

Facility Name & ID Number Holy Family Nursing & Rehab

0048652 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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	102	Skilled (SNF)	102	37,230	1
2		Skilled Pediatric (SNF/PED)			2
3	149	Intermediate (ICF)	149	54,385	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	251	TOTALS	251	91,615	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	3,459	2,256	9,172	14,887	8
9	SNF/PED					9
10	ICF	30,138	12,236		42,374	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	33,597	14,492	9,172	57,261	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.50%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

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 05/01/1981

J. Was the facility purchased or leased after January 1, 1978?
YES Date 05/01/1981 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 51 and days of care provided 9,172

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year YES NO

Tax Year: 06/30/2007 Fiscal Year: 06/30/2007

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

STATE OF ILLINOIS

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Facility Name & ID Number Holy Family Nursing & Rehab # 0048652 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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
1	A. General Services										
1	Dietary	443,641	38,214	5,525	487,380		487,380		487,380		1
2	Food Purchase		396,486		396,486		396,486	(1,646)	394,840		2
3	Housekeeping	284,219	46,447	5,560	336,226		336,226		336,226		3
4	Laundry	166,396	48,914	200	215,510		215,510		215,510		4
5	Heat and Other Utilities			326,807	326,807		326,807		326,807		5
6	Maintenance	116,070	4,702	162,345	283,117		283,117		283,117		6
7	Other (specify):*										7
8	TOTAL General Services	1,010,326	534,763	500,437	2,045,526		2,045,526	(1,646)	2,043,880		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,733,744	227,212	79,844	4,040,800		4,040,800		4,040,800		10
10a	Therapy	316,235	2,565	99,446	418,246		418,246		418,246		10a
11	Activities	125,623	5,270	440	131,333		131,333		131,333		11
12	Social Services	56,093	179	2,600	58,872		58,872		58,872		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,231,695	235,226	200,330	4,667,251		4,667,251		4,667,251		16
	C. General Administration										
17	Administrative	106,949		731,631	838,580		838,580	(731,631)	106,949		17
18	Directors Fees										18
19	Professional Services			10,873	10,873		10,873	(10,873)			19
20	Dues, Fees, Subscriptions & Promotion			11,984	11,984		11,984		11,984		20
21	Clerical & General Office Expense	398,922	18,017	38,563	455,502		455,502	632,563	1,088,065		21
22	Employee Benefits & Payroll Tax			1,931,051	1,931,051		1,931,051	236,596	2,167,647		22
23	Inservice Training & Education										23
24	Travel and Seminars			2,620	2,620		2,620		2,620		24
25	Other Admin. Staff Transportation			990	990		990		990		25
26	Insurance-Prop.Liab.Malpractice			201,956	201,956		201,956		201,956		26
27	Other (specify):*										27
28	TOTAL General Administration	505,871	18,017	2,929,668	3,453,556		3,453,556	126,655	3,580,211		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,747,892	788,006	3,630,435	10,166,333		10,166,333	125,009	10,291,342		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 Holy Family Nursing & Rehab

#0048652

Report Period Beginning: 07/01/2006 Ending: 06/30/2007

06/30/2007

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			391,190	391,190		391,190	86,568	477,758			30
31	Amortization of Pre-Op. & Org											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle:			86,700	86,700		86,700		86,700			35
36	Other (specify): ³											36
37	TOTAL Ownership			477,890	477,890		477,890	86,568	564,458			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatio											38
39	Ancillary Service Center:	202,949	1,292,905	546	1,496,400		1,496,400		1,496,400			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			137,422	137,422		137,422		137,422			42
43	Other (specify): ³ Non-allowable Cost			1,085	1,085		1,085	(1,085)				43
44	TOTAL Special Cost Centers	202,949	1,292,905	139,053	1,634,907		1,634,907	(1,085)	1,633,822			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,950,841	2,080,911	4,247,378	12,279,130		12,279,130	210,492	12,489,622			45

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

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Nursing & Rehab

0048652

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

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 Program				3
4	Non-Patient Meals	(1,646)	2		4
5	Telephone, TV & Radio in Resident Room	(2,491)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciator	412	30		9
10	Interest and Other Investment Incom	(12,634)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salar				12
13	Sales Tax				13
14	Non-Care Related Interes				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insuranc				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotiona				25
26	Income Taxes and Illinois Persona Property Replacement Tax				26
27	CNA Training for Non-Employee:				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(11,958)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (28,317)		\$	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)	238,809		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 238,809		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 210,492		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		x	\$		38
39						39
40	Gift and Coffee Shop:		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Nursing & Rehab

ID# 0048652

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Convent Expense	\$ (735)	43	1
2	Disallow Marketing Expense	(350)	43	2
3	Disallow non-allowable legal fees	(10,873)	19	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(11,958)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Holy Family Nursing & Rehab

0048652

Report Period Beginning:

07/01/2006

Ending:

06/30/2007

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,646)	0	0	0	0	0	0	0	0	0	0	(1,646)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,646)	0	0	0	0	0	0	0	0	0	0	(1,646)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(731,631)	0	0	0	0	0	0	0	0	0	(731,631)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,873)	0	0	0	0	0	0	0	0	0	0	(10,873)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(2,491)	635,054	0	0	0	0	0	0	0	0	0	632,563	21
22	Employee Benefits & Payroll Taxes	0	236,596	0	0	0	0	0	0	0	0	0	236,596	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	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(13,364)	140,019	0	126,655	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(15,010)	140,019	0	125,009	29								

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
Resurrection Health Care	100	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	21 Clerical & Data Processing	\$	Resurrection Health Care	100.00%	\$ 635,054	\$ 635,054	1	
2	V	22 Employee Benefits		Resurrection Health Care	100.00%	236,596	236,596	2	
3	V	30 Depreciation		Resurrection Health Care	100.00%	86,156	86,156	3	
4	V	32 Interest Expense		Resurrection Health Care	100.00%	12,634	12,634	4	
5	V							5	
6	V	17 Intercompany Accrua	731,631	Resurrection Health Care	100.00%		(731,631)	6	
7	V	39 Intercompany Pharmaci	1,292,905	Resurrection Health Care	100.00%	1,292,905		7	
8	V							8	
9	V							9	
10	V							10	
11	V							11	
12	V							12	
13	V							13	
14	Total		\$ 2,024,536			\$ 2,263,345	\$ *	238,809	14

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Holy Family Nursing & Rehab # 0048652 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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	See Attached page 7A								\$		1
2											2
3											3
4	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	93,368	1	2.00	N/A	N/A	N/A	4
5											5
6	Sister Elizabeth Trembczynski was the administrator for Holy Family Nursing and Rehabilitation Center, a related entity, from July 1, 20										6
7	through April 30, 2007.										7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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 Holy Family Nursing & Rehab # 0048652 Report Period Beginning: 07/01/2006 Ending: 6/30/2007

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 Resurrection Health Care/Medical Center
 Street Address 7435 W. Talcott
 City / State / Zip Code Chicago, IL 60631
 Phone Number (773) 774-8000
 Fax Number (773) 594-7488

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	21	Clerical & data processing			\$	\$		\$	1
2	22	Employee benefits							2
3	30	Depreciation							3
4	32	Interest Expense							4
5									5
6	39	Intercompany Pharmaci							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 Holy Family Nursing & Rehab # 0048652 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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	
						Original	Balance					
	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									
	A. Directly Facility Related											
	Long-Term											
1	N/A						\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	N/A											6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10	N/A											10
11									Home Office Allocation			12,634
12									Interest Income Offset			(12,634)
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

