

		FOR BHF USE					

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

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

<p><b>I. IDPH Facility ID Number:</b> <u>0037754</u></p> <p><b>Facility Name:</b> <u>The Imperial Grove Pavilion</u></p> <p><b>Address:</b> <u>1366 West Fullerton Avenue</u> <u>Chicago</u> <u>60614</u>          Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(773) 539-2122</u> Fax # <u>(773) 935-0036</u></p> <p><b>HFS ID Number:</b> <u>363796886001</u></p> <p><b>Date of Initial License for Current Owners:</b> <u>1/31/92</u></p> <p><b>Type of Ownership:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>          Name: <u>Mike Martin</u> Telephone Number: <u>(217) 789-7700</u>          Please send copies of desk review and audit adjustments to address on this page.</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/07</u> to <u>12/31/07</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 15%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4" style="width: 15%;"><b>Paid Preparer</b></td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name &amp; Address) <u>McGladrey &amp; Pullen, LLP</u> <u>15 Old State Capitol Plaza, Ste 200, Springfield, IL 62701</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(217) 789-7700</u> Fax # <u>(217) 753-1654</u></td> </tr> <tr> <td></td> <td>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td> </tr> </table>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____		(Title) _____	<b>Paid Preparer</b>	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>McGladrey &amp; Pullen, LLP</u> <u>15 Old State Capitol Plaza, Ste 200, Springfield, IL 62701</u>		(Telephone) <u>(217) 789-7700</u> Fax # <u>(217) 753-1654</u>		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	<u>58,891</u>	<u>7,347</u>	<u>19,872</u>	<u>86,110</u>	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>58,891</u>	<u>7,347</u>	<u>19,872</u>	<u>86,110</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.13%

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

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 01/31/92

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

YES  Date 01/01/98 NO

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

YES  NO  If YES, enter number of beds certified 248 and days of care provided 17,530

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2007 Fiscal Year: 12/31/2007

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

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	528,267	84,493	49,764	662,524		662,524	4,459	666,983		1
2	Food Purchase		559,786		559,786		559,786	(44,375)	515,411		2
3	Housekeeping	87,243	97,459	259,852	444,554		444,554	12,465	457,019		3
4	Laundry	231	31,533	170,768	202,532		202,532		202,532		4
5	Heat and Other Utilities			537,990	537,990		537,990	5,017	543,007		5
6	Maintenance	159,233	171,640	111,773	442,646		442,646	11,678	454,324		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	774,974	944,911	1,130,147	2,850,032		2,850,032	(10,756)	2,839,276		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			73,000	73,000		73,000		73,000		9
10	Nursing and Medical Records	3,959,452	371,595	194,037	4,525,084		4,525,084	(206)	4,524,878		10
10a	Therapy			1,302,324	1,302,324		1,302,324		1,302,324		10a
11	Activities	238,376	24,175	592	263,143		263,143		263,143		11
12	Social Services	287,281		28,421	315,702		315,702		315,702		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,485,109	395,770	1,598,374	6,479,253		6,479,253	(206)	6,479,047		16
	<b>C. General Administration</b>										
17	Administrative	376,526		694,800	1,071,326		1,071,326	(572,377)	498,949		17
18	Directors Fees										18
19	Professional Services			98,636	98,636		98,636	(223)	98,413		19
20	Dues, Fees, Subscriptions & Promotions			42,070	42,070		42,070	(111)	41,959		20
21	Clerical & General Office Expenses	378,877	106,027	196,822	681,726		681,726	222,042	903,768		21
22	Employee Benefits & Payroll Taxes			1,135,496	1,135,496		1,135,496	44,375	1,179,871		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,375	5,375		5,375	3,704	9,079		24
25	Other Admin. Staff Transportation			34,638	34,638		34,638	1,295	35,933		25
26	Insurance-Prop.Liab.Malpractice			323,921	323,921		323,921	23,219	347,140		26
27	Other (specify):* <b>Home Office Benefit</b>							48,077	48,077		27
28	<b>TOTAL General Administration</b>	755,403	106,027	2,531,758	3,393,188		3,393,188	(229,999)	3,163,189		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,015,486	1,446,708	5,260,279	12,722,473		12,722,473	(240,961)	12,481,512		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      The Imperial Grove Pavilion

#0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			193,983	193,983		193,983	494,709	688,692			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			132,242	132,242		132,242	823,724	955,966			32
33	Real Estate Taxes							281,013	281,013			33
34	Rent-Facility & Grounds			1,508,313	1,508,313		1,508,313	(1,407,217)	101,096			34
35	Rent-Equipment & Vehicles			10,827	10,827		10,827	6,966	17,793			35
36	Other (specify):* <b>Mtg. Insurance</b>							77,662	77,662			36
37	<b>TOTAL Ownership</b>			1,845,365	1,845,365		1,845,365	276,857	2,122,222			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	4,564	682,447	30,355	717,366		717,366		717,366			39
40	Barber and Beauty Shops			97,425	97,425		97,425		97,425			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):* <b>Non-allowable Cos</b>	126,312		254,024	380,336		380,336	(380,336)				43
44	<b>TOTAL Special Cost Centers</b>	130,876	682,447	517,584	1,330,907		1,330,907	(380,336)	950,571			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,146,362	2,129,155	7,623,228	15,898,745		15,898,745	(344,440)	15,554,305			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 The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,490)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	10,656	30		9
10	Interest and Other Investment Income	(58,477)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,809)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(14,763)	43		18
19	Entertainment	(19,843)	43		19
20	Contributions	(16,855)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(20,000)	43		24
25	Fund Raising, Advertising and Promotional	(94,814)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(308,197)	Vari.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (536,592)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	157,514	Vari.	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 157,514		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (379,078)		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 Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44	Exceptional Care Program		x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY					
48		49		50	
				51	
					52

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	To disallow settlement	\$ (781)	43	1
2	Labs - Part A	(59,477)	43	2
3	X-Rays - Part A	(13,192)	43	3
4	Offset Miscellaneous Income	(206)	10	4
5	Offset Miscellaneous Income	(27)	21	5
6	To disallow lobbying expense	(4,091)	20	6
7	Disallow Marketing Salaries	(31,973)	43	7
8	Disallow VP Prog. Deve.	(10,340)	43	8
9	Disallow Clinical Nurse Evaluator's Salary	(83,999)	43	9
10	Disallow Non-Allowable Legal Expenses	(21,847)	19	10
11	Non-Allowable Real Estate Taxes	(81,906)	33	11
12	Out-of-State Training	(358)	24	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(308,197)		49

