

		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: 0041590

Facility Name: International Village

Address: 4815 South Western Avenue Chicago 60609
 Number City Zip Code

County: Cook

Telephone Number: (773) 927-4200 **Fax #** (773) 927-8742

HFS ID Number: 363928303001

Date of Initial License for Current Owners: 9/11/2000

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 International Village

0041590 Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>218</u>	Skilled (SNF)	<u>218</u>	<u>79,570</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>218</u>	TOTALS	<u>218</u>	<u>79,570</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	<u>54,289</u>	<u>3,796</u>	<u>8,827</u>	<u>66,912</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>54,289</u>	<u>3,796</u>	<u>8,827</u>	<u>66,912</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.09%

D. How many bed-hold days during this year were paid by the Department? 97 (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 09/11/2000

J. Was the facility purchased or leased after January 1, 1978?
YES Date 09/11/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 218 and days of care provided 7,883

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 International Village # 0041590 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	318,412	102,554	21,947	442,913		442,913	(12,760)	430,153			1
2	Food Purchase		335,861		335,861		335,861	157	336,018			2
3	Housekeeping	251,066	52,157		303,223		303,223	(2,568)	300,655			3
4	Laundry	82,855	40,102		122,957		122,957		122,957			4
5	Heat and Other Utilities			295,638	295,638		295,638	4,348	299,986			5
6	Maintenance	93,412		203,515	296,927		296,927	13,713	310,640			6
7	Other (specify):*							1,603	1,603			7
8	TOTAL General Services	745,745	530,674	521,100	1,797,519		1,797,519	4,493	1,802,012			8
	B. Health Care and Programs											
9	Medical Director			47,500	47,500		47,500		47,500			9
10	Nursing and Medical Records	3,288,644	218,344	97,281	3,604,269		3,604,269	15,145	3,619,414			10
10a	Therapy	161,192		3,694	164,886		164,886	2,991	167,877			10a
11	Activities	150,352	12,124	2,346	164,822		164,822		164,822			11
12	Social Services	152,384		1,748	154,132		154,132	8,657	162,789			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							5,625	5,625			15
16	TOTAL Health Care and Programs	3,752,572	230,468	152,569	4,135,609		4,135,609	32,418	4,168,027			16
	C. General Administration											
17	Administrative	140,925			140,925		140,925	89,813	230,738			17
18	Directors Fees											18
19	Professional Services			491,256	491,256	(25,178)	466,078	(377,516)	88,562			19
20	Dues, Fees, Subscriptions & Promotions			61,411	61,411		61,411	(4,411)	57,000			20
21	Clerical & General Office Expenses	114,340	40,199	278,495	433,034		433,034	(5,403)	427,631			21
22	Employee Benefits & Payroll Taxes			834,658	834,658		834,658	(351)	834,307			22
23	Inservice Training & Education			3,182	3,182		3,182		3,182			23
24	Travel and Seminar			4,021	4,021		4,021	2,575	6,596			24
25	Other Admin. Staff Transportation			242	242		242	2,383	2,625			25
26	Insurance-Prop.Liab.Malpractice			242,853	242,853		242,853	4,330	247,183			26
27	Other (specify):*							41,415	41,415			27
28	TOTAL General Administration	255,265	40,199	1,916,118	2,211,582	(25,178)	2,186,404	(247,165)	1,939,239			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,753,582	801,341	2,589,787	8,144,710	(25,178)	8,119,532	(210,253)	7,909,279			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 International Village #0041590 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			73,758	73,758		73,758	554,368	628,126		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			777,089	777,089		777,089	202,671	979,760		32
33	Real Estate Taxes			254,014	254,014	25,178	279,192	3,430	282,622		33
34	Rent-Facility & Grounds			846,924	846,924		846,924	(842,111)	4,813		34
35	Rent-Equipment & Vehicles			7,653	7,653		7,653	2,169	9,822		35
36	Other (specify):*										36
37	TOTAL Ownership			1,959,438	1,959,438	25,178	1,984,616	(79,473)	1,905,143		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	143,092	696,222	430,222	1,269,536		1,269,536	(160,292)	1,109,244		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			119,355	119,355		119,355		119,355		42
43	Other (specify):*							41,042	41,042		43
44	TOTAL Special Cost Centers	143,092	696,222	549,577	1,388,891		1,388,891	(119,250)	1,269,641		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,896,674	1,497,563	5,098,802	11,493,039		11,493,039	(408,977)	11,084,062		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 International Village

0041590

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	197,254	30		9
10	Interest and Other Investment Income	(217)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(189)	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	(6,973)	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	(208,541)	21		24
25	Fund Raising, Advertising and Promotional	(10,348)	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	(520,099)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (549,113)		\$	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)	140,136		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 140,136		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (408,977)		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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number International Village

