms	2006	2,784	71	39	71		74	28
29	Remodel Bathrooms	2006	2,958	76	39	76		79	29
30	Remodel Bathrooms	2006	2,062	53	39	53		55	30
31	Remodel Bathrooms	2006	3,127	80	39	80		83	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,458,503	\$ 59,067		\$ 59,067	\$	\$ 2,143,317	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	<b>Totals from Page 12G, Carried Forward</b>		\$ 4,458,503	\$ 59,067		\$ 59,067	\$	\$ 2,143,317	1
2	Tiles	2007	3,387	83	39	87	4	83	2
3	Installation	2007	1,216	30	39	31	1	30	3
4	Installation	2007	2,924	72	39	75	3	72	4
5	Water Heatr	2007	1,833	45	39	47	2	45	5
6	Install Pump	2007	1,336	33	39	34	1	33	6
7	Climate Guard	2007	1,177	29	39	30	1	29	7
8	Boiler	2007	76,204	1,712	39	1,954	242	1,712	8
9	Cooler Door	2007	3,345	75	39	86	11	75	9
10	Boiler Repair	2007	2,782	57	39	71	14	57	10
11	Bathroom	2007	3,668	75	39	94	19	75	11
12	Electrical	2007	2,130	43	39	55	12	43	12
13	Tiles	2007	2,924	59	39	75	16	59	13
14	Tiles	2007	2,304	47	39	59	12	47	14
15	Tiles	2007	2,016	41	39	52	11	41	15
16	Tiles	2007	5,472	111	39	140	29	111	16
17	Tiles	2007	11,777	239	39	302	63	239	17
18	Door Sill	2007	1,420	26	39	36	10	26	18
19	Repair Pump	2007	1,169	21	39	30	9	21	19
20	Repair Pump	2007	2,791	51	39	72	21	51	20
21	Bathroom Plumbing	2007	1,766	32	39	45	13	32	21
22	Storage Tanks	2007	8,445	154	39	217	63	154	22
23	Pump	2007	3,157	51	39	81	30	51	23
24	Screens	2007	1,977	28	39	51	23	28	24
25	Bath Fan	2007	2,043	24	39	52	28	24	25
26	Electrical	2007	3,273	32	39	84	52	32	26
27	Elevator Repair	2007	6,302	61	39	162	101	61	27
28	Repair Valve	2007	3,587	35	39	92	57	35	28
29	Repair Roof	2007	6,400	48	39	164	116	48	29
30	Circulating Pump	2007	3,784	20	39	97	77	20	30
31	Sound Wiring	2007	4,582	25	39	117	92	25	31
32	Repair Pipe	2007	7,500	40	39	192	152	40	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,641,194	\$ 62,466		\$ 63,751	\$ 1,285	\$ 2,146,716	34

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/07 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	\$ 54,149	\$ 10,793	\$ 8,320	\$ (2,473)		\$ 26,717	71
72	Current Year Purchases	20,240	20,240	2,964	(17,276)		20,240	72
73	Fully Depreciated Assets	1,072,003		11,877	11,877		1,072,003	73
74								74
75	TOTALS	\$ 1,146,392	\$ 31,033	\$ 23,161	\$ (7,872)		\$ 1,118,960	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	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$ 1,775	\$	\$ (1,775)	5	\$ 17,790	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	1,302	5,221	3,919	5	12,702	77
78	Facility	Ford Van 2003	2002	28,925	1,775	5,785	4,010	5	13,175	78
79										79
80	TOTALS			\$ 76,324	\$ 4,852	\$ 11,006	\$ 6,154		\$ 43,667	80

E. Summary of Care-Related Assets

	1	Reference	2	
			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,120,078	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 98,351	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 97,918	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (433)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,309,343	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

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

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

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5	Barton Management-Allocation				14,048			5
6					_____			6
7	TOTAL				\$ 14,048			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.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: See Attached \$16,453

(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)	
<b>TOTAL TRAINED</b>	

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

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/07

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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$		\$	\$		\$	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.

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/07

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,287,835	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>100,000</u> )	2,341,450		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	191,019		6
7	Other Prepaid Expenses	53,825		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from Zion</u>	260,000		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,134,129	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	4,329,526		15
16	Equipment, at Historical Cost	1,222,718		16
17	Accumulated Depreciation (book methods)	(3,713,308)		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>Rush Barton Investment</u>	170,796		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 2,577,566	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,711,695	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 714,438	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	133,114		30
31	Accrued Taxes Payable (excluding real estate taxes)	22,936		31
32	Accrued Real Estate Taxes(Sch.IX-B)	147,368		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Due to Barton</u>	11,889		36
37	<u>Due to State of Illinois</u>	50,611		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,080,356	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	791,499		41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 791,499	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,871,855	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 4,839,840	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 6,711,695	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,671,861	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,671,861	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	567,979	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	(400,000)	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)	\$ 167,979	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,839,840	24 *

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/07Ending: 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,507,289	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,507,289	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	78,786	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 78,786	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Misc Income</b>	422	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 422	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,586,497	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,122,560	31
32	Health Care	2,954,841	32
33	General Administration	3,351,827	33
<b>B. Capital Expense</b>			
34	Ownership	446,940	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	142,350	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,018,518	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	567,979	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 567,979	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/07

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	2,552	2,730	\$ 118,716	\$ 43.49	1
2	Assistant Director of Nursing	1,984	2,080	57,653	27.72	2
3	Registered Nurses	3,853	4,246	108,592	25.58	3
4	Licensed Practical Nurses	16,608	18,129	381,924	21.07	4
5	CNAs & Orderlies	65,361	72,730	834,128	11.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,247	11,991	133,433	11.13	10
11	Social Service Workers	34,331	37,295	555,800	14.90	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,496	26,944	310,948	11.54	15
16	Dishwashers					16
17	Maintenance Workers	17,128	18,498	268,227	14.50	17
18	Housekeepers	33,891	36,632	367,849	10.04	18
19	Laundry					19
20	Administrator	2,080	2,200	95,249	43.30	20
21	Assistant Administrator	3,040	3,180	105,937	33.31	21
22	Other Administrative	2,950	2,950	251,661	85.31	22
23	Office Manager					23
24	Clerical	24,230	25,330	506,545	20.00	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,735	2,015	26,724	13.26	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	245,486	266,950	\$ 4,123,386 *	\$ 15.45	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	340	\$ 14,400	35
36	Medical Director	144	4,676	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	96	1,050	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant	52	2,320	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	138	5,529	44
45	Social Service Consultant	274	12,326	45
46	Other(specify)			46
47	Psychiatric	276	22,095	47
48	Substance Abuse	877	39,447	48
49	TOTAL (lines 35 - 48)	2,196	\$ 101,843	49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,582	\$ 63,270	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	1,582	\$ 63,270	53

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning: 1/1/07

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	
Gwen Washington	Administrator	0	\$ 95,249	Workers' Compensation Insurance	\$ 84,048	IDPH License Fee	\$	
Keisha Jones	Admin Asst	0	20,975	Unemployment Compensation Insurance	65,772	Advertising: Employee Recruitment	1,911	
Jeffrey Ingrassia	Admin Asst	0	84,962	FICA Taxes	301,759	Health Care Worker Background Check		
John Shlofrock	Administrative	8.8	91,500	Employee Health Insurance	208,310	(Indicate # of checks performed <u>114</u> )	1,138	
Rick Duros	CFO	0	58,456	Employee Meals	27,591	Patient Background Checks <u>86</u>	859	
Gary Weintraub	Legal	0	50,038	Illinois Municipal Retirement Fund (IMRF)*				
Arnie Kanter	Administrative	0	51,667	Employee Head Tax	5,468	Dues-Alliance for Living	15,600	
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Benefits-Others	5,466	Misc Dues, Subs, & Licenses	3,536	
(List each licensed administrator separately.)			\$ 452,847	Union Pension Contribution	28,769	City of Chicago License	2,000	
B. Administrative - Other				Barton Alloc-Employee Benefits		Franchise Tax	100	
Description			Amount			Less: Public Relations Expense	( )	
(Adjusted out on page 5)			\$ 948,335			Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 948,335	TOTAL (agree to Schedule V, line 22, col.8)	\$ 727,183	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 25,144	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
Lawrencewood Financial	Accounting		\$ 7,000				Out-of-State Travel	\$
Pension Performance	Accounting		1,454					
Bisys	Accounting		1,850					
Alpha Data Services	Data Processing		5,806				In-State Travel	
Hinext	Computer Service		2,201					
Barton Management Alloc	Computer Service		18,457					
Personnal Planner	Unemployment Consult		3,299					
Barton Management Alloc	Professional Fees		70,839				Seminar Expense	2,326
Medi-Source Staffing	Professional Fees		6,000					
Frost,Ruttenburg,Rothblatt	Accounting		125					
Honkamp Kreueger & Co.	Accounting		480					
Barton Management Alloc	Accounting		1,095				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.)			\$ 118,606				TOTAL	\$ 2,326

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Central Plaza Residential Home

Report Period Beginning: 1/1/07 Ending: 12/31/07

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	Decorating	12/02	\$ 2,652		\$ 884	\$	\$	\$	\$	\$	\$	\$	\$
2	Decorating	12/03	1,225		408	409							
3	Decorating	12/04	292			97	98						
4	Decorating	12/05	3,167			1,056	1,056	1,055					
5	Decorating	12/06	4,729				1,576	1,576	1,577				
6	Decorating												
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 12,065		\$ 1,292	\$ 1,562	\$ 2,730	\$ 2,631	\$ 1,577	\$	\$	\$	\$

Facility Name &amp; ID Number Central Plaza Residential Home

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only CNA'S
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Alliance for Living \$15,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line \_\_\_\_\_
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 142,350  
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. \$ 27,591 Has any meal income been offset against related costs? n/a 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. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a  
Attach invoices and a summary of services for all architect and appraisal fees.