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	4,459	0	0	0	0	0	0	0	4,459	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	12,465	0	0	0	0	0	0	0	12,465	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,650	2,367	0	0	0	0	0	0	0	5,017	5
6	Maintenance	0	0	4,532	7,146	0	0	0	0	0	0	0	11,678	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	7,182	26,437	0	0	0	0	0	0	0	33,619	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(206)	0	0	0	0	0	0	0	0	0	0	(206)	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	<b>TOTAL Health Care and Programs</b>	(206)	0	0	0	0	0	0	0	0	0	0	(206)	16
	<b>C. General Administration</b>													
17	Administrative	0	0	(582,223)	0	9,846	0	0	0	0	0	0	(572,377)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,847)	0	12,980	8,792	(148)	0	0	0	0	0	0	(223)	19
20	Fees, Subscriptions & Promotions	(4,091)	0	1,346	2,615	19	0	0	0	0	0	0	(111)	20
21	Clerical & General Office Expenses	(27)	6,300	185,422	29,901	446	0	0	0	0	0	0	222,042	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(358)	0	2,056	2,006	0	0	0	0	0	0	0	3,704	24
25	Other Admin. Staff Transportation	0	0	1,295	0	0	0	0	0	0	0	0	1,295	25
26	Insurance-Prop.Liab.Malpractice	0	20,580	1,553	1,086	0	0	0	0	0	0	0	23,219	26
27	Other (specify):*	0	0	46,130	0	1,947	0	0	0	0	0	0	48,077	27
28	<b>TOTAL General Administration</b>	(26,323)	26,880	(331,441)	44,400	12,110	0	0	0	0	0	0	(274,374)	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(26,529)	26,880	(324,259)	70,837	12,110	0	0	0	0	0	0	(240,961)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	10,656	451,384	10,864	21,805	0	0	0	0	0	0	0	494,709	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	830,779	19,684	31,737	0	0	0	0	0	0	0	882,200	32
33	Real Estate Taxes	(81,906)	345,972	5,656	11,292	0	0	0	0	0	0	0	281,014	33
34	Rent-Facility & Grounds	0	(1,407,759)	542	0	0	0	0	0	0	0	0	(1,407,217)	34
35	Rent-Equipment & Vehicles	0	0	4,101	2,865	0	0	0	0	0	0	0	6,966	35
36	Other (specify):*	0	77,662	0	0	0	0	0	0	0	0	0	77,662	36
37	<b>TOTAL Ownership</b>	<b>(71,250)</b>	<b>298,038</b>	<b>40,847</b>	<b>67,699</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>335,334</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(380,336)	0	0	0	0	0	0	0	0	0	0	(380,336)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(380,336)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(380,336)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(478,115)</b>	<b>324,918</b>	<b>(283,412)</b>	<b>138,536</b>	<b>12,110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(285,963)</b>	<b>45</b>

**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
Robert Hartman	30	See Attached Schedule 6A		See Attached Schedule 6B		
Barry Carr	10					
Michael Harris	20					
Jack Rajchenbach	20					
Bernard Hollander	20					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	21 Office Expense	\$	The Claridge, L.L.C.	100.00%	\$ 6,300	\$ 6,300	1
2	V	30 Depreciation		The Claridge, L.L.C.	100.00%	451,384	451,384	2
3	V	32 Interest		The Claridge, L.L.C.	100.00%	812,526	812,526	3
4	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	18,253	18,253	4
5	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	345,972	345,972	5
6	V	34 Rent	1,407,759	The Claridge, L.L.C.	100.00%		(1,407,759)	6
7	V	36 Insurance		The Claridge, L.L.C.	100.00%	77,662	77,662	7
8	V	26 Insurance		The Claridge, L.L.C.	100.00%	20,580	20,580	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,407,759			\$ 1,732,677	\$ * 324,918	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	NuCare Management Company	70.00%	\$ 2,650	\$ 2,650
16	V	6 Repairs and Maintenance		NuCare Management Company	70.00%	4,532	4,532
17	V	17 Management Fees	694,800	NuCare Management Company	70.00%	112,577	(582,223)
18	V	19 Professional Fees		NuCare Management Company	70.00%	12,980	12,980
19	V	20 Dues, Subscriptions, Licenses		NuCare Management Company	70.00%	1,346	1,346
20	V	21 Office Expense		NuCare Management Company	70.00%	185,422	185,422
21	V	24 Education and Seminars		NuCare Management Company	70.00%	2,056	2,056
22	V	25 Admin. Staff Travel		NuCare Management Company	70.00%	1,295	1,295
23	V	26 Insurance		NuCare Management Company	70.00%	1,553	1,553
24	V	27 Employee Benefits		NuCare Management Company	70.00%	46,130	46,130
25	V	30 Depreciation Expense		NuCare Management Company	70.00%	12,787	12,787
26	V	32 Interest & Amortization Exp		NuCare Management Company	70.00%	8,772	8,772
27	V	33 Real Estate Taxes		NuCare Management Company	70.00%	5,656	5,656
28	V	34 Building Rent		NuCare Management Company	70.00%	542	542
29	V	35 Equipment Rental		NuCare Management Company	70.00%	4,101	4,101
30	V						
31	V	30 Depreciation Expense		NuCare Management Company	70.00%	(1,923)	(1,923)
32	V	32 Interest & Amortization Exp		NuCare Management Company	70.00%	10,912	10,912
33	V						
34	V						
35	V		34,638				(34,638)
36	V						
37	V						
38	V						
39	Total		\$ 729,438			\$ 411,388	\$ * (318,050)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary	\$	ITEX-A.K. CARE	70.00%	\$ 4,459	\$ 4,459
16	V	3 Housekeeping		ITEX-A.K. CARE	70.00%	12,465	12,465
17	V	5 Utilities		ITEX-A.K. CARE	70.00%	2,367	2,367
18	V	6 Repair and Maintenance		ITEX-A.K. CARE	70.00%	7,146	7,146
19	V	19 Professional Services		ITEX-A.K. CARE	70.00%	8,792	8,792
20	V	20 Dues and Subscriptions		ITEX-A.K. CARE	70.00%	2,615	2,615
21	V	21 Clerical		ITEX-A.K. CARE	70.00%	29,901	29,901
22	V	24 Education & Seminar		ITEX-A.K. CARE	70.00%	2,006	2,006
23	V	26 Insurance		ITEX-A.K. CARE	70.00%	1,086	1,086
24	V	30 Depreciation		ITEX-A.K. CARE	70.00%	21,805	21,805
25	V	32 Interest		ITEX-A.K. CARE	70.00%	33	33
26	V	32 Amortization of Loan Costs		ITEX-A.K. CARE	70.00%	31,704	31,704
27	V	33 Real Estate Taxes		ITEX-A.K. CARE	70.00%	11,292	11,292
28	V	35 Equipment Rental		ITEX-A.K. CARE	70.00%	2,865	2,865
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 138,536	\$ * 138,536

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Administrative Salaries -Other	\$	Care Path Health Network	70.00%	\$ 9,846	\$	9,846	15
16	V	19 Profession Fees		Care Path Health Network	70.00%	(148)		(148)	16
17	V	20 Classified Advertising		Care Path Health Network	70.00%	19		19	17
18	V	21 Outside Office Help		Care Path Health Network	70.00%	192		192	18
19	V	21 Clerical		Care Path Health Network	70.00%	254		254	19
20	V	27 Employee Health and Welfare		Care Path Health Network	70.00%	1,093		1,093	20
21	V	27 Payroll Taxes		Care Path Health Network	70.00%	854		854	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 12,110	\$ *	12,110	39

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

**NAME OF FACILITY**  
**PROVIDER #**  
**01/01/2007 - 12/31/2007**

The Imperial Grove Pavilion  
0037754

**Schedule 6A**

**VII. RELATED PARTIES**  
**RELATED NURSING HOMES**  
**PART A COLUMN 2**

<b>NAME</b>	<b>CITY</b>
BRONZEVILLE PARK	CHICAGO
CALIFORNIA GARDENS CORP.	CHICAGO
CARLTON AT THE LAKE	CHICAGO
CLAREMONT REHAB & LIVING	BUFFALO GROVE
FOREST VILLA	NILES
GLENVIEW TERRACE N.C.	GLENVIEW
HARMONY HOUSE	CHICAGO
JACKSON CORP.	CHICAGO
MONROE PAVILION	CHICAGO
RENAISSANCE AT 87TH STREET	CHICAGO
RENAISSANCE AT HALSTED	CHICAGO
RENAISSANCE AT HILLSIDE	HILLSIDE
RENAISSANCE AT MIDWAY	CHICAGO
RENAISSANCE AT SOUTH SHORE	CHICAGO
WHITEHALL NORTH	DEERFIELD

**See Accountants' Compilation Report**

**NAME OF FACILITY**                      The Imperial Grove Pavilion  
**PROVIDER #**                              0037754  
**01/01/2007 - 12/31/2007**

**Schedule 6B**

**VII. RELATED PARTIES**

**OTHER RELATED BUSINESS ENTITIES**

**PART A COLUMN 3**

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
7257 N. Lincoln Avenue, LLC	Lincolnwood	Building Rental
Care Path	Lincolnwood	Management Co.
DBD Rehabilitation Serv.	** Chicago	Psychiatric Services
Diamond Insurance	Northbrook	Workers Comp Insurance
ITEX/A.K. Care	Lincolnwood	Bookeeping Management
JEM Rehabilitation Serv.	** Chicago	Psychiatric Services
JLR Management	Lincolnwood	Management Co.
NuCare Services	Lincolnwood	Bookeeping Management
Seasons Hospice	** Park Ridge	Hospice
Shaymark	Lincolnwood	Management Co.

\*\* No expense paid by the home to the related entity, therefore,  
no page 6 or 8 is necessary for this related business.

**See Accountants' Compilation Report**

Facility Name &amp; ID Number

The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Barry Carr	Administrative	Exec. Admin	10.00	See Schedule 7A	4.71	10.00	Salary	\$ 87,615	L17,C1 & C7	1
2	David Hartman	Administrator	Administrator	0.00	See Schedule 7B	26.67	67.00	Salary	103,333	L17,C1 & C7	2
3	Robert Hartman	Administrative	Administrative	30.00	See Schedule 7C	0.94	4.00	Salary	16,967	L17,C1 & C7	3
4	Michael Harris	Administrative	Administrative	20.00	See Schedule 7D	16.17	40.00	Salary	82,800	L17,C1	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 290,715		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 The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization NuCare Management Company  
 Street Address 7257 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 933-2600  
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed days available	960,286	12	\$ 28,115	\$ 90,520	\$ 2,650	1	
2	6	Repairs and Maintenance	Bed days available	960,286	12	48,079	90,520	4,532	2	
3	17	Admin. Salaries - Non Owner	Bed days available	960,286	12	346,499	346,499	90,520	32,662	3
4	19	Professional Services	Bed days available	960,286	12	137,702	90,520	12,980	5	
5	20	Dues and Subscriptions	Bed days available	960,286	12	14,277	90,520	1,346	7	
6	21	Clerical	Bed days available	960,286	12	1,967,056	1,688,718	90,520	185,422	10
7	24	Education and Seminars	Bed days available	960,286	12	21,810	90,520	2,056	17	
8	25	Auto Expense	Bed days available	960,286	12	13,739	90,520	1,295	18	
9	26	Liability Insurance	Bed days available	960,286	12	16,477	90,520	1,553	19	
10	27	Employee Benefits	Bed days available	960,286	12	264,371	90,520	24,921	21	
11									4	
12									6	
13									8	
14									9	
15									11	
16									12	
17									13	
18									14	
19									15	
20									16	
21									20	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,858,125	\$ 2,035,217	\$ 269,417	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization NuCare Management Compnay  
 Street Address 7257 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 933-2600  
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	30	Depreciation	Bed Days Available	960,286	12	\$ 135,649	\$ 90,520	\$ 12,787	1
2	32	Interest Expense	Bed Days Available	960,286	12	93,063	90,520	8,772	2
3	33	Real Estate Taxes	Bed Days Available	960,286	12	60,000	90,520	5,656	3
4	34	Office Rent	Bed Days Available	960,286	12	5,749	90,520	542	4
5	35	Equipment Rent	Bed Days Available	960,286	12	43,501	90,520	4,101	5
6	17	Admin. Salaries	Direct Allocation		12	362,000	362,000	79,915	6
7	27	Employee Benefits	Direct Allocation		12	125,284		21,209	7
8	30	Depreciation	Direct Allocation				90,520	(1,923)	8
9	32	Interest Expense	Bed Days Available	960,286	12	115,760	90,520	10,912	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					\$ 941,006	\$ 362,000	\$ 141,971	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization ITEX - A.K. CARE  
 Street Address 6633 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 676-2122  
 Fax Number (847) 679-4606

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Bed days available	412,656	5	\$ 20,328	\$ 90,520	\$ 4,459	1
2	3	Housekeeping	Bed days available	412,656	5	56,825	90,520	12,465	2
3	5	Utilities	Bed days available	412,656	5	10,791	90,520	2,367	3
4	6	Repair and Maintenance	Bed days available	412,656	5	32,578	90,520	7,146	4
5	19	Professional Services	Bed days available	412,656	5	40,079	90,520	8,792	5
6	20	Dues and Subscriptions	Bed days available	412,656	5	11,921	90,520	2,615	6
7	21	Clerical	Bed days available	412,656	5	136,310	90,520	29,901	7
8	24	Education & Seminar	Bed days available	412,656	5	9,145	90,520	2,006	8
9	26	Insurance	Bed days available	412,656	5	4,952	90,520	1,086	9
10	30	Depreciation	Bed days available	412,656	5	62,006	90,520	13,602	10
11	32	Interest	Bed days available	412,656	5	152	90,520	33	11
12	32	Amortization of Loan Costs	Bed days available	412,656	5	144,533	90,520	31,704	12
13	33	Real Estate Taxes	Bed days available	412,656	5	51,479	90,520	11,292	13
14	35	Equipment Rental	Bed days available	412,656	5	13,060	90,520	2,865	14
15									15
16	30	Depreciation	Direct Allocation		5	8,203		8,203	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 602,362	\$	\$ 138,536	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Path Health Network  
 Street Address 6633 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 676-2122  
 Fax Number (847) 679-4606

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Administrative Salaries -Other	Fee Income	388,800	9	\$ 175,237	\$ 175,237	21,846	\$ 9,846	1
2	19	Profession Fees	Fee Income	388,800	9	(2,628)	21,846	(148)		2
3	20	Classified Advertising	Fee Income	388,800	9	332	21,846	19		3
4	21	Outside Office Help	Fee Income	388,800	9	3,418	21,846	192		4
5	21	Clerical	Fee Income	388,800	9	4,528	21,846	254		5
6	27	Employee Health and Welfare	Fee Income	388,800	9	19,455	21,846	1,093		6
7	27	Payroll Taxes	Fee Income	388,800	9	15,191	21,846	854		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					\$ 215,533	\$ 175,237		\$ 12,110	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	<b>A. Directly Facility Related</b>																	
	<b>Long-Term</b>																	
1	Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 15,440,295	3/31/38	0.0525	\$ 812,526	1						
2	Judy Harris Trust		X	Purchase of van	\$746.00	10/1/03	62,697	22,423	8/30/10	0.0675	1,779	2						
3												3						
4												4						
5												5						
	<b>Working Capital</b>																	
6	Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/08	0.0800		6						
7	Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	2,129,487	11/30/08	0.0825	130,463	7						
8												8						
9	<b>TOTAL Facility Related</b>				\$746.00		\$ 24,165,797	\$ 18,142,205			\$ 944,768	9						
	<b>B. Non-Facility Related*</b>																	
10									Amortization of loan costs		18,253	10						
11									Allocation from management co.		51,422	11						
12									Interest income offset		(58,477)	12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 11,198	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 24,165,797	\$ 18,142,205			\$ 955,966	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,662 Line # 36

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2006 report.		\$	<b>483,688</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2006	\$	<b>404,712</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(78,976)</b>	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>424,948</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	Adjust taxes paid to 67%		<b>(81,906)</b>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	Allocation from mgmt co.		<b>16,947</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>281,013</b>	7

  

Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2002	<b>485,187</b>	<b>8</b>	
	2003	<b>446,103</b>	<b>9</b>	
	2004	<b>456,013</b>	<b>10</b>	
	2005	<b>460,655</b>	<b>11</b>	
	2006	<b>404,712</b>	<b>12</b>	
<b>2007 Real Estate Tax Accrual Based on Prior Year</b>	<b>* 2007 Real Estate Tax Bill</b>	<b>481,800</b>		
	<b>Imperial portion for F/S</b>	<b>404,712</b>	<b>84%</b>	
	<b>Imperial portion for cost report</b>	<b>322,806</b>	<b>67%</b>	
		<b>(81,906)</b>		

  

	<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2006	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

**NOTES:**

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

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2006 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT Jay Flatt

TELEPHONE (847) 933-2600 FAX #: (847) 933-2601

**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>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>481,800.00</u>	\$ <u>322,806.00</u>
2. <u>10-35-312-022-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>51,475.00</u>	\$ <u>11,291.00</u>
3. <u>10-27-319-028-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>100,274.00</u>	\$ <u>9,452.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>633,549.00</u>	\$ <u>343,549.00</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X 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 The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete 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 grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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: N/A  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from Management Company</u>			<u>15,082</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 55,082</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,335	\$	40	\$ 360,933	\$ 360,933	\$ 3,338,630	4
5										5
6	Allocated from Related Parties:									6
7	ITEX	1992		351,854		35	10,053	10,053	146,609	7
8	NuCare	2004		135,740		35	3,878	3,878	15,998	8
	<b>Improvement Type**</b>									
9	Leasehold Improvements		1992	60,378	3,032	20	3,032		46,995	9
10	Leasehold Improvements		1993	59,308	2,965	20	2,965		42,993	10
11	Leasehold Improvements		1994	10,638	532	20	532		7,182	11
12	Leasehold Improvements		1995	43,191	2,160	20	2,160		27,000	12
13	Furnace		1996	1,843	92	20	92		1,058	13
14	Door Locks		1996	2,357	118	20	118		1,357	14
15	Windows		1996	8,365	418	20	418		4,807	15
16	Electrical Wiring		1996	4,880	244	20	244		2,806	16
17	Fence		1996	1,067	53	20	53		610	17
18	Gutters		1996	1,574	79	20	79		908	18
19	Brick Wall		1996	2,560	128	20	128		1,472	19
20	Ceiling Lights		1996	5,501	274	20	274		3,153	20
21	Nurse Station		1996	2,500	124	20	124		1,427	21
22	Countertops		1996	2,610	131	20	131		1,505	22
23	Convection Oven		1996	7,515	376	20	376		4,323	23
24	Boiler		1996	2,927	146	20	146		1,679	24
25	Fence		1997	1,050	53	20	53		953	25
26	Electrical Improvements		1997	1,671	84	20	84		882	26
27	Nurse Call Station		1997	3,501	175	20	175		1,838	27
28	Public Address System		1997	1,360	68	20	68		714	28
29	Brick Wall		1997	5,110	256	20	256		2,688	29
30	Floor Tile		1997	21,705	1,085	20	1,085		11,393	30
31	Fire Doors		1997	4,096	205	20	205		2,152	31
32	Carpeting		1997	3,243	162	20	162		1,701	32
33	Inspection Improvements		1997	9,884	494	20	494		5,187	33
34	Door Restrictors		1997	8,475	424	20	424		4,452	34
35	Fire Alarm		1997	2,082	103	20	103		1,083	35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Sheet Metal	1998	\$ 11,981	\$ 599	20	\$ 599	\$	\$ 5,691	37
38	Lighting	1998	7,156	358	20	358		3,401	38
39	Screens	1998	2,704	135	20	135		1,283	39
40	Piping	1998	4,145	207	20	207		1,967	40
41	Fire Alarms & Fire Proofing	1998	12,534	627	20	627		5,956	41
42	Tile	1998	967	49	20	49		465	42
43	Driveway	1998	7,342	367	20	367		3,487	43
44	Tuckpointing	1998	39,242	1,962	20	1,962		18,638	44
45	Ground Fuel Tank	1999	17,985	899	20	899		7,642	45
46	Carpet	1999	28,114	1,406	20	1,406		11,951	46
47	Wallcovering	1999	36,585	1,830	20	1,830		15,554	47
48	Floor in Dining Room	1999	9,850	493	20	493		4,190	48
49	Signs	1999	1,765	88	20	88		748	49
50	Electrical Work	1999	20,508	1,025	20	1,025		8,713	50
51	Brick & Masonry Work	1999	12,345	617	20	617		5,244	51
52	Gas Line Improvements	1999	1,633	82	20	82		697	52
53	Alarm System	1999	1,388	69	20	69		587	53
54	Wallcovering	2000	21,554	1,078	20	1,078		8,085	54
55	Flooring	2000	13,293	664	20	664		4,980	55
56	Carpet	2000	8,284	414	20	414		3,105	56
57	Over Bed Lights	2000	4,593	230	20	230		1,725	57
58	Compactor	2000	6,800	340	20	340		2,550	58
59	Paging System	2000	9,909	496	20	496		3,720	59
60	CCTV System	2000	5,456	272	20	272		2,040	60
61	Wander Guard System	2000	18,540	928	20	928		6,960	61
62	Handrails, Kickplates, Wallbases	2000	6,038	302	20	302		2,265	62
63	Fuel Tank Project	2000	1,444	72	20	72		540	63
64	FirstQ System	2000	1,378	68	20	68		510	64
65	Chain Link Fence	2000	745	38	20	38		285	65
66	Alarm System	2000	5,051	252	20	252		1,890	66
67	Service P.A. System	2000	1,924	96	20	96		720	67
68	Remodel 13 Bedrooms	2000	18,112	906	20	906		6,795	68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 15,543,685	\$ 30,950		\$ 405,814	\$ 374,864	\$ 3,825,939	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 15,543,685	\$ 30,950		\$ 405,814	\$ 374,864	\$ 3,825,939	1
2	Repair Elevator	2000	990	50	20	50		375	2
3	Remodel Smoking Room	2000	23,565	1,178	20	1,178		8,835	3
4	Remodel Old Smoking Room to Library	2000	4,690	234	20	234		1,755	4
5	Remodel 1st Floor	2000	10,540	528	20	528		3,960	5
6	Remodel 6th Floor Dining Room	2000	4,970	248	20	248		1,860	6
7	Remodel 3rd Floor Dining Room	2000	959	48	20	48		360	7
8	Call Station	2000	4,475	224	20	224		1,680	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830	192	20	192		1,248	10
11	Masonry repair	2001	15,227	762	20	762		4,983	11
12	Stainless steel toilet bars	2001	1,645	80	20	80		520	12
13	Masonry repair	2001	3,700	186	20	186		1,209	13
14	New tile	2001	3,633	182	20	182		1,184	14
15	Tile coating	2001	4,540	228	20	228		1,482	15
16	New Wanderguard system	2001	4,407	220	20	220		991	16
17	New relay rack	2001	3,788	189	20	189		774	17
18	CCTV	2002	1,146	57	20	57		314	18
19	CCTV	2002	1,440	72	20	72		396	19
20	Masonry repair	2002	10,000	500	20	500		2,750	20
21	Roof repair	2002	3,350	168	20	168		1,683	21
22	Masonry repair	2002	15,760	788	20	788		4,334	22
23	Masonry repair	2002	4,275	214	20	214		1,177	23
24	Locking system	2002	1,843	92	20	92		506	24
25	Pallet warmer	2002	3,272	164	20	164		902	25
26	Cooler/freezer doors	2003	3,391	170	20	170		765	26
27	Doors	2003	13,650	683	20	683		3,074	27
28	Fence	2003	1,259	63	20	63		283	28
29	Stem repair, heater gasket	2003	1,667	84	20	84		378	29
30	Nubrite coil	2003	572	29	20	29		130	30
31	High voltage, valve	2003	1,432	72	20	72		324	31
32	Gravel removal	2003	4,750	238	20	238		1,071	32
33	Switches, exit glass, thermometer	2003	10,945	548	20	548		2,465	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,716,181	\$ 39,441		\$ 414,305	\$ 374,864	\$ 3,877,707	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 15,716,181	\$ 39,441		\$ 414,305	\$ 374,864	\$ 3,877,707	1
2	Riser cleaning, pipe fitting	2003	1,311	66	20	66		297	2
3	Locks	2003	5,123	258	20	258		1,161	3
4	Cable	2003	2,300	114	20	114		513	4
5	Downspout	2003	950	48	20	48		216	5
6	Carpet	2003	780	40	20	40		180	6
7	Handrails	2003	1,595	80	20	80		360	7
8	Washer	2003	1,352	68	20	68		306	8
9	Outdoor card reader	2003	1,124	56	20	56		252	9
10	Transport	2003	1,271	64	20	64		288	10
11	Security system	2003	25,405	1,270	20	1,270		5,715	11
12	Alarm system	2003	7,587	378	20	378		1,701	12
13	Tile	2003	10,408	520	20	520		2,340	13
14	Nurse call system	2003	2,583	130	20	130		585	14
15	Carpet	2004	853	42	20	42		147	15
16	Wanderguard system	2004	5,834	292	20	292		1,022	16
17	Kitchen repairs	2004	3,513	176	20	176		616	17
18	Keys and locks	2004	1,001	100	20	100		350	18
19	Tile	2004	2,837	142	20	142		497	19
20	Wiring	2004	3,679	184	20	184		644	20
21	Electrical line	2004	600	30	20	30		105	21
22	Elevator repair	2004	4,800	240	20	240		840	22
23	Dryer repair	2004	730	36	20	36		126	23
24	Wiring	2004	5,900	296	20	296		1,036	24
25	CCTV system	2004	8,480	424	20	424		1,484	25
26	Pump monitoring relay	2004	830	42	20	42		147	26
27	30 amp line	2004	2,805	140	20	140		490	27
28	Lexan face panels	2004	2,492	124	20	124		434	28
29	Security system	2004	854	42	20	42		147	29
30	Wireless call system	2004	1,925	96	20	96		336	30
31	Roofing	2004	1,660	84	20	84		294	31
32	Data cable	2004	614	30	20	30		105	32
33	Safety switches	2004	1,850	92	20	92		322	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,829,227	\$ 45,145		\$ 420,009	\$ 374,864	\$ 3,900,763	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 15,829,227	\$ 45,145		\$ 420,009	\$ 374,864	\$ 3,900,763	1
2	Safety locks	2004	7,596	380	20	380		1,330	2
3	Locks	2004	1,566	78	20	78		273	3
4	Activity room phones	2004	5,571	278	20	278		973	4
5	Roof flashing	2004	2,500	126	20	126		441	5
6	Brick firewall	2004	16,000	800	20	800		2,800	6
7	Exit door alarm system	2004	4,116	206	20	206		721	7
8	Roofing	2004	1,500	76	20	76		266	8
9	Wallpaper	2004	24,748	1,238	20	1,238		4,333	9
10	Bathroom renovation	2004	2,070	104	20	104		364	10
11	Carpet	2004	589	30	20	30		105	11
12	Video recorder and wiring	2004	5,378	268	20	268		938	12
13	Electrical smoke door closer	2004	4,145	208	20	208		728	13
14	Wanderguard system	2004	2,819	140	20	140		490	14
15	Interior design	2004	2,927	146	20	146		511	15
16	Generator	2005	4,108	205	20	205		513	16
17	Security camera	2005	1,230	62	20	62		155	17
18	Wallcoverings	2005	6,976		20	349	349	872	18
19	Carpet	2005	23,239		20	1,162	1,162	2,905	19
20	Telephone system	2005	2,465		20	123	123	308	20
21	Hand held transmitters	2005	4,130	207	20	207		517	21
22	Digital keypad	2005	1,498	75	20	75		187	22
23	Armstrong Tiles	2005	1,047	52	20	52		130	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	5,863	24
25	Rubber cove base	2005	857	43	20	43		107	25
26	Canopies	2005	5,868	293	20	293		733	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	4,350	27
28	Lamps	2005	1,535	77	20	77		192	28
29	Interior design services	2005	8,164	408	20	408		1,020	29
30	Elevator	2005	54,840		20	2,741	2,741	6,854	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	3,660	31
32	Art work	2005	27,208		20	1,360	1,360	3,400	32
33	Signs	2005	1,071		20	54	54	135	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,165,970	\$ 50,645		\$ 436,847	\$ 386,202	\$ 3,946,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 16,165,970	\$ 50,645		\$ 436,847	\$ 386,202	\$ 3,946,937	1
2	Handrails	2005	3,344		20	167	167	418	2
3	Paint	2005	773	39	20	39		97	3
4	Carpeting	2005	66,986		20	3,349	3,349	8,373	4
5	Vent gas pipe	2005	1,370		20	69	69	172	5
6	Landscaping	2005	16,026		20	801	801	2,003	6
7	Roof	2005	64,300		20	3,215	3,215	8,038	7
8	Corner guards	2005	1,279	64	20	64		160	8
9	Flooring	2006	15,305	765	20	765		1,148	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246	312	20	312		468	10
11	Wallpaper	2006	12,584	629	20	629		944	11
12	Door Alarms	2006	4,272	214	20	214		321	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584	679	20	679		1,019	13
14	Lobby Signage	2006	5,348	267	20	267		401	14
15	Door Controller	2006	2,691	135	20	135		202	15
16	Sprinkler System	2006	4,942	247	20	247		371	16
17	Cabinets	2006	26,199	1,310	20	1,310		1,965	17
18	Dining Room Column	2006	3,800	190	20	190		285	18
19	Window Treatments	2006	112,936	5,647	20	5,647		8,470	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	2,095	20
21	Handrails	2006	7,848		20	392	392	588	21
22	Carpeting	2006	50,970		20	2,549	2,549	3,823	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	2,412	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	3,990	24
25	Condensor	2006	73,494		20	3,675	3,675	5,512	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	411	26
27	Tuckpointing	2006	5,900		20	295	295	443	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	3,953	28
29	Dining Room Remodel	2006	15,925		20	796	796	1,194	29
30	Awnings	2006	4,000		20	200	200	300	30
31	Cabinetry	2006	1,975		20	99	99	148	31
32	Smoke Detectors	2006	2,447		20	122	122	183	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,861,975	\$ 61,143		\$ 471,647	\$ 410,504	\$ 4,006,843	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 16,861,975	\$ 61,143		\$ 471,647	\$ 410,504	\$ 4,006,843	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140	229	20	229		229	2
3	4th Floor Painting & Lighting	2007	3,559	89	20	89		89	3
4	Tile Flooring Replaced	2007	3,846	96	20	96		96	4
5	Telephone System	2007	64,130	1,603	20	1,603		1,603	5
6	Flooring Repair	2007	11,554	289	20	289		289	6
7	Hot Water Piping	2007	11,343	284	20	284		284	7
8	Built-In Cabinets	2007	11,000	275	20	275		275	8
9	Ceiling Tiles	2007	4,050	101	20	101		101	9
10	Drapery Track System	2007	10,753	269	20	269		269	10
11	Pull Chain Outlets	2007	8,395	210	20	210		210	11
12	Removal of Cables & Moldings	2007	6,000	150	20	150		150	12
13	16 Channel Digital Video Processor	2007	3,365	84	20	84		84	13
14	Fireproofing 6th Floor	2007	5,197	130	20	130		130	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041	201	20	201		201	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338	208	20	208		208	16
17	Wallpapering	2007	3,600	90	20	90		90	17
18	Brick Wall	2007	21,888	547	20	547		547	18
19	Air-condition System	2007	5,633	141	20	141		141	19
20	Remove & Replace Closet Carriers	2007	4,000	100	20	100		100	20
21	Limestone Wall Repair	2007	23,000	575	20	575		575	21
22	4th Floor Hallway & Dinning Room Floors	2007	42,400	1,060	20	1,060		1,060	22
23	Drain Pipe & Water Lines installed	2007	4,120	103	20	103		103	23
24	4th Floor Nursing Station Cabinets	2007	11,000	275	20	275		275	24
25	Boiler Repairs	2007	3,990	100	20	100		100	25
26	4th & 6th Capering	2007	5,612	140	20	140		140	26
27	Paint Elevators	2007	3,071	77	20	77		77	27
28	Wood Moldings for 20 rooms	2007	2,680	67	20	67		67	28
29	Security System Installed	2007	21,708	543	20	543		543	29
30	Repair Groen Skillet in Kitchen	2007	3,113	78	20	78		78	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,186,500	\$ 69,256		\$ 479,760	\$ 410,504	\$ 4,014,956	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 17,186,500	\$ 69,256		\$ 479,760	\$ 410,504	\$ 4,014,956	1
2									2
3	<b>Allocated from NuCare:</b>								3
4	Security & Fire Alarm System	2004	2,698		20	135	135	472	4
5	Sprinkler System	2005	12,374		20	799	799	1,845	5
6	Renovation - Alarm System	2003	1,104		20	55	55	228	6
7	Renovation and Buildout	2004	22,417		20	1,122	1,122	4,162	7
8	Data Cables, Lights, Heat Exchanger	2005	1,329		20	67	67	190	8
9	Renovation - Cooling Unit	2006	1,802		20	90	90	123	9
10									10
11									11
12	<b>Allocated from ITEX:</b>								12
13	Building Improvements - 1993	1993	44,275		20	2,214	2,214	32,556	13
14	Building Improvements - 1994	1994	23,781		20	1,189	1,189	15,792	14
15	Building Improvements - 1995	1995	4,053		20	203	203	2,471	15
16	Drapes and Carpeting	1996	229		20	12	12	138	16
17	Buildout of Offices	1997	6,837		20	342	342	3,589	17
18	Steel Doors and Fiberglass Covers	1999	759		20	38	38	342	18
19	Phone System and Heat Exchanger	2005	3,324		20	540	540	1,205	19
20	Concrete Steps, Sprinklers, & Generator	2007	4,116		20	113	113	113	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,315,598	\$ 69,256		\$ 486,679	\$ 417,423	\$ 4,078,182	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,535,286	\$ 104,419	\$ 170,063	\$ 65,644	10	\$ 1,912,753	71
72	Current Year Purchases	203,200	10,160	10,160		10	10,160	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co. & Related Parties	219,114		11,819	11,819		174,304	74
75	TOTALS	\$ 2,957,600	\$ 114,579	\$ 192,042	\$ 77,463		\$ 2,097,217	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	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$	\$		\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	Patient Care	2003 Ford Van	2003	49,856	10,148	9,971	(177)	5	44,869	78
79										79
80	TOTALS			\$ 101,055	\$ 10,148	\$ 9,971	\$ (177)		\$ 96,068	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 20,429,335	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 193,983	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 688,692	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 494,709	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,271,467	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 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		Allocation from management co. & Real Estate, LLC			101,096			6
7	TOTAL				\$ 101,096			7

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

9. Option to Buy:  YES  NO Terms: N/A \*

**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: \$ 17,793 Description: Copier 10827, Management Alloc. 6966

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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

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

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

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

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	9,226	\$ 553,585	\$	9,226	\$ 553,585	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		3,151	189,050		3,151	189,050	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		8,617	517,000		8,617	517,000	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				625,348		625,348	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <u>See Schedule 16A</u>				636	38,483	57,099	636	95,582	13
14	<b>TOTAL</b>			\$	21,630	\$ 1,298,118	\$ 682,447	21,630	\$ 1,980,565	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

**The Imperial Grove Pavilion**

**Provider #: 0037754**

**1/1/2007 to 12/31/2007**

**Schedule 16A**

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Ambulance	L39, C3	1	355	
Air Flotation Mattresses	L39, C2			51,369
Respiratory Therapy	L10, C3	635	38,128	
Oxygen	L39, C2			5,730
Total		<u>636</u>	<u>38,483</u>	<u>57,099</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name &amp; ID Number    The Imperial Grove Pavilion

#    0037754

Report Period Beginning:    01/01/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of    12/31/07

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,086,504	\$ 1,195,638	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>789,872</u> )	3,675,529	4,214,809	3
4	Supply Inventory (priced at _____ )			4
5	Short-Term Investments			5
6	Prepaid Insurance	120,937	180,489	6
7	Other Prepaid Expenses	37,068	37,068	7
8	Accounts Receivable (owners or related parties)	1,182,644	1,670,804	8
9	Other(specify): <u>See Schedule 17A</u>	4,200,411	4,200,411	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 10,303,093	\$ 11,499,219	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		55,082	13
14	Buildings, at Historical Cost		14,924,930	14
15	Leasehold Improvements, at Historical Cost	1,518,605	2,390,668	15
16	Equipment, at Historical Cost	2,076,952	3,058,655	16
17	Accumulated Depreciation (book methods)	(1,813,801)	(6,271,467)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		1,014,397	21
22	Other Long-Term Assets (specify): _____			22
23	Other(specify): _____		553,225	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,781,756	\$ 15,725,490	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 12,084,849	\$ 27,224,709	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 481,027	\$ 481,027	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	22,423	235,404	29
30	Accrued Salaries Payable	460,314	460,314	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,630	37,630	31
32	Accrued Real Estate Taxes(Sch.IX-B)		424,948	32
33	Accrued Interest Payable		67,551	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	4,998,448	4,998,448	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 5,999,842	\$ 6,705,322	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	2,679,488	17,906,801	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 2,679,488	\$ 17,906,801	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 8,679,330	\$ 24,612,123	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 3,405,519	\$ 2,612,586	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 12,084,849	\$ 27,224,709	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2007 to

12/31/2007

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

		After
<u>Line 9 - Other Current Assets (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Employee Advances	77,749	77,749
Accrued Management Fees	492,530	492,530
Due from Related Parties	3,630,132	3,630,132
<b>Total Line 9 - Other Current Assets (specify):</b>	<b><u>4,200,411</u></b>	<b><u>4,200,411</u></b>

C. Current Liabilities

		After
<u>Line 36 - Other Current Liabilities (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Accrued Expenses	287,127	287,127
Deposits	12,128	12,128
Due to Public Aid	421,797	421,797
Due to Related Parties	4,277,005	4,277,005
Due to Employees	391	391
<b>Total Line 36 - Other Current Liabilities (specify):</b>	<b><u>4,998,448</u></b>	<b><u>4,998,448</u></b>

See Accountants' Compilation Report

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,716,774</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Year Adjustment</b>	<b>(15,084)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>2,701,690</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>1,003,829</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(300,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>703,829</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,405,519</b>	<b>24</b> *

\* 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 expense**

1

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 16,362,514	1
2	Discounts and Allowances for all Levels	(3,848,701)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,513,813	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,846,455	6
7	Oxygen	1,928	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,848,383	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,220,775	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	88,219	19
20	Radiology and X-Ray	11,880	20
21	Other Medical Services	161,043	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,481,917	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	58,228	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 58,228	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Misc Income</u>	233	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 233	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,902,574	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	2,850,032	31
32	Health Care	6,479,253	32
33	General Administration	3,393,188	33
	<b>B. Capital Expense</b>		
34	Ownership	1,845,365	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,195,127	35
36	Provider Participation Fee	135,780	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,898,745	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,003,829	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,003,829	43

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

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

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

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,565	1,913	\$ 105,229	\$ 55.01	1
2	Assistant Director of Nursing	2,005	2,086	120,738	57.88	2
3	Registered Nurses	38,727	41,961	1,215,986	28.98	3
4	Licensed Practical Nurses	34,260	37,630	865,185	22.99	4
5	CNAs & Orderlies	131,932	142,080	1,286,695	9.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,458	5,936		0.00	8
9	Activity Director	2,181	2,332	51,947	22.28	9
10	Activity Assistants	21,139	22,262	186,429	8.37	10
11	Social Service Workers	19,878	20,989	287,281	13.69	11
12	Dietician	2,770	3,117	78,521	25.19	12
13	Food Service Supervisor					13
14	Head Cook	10,777	11,568	160,997	13.92	14
15	Cook Helpers/Assistants	30,383	33,021	288,749	8.74	15
16	Dishwashers					16
17	Maintenance Workers	10,723	11,619	159,233	13.70	17
18	Housekeepers	3,953	4,238	87,243	20.59	18
19	Laundry	25	27	231	8.56	19
20	Administrator	7,044	7,303	312,902	42.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	26,786	28,740	378,877	13.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	7,151	8,648	225,111	26.03	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,334	3,778	95,992	25.41	31
32	Other Health C: See Sch 20A	2,970	3,157	112,705	35.70	32
33	Other(specify) See Sch 20A	4,229	4,472	126,312	28.25	33
34	TOTAL (lines 1 - 33)	367,290	396,877	\$ 6,146,362 *	\$ 15.49	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	1,292	\$ 49,764	L1 & C3	35
36	Medical Director	Monthly	73,000	L9 & C3	36
37	Medical Records Consultant	79	3,962	L10 & C3	37
38	Nurse Consultant	341	6,743	L10 & C3	38
39	Pharmacist Consultant	Monthly	4,187	L10 & C3	39
40	Physical Therapy Consultant	62	4,340	L10A & C3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	11	221	L10A & C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	592	L11 & C3	44
45	Social Service Consultant	23	1,279	L12 & C3	45
46	Other(specify)				46
47	Medical Consultant	Monthly	6,250	L10 & C3	47
48	Physician Consultant	Monthly	30,000	L39 & C3	48
49	TOTAL (lines 35 - 48)	1,820	\$ 180,338		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	4,940	\$ 172,894	L10 & C3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,940	\$ 172,894		53

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

Provider #:

1/1/2007

to

0037754

12/31/2007

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

	<b>Hours Worked</b>	<b>Hours Paid</b>	<b>Salary</b>	<b>Avg Hr Wage</b>	<b>Cost Report Line</b>
Specialty Nurse	1,396	1,518	44,517	29.33	10
VP Therapy	142	155	4,564	29.52	39
CEO & Director of Reg. Mngmt	1,432	1,485	63,624	42.85	21
<b>Total Line 32 - Other Health Care</b>	<b>2,970</b>	<b>3,157</b>	<b>112,705</b>	<b>35.70</b>	
Marketing Salaries	1,187	1,203	31,973	26.58	43
VP Program Development	384	389	10,340	26.58	43
Clinical Nurse Evaluator	2,658	2,880	83,999	29.17	43
<b>Total Line 33 - Other Non-Health Care</b>	<b>4,229</b>	<b>4,472</b>	<b>126,312</b>	<b>28.25</b>	

See Accountants' Compilation Report



**The Imperial Grove Pavilion**

**Provider #: 0037754**

**1/1/2007 to 12/31/2007**

**Schedule 21A**

XIX. SUPPORT SCHEDULE

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Total (agree to Schedule V, line 19, column 3)		<u>98,636</u>
Disallowed legal fees:		
Chicago Legal Clinic		(594)
Foley & Lardner LLP		(163)
Klein Dub & Holleb		(3,027)
Law office of Segal & Segal		(10,229)
Ashman & Stein		(711)
Barbara K. Demos		<u>(7,123)</u>
		<u>(21,847)</u>
Professional fees allocated from NuCare:		
Legal		10,317
Accounting		2,300
Consulting		<u>364</u>
		<u>12,981</u>
Professional fees allocated from Care Path Health Network		
Professional Fees Net		(148)
Legal		-
Accounting		<u>-</u>
		<u>(148)</u>
Professional fees allocated from ITEX		
Data Processing		8,234
Legal		262
Accounting		<u>295</u>
		<u>8,791</u>
<b>Total (agree to Schedule V, line 19, column 8)</b>		<u><u>98,413</u></u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/07

Ending:

12/31/07**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long-Term Care \$9,868
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 65,245 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 135,780  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

**SEE ACCOUNTANTS' COMPILATION REPORT**

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 44,375 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0%
- 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? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees