

		FOR BHF USE				

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

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

I. IDPH License ID Number: 0048702

Facility Name: Imperial of Hazel Crest

Address: 3300 West 175th Street Hazel Crest 60429
 Number City Zip Code

County: Cook

Telephone Number: (708)335-2400 Fax # (708)335-1825

HFS ID Number: 208006074001

Date of Initial License for Current Owners: _____

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/07 to 12/31/07 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____
	(Type or Print Name) _____ (Date) _____
	(Title) _____
Paid Preparer	(Signed) _____ (Date) _____
	(Print Name and Title) <u>Edward N. Slack, C.P.A.</u>
	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>
	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>

MAIL TO: BUREAU OF HEALTH FINANCE
 ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702 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	204	Skilled (SNF)	204	74,460	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	204	TOTALS	204	74,460	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other		5 Total
8	SNF			5,027	5,027	8
9	SNF/PED					9
10	ICF	59,531	1,837		61,368	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	59,531	1,837	5,027	66,395	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.17%

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

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

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

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

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 01/01/07

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

YES Date 01/01/07 NO

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

YES NO If YES, enter number of beds certified 204 and days of care provided 2,400

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	223,331	36,800	13,851	273,982		273,982	4,301	278,283		1
2	Food Purchase		298,472		298,472		298,472	260	298,732		2
3	Housekeeping	183,446	43,347		226,793		226,793	(1,832)	224,961		3
4	Laundry	56,848	16,457		73,305		73,305	(14)	73,291		4
5	Heat and Other Utilities			224,390	224,390		224,390	2,650	227,040		5
6	Maintenance	152,502		126,419	278,921		278,921	12,299	291,220		6
7	Other (specify):*							4,926	4,926		7
8	TOTAL General Services	616,127	395,076	364,660	1,375,863		1,375,863	22,590	1,398,453		8
	B. Health Care and Programs										
9	Medical Director			8,000	8,000		8,000		8,000		9
10	Nursing and Medical Records	1,913,800	104,379	16,570	2,034,749		2,034,749	(5,195)	2,029,554		10
10a	Therapy	89,599		72	89,671		89,671	2,961	92,632		10a
11	Activities	85,792	33,723	400	119,915		119,915		119,915		11
12	Social Services	247,344	2,720		250,064		250,064	8,503	258,567		12
13	CNA Training										13
14	Program Transportation			200	200		200		200		14
15	Other (specify):*							5,428	5,428		15
16	TOTAL Health Care and Programs	2,336,535	140,822	25,242	2,502,599		2,502,599	11,697	2,514,296		16
	C. General Administration										
17	Administrative	127,791		12,000	139,791		139,791	68,333	208,124		17
18	Directors Fees										18
19	Professional Services			364,814	364,814		364,814	(311,199)	53,615		19
20	Dues, Fees, Subscriptions & Promotions			34,936	34,936		34,936	(4,126)	30,810		20
21	Clerical & General Office Expenses	56,598	18,193	457,656	532,447		532,447	(207,370)	325,077		21
22	Employee Benefits & Payroll Taxes			533,466	533,466		533,466	(5,141)	528,325		22
23	Inservice Training & Education			1,945	1,945		1,945		1,945		23
24	Travel and Seminar			1,762	1,762		1,762	2,155	3,917		24
25	Other Admin. Staff Transportation			5,844	5,844		5,844	1,583	7,427		25
26	Insurance-Prop.Liab.Malpractice			186,281	186,281		186,281	1,932	188,213		26
27	Other (specify):*							37,834	37,834		27
28	TOTAL General Administration	184,389	18,193	1,598,704	1,801,286		1,801,286	(415,999)	1,385,287		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,137,051	554,091	1,988,606	5,679,748		5,679,748	(381,712)	5,298,036		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 Imperial of Hazel Crest #0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			26,578	26,578		26,578	306,579	333,157		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			58,118	58,118		58,118	561,470	619,588		32
33	Real Estate Taxes			455,876	455,876		455,876	3,175	459,051		33
34	Rent-Facility & Grounds			756,000	756,000		756,000	(752,767)	3,233		34
35	Rent-Equipment & Vehicles			14,752	14,752		14,752	779	15,531		35
36	Other (specify):*										36
37	TOTAL Ownership			1,311,324	1,311,324		1,311,324	119,236	1,430,560		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		144,953	107,499	252,452		252,452	(35,509)	216,943		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			111,690	111,690		111,690		111,690		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		144,953	219,189	364,142		364,142	(35,509)	328,633		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,137,051	699,044	3,519,119	7,355,214		7,355,214	(297,985)	7,057,229		45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(62,462)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(83)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(18,200)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(375,078)	21		24
25	Fund Raising, Advertising and Promotional	(11,464)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(58,979)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (526,266)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	228,281		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 228,281		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (297,985)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
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89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(58,979)	101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			278	3,943	130			(50)				4,301	1
2	Food Purchase	(83)		343									260	2
3	Housekeeping			522	53	1			(2,408)				(1,832)	3
4	Laundry								(14)				(14)	4
5	Heat and Other Utilities			2,489	135	26							2,650	5
6	Maintenance			12,280	17	11			(9)				12,299	6
7	Other (specify):*			4,552	374								4,926	7
8	TOTAL General Services	(83)		20,464	4,522	168			(2,481)				22,590	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(29,104)			30,633	(1,732)			(4,992)				(5,195)	10
10a	Therapy				2,961								2,961	10a
11	Activities													11
12	Social Services				8,503								8,503	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				5,428								5,428	15
16	TOTAL Health Care and Programs	(29,104)			47,525	(1,732)			(4,992)				11,697	16
	C. General Administration													
17	Administrative			11,881	53,810	214	2,428						68,333	17
18	Directors Fees													18
19	Professional Services	(18,516)		(200,766)	(92,057)	3	137						(311,199)	19
20	Fees, Subscriptions & Promotions	(11,464)		7,175	33	16	114						(4,126)	20
21	Clerical & General Office Expenses	(394,192)		174,899	13,929	358	832	(3,196)					(207,370)	21
22	Employee Benefits & Payroll Taxes			(4,670)					(471)				(5,141)	22
23	Inservice Training & Education													23
24	Travel and Seminar			1,214	646		295						2,155	24
25	Other Admin. Staff Transportation			1,571		12							1,583	25
26	Insurance-Prop.Liab.Malpractice			1,592	17	24	299						1,932	26
27	Other (specify):*			28,307	9,147	85	295						37,834	27
28	TOTAL General Administration	(424,172)		21,203	(14,475)	712	4,400	(3,196)	(471)				(415,999)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(453,359)		41,667	37,572	(852)	4,400	(3,196)	(7,944)				(381,712)	29

STATE OF ILLINOIS

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

Summary B

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	(62,462)	346,911	20,298	853	18	159	802					306,579	30
31	Amortization of Pre-Op. & Org.													31
32	Interest		516,886	38,300	3,671	31	1,478	1,104					561,470	32
33	Real Estate Taxes			2,971	201	3							3,175	33
34	Rent-Facility & Grounds		(756,000)	3,209		24							(752,767)	34
35	Rent-Equipment & Vehicles			423	6	6	344						779	35
36	Other (specify):*													36
37	TOTAL Ownership	(62,462)	107,797	65,201	4,731	82	1,981	1,906					119,236	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(1,812)	(31,006)		(2,691)				(35,509)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(10,445)					10,445							43
44	TOTAL Special Cost Centers	(10,445)				(1,812)	(20,561)		(2,691)				(35,509)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(526,266)	107,797	106,868	42,303	(2,582)	(14,180)	(1,290)	(10,635)				(297,985)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Imperial Real Estate		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 756,000	Imperial Real Estate	100.00%	\$	\$ (756,000)	1
2	V	33 Additional R/E Taxes	495,876			495,876		2
3	V	30 Depreciation				346,911	346,911	3
4	V	32 Interest				516,886	516,886	4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,251,876			\$ 1,359,673	\$ * 107,797	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01	Dietary	\$	Care Centers, Inc.	100.00%	\$ 278	\$ 278	15
16	V	02	Food		Care Centers, Inc.	100.00%	343	343	16
17	V	03	Housekeeping		Care Centers, Inc.	100.00%	522	522	17
18	V	05	Utilities		Care Centers, Inc.	100.00%	2,489	2,489	18
19	V	06	Maintenance		Care Centers, Inc.	100.00%	4,106	4,106	19
20	V	17	Administrative		Care Centers, Inc.	100.00%	2,487	2,487	20
21	V	19	Professional Fees	213,893	Care Centers, Inc.	100.00%	13,127	(200,766)	21
22	V	20	Dues and Subscriptions		Care Centers, Inc.	100.00%	7,175	7,175	22
23	V	21	Office and Clerical		Care Centers, Inc.	100.00%	20,794	20,794	23
24	V	24	Seminar and Travel		Care Centers, Inc.	100.00%	1,214	1,214	24
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc.	100.00%	1,571	1,571	25
26	V	26	Insurance		Care Centers, Inc.	100.00%	1,592	1,592	26
27	V	30	Depreciation		Care Centers, Inc.	100.00%	20,298	20,298	27
28	V	32	Interest		Care Centers, Inc.	100.00%	38,300	38,300	28
29	V	33	Real Estate Taxes		Care Centers, Inc.	100.00%	2,971	2,971	29
30	V	34	Rent - Building		Care Centers, Inc.	100.00%	3,209	3,209	30
31	V	35	Rent - Equipment & Auto		Care Centers, Inc.	100.00%	423	423	31
32	V	06	Maintenance	24,430	Care Centers, Inc.	100.00%	32,604	8,174	32
33	V	07	Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	4,552	4,552	33
34	V	17	Administrative		Care Centers, Inc.	100.00%	9,394	9,394	34
35	V	21	Office and Clerical	25,613	Care Centers, Inc.	100.00%	179,718	154,105	35
36	V	27	Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	28,307	28,307	36
37	V	22	Employee Benefits	4,670	Care Centers, Inc.	100.00%		(4,670)	37
38	V								38
39	Total			\$ 268,606			\$ 375,474	\$ * 106,868	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc.	100.00%	\$ 53	\$ 53	15	
16	V	05	Utilities		Care Centers Clinical, Inc.	100.00%	135	135	16	
17	V	06	Maintenance		Care Centers Clinical, Inc.	100.00%	17	17	17	
18	V	19	Professional Fees	94,302	Care Centers Clinical, Inc.	100.00%	2,245	(92,057)	18	
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc.	100.00%	33	33	19	
20	V	21	Office & Clerical		Care Centers Clinical, Inc.	100.00%	131	131	20	
21	V	24	Travel and Seminar		Care Centers Clinical, Inc.	100.00%	646	646	21	
22	V	26	Insurance		Care Centers Clinical, Inc.	100.00%	17	17	22	
23	V	30	Depreciation		Care Centers Clinical, Inc.	100.00%	853	853	23	
24	V	32	Interest		Care Centers Clinical, Inc.	100.00%	3,671	3,671	24	
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc.	100.00%	201	201	25	
26	V	35	Rent - Equipment & Auto		Care Centers Clinical, Inc.	100.00%	6	6	26	
27	V	01	Dietary Salary		Care Centers Clinical, Inc.	100.00%	3,943	3,943	27	
28	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc.	100.00%	374	374	28	
29	V	10	Nursing Salary		Care Centers Clinical, Inc.	100.00%	30,633	30,633	29	
30	V	10a	Rehab Salary		Care Centers Clinical, Inc.	100.00%	2,961	2,961	30	
31	V	12	Social Service Salary		Care Centers Clinical, Inc.	100.00%	8,503	8,503	31	
32	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc.	100.00%	5,428	5,428	32	
33	V	17	Administration Salary		Care Centers Clinical, Inc.	100.00%	53,810	53,810	33	
34	V	21	Office Salary		Care Centers Clinical, Inc.	100.00%	13,798	13,798	34	
35	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc.	100.00%	9,147	9,147	35	
36	V	22	Employee Benefits		Care Centers Clinical, Inc.	100.00%			36	
37	V								37	
38	V								38	
39	Total			\$ 94,302			\$ 136,605	\$ * 42,303	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/07Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 130	\$ 130	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%	1	1	16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	26	26	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	11	11	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	3	3	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	16	16	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	56	56	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	12	12	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	24	24	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	18	18	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	31	31	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%	3	3	26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	24	24	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	6	6	28
29	V	01 Dietary		Care Centers Health Systems, Inc.	100.00%			29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing	2,578	Care Centers Health Systems, Inc.	100.00%	846	(1,732)	32
33	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	2,698	Care Centers Health Systems, Inc.	100.00%	886	(1,812)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	214	214	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	302	302	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	85	85	38
39	Total		\$ 5,276			\$ 2,694	\$ * (2,582)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 170	\$ 170	15
16	V	19 Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	137	137	16
17	V	20 Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	114	114	17
18	V	21 Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	832	832	18
19	V	24 Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	295	295	19
20	V	26 Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	299	299	20
21	V	30 Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	159	159	21
22	V	32 Interest		Therapy Works Rehabilitation Services, LLC	100.00%	1,478	1,478	22
23	V	35 Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	344	344	23
24	V	39 Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	3,986	3,986	24
25	V	17 Administrative		Therapy Works Rehabilitation Services, LLC	100.00%	2,258	2,258	25
26	V	27 Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	295	295	26
27	V	39 Ancillary	107,499	Therapy Works Rehabilitation Services, LLC	100.00%	72,507	(34,992)	27
28	V	43 Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	10,445	10,445	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		\$ 107,499			\$ 93,319	\$ * (14,180)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$	\$	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%			16
17	V	30	Depreciation		Vent Lease, LLC.	100.00%			17
18	V	32	Interest		Vent Lease, LLC.	100.00%			18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	802	802	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	1,104	1,104	20
21	V	21	Office and Clerical	3,196	Vent Lease, LLC.	100.00%		(3,196)	21
22	V	39	Ancillary		Vent Lease, LLC.	100.00%			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		\$ 3,196				\$ 1,906	\$ * (1,290)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$ 615	Xcel Supply, LLC	100.00%	\$ 565	\$ (50)	15
16	V	3 Housekeeping	29,867	Xcel Supply, LLC	100.00%	27,459	(2,408)	16
17	V	4 Laundry	179	Xcel Supply, LLC	100.00%	165	(14)	17
18	V	6 Repairs & Maintenance	102	Xcel Supply, LLC	100.00%	93	(9)	18
19	V	10 Nursing	61,899	Xcel Supply, LLC	100.00%	56,907	(4,992)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	5,843	Xcel Supply, LLC	100.00%	5,372	(471)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	33,365	Xcel Supply, LLC	100.00%	30,674	(2,691)	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		\$ 131,870			\$ 121,235	\$ * (10,635)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 46,532	\$ 46,532	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	46,532	CCS Employee Benefits Group			(46,532)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 46,532			\$ 46,532	\$ *	39