Facility Name & ID Number **Holy Family Nursing & Rehab**

0048652 Report Period Beginning: **07/01/2006** Ending: **06/30/2007**

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and t must accompany the cost report</p>			
1. Real Estate Tax accrual used on 2006 report.		\$	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.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002		8
	2003		9
	2004		10
	2005		11
	2006	N/A	12
Facility is a not-for-profit entity and does not pay real estate taxes.			
FOR BHF USE ONLY			
	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 filec

SEE ACCOUNTANTS' COMPILATION REPORT

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 Holy Family Nursing & Rehab COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0048652

CONTACT PERSON REGARDING THIS REPORT Thomas W. Groenwald

TELEPHONE (773) 594-7837 FAX #: (773) 594-5867

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>N/A</u>	\$ _____	\$ _____
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 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 Holy Family Nursing & Rehab

0048652 Report Period Beginning:

07/01/2006 Ending: 06/30/2007

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 136,250 B. General Construction Type: Exterior Face Brick Frame Steel Number of Stories 6

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 ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et

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: N/A 2. Number of Years Over Which it is Being Amortized N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Use</u>		<u>1981</u>	\$ <u>610,897</u>	<u>1</u>
2	<u>Resident Use</u>		<u>1984-2007</u>	<u>1,114,380</u>	<u>2</u>
3	TOTALS			\$ <u>1,725,277</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Nursing & Rehat

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	251	1981	1963	\$ 5,610,288	\$	26	\$	\$	\$ 5,610,288	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Land Improvements		1981	39,944		various			39,944	9
10	Land Improvements		1982	3,300		15			3,300	10
11	Land Improvements		1983	16,546		15			16,546	11
12	Land Improvements		1985	2,758		15			2,758	12
13	Land Improvements		1987	26,060		10			26,060	13
14	Land Improvements		1991	2,934		8			2,934	14
15	Land Improvements: Repaving Dempster lot		1996	6,944	3	10	3		6,944	15
16	Land Improvements: Utility pole		1996	1,908	127	15	127		1,398	16
17	Building Improvements		1981	30,116	974	various	974		30,116	17
18	Building Improvements		1982	38,889		20			38,889	18
19	Building Improvements		1983	137,540	686	various	686		106,874	19
20	Building Improvements		1984	161,928	8,084	various	8,084		155,647	20
21	Building Improvements		1985	140,002		various			140,002	21
22	Building Improvements		1986	74,495	1,510	15	1,510		72,192	22
23	Building Improvements		1987	81,758		various			81,758	23
24	Building Improvements		1988	9,477		various			9,477	24
25	Building Improvements		1989	29,180		various			29,180	25
26	Building Improvements		1990	119,639		various			119,639	26
27	Building Improvements		1991	209,393	1,924	various	1,924		209,393	27
28	Building Improvements		1992	47,000		10			47,000	28
29	Building Improvements		1992	79,513		various			79,513	29
30	Building Improvements		1993	55,142	3,908	various	3,908		55,142	30
31	Building Improvements		1993	7,044	470	15	470		6,578	31
32	Building Improvements		1994	86,489		various			86,489	32
33	Building Improvements: #20-4		1995	5,035		11			5,035	33
34	Building Improvements: #20-5		1995	5,469		5			5,469	34
35	Building Improvements: #20-5		1995	7,988		11			7,988	35
36	Building Improvements: #20-5		1995	3,648		10			3,648	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 Holy Family Nursing & Rehat

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	Building Improvement #21-4	1995	\$ 94,827	\$	11	\$	\$ 94,827		37
38	Building Improvement #21-5	1995	34,922		11	(2)	(2)	34,922	38
39	Building Improvement #21-5	1995	1,423		10			1,423	39
40	Building Improvement #26-4	1995	6,906	460	15	460		5,521	40
41	Building Improvement #26-5	1995	6,358	424	15	424		5,088	41
42	Building Improvements: Carpeting for facilit	1996	43,550		5			43,550	42
43	Building Improvements: Rudd water heater tanl	1996	825		10			825	43
44	Building Improvements:Rekev/Lock/Latche	1996	13,413	894	15	894		9,834	44
45	Building Improvements:Upgrade East elevato	1996	35,024	1,751	20	1,751		19,262	45
46	Building Improvements:Wall covering in dining roor	1996	7,240		5			7,240	46
47	Building Improvements:Phone system and call systen	1996	44,556		10			44,556	47
48	Building Improvements:Remodeling 3rd floor patient room	1996	316,547	21,103	15	21,103		232,134	48
49	Building Improvements:Tiling of shower roon	1996	1,355	68	20	68		748	49
50	Building Improvements:Cabinets and shower door:	1996	15,698	785	20	785		8,635	50
51	Double face exterior sign	1997	5,174	520	10	520		5,174	51
52	Refurbish 2404 sign(Business Office)	1997	2,428	242	10	242		2,428	52
53	Sealcoating parking lot are:	1997	3,804	384	10	384		3,804	53
54	Painting,wallcovering,tile replacement of nursing statio	1997	102,440	6,829	15	6,829		68,291	54
55	Heaters convecto	1997	3,240	324	10	324		3,240	55
56	Emergency phones in elevators - Wes	1997	1,264	130	10	130		1,264	56
57	Air Dampers - East Building	1997	2,099	209	10	209		2,099	57
58	Boilers for East Building	1997	4,310	287	15	287		2,871	58
59	Carpeting Room 215	1997	650		5			650	59
60	Air Handler of West Building	1997	1,450	145	10	145		1,413	60
61	Painting,wallcovering, floor replacement of 2 West statio	1998	34,662	2,311	15	2,311		20,799	61
62	Painting,wallcovering, floor replacement of 4 West statio	1998	77,327	5,155	15	5,155		46,396	62
63	Painting,wallcovering, floor replacement of 5 West statio	1998	76,450	5,097	15	5,097		45,873	63
64	30 Ton Chiller	1998	17,670	1,178	15	1,178		11,222	64
65	Fire Dampers in bath rooms	1998	7,135	476	15	476		4,284	65
66	Repair water main from Department 30	1998	3,887	389	10	389		3,500	66
67	Gutter replacement of East Building	1999	6,400	640	10	640		5,120	67
68	Painting,wallcovering, floor replacement of 2 East statio	1999	62,793	4,186	15	4,186		33,488	68
69	Replacement of Tran Compressor	1999	7,063	471	15	471		3,765	69
70	TOTAL (lines 4 thru 69)		\$ 8,083,317	\$ 72,144		\$ 72,142	\$ (2)	\$ 7,774,447	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Holy Family Nursing & Rehat

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	\$ 8,083,317	\$ 72,144		\$ 72,142	\$ (2)	\$ 7,774,447		1
2	Call system upgrade 1 West	1999 33,238	3,324	10	3,324		26,592		2
3	Call system upgrade 3 West	1999 17,274	1,727	10	1,727		13,819		3
4	Painting,wallcovering,floor replacement of 4 West statio	1999 2,082	139	15	139		1,109		4
5	Painting,wallcovering,floor replacement of Physical Therap	1999 8,665	578	15	578		4,624		5
6	Construction of Parking Lot	2000 227,278	11,364	20	11,364		79,548		6
7	Landscaping	2000 7,208	721	10	721		5,046		7
8	Replace East elevator hydrolif	2000 33,472	2,231	15	2,231		15,619		8
9	Repair decking	2000 7,000	467	15	467		3,268		9
10	Door replacement	2000 3,035	304	10	304		2,128		10
11	Construction of Parking Lot	2001 15,451	813	19	813		4,879		11
12	2380 Building remodeling	2001 6,985	699	10	699		3,845		12
13	Freight elevator gat	2001 1,300	87	15	87		521		13
14	Door replacement	2001 3,378	282	12	282		1,692		14
15	Gas Steamer - connection with Booste	2001 7,507	500	15	500		3,000		15
16	Water Main Repai	2002 8,109	405	20	405		2,126		16
17	Building, Reception and office improvement	2002 199,513	13,301	15	13,301		69,830		17
18	Installation of new WEIL Pump	2002 3,438	514	5	514		3,438		18
19	Repair Flat Roof to Wood Deck	2002 9,445	945	10	945		4,961		19
20	Telephone cables	2002 16,900	1,690	10	1,690		8,873		20
21	Topographic Mapping of entire facility	2002 8,316	554	15	554		2,909		21
22									22
23	7 new signs	2002 7,744	774	10	774		3,483		23
24	1 new sign	2003 5,487	549	10	549		2,470		24
25	Norstar digital trunk cartridge, DTI/PRI assy	2003 5,425	1,085	5	1,085		4,883		25
26	Programming - Direct TV	2003 15,000	3,000	5	3,000		13,500		26
27	Electrical equipment and labor	2002 24,029	1,602	15	1,602		7,209		27
28	Exterior & interior renov-From 3/30/02 to 4/26/0	2002 10,381	692	15	692		3,114		28
29	Install bumper/crash	2002 15,049	1,505	10	1,505		6,772		29
30	New circuit in basemen	2002 6,155	410	15	410		1,845		30
31	Kronos clock - replace jack,install jack cor	2002 265	18	15	18		81		31
32	New door locks	2002 8,575	572	15	572		2,574		32
33	Overhead paging system	2002 2,500	250	10	250		1,125		33
34	TOTAL (lines 1 thru 33)	\$ 8,803,521	\$ 123,246		\$ 123,244	\$ (2)	\$ 8,079,330		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Holy Family Nursing & Rehat

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	\$ 8,803,521	\$ 123,246		\$ 123,244	\$ (2)	\$ 8,079,330		1
2	Accounting Dept relocating to Des Plaines	2002 1,613	108	15	108		486		2
3	Disconnect furn. Re-wire at Holy Family-Des Pl	2002 2,995	300	10	300		1,350		3
4	Wrought iron pipe rail	2003 1,820	91	20	91		410		4
5	Install raceways for voice data line	2003 770	77	10	77		347		5
6	Basement office - data and voice cabling	2003 2,755	184	15	184		828		6
7	Redesign and contructions-1st fl. Office space	2002 127,916	3,280	39	3,280		14,760		7
8	Architect fees for exterior & interior renovation	2003 14,810	987	15	987		4,442		8
9	Sign	2003 10,000	1,000	10	1,000		4,500		9
10									10
11	Repair catch basin on North parking lot	2003 850	86	10	86		301		11
12	Install new 6" storm line from bldg to new in	2003 8,614	862	10	862		3,017		12
13	Parking Patch project # 50950-04	2004 1,523	102	15	102		357		13
14	Data Cable for Res Info/Rooms 120 & 135	2004 1,041	208	5	208		728		14
15	Building renovator	2004 4,333	216	20	216		756		15
16	Res-info-ancillary bldg dev.	2004 1,444	206	7	206		721		16
17	HF/Res info-remove/relocate 2 voice & data	2004 450	64	7	64		224		17
18	Work performed - 2nd floor, room 20	2004 1,191	120	10	120		420		18
19	Landscaping design	2004 2,709	108	25	108		378		19
20	Exterior & interior renovation - SI	2004 25,855	1,724	15	1,724		6,034		20
21									21
22	Crackseal, sealcoat, restripe parking lot	2005 6,040	604	10	604		1,510		22
23	Landscaping improvement	2005 1,700	340	5	340		850		23
24	Lighting retrofit project	2005 32,463	2,164	15	2,164		5,410		24
25	Interior finishes renovator	2005 9,600	640	15	640		1,600		25
26	Cable wiring	2005 28,297	1,886	15	1,886		4,715		26
27	Siding, dormers, columns entrance ceiling	2005 24,875	2,488	10	2,488		6,220		27
28	Two new pumps in mechanical room	2005 8,445	564	15	564		1,410		28
29	Boiler maintenance	2005 15,795	1,580	10	1,580		3,950		29
30	Fire alarm panel replacement	2005 6,950	464	15	464		1,160		30
31	One Drop ceiling - 2nd floor of nursing home	2005 1,058	70	15	70		175		31
32	Shower trolley 1900mm electric universal shower	2005 8,303	554	15	554		1,385		32
33	Wiring across from room 21	2005 2,547	170	15	170		425		33
34	TOTAL (lines 1 thru 33)	\$ 9,160,283	\$ 144,493		\$ 144,491	\$ (2)	\$ 8,148,199		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Holy Family Nursing & Rehal

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	\$ 9,160,283	\$ 144,493		\$ 144,491	\$ (2)	\$ 8,148,199		1
2	5 ton condensing unit for laundry are:	2005 1,977	198	10	198		495		2
3	Roof work	2005 2,500	250	10	250		625		3
4	Materials for winter repair	2005 7,365	736	10	736		1,840		4
5	Burner tray & burners on Rheem hot water boiler	2005 3,485	349	10	349		872		5
6	Casing, relief valve replacement	2005 3,142	448	7	448		1,120		6
7	Wiring room 215	2005 1,519	152	10	152		380		7
8	Wiring standard location:	2005 3,121	312	10	312		780		8
9									9
10	Engineering Services for new Driveway & Front Entrance	2005 11,347	756	15	756		1,134		10
11	Landscape Architectural Service	2006 5,517	276	20	276		414		11
12	Sign renovation and Installation	2006 21,214	2,121	10	2,121		3,182		12
13	Retaining Wall landscape work	2006 10,357	1,036	10	1,036		1,554		13
14	Underground irrigation system	2006 12,350	1,235	10	1,235		1,853		14
15	Exterior landscape work & clean up	2006 4,824	689	7	689		1,034		15
16	Magnabox DBNPA Biocide	2006 3,861	386	10	386		579		16
17	Main Entrance Studies & Construction	2005 1,421	284	5	284		426		17
18	Lobby, Reception - Finish & Furniture upgrade	2006 30,721	1,536	20	1,536		2,305		18
19	Renovation of Residential Floors	2006 104,781	5,239	20	5,239		7,859		19
20	Asbestos Removal	2006 191,375	9,569	20	9,569		14,218		20
21	Exterior entry renovation	2006 48,443	2,422	20	2,422		3,191		21
22	1st & 3rd floor mobilization, fees & material	2006 70,000	3,500	20	3,500		5,250		22
23	Evacuation Plan Professional Service:	2006 2,585	258	10	258		387		23
24	Asbestos Removal	2006 45,300	2,265	20	2,265		3,397		24
25	2nd Floor Dialysis Room Construction	2006 45,681	4,568	10	4,568		6,852		25
26	Internally installed ductwork to existing wall	2006 1,958	131	15	131		196		26
27	6" Waste Line in Basement	2006 6,560	328	20	328		492		27
28	Wanderguard:	2006 16,504	1,100	15	1,100		1,650		28
29	Dryer Vent Upgrade	2006 9,817	982	10	982		1,473		29
30	TWP Elevator Doors & Installation	2006 1,960	131	15	131		196		30
31	Rooms 107R & 109R Cable Installation	2006 1,234	123	10	123		185		31
32	Trane Chiller Maintenance and Upgrade	2006 2,953	295	10	295		443		32
33	Building Ramps to Basement, E. Bldg, S. exit, W. Caretaker	2006 20,450	1,022	20	1,022		1,533		33
34	TOTAL (lines 1 thru 33)	\$ 9,854,605	\$ 187,190		\$ 187,188	\$ (2)	\$ 8,214,114		34

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Facility Name & ID Number Holy Family Nursing & Rehat

0048652

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	\$ 9,854,605	\$ 187,190		\$ 187,188	\$ (2)	\$ 8,214,114		1
2	Thermostats, Reciever/Controller:	2006 14,645	976	15	976		1,464		2
3	100Amp, 3 phase, 4 wire, Subfeed from EM Switchboard	2006 29,793	1,986	15	1,986		2,979		3
4	Repair frozen coil in air handle	2006 1,623	203	8	203		304		4
5	Monitor assembly w/bearings/labor/service ca	2006 1,960	245	8	245		368		5
6	Medical Gas Evaluator	2006 2,000	200	10	200		300		6
7	Circuit Boards 16 Port Analog Card	2006 375	38	10	38		57		7
8	Kitchen Doors & Frame	2006 3,944	263	15	263		394		8
9	Fire Sprinkler Valve Replacemen	2006 3,548	355	10	355		532		9
10	New Raypak Boiler	2006 3,657	244	15	244		366		10
11	5 - 20 Amp Circuits	2006 3,781	252	15	252		378		11
12	Replace Water Feeder, Clean burne	2006 5,438	544	10	544		816		12
13	Pharmacy Office Expansior	2006 2,463	164	15	164		261		13
14	ARJO Lifts	2006 2,204	315	7	315		472		14
15	Floor area & room sign	2006 4,847	242	20	242		371		15
16	Brick Ledge	2006 8,000	400	20	400		600		16
17	Carpentrv, drywall, electrical, ceilings, floors, doors, pain	2006 1,193,401	59,670	20	59,670		89,507		17
18									18
19	Carpentrv, drywall, electrical, ceilings, floors, doors, pain	2006 45,952	2,298	20	2,298		3,447		19
20	Carpentrv, drywall, electrical, ceilings, floors, doors, pain	2006 76,176	3,809	20	3,809		5,713		20
21	Concrete work	2006 3,150	158	20	158		237		21
22	Carpentrv, drywall, electrical, ceilings, floors, doors, pain	2006 1,728	173	10	173		259		22
23	Exterior landscape work & clean up	2006 4,500	450	10	450		675		23
24	Main Entrance Studies & Constructior	2006 58,938	2,947	20	2,947		4,420		24
25	2nd Floor Dialysis Room Construction	2006 7,111	356	20	356		534		25
26									26
27	Roof Repairs	2006 5,330	266	10	266		266		27
28	Exterior Restoration & Tuckpointing of Bricl	2006 4,975	166	15	166		166		28
29	1st Floor Renovation - Professional Services & Insulation	2007 2,367	135	7-10	135		135		29
30	Resurface Terrac	2007 38,736	2,421	8	2,421		2,421		30
31	Electrical Engineering for HFNRC	2007 2,500	83	15	83		83		31
32	Furnish & Install New Door & Apply Weatherstrippin	2007 7,434	248	15	248		248		32
33	Replace Main Entrance Driv	2007 43,579	1,453	15	1,453		1,453		33
34	TOTAL (lines 1 thru 33)	\$ 11,438,760	\$ 268,250		\$ 268,248	\$ (2)	\$ 8,333,340		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 11,438,760	\$ 268,250		\$ 268,248	\$ (2)	\$ 8,333,340		1
2	Replace Nurses Call Station on 3rd Floor	2006 38,700	2,419	8	2,419		2,419		2
3	Remove, Rebuild, Re-Install Pump	2006 7,106	355	10	355		355		3
4	Replace Chiller Tubes	2006 4,824	482	5	482		482		4
5	Remove & Install 3 Travelling Cable	2007 8,270	517	8	517		517		5
6	Purchase & Installation of 50 ARMM in Switchroom & 100 from N	2006 15,352	960	8	960		960		6
7	Replace 2 Upright ejector pumps w/ new Submersible Pump	2006 14,354	897	8	897		897		7
8	Repair Generator - spark plug, current transformer, seal & o-ring	2006 5,799	166	5	580	414	580		8
9	Purchase & Installation of 2 Friedrich A/C's	2007 16,735	1,046	8	1,046		1,046		9
10	Auditorium Smoke Wall	2007 6,177	206	15	206		206		10
11	Purchase & Installation of 50 Doors in various location	2007 8,713	436	10	436		436		11
12	Installation of New Freezer & Water Cooled System	2006 16,294	815	10	815		815		12
13	Salvage 100 IHP Food Waste Disposer	2006 3,203	160	10	160		160		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	Allocated from Home Office				86,156	86,156			27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 11,584,287	\$ 276,709		\$ 363,277	\$ 86,568	\$ 8,342,213		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number: Holy Family Nursing & Rehabil # 0048652 Report Period Beginning: 07/01/2006 Ending: 06/30/2007
 XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	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	\$ 2,448,658	\$ 102,250	\$ 102,250	\$	5-15	\$ 1,439,881	71
72	Current Year Purchases	208,875	12,231	12,231		5-15	12,231	72
73	Fully Depreciated Assets	825,058					825,058	73
74								74
75	TOTALS	\$ 3,482,591	\$ 114,481	\$ 114,481	\$		\$ 2,277,170	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	Maintenance	1987 Ford Van	1992	\$ 5,000	\$	\$	\$	5	\$ 5,000	76
77	Maintenance	1992 Ford F250	1992	18,860				5	18,860	77
78	Facility	1998 Saturn Wagon	1997	10,891				5	10,891	78
79	See attached schedule Sch. 13A			68,838				4	68,838	79
80	TOTALS			\$ 103,589	\$	\$	\$		\$ 103,589	80

E. Summary of Care-Related Asset

	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)	\$ 16,895,744	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 391,190	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 477,758	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 86,568	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,722,972	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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 1

Holy Family Health Center
 Provider # 0026286
 07/01/2006 - 06/30/2007

Schedule 13A

Vehicle Depreciation

<u>Description</u>	<u>Model</u>	<u>Year</u>	<u>Cost</u>	<u>Current Bk Depr</u>	<u>St. Line Depr</u>	<u>Adjs</u>	<u>Life in Years</u>	<u>Accum Depr</u>	<u>Line Ref</u>
Resident	Dodge Caravan SS w/resident T-wheel chair	1998	38,811				4	38,811	79
Facility	Dodge 10 Passenger Van	1999	30,027				4	30,027	79
Total			<u>68,838</u>	-	-			<u>68,838</u>	

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:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ _____			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. /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 N/A.

N/A

N/A

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: \$ 86,700 Description: See attached

(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			\$ <u>N/A</u>	\$ _____	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Health Center

Provider # 0026286

07/01/2006 - 06/30/2007

Schedule 14 A

XII - Rental Cost: Line 16 (Description)

Wound Vaccine	58,040
Mattresses	18,573
Cell Phone	84
Other Equipment	1,111
Copier	5,357
Postage Meter	3,438
Phone Service	97

TOTAL	<u>86,700</u>
-------	---------------

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>It is the policy of this facility to only hire certified nurses aides If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (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

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	

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	10 A (1,3)	1377	hrs	\$ 45,730	878	\$ 47,895	\$	2,255	\$ 93,625	1
2	Licensed Speech and Language Development Therapist	10 A (1,3)	154	hrs	7,049	400	21,394	141	554	28,584	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10 A (1,3)	4276	hrs	151,736	701	30,157	2,424	4,977	184,317	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				1,292,905		1,292,905	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program										12
13	Other (specify): Respiratory Therapist	39 (1,3)	8456		202,949	11	546		8,467	203,495	13
14	TOTAL				\$ 407,464	1,990	\$ 99,992	\$ 1,295,470	16,253	\$ 1,802,926	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed 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 Holy Family Nursing & Rehab

0048652

Report Period Beginning: 07/01/2006

Ending:

06/30/2007

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2007

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,758,467	\$ 1,758,467	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 667,721)	1,367,354	1,367,354	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,882	10,882	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,136,703	\$ 3,136,703	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,675,427	1,725,277	13
14	Buildings, at Historical Cost	7,740,849	5,610,288	14
15	Leasehold Improvements, at Historical Cost	517,580	5,973,999	15
16	Equipment, at Historical Cost	6,980,287	3,586,180	16
17	Accumulated Depreciation (book methods)	(10,722,561)	(10,722,972)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,191,582	\$ 6,172,772	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,328,285	\$ 9,309,475	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 204,820	\$ 204,820	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Due to Related Parties</u>	<u>18,592,325</u>	<u>18,592,325</u>	<u>36</u>
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 18,797,145	\$ 18,797,145	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,797,145	\$ 18,797,145	46
47	TOTAL EQUITY(page 18, line 24)	\$ (9,468,860)	\$ (9,487,670)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,328,285	\$ 9,309,475	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,487,896)	1
2	Restatements (describe):		2
3			3
4	Prior Period Adjustment	(59,984)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,547,880)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,920,980)	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) Rounding		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,920,980)	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)	\$ (9,468,860)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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 expenses.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Car	\$ 11,437,265	1
2	Discounts and Allowances for all Level	(4,398,556)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,038,709	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,106,555	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,106,555	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,646	14
15	Telephone, Television and Radio	2,491	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,507,625	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	316,772	21
22	Laundry	56,665	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,885,199	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	30,511	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 30,511	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	297,176	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 297,176	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,358,150	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,045,526	31
32	Health Care	4,667,251	32
33	General Administrator	3,453,556	33
B. Capital Expense			
34	Ownership	477,890	34
C. Ancillary Expense			
35	Special Cost Centers	1,497,485	35
36	Provider Participation Fee	137,422	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,279,130	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,920,980)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,920,980)	43

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

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

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

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

Holy Family Health Center
Provider # 0026286
07/01/2006 - 06/30/2007

Schedule 19 A

XVII - Income Statement: Line 22 - Laundry

NOTE: Laundry revenue is generated from charges to private pay residents located in the facility, therefore it has not been offset against related expenses.

XVII - Income Statement: Line 28 - Other Revenue

	<u>Amount</u>
Rental Income	257,316
ADMI - Income	39,860
	<u>297,176</u>

Facility Name & ID Number Holy Family Nursing & Rehab

0048652

Report Period Beginning: 07/01/2006

Ending:

06/30/2007

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,848	2,120	\$ 91,768	\$ 43.29	1
2	Assistant Director of Nursing	1,352	1,687	56,113	33.26	2
3	Registered Nurses	52,106	59,665	1,870,191	31.34	3
4	Licensed Practical Nurses	4,030	4,465	104,972	23.51	4
5	CNAs & Orderlies	108,133	121,403	1,610,700	13.27	5
6	CNA Trainees					6
7	Licensed Therapist	5,139	5,806	204,515	35.22	7
8	Rehab/Therapy Aides	6,985	7,875	111,720	14.19	8
9	Activity Director	1,848	2,120	43,602	20.57	9
10	Activity Assistants	5,626	6,707	82,021	12.23	10
11	Social Service Worker	2,732	3,460	56,093	16.21	11
12	Dietician	1,000	1,116	26,278	23.55	12
13	Food Service Supervisor	5,871	6,245	117,752	18.86	13
14	Head Cook	5,895	6,405	85,482	13.35	14
15	Cook Helpers/Assistants	20,895	22,285	214,129	9.61	15
16	Dishwashers					16
17	Maintenance Worker	5,235	5,645	116,070	20.56	17
18	Housekeepers	22,688	25,819	284,219	11.01	18
19	Laundry	12,803	14,884	166,396	11.18	19
20	Administrator	1,992	2,008	106,949	53.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,631	17,934	398,922	22.24	24
25	Vocational Instructor					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					31
32	Other Health Care(specify)					32
33	Other(specify) Respiratory	7,746	8,456	202,949	24.00	33
34	TOTAL (lines 1 - 33)	289,555	326,105	\$ 5,950,841 *	\$ 18.25	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			35	
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 18,000		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	23	\$ 1,154	10(3)	50
51	Licensed Practical Nurses	13	546	10(3)	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	36	\$ 1,700		53

SEE ACCOUNTANTS' COMPILATION REPORT

A. Administrative Salaries:	Name	Function	Ownership %	Amount
	Elizabeth Trembeczynski	Administrator	0	\$ 93,368
	Eileen Bregianos	Administrator	0	13,581
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				
				\$ 106,949

B. Administrative - Other	Description	Amount
	Management Fees (Eliminated on P.3, Col. 7)	\$ 731,631
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)		
		\$ 731,631

C. Professional Services	Vendor/Payee	Type	Amount
	Diversified Health Resources	Legal	\$ 10,873
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			
			\$ 10,873

D. Employee Benefits and Payroll Taxes	Description	Amount
	Workers' Compensation Insurance	\$ 75,009
	Unemployment Compensation Insurance	12,500
	FICA Taxes	426,542
	Employee Health Insurance	950,306
	Employee Meals	510
	Illinois Municipal Retirement Fund (IMRF)*	
	Employee Life Insurance	23,639
	Employee Dental Insurance	30,823
	Retirement Programs	362,619
	Group Disability	28,646
	Employee Morale & Other Benefits	20,457
	Allocated from Home Office	236,596
TOTAL (agree to Schedule V, line 22, col.8)		\$ 2,167,647

E. Schedule of Non-Cash Compensation Paid to Owners or Employees	Description	Line #	Amount
	N/A		\$
TOTAL			
			\$

F. Dues, Fees, Subscriptions and Promotions	Description	Amount
	IDPH License Fee	\$
	Advertising: Employee Recruitment	
	Health Care Worker Background Check (Indicate # of checks performed 20)	1,074
	Patient Background Checks 246	3,936
	Life Services Network of Illinois Dues	5,167
	Miscellaneous Dues	1,807
Less: Public Relations Expense ()		
Non-allowable advertising ()		
Yellow page advertising ()		
TOTAL (agree to Sch. V, line 20, col. 8)		\$ 11,984

G. Schedule of Travel and Seminar**	Description	Amount
	Out-of-State Travel	\$
	In-State Travel	
	Seminar Expense	
	See Attached	2,620
	Entertainment Expense ()	
TOTAL (agree to Sch. V, line 24, col. 8)		\$ 2,620

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Holy Family Health Center
Provider # 0026286
7/1/2006 - 6/30/2007

Schedule 21A

XIX - Support Schedules - Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Total (agrees to Schedule V, Line 19, Col. 3)		10,873
Less: Disallowed Legal Fees		<u>(10,873)</u>
Total (agrees to Schedule V, Line 19, Col. 8)		<u><u>-</u></u>

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	8 Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011	13 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

Facility Name & ID Number Holy Family Nursing & Rehab# 0048652Report Period Beginning: 07/01/2006Ending: 06/30/2007**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount Life Services Network \$5,167
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 14,593 Line 10 (2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. 137,422
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 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 if the patient census listed on page 2, Section B N/A 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. \$ None Has any meal income been offset against related costs? Yes Indicate the amount \$ 1,646
- (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 program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients?
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain Audit not yet complete.
- (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

RECONCILIATION REPORT

Holy Family Nursing & Rel 11:28 AM 12/27/2007

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CELL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	210,492	equal to	210,492	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	477,758	equal to	477,758	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	86,700	equal to	86,700	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	202,949	equal to	202,949	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	306,526	equal to	418,246	-111,720	FAILED	Pg16 Z12+Z14..Z16 & Pg 20 X17..X20	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	1,295,470	equal to	1,295,470	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + P1	N/A	39,10a	2
Income Stat. General Serv.	2,045,526	equal to	2,045,526	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,667,251	equal to	4,667,251	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	3,453,556	equal to	3,453,556	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	477,890	equal to	477,890	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	1,497,485	equal to	1,497,485	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H2	N/A	38to41+43	4
Income Stat. Prov. Partic.	137,422	equal to	137,422	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	3,733,744	equal to	3,733,744	0	O.K.	Pg20 K11..K15+K35+K36+K38..K44	A.	-5,24,25,27-3	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	204,515	equal to	316,235	-111,720	FAILED	Pg20 K17	A.	7	3	Pg3 E20	N/A	39	1
Staff- Activities	125,623	equal to	125,623	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	56,093	equal to	56,093	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	443,641	equal to	443,641	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	116,070	equal to	116,070	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	284,219	equal to	284,219	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	166,396	equal to	166,396	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	106,949	equal to	106,949	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	398,922	equal to	398,922	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	5,950,841	equal to	5,950,841	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	5,525	-5,525	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	18,000	< or = to	18,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	1,700	< or = to	79,844	-78,144	O.K.	Pg20 X14..X16+X37..X39	B. & C.	to39 and 50tc	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	440	-440	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	2,600	-2,600	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	106,949	equal to	106,949	0	FAILED	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	731,631	equal to	731,631	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	10,873	equal to	10,873	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	2,167,647	equal to	2,167,647	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	11,984	equal to	11,984	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	2,620	equal to	2,620	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	137,422	equal to	137,422	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	None	< or = to	236,596	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	None	equal to	510	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	9,172	equal to	9,172	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	238,809	equal to	238,809	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	1,725,277	equal to	1,725,277	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,584,287	equal to	11,584,287	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K	N/A	14 & 15	2
Equipment and vehicle cost	3,586,180	equal to	3,586,180	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	10,722,972	equal to	10,722,972	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	-9,468,860	equal to	-9,468,860	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-1,920,980	equal to	-1,920,980	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..S31	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	9,328,285	equal to	9,328,285	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	443,641	38,214	5,525	487,380	0	487,380	0	487,380
2. Food Purchase	0	396,486	0	396,486	0	396,486	-1,646	394,840
3. Housekeeping	284,219	46,447	5,560	336,226	0	336,226	0	336,226
4. Laundry	166,396	48,914	200	215,510	0	215,510	0	215,510
5. Heat and Other Utilities	0	0	326,807	326,807	0	326,807	0	326,807
6. Maintenance	116,070	4,702	162,345	283,117	0	283,117	0	283,117
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,010,326	534,763	500,437	2,045,526	0	2,045,526	-1,646	2,043,880
9. Medical Director	0	0	18,000	18,000	0	18,000	0	18,000
10. Nursing & Medical Records	3,733,744	227,212	79,844	4,040,800	0	4,040,800	0	4,040,800
10a. Therapy	316,235	2,565	99,446	418,246	0	418,246	0	418,246
11. Activities	125,623	5,270	440	131,333	0	131,333	0	131,333
12. Social Services	56,093	179	2,600	58,872	0	58,872	0	58,872
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	4,231,695	235,226	200,330	4,667,251	0	4,667,251	0	4,667,251
17. Administrative	106,949	0	731,631	838,580	0	838,580	-731,631	106,949
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	10,873	10,873	0	10,873	-10,873	0
20. Fees, Subscriptions & Promotion	0	0	11,984	11,984	0	11,984	0	11,984
21. Clerical & General Office	398,922	18,017	38,563	455,502	0	455,502	632,563	1,088,065
22. Employee Benefits & Payroll	0	0	1,931,051	1,931,051	0	1,931,051	236,596	2,167,647
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	2,620	2,620	0	2,620	0	2,620
25. Other Admin. Staff Trans	0	0	990	990	0	990	0	990
26. Insurance-Prop.Liab.Malpractice	0	0	201,956	201,956	0	201,956	0	201,956
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	505,871	18,017	2,929,668	3,453,556	0	3,453,556	126,655	3,580,211
29. Total General Administrative	5,747,892	788,006	3,630,435	10,166,333	0	10,166,333	125,009	10,291,342
30. Depreciation	0	0	391,190	391,190	0	391,190	86,568	477,758
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	0	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	86,700	86,700	0	86,700	0	86,700
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	477,890	477,890	0	477,890	86,568	564,458
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	202,949	1,292,905	546	1,496,400	0	1,496,400	0	1,496,400
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	137,422	137,422	0	137,422	0	137,422
43. Other (specify):*	0	0	1,085	1,085	0	1,085	-1,085	0
44. Total Special Cost Ce	202,949	1,292,905	139,053	1,634,907	0	1,634,907	-1,085	1,633,822
45. Grand Total	5,950,841	2,080,911	4,247,378	12,279,130	0	12,279,130	210,492	12,489,622

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,758,467	1,758,467
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	1,367,354	1,367,354
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	10,882	10,882
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	3,136,703	3,136,703
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	1,675,427	1,725,277
14. Buildings, at Historical Cost	7,740,849	5,610,288
15. Leasehold Improvements, Historical Cost	517,580	5,973,999
16. Equipment, at Historical Cost	6,980,287	3,586,180
17. Accumulated Depreciation (book methods)	-10,722,561	-10,722,972
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	6,191,582	6,172,772
25. Total Assets	9,328,285	9,309,475
CURRENT LIABILITIES		
26. Accounts Payable	204,820	204,820
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	18,592,325	18,592,325
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	18,797,145	18,797,145
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	0
46. Total Liabilities	18,797,145	18,797,145
47. Total Equity	-9,468,860	-9,487,670
48. Total Liabilities and Equity	9,328,285	9,309,475

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	11,437,265
2. Discounts and Allowances for all Levels	-4,398,556
Subtotal - Inpatient Care	7,038,709
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,106,555
7. Oxygen	0
Subtotal - Ancillary Revenue	1,106,555
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	1,646
15. Telephone, Television, and Radio	2,491
16. Rental of Facility Space	0
17. Sale of Drugs	1,507,625
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	316,772
22. Laundry	56,665
Subtotal - Other Operating Revenue	1,885,199
24. Contributions	0
25. Interest and Other Investments Income	30,511
Subtotal - Non-Operating Revenue	30,511
27. Other Revenue (specify):	297,176
28. Other Revenue (specify):	0
Subtotal - Other Revenue	297,176
30. Total Revenue	10,358,150
31. General Services	2,045,526
32. Health Care	4,667,251
33. General Administration	3,453,556
34. Ownership	477,890
35. Special Cost Centers	1,497,485
35. Provider Participation Fee	137,422
37. Other	0
40. Total Expenses	12,279,130
41. Income Before Income Taxes	-1,920,980
42. Income Taxes	0
43. Net Income or Loss for the Year	-1,920,980

Holy Family Nursing & Rehab
 IDPA Comparative Data - Per Resident Day Cost
 Year Ending

Enter your HSA # in next column =====
 Census (Pulls from Page 2) 57,261

Cost Report Line	Description	2006 Average Median Cost Per Day		
		Your Facility	State	HSA
1	Dietary	8.51	-	#N/A
2	Food Purchase	6.90	-	#N/A
3	Housekeeping	5.87	-	#N/A
4	Laundry	3.76	-	#N/A
5	Heat & Other Utilities	5.71	-	#N/A
6	Maintenance	4.94	-	#N/A
8	Total General Services	35.69	-	#N/A
10	Nursing & Medical Records	70.57	-	#N/A
10A	Therapy	7.30	-	#N/A
11	Activities	2.29	-	#N/A
12	Social Services	1.03	-	#N/A
16	Total Health Care & Programs	81.51	-	#N/A
17	Administration	1.87	-	#N/A
19	Professional Services	-	-	#N/A
21	Clerical & Gen. Office Expense	19.00	-	#N/A
22	Employee Benefits & PR Taxes	37.86	-	#N/A
24	Travel & Seminar	0.05	-	#N/A
26	Insurance-Property, Liability & Malpractice	3.53	-	#N/A
28	Total General Administrative	62.52	-	#N/A
29	Total Operating Expenses	179.73	-	#N/A
30	Depreciation	8.34	-	#N/A
32	Interest	-	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	9.86	-	#N/A
	Total Operating and Ownership Cost	189.58	-	#N/A

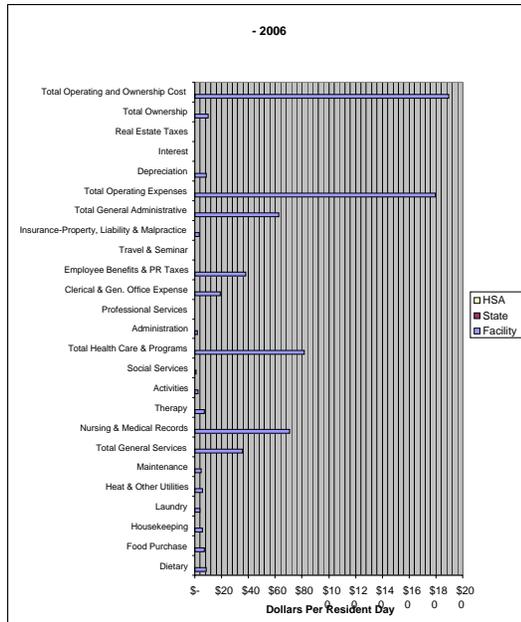
Notes:
 Your Facility data is from page 3, column 8 of your 2007 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2005 Cost Reports
 2005 (Run August 15, 2006)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA											10th %	90th %	
			1	2	3	4	5	6	7	8	9	10	11			
1	Dietary															
2	Food Purchase															
3	Housekeeping															
4	Laundry															
5	Heat & Other Utilities															
6	Maintenance															
8	TOTAL GENERAL SERVICES															
10	Nursing & Medical Records															
10A	Therapy															
11	Activities															
12	Social Services															
16	TOTAL HEALTH CARE & PROGRAMS															
17	Administration															
19	Professional Services															
21	Clerical & Gen. Office Expense															
22	Employee Benefits & PR Taxes															
24	Travel & Seminar															
26	Insurance-Property, liability & Malpractice															
28	TOTAL GENERAL ADMINISTRATIVE															
29	TOTAL OPERATING EXPENSES															
30	Depreciation															
32	Interest															
33	Real Estate Taxes															
37	TOTAL OWNERSHIP															
	TOTAL OPERATING & OWNERSHIP COST															



High Family Nursing & Rehab
HSA Comparative Data - Per Resident Day Cost
Year Ending

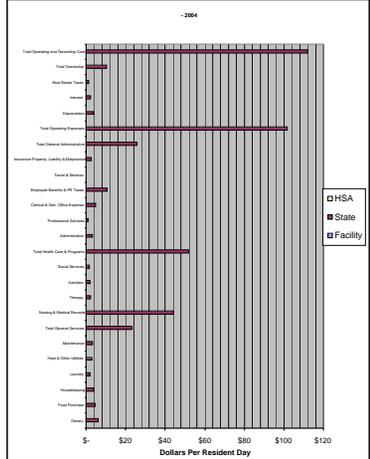
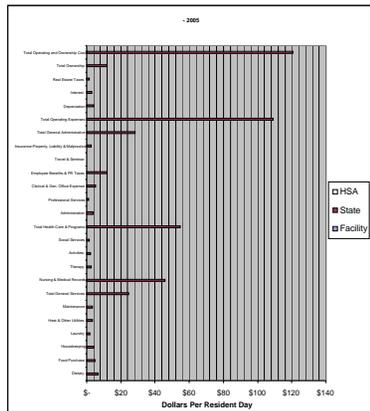
Enter your HSA # in row column
 Column (HSA) from Page 2

13/20/06

Cost Report Line	Description	2007		2006 Median		2006		2006 Median		2005		2005 Median	
		Per Facility	Cost Per Day	Rate	HSA	Per Facility	Cost Per Day	Rate	HSA	Per Facility	Cost Per Day	Rate	HSA
1	Dietary	8,512,654	6.52	ANA	PFALLER	6.52	ANA	HEVVO	6.23	ANA			
2	Food Purchase	4,899,417	4.68	ANA	PFALLER	4.68	ANA	HEVVO	4.53	ANA			
3	Housekeeping	5,819,815	4.62	ANA	PFALLER	4.62	ANA	HEVVO	3.77	ANA			
4	Laundry	3,763,437	1.96	ANA	PFALLER	1.96	ANA	HEVVO	1.86	ANA			
5	House & Office Utilities	5,787,224	3.31	ANA	PFALLER	3.31	ANA	HEVVO	3.62	ANA			
6	Maintenance	4,944,221	3.51	ANA	PFALLER	3.51	ANA	HEVVO	3.21	ANA			
8	Total General Services	35,894,002	24.43	ANA	PFALLER	24.43	ANA	HEVVO	23.12	ANA			
10	Nursing & Medical Supplies	76,580	49.97	ANA	PFALLER	49.97	ANA	HEVVO	44.66	ANA			
10A	Therapy	7,300,206	2.45	ANA	PFALLER	2.45	ANA	HEVVO	2.16	ANA			
11	Activities	2,209,955	2.06	ANA	PFALLER	2.06	ANA	HEVVO	1.95	ANA			
12	Social Services	1,028,343	1.58	ANA	PFALLER	1.58	ANA	HEVVO	1.48	ANA			
16	Total Health Care & Programs	81,348,774	54.45	ANA	PFALLER	54.45	ANA	HEVVO	51.90	ANA			
17	Administration	1,867,499	3.90	ANA	PFALLER	3.90	ANA	HEVVO	3.24	ANA			
19	Professional Services	0	1.61	ANA	PFALLER	1.61	ANA	HEVVO	0.87	ANA			
21	Chemical & Gas, Office Equipment	31,603,851	5.65	ANA	PFALLER	5.65	ANA	HEVVO	4.89	ANA			
22	Employee Benefits & HR Taxes	37,493,556	11.77	ANA	PFALLER	11.77	ANA	HEVVO	10.66	ANA			
24	Travel & Seminar	0,047,754	0.09	ANA	PFALLER	0.09	ANA	HEVVO	0.09	ANA			
26	Insurance (Property, Liability & Malpractice)	2,028,991	2.49	ANA	PFALLER	2.49	ANA	HEVVO	2.67	ANA			
28	Total General Administration	62,524,423	28.30	ANA	PFALLER	28.30	ANA	HEVVO	25.82	ANA			
29	Total Operating Expenses	176,226,289	109.93	ANA	PFALLER	109.93	ANA	HEVVO	100.50	ANA			
30	Duplications	4,543,148	3.95	ANA	PFALLER	3.95	ANA	HEVVO	3.74	ANA			
32	Interest	0	2.87	ANA	PFALLER	2.87	ANA	HEVVO	2.22	ANA			
33	Rent State Taxes	0	1.51	ANA	PFALLER	1.51	ANA	HEVVO	1.48	ANA			
37	Total Ownership	9,875,148	11.75	ANA	PFALLER	11.75	ANA	HEVVO	10.42	ANA			
	Total Operating and Ownership Cost	196,101	121.68	ANA	PFALLER	121.68	ANA	HEVVO	112.01	ANA			

Note: Your facility data is from page 1, column 6 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2006, and 2007 State Data Facility, for the State and your HSA is taken from data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.



IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2006 Cost Reports
 2006

UN-INFLATED

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

State-Wide	HSA											
	1	2	3	4	5	6	7	8	9	10	11	
[Empty Data Table]												

10th % 90th %

2006 Costs

2006 Census

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

2006 - Average Wage Data Table

Total staff hours including contract nursing per diem
 Nursing hours including contract nurses per diem
 RN
 LPN
 CNA
 DON
 ADON

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11
[Empty Data Table]											

2006 - Staffing and Occupancy Data

Average Occupancy
 Medicaid Utilization
 Medicare Utilization

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11
[Empty Data Table]											

IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2004 Cost Reports
 2004 (Run June 1, 2004)

UN-INFLATED

Cost Report	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	10th %	90th %
1	Dietary	6.23	7.09	6.81	5.63	6.81	5.56	6.37	6.37	6.37	6.12	7.09	5.94	4.27	10.11
2	Food Purchase	4.53	4.79	4.73	4.56	4.73	4.33	4.48	4.48	4.48	4.40	4.79	4.27	3.48	6.23
3	Housekeeping	3.77	3.68	3.76	3.10	3.76	3.37	4.12	4.12	4.12	3.93	3.68	3.66	2.59	5.78
4	Laundry	1.86	2.27	1.99	1.79	1.99	1.97	1.64	1.64	1.64	1.62	2.27	2.16	1.00	3.16
5	Heat & Other Utilities	3.02	3.13	3.07	3.04	3.07	2.71	3.06	3.06	3.06	2.87	3.13	2.86	2.10	4.39
6	Maintenance	3.21	3.63	3.33	3.22	3.33	2.45	3.35	3.35	3.35	3.25	3.63	2.88	2.02	5.28
8	TOTAL GENERAL SERVICES	23.12	25.66	23.97	21.71	23.97	21.28	23.50	23.50	23.50	23.47	25.66	21.76	18.27	32.52
10	Nursing & Medical Records	44.05	43.48	45.03	40.84	45.03	35.79	47.50	47.50	47.50	47.81	43.48	44.17	28.00	68.18
10A	Therapy	2.16	2.01	3.55	4.52	3.55	2.05	1.47	1.47	1.47	2.21	2.01	3.40	-	12.21
11	Activities	1.95	2.28	1.95	1.58	1.95	1.34	2.21	2.21	2.21	2.16	2.28	1.54	1.07	3.52
12	Social Services	1.48	1.44	1.63	1.10	1.63	1.27	1.64	1.64	1.64	1.34	1.44	1.37	0.62	3.10
16	TOTAL HEALTH CARE & PROGRAMS	51.90	52.55	53.10	49.97	53.10	43.69	53.78	53.78	53.78	56.90	52.55	53.31	33.59	81.45
17	Administration	3.24	3.47	3.24	3.08	3.24	3.65	3.19	3.19	3.19	3.24	3.47	2.99	1.75	8.15
19	Professional Services	0.97	1.19	0.70	0.68	0.70	0.77	1.09	1.09	1.09	1.34	1.19	0.70	0.05	2.58
21	Clerical & Gen. Office Expense	4.89	4.21	5.22	4.23	5.22	4.03	5.31	5.31	5.31	5.13	4.21	4.41	2.35	10.74
22	Employee Benefits & PR Taxes	10.66	10.98	12.14	9.56	12.14	8.62	11.17	11.17	11.17	11.21	10.98	9.81	6.89	20.31
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.15	0.08	0.08	0.08	0.04	0.12	0.09	-	0.34
26	Insurance-Property, liability & Malpractice	2.67	2.38	2.53	2.36	2.53	2.33	3.03	3.03	3.03	2.47	2.38	2.16	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	25.82	26.66	27.48	23.91	27.48	22.08	26.27	26.27	26.27	27.23	26.66	22.86	17.40	40.90
29	TOTAL OPERATING EXPENSES	101.59	104.24	105.69	96.02	105.69	89.62	103.51	103.51	103.51	106.84	104.24	100.77	71.40	151.58
30	Depreciation	3.74	3.67	3.95	3.52	3.95	2.64	4.23	4.23	4.23	3.72	3.67	3.20	1.00	8.58
32	Interest	2.22	2.43	1.42	1.72	1.42	0.55	3.91	3.91	3.91	2.22	2.43	0.94	-	10.11
33	Real Estate Taxes	1.40	1.04	1.00	0.84	1.00	0.87	3.21	3.21	3.21	1.30	1.04	1.14	-	5.54
37	TOTAL OWNERSHIP	10.42	8.95	9.03	7.51	9.03	6.11	14.54	14.54	14.54	10.03	8.95	9.17	3.61	22.83
	TOTAL OPERATING & OWNERSHIP COST	112.01	113.19	114.72	103.53	114.72	95.73	118.05	118.05	118.05	116.87	113.19	109.94	75.01	174.41

Cost Report	Description	2004 Costs	2004 Census
1	Dietary	3.48	6.23
2	Food Purchase	2.59	5.78
3	Housekeeping	1.00	3.16
4	Laundry	2.10	4.39
5	Heat & Other Utilities	2.02	5.28
6	Maintenance	28.00	68.18
8	TOTAL GENERAL SERVICES	18.27	32.52
10	Nursing & Medical Records	12.21	44.17
10A	Therapy	3.52	1.54
11	Activities	3.10	1.37
12	Social Services	3.10	1.37
16	TOTAL HEALTH CARE & PROGRAMS	33.59	81.45
17	Administration	8.15	3.24
19	Professional Services	2.58	0.70
21	Clerical & Gen. Office Expense	10.74	4.41
22	Employee Benefits & PR Taxes	20.31	9.81
24	Travel & Seminar	0.34	0.09
26	Insurance-Property, liability & Malpractice	4.36	2.16
28	TOTAL GENERAL ADMINISTRATIVE	40.90	22.86
29	TOTAL OPERATING EXPENSES	151.58	100.77
30	Depreciation	8.58	3.20
32	Interest	10.11	0.94
33	Real Estate Taxes	5.54	1.14
37	TOTAL OWNERSHIP	22.83	9.17
	TOTAL OPERATING & OWNERSHIP COST	174.41	109.94

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30	5.20
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.10	2.80	2.80	2.80	3.10	3.20	3.10
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	22.05
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	18.02
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	27.38
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.77

2003 - Staffing and Occupancy Data

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Average Occupancy	80.50%	80.70%	80.40%	78.10%	80.40%	74.40%	81.80%	81.80%	81.80%	82.90%	80.70%	78.20%
Medicaid Utilization	65.00%	57.00%	56.70%	58.50%	56.70%	61.80%	70.60%	70.60%	70.60%	64.50%	57.00%	60.60%
Medicare Utilization	9.40%	7.70%	8.90%	9.30%	8.90%	8.80%	9.90%	9.90%	9.90%	10.30%	7.70%	8.90%