0041590

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			281	3,983	(17,024)							(12,760)	1
2	Food Purchase	(189)		346									157	2
3	Housekeeping			527	53	60			(3,208)				(2,568)	3
4	Laundry													4
5	Heat and Other Utilities			2,514	136	1,698							4,348	5
6	Maintenance			11,875	17	691		1,447	(317)				13,713	6
7	Other (specify):*			1,225	378								1,603	7
8	TOTAL General Services	(189)		16,768	4,567	(14,575)		1,447	(3,525)				4,493	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records				30,966	(10,155)			(5,666)				15,145	10
10a	Therapy				2,991								2,991	10a
11	Activities													11
12	Social Services				8,657								8,657	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				5,625								5,625	15
16	TOTAL Health Care and Programs				48,239	(10,155)			(5,666)				32,418	16
	C. General Administration													
17	Administrative			12,000	54,348	13,926	9,539						89,813	17
18	Directors Fees													18
19	Professional Services	1,634		(263,928)	(115,943)	184	537						(377,516)	19
20	Fees, Subscriptions & Promotions	(13,191)		7,247	33	1,053	447						(4,411)	20
21	Clerical & General Office Expenses	(219,838)	340	176,648	14,069	23,334	3,270	(3,226)					(5,403)	21
22	Employee Benefits & Payroll Taxes			(125)	(226)				(0)				(351)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(425)		1,226	652		1,160		(38)				2,575	24
25	Other Admin. Staff Transportation			1,587		796							2,383	25
26	Insurance-Prop.Liab.Malpractice			1,608	17	1,532	1,173						4,330	26
27	Other (specify):*			25,459	9,239	5,558	1,159						41,415	27
28	TOTAL General Administration	(231,820)	340	(38,278)	(37,811)	46,383	17,285	(3,226)	(38)				(247,165)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(232,009)	340	(21,510)	14,995	21,653	17,285	(1,779)	(9,229)				(210,253)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
30	Depreciation	197,254	321,721	20,501	861	1,198	624	12,209					554,368	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(491,087)	641,494	38,683	3,708	1,996	5,809	2,068					202,671	32
33	Real Estate Taxes			3,001	203	226							3,430	33
34	Rent-Facility & Grounds		(846,924)	3,241		1,572							(842,111)	34
35	Rent-Equipment & Vehicles			427	6	384	1,352						2,169	35
36	Other (specify):*	(23,271)	23,271											36
37	TOTAL Ownership	(317,104)	139,562	65,853	4,778	5,376	7,785	14,277					(79,473)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(29,966)	(79,382)	(36,320)	(14,624)				(160,292)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*						41,042						41,042	43
44	TOTAL Special Cost Centers					(29,966)	(38,340)	(36,320)	(14,624)				(119,250)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(549,113)	139,902	44,343	19,773	(2,937)	(13,270)	(23,822)	(23,853)				(408,977)	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		
				Highlander Care Center LLC		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 846,924	Highlander Care Center LLC	100.00%	\$	\$ (846,924)	1
2	V	21 Trust Fees		Highlander Care Center LLC	100.00%	90	90	2
3	V	21 Filing Fees		Highlander Care Center LLC	100.00%	250	250	3
4	V	30 Depreciation		Highlander Care Center LLC	100.00%	321,721	321,721	4
5	V	36 Amortization		Highlander Care Center LLC	100.00%	23,271	23,271	5
6	V	32 Interest		Highlander Care Center LLC	100.00%	641,494	641,494	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 846,924			\$ 986,826	\$ * 139,902	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village # 0041590 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%	\$ 281	\$ 281	15
16	V	02	Food		Care Centers, Inc.	100.00%	346	346	16
17	V	03	Housekeeping		Care Centers, Inc.	100.00%	527	527	17
18	V	05	Utilities		Care Centers, Inc.	100.00%	2,514	2,514	18
19	V	06	Maintenance		Care Centers, Inc.	100.00%	4,147	4,147	19
20	V	17	Administrative		Care Centers, Inc.	100.00%	2,512	2,512	20
21	V	19	Professional Fees	277,186	Care Centers, Inc.	100.00%	13,258	(263,928)	21
22	V	20	Dues and Subscriptions		Care Centers, Inc.	100.00%	7,247	7,247	22
23	V	21	Office and Clerical		Care Centers, Inc.	100.00%	21,002	21,002	23
24	V	24	Seminar and Travel		Care Centers, Inc.	100.00%	1,226	1,226	24
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc.	100.00%	1,587	1,587	25
26	V	26	Insurance		Care Centers, Inc.	100.00%	1,608	1,608	26
27	V	30	Depreciation		Care Centers, Inc.	100.00%	20,501	20,501	27
28	V	32	Interest		Care Centers, Inc.	100.00%	38,683	38,683	28
29	V	33	Real Estate Taxes		Care Centers, Inc.	100.00%	3,001	3,001	29
30	V	34	Rent - Building		Care Centers, Inc.	100.00%	3,241	3,241	30
31	V	35	Rent - Equipment & Auto		Care Centers, Inc.	100.00%	427	427	31
32	V	06	Maintenance	831	Care Centers, Inc.	100.00%	8,559	7,728	32
33	V	07	Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	1,225	1,225	33
34	V	17	Administrative		Care Centers, Inc.	100.00%	9,488	9,488	34
35	V	21	Office and Clerical		Care Centers, Inc.	100.00%	155,646	155,646	35
36	V	27	Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	25,459	25,459	36
37	V	22	Employee Benefits	125	Care Centers, Inc.	100.00%		(125)	37
38	V								38
39	Total			\$ 278,142			\$ 322,485	\$ * 44,343	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village # 0041590 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%	136	136	16	
17	V	06	Maintenance		Care Centers Clinical, Inc.	100.00%	17	17	17	
18	V	19	Professional Fees	118,210	Care Centers Clinical, Inc.	100.00%	2,267	(115,943)	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%	133	133	20	
21	V	24	Travel and Seminar		Care Centers Clinical, Inc.	100.00%	652	652	21	
22	V	26	Insurance		Care Centers Clinical, Inc.	100.00%	17	17	22	
23	V	30	Depreciation		Care Centers Clinical, Inc.	100.00%	861	861	23	
24	V	32	Interest		Care Centers Clinical, Inc.	100.00%	3,708	3,708	24	
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc.	100.00%	203	203	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%	3,983	3,983	27	
28	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc.	100.00%	378	378	28	
29	V	10	Nursing Salary	785	Care Centers Clinical, Inc.	100.00%	31,751	30,966	29	
30	V	10a	Rehab Salary		Care Centers Clinical, Inc.	100.00%	2,991	2,991	30	
31	V	12	Social Service Salary	721	Care Centers Clinical, Inc.	100.00%	9,378	8,657	31	
32	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc.	100.00%	5,625	5,625	32	
33	V	17	Administration Salary		Care Centers Clinical, Inc.	100.00%	54,348	54,348	33	
34	V	21	Office Salary		Care Centers Clinical, Inc.	100.00%	13,936	13,936	34	
35	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc.	100.00%	9,239	9,239	35	
36	V	22	Employee Benefits	226	Care Centers Clinical, Inc.	100.00%		(226)	36	
37	V								37	
38	V								38	
39	Total			\$ 119,942			\$ 139,715	\$ * 19,773	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village # 0041590 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	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 8,476	\$ 8,476	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%	60	60	16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	1,698	1,698	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	691	691	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	184	184	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	1,053	1,053	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	3,638	3,638	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	796	796	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	1,532	1,532	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	1,198	1,198	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	1,996	1,996	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%	226	226	26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	1,572	1,572	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	384	384	28
29	V	01 Dietary	37,964	Care Centers Health Systems, Inc.	100.00%	12,464	(25,500)	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	15,118	Care Centers Health Systems, Inc.	100.00%	4,963	(10,155)	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	44,612	Care Centers Health Systems, Inc.	100.00%	14,646	(29,966)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	13,926	13,926	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	19,696	19,696	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	5,558	5,558	38
39	Total		\$ 97,694			\$ 94,757	\$ * (2,937)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village # 0041590 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	17 Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 668	\$ 668	15
16	V	19 Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	537	537	16
17	V	20 Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	447	447	17
18	V	21 Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	3,270	3,270	18
19	V	24 Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	1,160	1,160	19
20	V	26 Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	1,173	1,173	20
21	V	30 Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	624	624	21
22	V	32 Interest		Therapy Works Rehabilitation Services, LLC	100.00%	5,809	5,809	22
23	V	35 Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	1,352	1,352	23
24	V	39 Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	15,664	15,664	24
25	V	17 Administrative		Therapy Works Rehabilitation Services, LLC	100.00%	8,871	8,871	25
26	V	27 Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	1,159	1,159	26
27	V	39 Ancillary	379,946	Therapy Works Rehabilitation Services, LLC	100.00%	284,900	(95,046)	27
28	V	43 Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	41,042	41,042	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		\$ 379,946			\$ 366,676	\$ * (13,270)	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 Schedule V	2 Line	3 Cost Per General Ledger		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	Amount	Name of Related Organization					
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 1,447	\$ 1,447	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	2	2	16
17	V	30	Depreciation		Vent Lease, LLC.	100.00%	11,399	11,399	17
18	V	32	Interest		Vent Lease, LLC.	100.00%	953	953	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	810	810	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	1,115	1,115	20
21	V	21	Office and Clerical	3,228	Vent Lease, LLC.	100.00%		(3,228)	21
22	V	39	Ancillary	36,320	Vent Lease, LLC.	100.00%		(36,320)	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			\$ 39,548			\$ 15,726	\$ * (23,822)	39

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

Facility Name & ID Number International Village # 0041590 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	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	39,774	Xcel Supply, LLC	100.00%	36,566	(3,208)	16
17	V	4 Laundry		Xcel Supply, LLC	100.00%			17
18	V	6 Repairs & Maintenance	3,936	Xcel Supply, LLC	100.00%	3,619	(317)	18
19	V	10 Nursing	70,248	Xcel Supply, LLC	100.00%	64,583	(5,666)	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	1,345	Xcel Supply, LLC	100.00%	1,345	(0)	24
25	V	24 Seminars & Education	467	Xcel Supply, LLC	100.00%	429	(38)	25
26	V	39 Ancillary	181,330	Xcel Supply, LLC	100.00%	166,705	(14,624)	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		\$ 297,100			\$ 273,247	\$ * (23,853)	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 Benefit Group, Inc.	100.00%	\$ 75,652	\$ 75,652	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	75,652	CCS Employee Benefit Group, Inc.	100.00%		(75,652)	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			\$ 75,652			\$ 75,652	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number International Village # 0041590 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	1.37	2.97%		\$	17-7	1
2	Mark Steinberg	Relative	Administrative	0.00%	See Attached	2.26	4.11%	Alloc. Salary	5,565	17-7	2
3	Adam Vales	Shareholder	Clerical	6.60%	See Attached	0.47	1.18%	Alloc. Salary	651	22-7	3
4	Kim Rudolph	Shareholder	Clerical	6.60%	See Attached	0.41	1.17%	Alloc. Salary	358	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 6,574		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 International Village

0041590

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 International Village

0041590

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 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

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	01	Dietary	Patient Days	1,625,640	33	\$ 6,823	\$ 66,946	\$ 281	1
2	02	Food	Patient Days	1,625,640	33	8,403	66,946	346	2
3	03	Housekeeping	Patient Days	1,625,640	33	12,807	66,946	527	3
4	05	Utilities	Patient Days	1,625,640	33	61,054	66,946	2,514	4
5	06	Maintenance	Patient Days	1,625,640	33	100,693	66,946	4,147	5
6	17	Administrative	Patient Days	1,625,640	33	61,000	66,946	2,512	6
7	19	Professional Fees	Patient Days	1,625,640	33	321,947	66,946	13,258	7
8	20	Dues and Subscriptions	Patient Days	1,625,640	33	175,974	66,946	7,247	8
9	21	Office and Clerical	Patient Days	1,625,640	33	509,990	66,946	21,002	9
10	24	Seminar and Travel	Patient Days	1,625,640	33	29,773	66,946	1,226	10
11	25	Other Staff Admin. Trans.	Patient Days	1,625,640	33	38,529	66,946	1,587	11
12	26	Insurance	Patient Days	1,625,640	33	39,041	66,946	1,608	12
13	30	Depreciation	Patient Days	1,625,640	33	497,823	66,946	20,501	13
14	32	Interest	Patient Days	1,625,640	33	939,326	66,946	38,683	14
15	33	Real Estate Taxes	Patient Days	1,625,640	33	72,865	66,946	3,001	15
16	34	Rent - Building	Patient Days	1,625,640	33	78,695	66,946	3,241	16
17	35	Rent - Equipment & Auto	Patient Days	1,625,640	33	10,366	66,946	427	17
18	06	Maintenance	Patient Days	1,625,640	33	187,019	187,019	7,702	18
19	06	Maintenance	Direct Allocation			456,812	456,812	857	19
20	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	33	91,856	66,946	1,225	20
21	17	Administrative	Patient Days	1,625,640	33	230,402	230,402	9,488	21
22	21	Office and Clerical	Patient Days	1,625,640	33	3,779,534	3,779,534	155,646	22
23	21	Office and Clerical	Direct Allocation			489,346	489,346		23
24	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	33	691,109	66,946	25,459	24
25	TOTALS					\$ 8,891,187	\$ 5,143,115	\$ 322,485	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village# 0041590

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	03	Housekeeping	Patient Days	1,625,640	32	\$ 1,294	\$ 66,946	\$ 53	1	
2	05	Utilities	Patient Days	1,625,640	32	3,307	66,946	136	2	
3	06	Maintenance	Patient Days	1,625,640	32	410	66,946	17	3	
4	19	Professional Fees	Patient Days	1,625,640	32	55,053	66,946	2,267	4	
5	20	Dues and Subscriptions	Patient Days	1,625,640	32	809	66,946	33	5	
6	21	Office & Clerical	Patient Days	1,625,640	32	3,220	66,946	133	6	
7	24	Travel and Seminar	Patient Days	1,625,640	32	15,843	66,946	652	7	
8	26	Insurance	Patient Days	1,625,640	32	409	66,946	17	8	
9	30	Depreciation	Patient Days	1,625,640	32	20,909	66,946	861	9	
10	32	Interest	Patient Days	1,625,640	32	90,038	66,946	3,708	10	
11	33	Real Estate Taxes	Patient Days	1,625,640	32	4,921	66,946	203	11	
12	35	Rent - Equipment & Auto	Patient Days	1,625,640	32	155	66,946	6	12	
13	01	Dietary Salary	Patient Days	1,625,640	32	96,717	96,717	66,946	3,983	13
14	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	32	9,180	66,946	378	14	
15	10	Nursing Salary	Patient Days	1,625,640	32	751,308	751,308	66,946	30,940	15
16	10a	Rehab Salary	Patient Days	1,625,640	32	72,628	72,628	66,946	2,991	16
17	12	Social Service Salary	Patient Days	1,625,640	32	208,543	208,543	66,946	8,588	17
18	15	Emp. Ben. - Healthcare	Patient Days	1,625,640	32	133,126	66,946	5,482	18	
19	17	Administration Salary	Patient Days	1,625,640	32	1,319,729	1,319,729	66,946	54,348	19
20	21	Office Salary	Patient Days	1,625,640	32	338,399	338,399	66,946	13,936	20
21	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	32	224,344	66,946	9,239	21	
22	10	Nursing Salary	Direct Allocation			13,379	13,379		811	22
23	12	Social Service Salary	Direct Allocation			8,845	8,845		790	23
24	15	Emp. Ben. - Healthcare	Direct Allocation			1,994			143	24
25	TOTALS					\$ 3,374,561	\$ 2,809,547	\$ 139,715	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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

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	01	Dietary	Gross Billable Income	4,431,674	33	94,358	398,072	8,476	1	
2	03	Housekeeping	Gross Billable Income	4,431,674	33	663	398,072	60	2	
3	05	Heat and Other Utilities	Gross Billable Income	4,431,674	33	18,909	398,072	1,698	3	
4	06	Maintenance	Gross Billable Income	4,431,674	33	7,696	398,072	691	4	
5	19	Professional Fees	Gross Billable Income	4,431,674	33	2,050	398,072	184	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	4,431,674	33	11,727	398,072	1,053	6	
7	21	Clerical and General Office	Gross Billable Income	4,431,674	33	40,502	398,072	3,638	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	4,431,674	33	8,860	398,072	796	8	
9	26	Insurance	Gross Billable Income	4,431,674	33	17,050	398,072	1,532	9	
10	30	Depreciation	Gross Billable Income	4,431,674	33	13,332	398,072	1,198	10	
11	32	Interest	Gross Billable Income	4,431,674	33	22,225	398,072	1,996	11	
12	33	Real Estate Taxes	Gross Billable Income	4,431,674	33	2,521	398,072	226	12	
13	34	Rent - Building	Gross Billable Income	4,431,674	33	17,500	398,072	1,572	13	
14	35	Rent - Equipment	Gross Billable Income	4,431,674	33	4,277	398,072	384	14	
15	01	Dietary	Direct Billable Income	341,879	33	112,243	37,964	12,464	15	
16	02	Food	Direct Billable Income	25	33	8			16	
17	03	Housekeeping	Direct Billable Income	29	33	10			17	
18	10	Nursing	Direct Billable Income	69,616	33	22,856	15,118	4,963	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	44,612	14,646	21	
22	17	Administrative	Gross Billable Income	4,431,674	33	155,031	155,031	398,072	13,926	22
23	21	Clerical and General Office	Gross Billable Income	4,431,674	33	219,270	219,270	398,072	19,696	23
24	27	Employee Benefits	Gross Billable Income	4,431,674	33	61,873	398,072	5,558	24	
25	TOTALS					\$ 2,152,809	\$ 374,301	\$ 94,757	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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	\$ 346,476	\$ 668	1
2	19	Professional Fees	Billable Income	4,671,432	16	7,245	346,476	537	2
3	20	Dues and Subscriptions	Billable Income	4,671,432	16	6,024	346,476	447	3
4	21	Office & Clerical	Billable Income	4,671,432	16	44,084	346,476	3,270	4
5	24	Travel and Seminar	Billable Income	4,671,432	16	15,640	346,476	1,160	5
6	26	Insurance	Billable Income	4,671,432	16	15,816	346,476	1,173	6
7	30	Depreciation	Billable Income	4,671,432	16	8,410	346,476	624	7
8	32	Interest	Billable Income	4,671,432	16	78,317	346,476	5,809	8
9	35	Rent - Equipment	Billable Income	4,671,432	16	18,231	346,476	1,352	9
10	39	Ancillary	Billable Income	4,671,432	16	211,187	346,476	15,664	10
11	17	Administrative	Billable Income	4,671,432	16	119,603	119,603	8,871	11
12	27	Emp. Ben. - Gen. Admin.	Billable Income	4,671,432	16	15,625	346,476	1,159	12
13	39	Ancillary	Billable Income	4,671,432	16	3,841,227	3,841,227	284,900	13
14	43	Emp. Ben. - Other	Billable Income	4,671,432	16	553,364	346,476	41,042	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,943,774	\$ 3,960,830	\$ 366,676	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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	06	Repairs	Direct Billing	892,186	27	\$ 35,557	\$ 36,320	\$ 1,447	1
2	21	Office and Clerical	Direct Billing	892,186	27	44	36,320	2	2
3	30	Depreciation	Direct Billing	892,186	27	280,000	36,320	11,399	3
4	32	Interest	Direct Billing	892,186	27	23,404	36,320	953	4
5	30	Depreciation	Patient Days	1,625,640	33	19,677	66,946	810	5
6	32	Interest	Patient Days	1,625,640	33	27,081	66,946	1,115	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					\$ 385,762	\$	\$ 15,726	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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							1
2	3	Housekeeping						36,566	2
3	4	Laundry							3
4	6	Repairs & Maintenance						3,619	4
5	10	Nursing						64,583	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						1,345	10
11	24	Seminars & Education						429	11
12	39	Ancillary						166,705	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							273,247	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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		\$	\$		\$ 75,652	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				\$	\$		\$ 75,652	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

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 International Village

0041590

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	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	Corus bank		X	Mortgage			\$	\$ 1,999,984		\$ 185,124	1									
2											2									
3	Related Party Interest										3									
4											4									
5	See Supplemental Schedule										5									
Working Capital																				
6	Diawa		X	Line of Credit				7,949,460		742,589	6									
7	Shareholder Loan	X		Working Capital				600,000		34,500	7									
8	See Supplemental Schedule							6,740,376		456,370	8									
9	TOTAL Facility Related						\$	\$ 17,289,820		\$ 1,418,583	9									
B. Non-Facility Related*																				
10	Interest Income									(217)	10									
11	Non-Allowable Interest									(490,870)	11									
12											12									
13	See Supplemental Schedule									52,264	13									
14	TOTAL Non-Facility Related						\$	\$		(438,823)	14									
15	TOTALS (line 9+line14)						\$	\$ 17,289,820		\$ 979,760	15									

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

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

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

Facility Name & ID Number International Village # 0041590 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8	South Shore (Related Party)	X					\$	\$ 2,690,650			\$ 182,177	8
9	Applewood (Related Party)	X						4,049,726			274,193	9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital							6,740,376			456,370	14
	B. Non-Facility Related*											
15	Care Centers, Inc.		X				\$	\$			\$ 38,683	15
16	Care Centers Clinical		X								3,708	16
17	Care Centers Health Systems		X								1,996	17
18	Therapy Works Rehab. Services		X								5,809	18
19	Vent Lease, LLC		X								2,068	19
20	TOTAL Non-Facility Related										52,264	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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village# 0041590 Report Period Beginning: 01/01/07Ending: 12/31/07

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.			\$	320,739	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.)			\$	283,797	2	
3.	Under or (over) accrual (line 2 minus line 1).			\$	(36,942)	3	
4.	Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	294,386	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.)			\$	25,178	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.			\$	282,622	7	
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:							
	2002	<u>304,867</u>	<u>8</u>	FOR BHF USE ONLY			
	2003	<u>295,822</u>	<u>9</u>				
	2004	<u>302,394</u>	<u>10</u>				
	2005	<u>305,472</u>	<u>11</u>				
	2006	<u>280,367</u>	<u>12</u>				
<u>2007 Accrual= \$280,367 x 1.05 = \$294,386</u>				13	FROM R. E. TAX STATEMENT FOR 2006	\$	13
<u>Allocated From Care Centers \$3,001</u>				14	PLUS APPEAL COST FROM LINE 5	\$	14
<u>Allocated From CC Clinical \$2,003</u>				15	LESS REFUND FROM LINE 6	\$	15
<u>Allocated From CC Health Systems \$226</u>				16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

- Please indicate a negative number by use of brackets (). Deduct any overaccrual of taxes from prior year.
- 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 International Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041590

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>20-07-104-001-0000</u>	<u>Long Term Care Property</u>	<u>\$ 198,801.25</u>	<u>\$ 198,801.25</u>
2. <u>20-07-104-003-0000</u>	<u>Long Term Care Property</u>	<u>\$ 1,629.52</u>	<u>\$ 1,629.52</u>
3. <u>20-07-104-004-0000</u>	<u>Long Term Care Property</u>	<u>\$ 1,310.39</u>	<u>\$ 1,310.39</u>
4. <u>20-07-104-005-0000</u>	<u>Long Term Care Property</u>	<u>\$ 469.01</u>	<u>\$ 469.01</u>
5. <u>20-07-104-009-0000</u>	<u>Long Term Care Property</u>	<u>\$ 65,501.76</u>	<u>\$ 65,501.76</u>
6. <u>20-07-104-011-0000</u>	<u>Long Term Care Property</u>	<u>\$ 11,755.44</u>	<u>\$ 11,755.44</u>
7. <u>20-07-104-012-0000</u>	<u>Long Term Care Property</u>	<u>\$ 899.70</u>	<u>\$ 899.70</u>
8. <u>See Attached</u>	<u>Care Centers, Inc</u>	<u>\$ 46,662.50</u>	<u>\$ 1,921.62</u>
9. <u>See Attached</u>	<u>Care Centers Building, LLC</u>	<u>\$ 24,152.48</u>	<u>\$ 994.63</u>
10. <u>See Attached</u>	<u>Care Centers Clinical, Inc.</u>	<u>\$ 4,834.34</u>	<u>\$ 199.09</u>
	TOTALS	<u>\$ 356,016.39</u>	<u>\$ 283,482.41</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

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 International Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041590

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. <u>See Attached</u>	<u>Care Centers Health Systems, Inc.</u>	\$ <u>2,476.87</u>	\$ <u>222.48</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>2,476.87</u>	\$ <u>222.48</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the 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 International Village

0041590 Report Period Beginning:

01/01/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,132 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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>115,710</u>	<u>1995</u>	<u>\$ 901,533</u>	1
2	<u>Allocated from Care Centers</u>			<u>17,984</u>	2
3	TOTALS	115,710		\$ 919,517	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2000	172,895		20	8,643	8,643	58,754	9
10	Various			2001	50,660		20	2,537	2,537	16,762	10
11	Various			2002	33,110		20	2,904	2,904	18,452	11
12	Various			2003	24,265		20	2,112	2,112	10,035	12
13											13
14											14
15											15
16											16
17											17
18											18
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26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

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		10,857,112	319,693		278,479	(41,214)	2,044,612	67
68		98,480	5,272		5,272		32,495	68
69			73,758			(73,758)		69
70		\$ 11,236,522	\$ 398,723		\$ 299,947	\$ (98,776)	\$ 2,181,110	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,236,522	\$ 398,723		\$ 299,947	\$ (98,776)	\$ 2,181,110	1
2	Repair Broken Main Line	2004	1,550		20	155	155	491	2
3	Tile & Carpeting Work	2004	2,502		20	250	250	792	3
4	Tile For 2Nd Fl	2004	2,014		20	201	201	638	4
5	Replace Tempering Valve	2004	657		20	66	66	202	5
6	Tel System Repair	2004	584		20	117	117	467	6
7	Electric Door Opener	2004	5,223		20	1,045	1,045	3,743	7
8	Roof Exhauster	2004	1,392		20	278	278	951	8
9	Door Keypad - Timer	2004	2,245		20	449	449	1,497	9
10	Frozen Pipes Repair	2004	682		20	68	68	273	10
11	Roof Work	2004	3,200		20	320	320	1,013	11
12	Relocating Water Pumps	2004	580		20	58	58	222	12
13	Repair Elevator	2004	1,559		20	156	156	585	13
14	New Sidewalk	2004	1,450		20	145	145	483	14
15	Reconstruct Elevator	2004	13,100		20	1,310	1,310	4,367	15
16	Door Alarms	2004	570		20	29	29	95	16
17	Showers - Posigrip	2004	825		20	41	41	138	17
18	Camera System	2005	16,128		20	3,226	3,226	8,871	18
19	Filters	2005	2,680		20	268	268	692	19
20	Valves	2005	4,023		20	402	402	1,006	20
21	Settlement On Issues	2005	5,493		20	549	549	1,282	21
22	Hvac Repair	2005	1,635		20	82	82	177	22
23	Hvac Repair	2005	1,584		20	79	79	198	23
24	Carpetmates/Carpeting	2006	7,233		20	723	723	1,025	24
25	Sgp Services Rooftop Blinder	2006	3,200		20	320	320	640	25
26	Opened Sewer Line	2006	6,580		20	658	658	932	26
27	Replace Contact Kit	2007	3,188		20	186	186	186	27
28	Tiling	2007	12,132		20	67	67	67	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12F, Carried Forward	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12J, Carried Forward	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
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25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	1
2									2
3									3
4									4
5									5
6									6
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12M, Carried Forward		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12N, Carried Forward		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	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)		\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12P, Carried Forward	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143		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)	\$ 11,338,531	\$ 398,723		\$ 311,195	\$ (87,528)	\$ 2,212,143		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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	218		2000	2000	\$ 9,618,909	\$ 246,639	39	\$ 274,826	\$ 28,187	\$ 2,015,390	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Allocation from Highlander Care Center		2000	2000	1,238,203	73,054	20	3,653	(69,401)	29,222	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 International Village

0041590

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)	\$	10,857,112	\$	319,693	\$	278,479	\$	(41,214)	\$	2,044,612	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village

0041590

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		Allocated From CareCenters Health Systems	2002	2002	\$ 2,123	\$ 54		\$ 54	\$	\$ 288	4
5		Allocated From Care Centers, Inc. 2201 Main	2002	2002	18,338	470		470		2,488	5
6		Allocated From Care Centers Clinical	2002	2002	1,900	49		49		258	6
7		Allocated From Hillside (Staff Training)	1996	1996	31,096	797		797		8,804	7
8											8
		Improvement Type**									
9		Allocated From CareCenters Health Systems		2002	1,570	143	20	143		719	9
10		Allocated From CareCenters Health Systems		2003	1,850	169	20	169		847	10
11		Allocated From CareCenters Health Systems		2005	91	10	20	10		23	11
12											12
13		Allocated From Care Centers Clinical		2002	1,754	160	20	160		803	13
14		Allocated From Care Centers Clinical		2003	2,067	189	20	189		946	14
15		Allocated From Care Centers Clinical		2005	103	11	20	11		26	15
16											16
17		Allocated From Care Centers, Inc. 2201 Main		2002	15,149	1,384	20	1,384		6,936	17
18		Allocated From Care Centers, Inc. 2201 Main		2003	17,853	1,632	20	1,632		8,173	18
19		Allocated From Care Centers, Inc. 2201 Main		2005	887	94	20	94		226	19
20											20
21		Allocated From Care Centers, Inc.		2007	189	13	20	13		13	21
22											22
23		Allocated From Hillside (Staff Training)		1996	524	-	20	-		524	23
24		Allocated From Hillside (Staff Training)		1997	2,986	97	20	97		1,421	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 International Village

0041590

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)	\$	\$ 98,480		\$ 5,272	\$ 5,272	\$ 32,495	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number International Village # 0041590 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	\$ 555,064	\$ 27,375	\$ 82,380	\$ 55,005	10	\$ 395,864	71
72	Current Year Purchases	4,299	142	581	439	10	581	72
73	Fully Depreciated Assets	2,335,372	2,149	231,487	229,338	10	1,835,740	73
74								74
75	TOTALS	\$ 2,894,735	\$ 29,666	\$ 314,448	\$ 284,782		\$ 2,232,185	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	Care Centers Clinical	Allocation	2007	\$ 2,960	\$ 438	\$ 438	\$	5	\$ 559	76
77	Care Centers Health Sys.	Allocation	2007	1,134	38	38		5	38	77
78	Care Centers, Inc.	Allocation	2007	34,596	2,007	2,007		5	28,419	78
79										79
80	TOTALS			\$ 38,690	\$ 2,483	\$ 2,483	\$		\$ 29,016	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)	\$ 15,191,473	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 430,872	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 628,126	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 197,254	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,473,344	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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	Care Centers Allocation				4,813			5
6								6
7	TOTAL				\$ 4,813			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 9,822 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

Facility Name & ID Number International Village# 0041590

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	\$		\$ 197,417	\$		\$ 197,417	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			38,830			38,830	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			143,700			143,700	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				357,234		357,234	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <u>See Supplemental</u>			143,092		50,275	338,988		532,355	13
14	TOTAL			\$ 143,092		\$ 430,222	\$ 696,222		\$ 1,269,536	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 International Village# 0041590Report 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	\$ 1,000	\$ 170,347	1
2	Cash-Patient Deposits	59,141	59,141	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,266,584	2,266,584	3
4	Supply Inventory (priced at)		9,065	4
5	Short-Term Investments			5
6	Prepaid Insurance	144,899	144,899	6
7	Other Prepaid Expenses	530	530	7
8	Accounts Receivable (owners or related parties)	697,650	1	8
9	Other(specify): <u>See Attached Schedule</u>	236,579	282,053	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,406,383	\$ 2,932,620	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,156,831	13
14	Buildings, at Historical Cost		9,618,909	14
15	Leasehold Improvements, at Historical Cost	325,240	1,563,443	15
16	Equipment, at Historical Cost	495,616	2,809,276	16
17	Accumulated Depreciation (book methods)	(590,835)	(5,392,708)	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>		170,372	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 230,021	\$ 9,926,123	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,636,404	\$ 12,858,743	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,380,990	\$ 1,380,990	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	47,424	47,424	28
29	Short-Term Notes Payable	7,949,460	7,949,460	29
30	Accrued Salaries Payable	168,087	168,087	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,309	9,309	31
32	Accrued Real Estate Taxes(Sch.IX-B)	294,386	294,386	32
33	Accrued Interest Payable	282,906	282,906	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	2,715	3,787,362	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,135,277	\$ 13,919,924	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	600,000	600,000	39
40	Mortgage Payable		8,740,360	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)	\$ 600,000	\$ 9,340,360	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,735,277	\$ 23,260,284	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,098,873)	\$ (10,401,541)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,636,404	\$ 12,858,743	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,015,701)	1
2	Restatements (describe):		2
3	<u>Depreciation & Legal</u>	(22,014)	3
4	<u>Medicare Settlements</u>	(26,891)	4
5	<u>Rounding</u>	3	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,064,603)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,034,270)	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)	\$ (1,034,270)	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)	\$ (7,098,873)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village# 0041590Report 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	\$ 10,359,019	1
2	Discounts and Allowances for all Levels	(1,801,771)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,557,248	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,456,805	6
7	Oxygen	74,718	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,531,523	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	307,634	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	28,462	19
20	Radiology and X-Ray	12,740	20
21	Other Medical Services	20,629	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 369,465	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	217	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 217	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	316	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 316	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,458,769	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,797,519	31
32	Health Care	4,135,609	32
33	General Administration	2,211,582	33
B. Capital Expense			
34	Ownership	1,959,438	34
C. Ancillary Expense			
35	Special Cost Centers	1,269,536	35
36	Provider Participation Fee	119,355	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,493,039	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,034,270)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,034,270)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Completed 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 International Village

0041590

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	1,870	2,206	\$ 94,720	\$ 42.94	1
2	Assistant Director of Nursing	1,640	1,988	76,444	38.45	2
3	Registered Nurses	16,421	18,212	521,818	28.65	3
4	Licensed Practical Nurses	51,603	56,639	1,401,328	24.74	4
5	CNAs & Orderlies	103,055	114,543	1,135,675	9.91	5
6	CNA Trainees					6
7	Licensed Therapist	5,400	5,847	143,092	24.47	7
8	Rehab/Therapy Aides	10,869	12,075	161,192	13.35	8
9	Activity Director	1,938	2,233	34,249	15.34	9
10	Activity Assistants	12,706	13,645	116,103	8.51	10
11	Social Service Workers	9,873	10,826	152,384	14.08	11
12	Dietician	1,493	1,712	25,711	15.02	12
13	Food Service Supervisor	1,850	2,059	40,082	19.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,934	6,592	63,029	9.56	15
16	Dishwashers	20,886	23,151	189,590	8.19	16
17	Maintenance Workers	4,663	5,126	93,412	18.22	17
18	Housekeepers	27,241	29,982	251,066	8.37	18
19	Laundry	8,644	9,531	82,855	8.69	19
20	Administrator	2,034	2,241	89,401	39.89	20
21	Assistant Administrator	1,654	1,829	51,524	28.17	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,439	9,308	114,340	12.28	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	2,760	3,035	37,410	12.33	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,849	1,994	21,249	10.66	33
34	TOTAL (lines 1 - 33)	302,822	334,774	\$ 4,896,674 *	\$ 14.63	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	43	\$ 21,947	01-03	35
36	Medical Director	Monthly	47,500	09-03	36
37	Medical Records Consultant	74	2,014	10-03	37
38	Nurse Consultant	Monthly	600	10-03	38
39	Pharmacist Consultant	Monthly	2,786	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	88	3,634	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	47	2,346	11-03	44
45	Social Service Consultant	39	1,748	12-03	45
46	Other(specify)				46
47	<u>Therapy Consultant</u>	135	60	10a-03	47
48	<u>Medical Records Consultant</u>	See Attached	785	10-03	48
49	TOTAL (lines 35 - 48)	426	\$ 83,420		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	20	\$ 824	10-03	50
51	Licensed Practical Nurses	2,641	90,272	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	2,661	\$ 91,096		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number International Village

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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13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$11,636; IL Assoc. of HC \$1,962
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,963 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. \$ 119,355
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. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? N/A
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