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 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	Eric Rothner	Relative	Administrative	0.00%	See Attached	1.36	2.95%	Alloc. Salary	\$	17-7	1
2	Mark Steinberg	Relative	Administrative	0.00%	See Attached	2.24	4.07%	Alloc. Salary	5,510	17-7	2
3	Adam Vales	Relative	Clerical	0.00%	See Attached	0.29	0.72%	Alloc. Salary	401	22-7	3
4	Kim Rudolph	Relative	Clerical	0.00%	See Attached	0.25	0.71%	Alloc. Salary	220	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 6,131		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 Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702

Report Period Beginning:

01/01/07Ending: 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 Centers, Inc.

Street Address

2201 West Main Street

City / State / Zip Code

Evanston, Illinois 60202

Phone Number

(847) 905-3000

Fax Number

(847) 905-3030

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	Patient Days	1,625,640	33	\$ 6,823	\$ 66,283	\$ 278	1
2	2	Food	Patient Days	1,625,640	33	8,403	66,283	343	2
3	3	Housekeeping	Patient Days	1,625,640	33	12,807	66,283	522	3
4	5	Utilities	Patient Days	1,625,640	33	61,054	66,283	2,489	4
5	6	Maintenance	Patient Days	1,625,640	33	100,693	66,283	4,106	5
6	17	Administrative	Patient Days	1,625,640	33	61,000	66,283	2,487	6
7	19	Professional Fees	Patient Days	1,625,640	33	321,947	66,283	13,127	7
8	20	Dues and Subscriptions	Patient Days	1,625,640	33	175,974	66,283	7,175	8
9	21	Office and Clerical	Patient Days	1,625,640	33	509,990	66,283	20,794	9
10	24	Seminar and Travel	Patient Days	1,625,640	33	29,773	66,283	1,214	10
11	25	Other Staff Admin. Trans.	Patient Days	1,625,640	33	38,529	66,283	1,571	11
12	26	Insurance	Patient Days	1,625,640	33	39,041	66,283	1,592	12
13	30	Depreciation	Patient Days	1,625,640	33	497,823	66,283	20,298	13
14	32	Interest	Patient Days	1,625,640	33	939,326	66,283	38,300	14
15	33	Real Estate Taxes	Patient Days	1,625,640	33	72,865	66,283	2,971	15
16	34	Rent - Building	Patient Days	1,625,640	33	78,695	66,283	3,209	16
17	35	Rent - Equipment & Auto	Patient Days	1,625,640	33	10,366	66,283	423	17
18	6	Maintenance	Patient Days	1,625,640	33	187,019	187,019	7,625	18
19	6	Maintenance	Direct Allocation			456,812	456,812	24,979	19
20	7	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	33	91,856	66,283	4,552	20
21	17	Administrative	Patient Days	1,625,640	33	230,402	230,402	9,394	21
22	21	Office and Clerical	Patient Days	1,625,640	33	3,779,534	3,779,534	154,105	22
23	21	Office and Clerical	Direct Allocation			489,346	489,346	25,613	23
24	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	33	691,109	66,283	28,307	24
25	TOTALS					\$ 8,891,187	\$ 5,143,113	\$ 375,474	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 Center Clinical, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	3	Housekeeping	Patient Days	1,625,640	32	\$ 1,294	\$ 66,283	\$ 53	1	
2	5	Utilities	Patient Days	1,625,640	32	3,307	66,283	135	2	
3	6	Maintenance	Patient Days	1,625,640	32	410	66,283	17	3	
4	19	Professional Fees	Patient Days	1,625,640	32	55,053	66,283	2,245	4	
5	20	Dues and Subscriptions	Patient Days	1,625,640	32	809	66,283	33	5	
6	21	Office & Clerical	Patient Days	1,625,640	32	3,220	66,283	131	6	
7	24	Travel and Seminar	Patient Days	1,625,640	32	15,843	66,283	646	7	
8	26	Insurance	Patient Days	1,625,640	32	409	66,283	17	8	
9	30	Depreciation	Patient Days	1,625,640	32	20,909	66,283	853	9	
10	32	Interest	Patient Days	1,625,640	32	90,038	66,283	3,671	10	
11	33	Real Estate Taxes	Patient Days	1,625,640	32	4,921	66,283	201	11	
12	35	Rent - Equipment & Auto	Patient Days	1,625,640	32	155	66,283	6	12	
13	1	Dietary Salary	Patient Days	1,625,640	32	96,717	96,717	66,283	3,943	13
14	7	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	32	9,180	66,283	374	14	
15	10	Nursing Salary	Patient Days	1,625,640	32	751,308	751,308	66,283	30,633	15
16	10a	Rehab Salary	Patient Days	1,625,640	32	72,628	72,628	66,283	2,961	16
17	12	Social Service Salary	Patient Days	1,625,640	32	208,543	208,543	66,283	8,503	17
18	15	Emp. Ben. - Healthcare	Patient Days	1,625,640	32	133,126	66,283	5,428	18	
19	17	Administration Salary	Patient Days	1,625,640	32	1,319,729	1,319,729	66,283	53,810	19
20	21	Office Salary	Patient Days	1,625,640	32	338,399	338,399	66,283	13,798	20
21	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	32	224,344	66,283	9,147	21	
22	10	Nursing Salary	Direct Allocation			13,379	13,379		22	
23	12	Social Service Salary	Direct Allocation			8,845	8,845		23	
24	15	Emp. Ben. - Healthcare	Direct Allocation			1,994			24	
25	TOTALS					\$ 3,374,560	\$ 2,809,548	\$ 136,605	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702

Report Period Beginning:

01/01/07Ending: 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 Centers Health Systems, Inc.Street Address 2201 West Main StreetCity / State / Zip Code Evanston, Illinois 60202Phone Number (847) 905-3000Fax Number (847) 905-3030

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Gross Billable Income	4,431,674	33	94,358		6,112	130	1
2	3	Housekeeping	Gross Billable Income	4,431,674	33	663		6,112	1	2
3	5	Heat and Other Utilities	Gross Billable Income	4,431,674	33	18,909		6,112	26	3
4	6	Maintenance	Gross Billable Income	4,431,674	33	7,696		6,112	11	4
5	19	Professional Fees	Gross Billable Income	4,431,674	33	2,050		6,112	3	5
6	20	Dues, Fees, Subscriptions	Gross Billable Income	4,431,674	33	11,727		6,112	16	6
7	21	Clerical and General Office	Gross Billable Income	4,431,674	33	40,502		6,112	56	7
8	25	Other Admin. Staff Transport.	Gross Billable Income	4,431,674	33	8,860		6,112	12	8
9	26	Insurance	Gross Billable Income	4,431,674	33	17,050		6,112	24	9
10	30	Depreciation	Gross Billable Income	4,431,674	33	13,332		6,112	18	10
11	32	Insurance	Gross Billable Income	4,431,674	33	22,225		6,112	31	11
12	33	Real Estate Taxes	Gross Billable Income	4,431,674	33	2,521		6,112	3	12
13	34	Rent - Building	Gross Billable Income	4,431,674	33	17,500		6,112	24	13
14	35	Rent - Equipment	Gross Billable Income	4,431,674	33	4,277		6,112	6	14
15	1	Dietary	Direct Billable Income	341,879	33	112,243				15
16	2	Food	Direct Billable Income	25	33	8				16
17	3	Housekeeping	Direct Billable Income	29	33	10				17
18	10	Nursing	Direct Billable Income	69,616	33	22,856		2,578	846	18
19	21	Clerical and General Office	Direct Billable Income	487	33	160				19
20	25	Other Admin. Staff Transport.	Direct Billable Income	1,200	33	394				20
21	39	Ancillary	Direct Billable Income	4,018,438	33	1,319,298		2,698	886	21
22	17	Administrative	Gross Billable Income	4,431,674	33	155,031	155,031	6,112	214	22
23	21	Clerical and General Office	Gross Billable Income	4,431,674	33	219,270	219,270	6,112	302	23
24	27	Employee Benefits	Gross Billable Income	4,431,674	33	61,873		6,112	85	24
25	TOTALS					\$ 2,152,813	\$ 374,301		\$ 2,694	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 Therapy Works Rehabilitation Services, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 922-0702
 Fax Number (847) 905-4040

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	Administration	Billable Income	4,671,432	16	\$ 9,000	\$ 88,178	\$ 170	1
2	19	Professional Fees	Billable Income	4,671,432	16	7,245	88,178	137	2
3	20	Dues and Subscriptions	Billable Income	4,671,432	16	6,024	88,178	114	3
4	21	Office & Clerical	Billable Income	4,671,432	16	44,084	88,178	832	4
5	24	Travel and Seminar	Billable Income	4,671,432	16	15,640	88,178	295	5
6	26	Insurance	Billable Income	4,671,432	16	15,816	88,178	299	6
7	30	Depreciation	Billable Income	4,671,432	16	8,410	88,178	159	7
8	32	Interest	Billable Income	4,671,432	16	78,317	88,178	1,478	8
9	35	Rent - Equipment	Billable Income	4,671,432	16	18,231	88,178	344	9
10	39	Ancillary	Billable Income	4,671,432	16	211,187	88,178	3,986	10
11	17	Administrative	Billable Income	4,671,432	16	119,603	119,603	2,258	11
12	27	Emp. Ben. - Gen. Admin.	Billable Income	4,671,432	16	15,625	88,178	295	12
13	39	Ancillary	Billable Income	4,671,432	16	3,841,227	3,841,227	72,507	13
14	43	Emp. Ben. - Other	Billable Income	4,671,432	16	553,364	88,178	10,445	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,943,773	\$ 3,960,830	\$ 93,319	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 Vent Lease, LLC
 Street Address 2201 W. Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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	6	Repairs	Direct Billing	892,186	27	\$ 35,557			1
2	21	Office and Clerical	Direct Billing	892,186	27	44			2
3	30	Depreciation	Direct Billing	892,186	27	280,000			3
4	32	Interest	Direct Billing	892,186	27	23,404			4
5	30	Depreciation	Patient Days	1,625,640	33	19,677	66,283	802	5
6	32	Interest	Patient Days	1,625,640	33	27,081	66,283	1,104	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 385,763	\$	\$ 1,906	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 Xcel Supply, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, IL 60202
 Phone Number (847)328-7600
 Fax Number (847)328-7615

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						\$ 565	1
2	3	Housekeeping						27,459	2
3	4	Laundry						165	3
4	6	Repairs & Maintenance						93	4
5	10	Nursing						56,907	5
6	11	Activities							6
7	12	Social Service							7
8	20	Dues, Fees And Subscriptions							8
9	21	Office And Clerical							9
10	22	Employee Benefits						5,372	10
11	24	Seminars & Education							11
12	39	Ancillary						30,674	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							\$ 121,235	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 CCS Employee Benefits Group, Inc.
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, IL 60202
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 46,532	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 46,532	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 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	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	LaSalle Bank		X	Mortgage	\$54,065.00	02/13/07	\$	\$ 7,722,981		\$	476,923	1								
2	Lake Forest Bank		X								39,963	2								
3												3								
4												4								
5	See Supplemental Schedule											5								
Working Capital																				
6	LaSalle Bank		X	Line Of Credit				995,000			58,118	6								
7												7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related				\$54,065.00		\$	\$ 8,717,981		\$	575,004	9								
B. Non-Facility Related*																				
10	Allocate Care Centers, Inc.		X								38,300	10								
11	Allocate CC Clinical, Inc.		X								3,671	11								
12	Allocate CC Health Sys.		X								31	12								
13	See Supplemental Schedule										2,582	13								
14	TOTAL Non-Facility Related						\$	\$		\$	44,584	14								
15	TOTALS (line 9+line14)						\$	\$ 8,717,981		\$	619,588	15								

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

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

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

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

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
A. Directly Facility Related																				
Long-Term																				
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	TOTAL Long-Term											7								
Working Capital																				
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital											14								
B. Non-Facility Related*																				
15	Allocate Therapy Works		X				\$	\$			\$	1,478	15							
16	Allocate Vent Lease LLC		X									1,104	16							
17													17							
18													18							
19													19							
20	TOTAL Non-Facility Related											2,582	20							

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

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

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.		\$	512,263	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.)		\$	475,438	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(36,825)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	495,876	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	459,051	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2002	445,308	8	
	2003	459,999	9	
	2004	467,819	10	
	2005	446,327	11	
	2006	472,263	12	
2007 Accrual = \$472,263 x 1.05 = \$495,876				
Note to prior year accrual - Change of ownership effective 01/01/07, beginning accrual has been adjusted to tie out current year real estate taxes.				
Allocated from Care Centers - \$3,087.91				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2006	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

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

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

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

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

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Imperial of Hazel Crest COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0048702

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>28-26-402-004-0000</u>	<u>Long Term Care Property</u>	<u>\$ 472,263.32</u>	<u>\$ 472,263.32</u>
2. <u>See Attached</u>	<u>Care Centers, Inc. Allocation</u>	<u>\$ 46,662.50</u>	<u>\$ 1,902.59</u>
3. <u>See Attached</u>	<u>Care Centers Clinical, Inc.</u>	<u>\$ 4,834.42</u>	<u>\$ 197.12</u>
4. <u>See Attached</u>	<u>Care Centers Health Sys. Alloc.</u>	<u>\$ 2,476.87</u>	<u>\$ 3.42</u>
5. <u>See Attached</u>	<u>Care Centers Building Allocation</u>	<u>\$ 24,152.48</u>	<u>\$ 984.78</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ 550,389.59	\$ 475,351.23

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.

IMPORTANT NOTICE

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

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

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

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

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Imperial of Hazel Crest COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0048702

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Imperial of Hazel Crest

0048702 Report Period Beginning:

01/01/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

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

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

None

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>75,625</u>		<u>\$ 405,826</u>	1
2	<u>Allocate Care Centers</u>			<u>16,305</u>	2
3	TOTALS	<u>75,625</u>		<u>\$ 422,131</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
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63								63
64								64
65								65
66								66
67		6,988,611	156,796		182,135	25,339	182,135	67
68		91,612	4,816		4,816		30,160	68
69			26,578			(26,578)		69
70		\$ 7,080,223	\$ 188,190		\$ 186,951	\$ (1,239)	\$ 212,295	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,080,223	\$ 188,190		\$ 186,951	\$ (1,239)	\$ 212,295	1
2	Painting (Transfer Expense From Home Office)	2007	23,364		20	19,470	19,470	19,470	2
3	Replaced Parking Lot	2007	29,370		20	1,101	1,101	1,101	3
4	Exhaust For Smoking Rooms	2007	14,900		20	559	559	559	4
5	New Exterior Doors	2007	4,970		20	166	166	166	5
6	Bathroom Tile	2007	67,947		20	3,020	3,020	3,020	6
7	Replace Valve & Pump System	2007	13,800		20	460	460	460	7
8	New Roof	2007	18,740		20	312	312	312	8
9	Doors & Frames	2007	3,052		20	51	51	51	9
10	Sheet Rock Ceiling	2007	6,500		20	54	54	54	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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20									20
21									21
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23									23
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,262,866	\$ 188,190		\$ 212,144	\$ 23,954	\$ 237,488	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	204		2007	1970	\$ 6,867,883	\$ 154,087	39	\$ 176,099	\$ 22,012	\$ 176,099	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Various Leasehold Improvements			2007	120,728	2,709	20	6,036	3,327	6,036	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	6,988,611	\$	156,796	\$	182,135	\$	25,339	\$	182,135	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

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 OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocate Care Centers, Inc. 2201 Main LLC		2002	2002	\$ 18,157	\$ 466	39	\$ 466	\$	\$ 2,464	4
5	Allocate Care Centers, Inc. - CCI Building			1996	30,788	789	39	789		8,717	5
6	Allocate Care Centers Clinical, Inc.		2002	2002	1,881	48	39	48		255	6
7	Allocate Care Centers Health Systems, Inc.		2002	2002	33	1	39	1		4	7
8											8
	Improvement Type**										
9	Allocate Care Centers, Inc. 2201 Main LLC			2002	14,999	1,371	20	1,371		6,867	9
10	Allocate Care Centers, Inc. 2201 Main LLC			2003	17,676	1,615	20	1,615		8,092	10
11	Allocate Care Centers, Inc. 2201 Main LLC			2005	878	93	20	93		223	11
12											12
13	Allocate Care Centers, Inc.			2007	188	13	20	13		13	13
14											14
15	Allocate Care Centers, Inc. - CCI Building			1996	519	-	20	-		519	15
16	Allocate Care Centers, Inc. - CCI Building			1997	2,956	96	20	96		1,407	16
17											17
18	Allocate Care Centers Clinical, Inc.			2002	1,554	142	20	142		711	18
19	Allocate Care Centers Clinical, Inc.			2003	1,831	167	20	167		838	19
20	Allocate Care Centers Clinical, Inc.			2005	91	10	20	10		23	20
21											21
22	Allocate Care Centers Health Systems, Inc.			2002	27	2	20	2		12	22
23	Allocate Care Centers Health Systems, Inc.			2003	32	3	20	3		15	23
24	Allocate Care Centers Health Systems, Inc.			2005	2	-	20	-		-	24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37		\$	\$		\$	\$	\$	37	
38								38	
39								39	
40								40	
41								41	
42								42	
43								43	
44								44	
45								45	
46								46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
61								61	
62								62	
63								63	
64								64	
65								65	
66								66	
67								67	
68								68	
69								69	
70	TOTAL (lines 4 thru 69)	\$	\$ 91,612		\$ 4,816	\$	\$ 4,816	\$ 30,160	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,157,764	\$ 204,866	\$ 118,450	\$ (86,416)	10	\$ 215,159	71
72	Current Year Purchases	1,030	143	143		10	143	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,158,794	\$ 205,009	\$ 118,593	\$ (86,416)		\$ 215,302	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		Allocate Care Centers, Inc.	2007	\$ 34,254	\$ 1,987	\$ 1,987	\$	5	\$ 28,138	76
77		Allocate CC Clinical, Inc.	2007	2,931	433	433		5	554	77
78		Allocate CC Health Sys.	2007	17	1	1		5	1	78
79										79
80	TOTALS			\$ 37,202	\$ 2,421	\$ 2,421	\$		\$ 28,693	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)		\$ 8,880,993	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 395,620	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 333,158	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (62,462)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 481,483	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	<u>Allocate Care Centers, Inc.</u>				<u>3,209</u>			5
6	<u>Allocate CC Health Sys. And Therapy Works</u>				<u>24</u>			6
7	TOTAL				\$ <u>3,233</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 15,531

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

Facility Name & ID Number Imperial of Hazel Crest# 0048702

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 44,167	\$		\$ 44,167	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			330			330	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			63,002			63,002	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				87,491		87,491	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						57,462		57,462	13
14	TOTAL			\$		\$ 107,499	\$ 144,953		\$ 252,452	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/07

Ending:

12/31/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$ 13,561	1
2	Cash-Patient Deposits	46,570	46,570	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,122,533	2,122,533	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	266,359	266,359	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	175,009		8
9	Other(specify): <u>See Attached Schedule</u>	40,573	40,573	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,653,044	\$ 2,489,596	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		405,826	13
14	Buildings, at Historical Cost		6,867,883	14
15	Leasehold Improvements, at Historical Cost	182,643	303,371	15
16	Equipment, at Historical Cost		1,036,993	16
17	Accumulated Depreciation (book methods)	(26,578)	(373,489)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		57,987	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 156,065	\$ 8,298,571	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,809,109	\$ 10,788,167	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 663,883	\$ 663,883	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	51,362	51,362	28
29	Short-Term Notes Payable	995,000	995,000	29
30	Accrued Salaries Payable	303,380	303,380	30
31	Accrued Taxes Payable (excluding real estate taxes)	12,293	12,293	31
32	Accrued Real Estate Taxes(Sch.IX-B)	495,876	495,876	32
33	Accrued Interest Payable		48,304	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	95,721	489,405	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,617,515	\$ 3,059,503	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,722,981	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 7,722,981	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,617,515	\$ 10,782,484	46
47	TOTAL EQUITY (page 18, line 24)	\$ 191,594	\$ 5,683	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,809,109	\$ 10,788,167	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,049	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 13,049	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	178,545	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 178,545	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 191,594	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/07Ending: 12/31/07**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,496,822	1
2	Discounts and Allowances for all Levels	(388,396)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,108,426	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	267,082	6
7	Oxygen	723	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 267,805	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	125,209	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	31,963	19
20	Radiology and X-Ray		20
21	Other Medical Services	126	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 157,298	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	230	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 230	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,533,759	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,375,863	31
32	Health Care	2,502,599	32
33	General Administration	1,801,286	33
B. Capital Expense			
34	Ownership	1,311,324	34
C. Ancillary Expense			
35	Special Cost Centers	252,452	35
36	Provider Participation Fee	111,690	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,355,214	40
41	Income before Income Taxes (line 30 minus line 40)**	178,545	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 178,545	43

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

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

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

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

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	1,858	2,653	\$ 106,050	\$ 39.97	1
2	Assistant Director of Nursing	1,413	1,667	52,073	31.24	2
3	Registered Nurses	5,780	6,767	170,486	25.19	3
4	Licensed Practical Nurses	34,297	37,550	816,131	21.73	4
5	CNAs & Orderlies	74,300	81,043	742,728	9.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,062	5,961	89,599	15.03	8
9	Activity Director	2,026	2,261	29,305	12.96	9
10	Activity Assistants	6,334	6,922	56,487	8.16	10
11	Social Service Workers	11,493	12,542	247,344	19.72	11
12	Dietician					12
13	Food Service Supervisor	1,904	2,126	32,996	15.52	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,243	5,993	67,189	11.21	15
16	Dishwashers	13,902	14,928	123,146	8.25	16
17	Maintenance Workers	14,339	15,495	152,502	9.84	17
18	Housekeepers	20,643	22,421	183,446	8.18	18
19	Laundry	5,022	5,692	56,848	9.99	19
20	Administrator	3,055	3,481	81,261	23.34	20
21	Assistant Administrator	1,854	2,083	46,530	22.34	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,549	5,011	56,598	11.29	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,875	2,118	26,332	12.43	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	214,949	236,714	\$ 3,137,051 *	\$ 13.25	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	300	\$ 13,851	01-03 35
36	Medical Director	Monthly	8,000	09-03 36
37	Medical Records Consultant	Monthly	1,970	10-03 37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly	1,650	10-03 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	8	400	11-03 44
45	Social Service Consultant			45
46	Other(specify) Therapy Consultant	2	72	10a-03 46
47	Dental Consultant	Monthly	3,950	10-03 47
48	Psychiatric Consultant	Monthly	9,000	10-03 48
49	TOTAL (lines 35 - 48)	310	\$ 38,893	49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

Report Period Beginning: 01/01/07 Ending:

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Alliance for Living \$2,652
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (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? Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 25,041 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. \$ 111,690
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? No Indicate the amount. \$ None
- (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. \$ No
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT