

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	135	Skilled (SNF)	135	49,275	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	135	TOTALS	135	49,275	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	729	1,022	4,719	6,470	8
9	SNF/PED					9
10	ICF	19,742	17,043		36,785	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,471	18,065	4,719	43,255	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.78%

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

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location
Date started 03/01/00

J. Was the facility purchased or leased after January 1, 1978?
YES Date 03/01/00 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 135 and days of care provided 4,719

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year YES NO

Tax Year: 06/30/07 Fiscal Year: 06/30/07

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

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Maryhaven Nursing & Rehabilitation # 0044768 Report Period Beginning: 07/01/2006 Ending: 06/30/2007**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
1	A. General Services										
1	Dietary	386,172	45,529	2,548	434,249		434,249		434,249		1
2	Food Purchase		250,650		250,650		250,650	(27,146)	223,504		2
3	Housekeeping	207,905	129		208,034		208,034		208,034		3
4	Laundry	115,764	63,633		179,397		179,397		179,397		4
5	Heat and Other Utilities			220,108	220,108		220,108		220,108		5
6	Maintenance	85,243	20,333	113,048	218,624		218,624		218,624		6
7	Other (specify):*										7
8	TOTAL General Services	795,084	380,274	335,704	1,511,062		1,511,062	(27,146)	1,483,916		8
	B. Health Care and Programs										
9	Medical Director			21,000	21,000		21,000		21,000		9
10	Nursing and Medical Records	2,500,461	70,917	49,531	2,620,909		2,620,909		2,620,909		10
10a	Therapy	188,986	1,295	27,824	218,105		218,105		218,105		10a
11	Activities	122,831	5,623	12,779	141,233		141,233		141,233		11
12	Social Services	68,066			68,066		68,066		68,066		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,880,344	77,835	111,134	3,069,313		3,069,313		3,069,313		16
	C. General Administration										
17	Administrative	49,282		576,947	626,229		626,229	(576,947)	49,282		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotion			10,081	10,081		10,081		10,081		20
21	Clerical & General Office Expense	261,845	52,714	14,384	328,943		328,943	404,785	733,728		21
22	Employee Benefits & Payroll Tax			1,333,889	1,333,889		1,333,889	156,091	1,489,980		22
23	Inservice Training & Education										23
24	Travel and Semina			2,927	2,927		2,927		2,927		24
25	Other Admin. Staff Transportatior			4,722	4,722		4,722		4,722		25
26	Insurance-Prop.Liab.Malpractice			201,034	201,034		201,034		201,034		26
27	Other (specify):*										27
28	TOTAL General Administration	311,127	52,714	2,143,984	2,507,825		2,507,825	(16,071)	2,491,754		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,986,555	510,823	2,590,822	7,088,200		7,088,200	(43,217)	7,044,983		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			417,574	417,574	417,574	56,236	473,810			30
31	Amortization of Pre-Op. & Org										31
32	Interest						8,270	8,270			32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicle:			30,217	30,217	30,217		30,217			35
36	Other (specify): ³										36
37	TOTAL Ownership			447,791	447,791	447,791	64,506	512,297			37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportatior										38
39	Ancillary Service Center:		663,075		663,075	663,075		663,075			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shop:										41
42	Provider Participation Fee			73,913	73,913	73,913		73,913			42
43	Other (specify): ³ Non-allowable Cos			14,729	14,729	14,729	(14,729)				43
44	TOTAL Special Cost Centers		663,075	88,642	751,717	751,717	(14,729)	736,988			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,986,555	1,173,898	3,127,255	8,287,708	8,287,708	6,560	8,294,268			45

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7
 In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(27,146)	2		4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(160)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotions				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(25,641)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (52,947)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	59,507		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 59,507		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ 6,560		37

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

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

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

BHF USE ONLY						
48		49		50		52

SEE ACCOUNTANTS' COMPILATION REPORT

Maryhaven Nursing & Rehabilitation

ID# 0044768

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow non-allowable marketing expense	\$ (14,729)	43	1
2	Miscellaneous revenue	(10,912)	21	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(25,641)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maryhaven Nursing & Rehabilitation# 0044768

Report Period Beginning:

07/01/2006

Ending:

06/30/2007**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(27,146)	0	0	0	0	0	0	0	0	0	0	(27,146)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(27,146)	0	0	0	0	0	0	0	0	0	0	(27,146)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(576,947)	0	0	0	0	0	0	0	0	0	(576,947)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(10,912)	415,697	0	0	0	0	0	0	0	0	0	404,785	21
22	Employee Benefits & Payroll Taxes	0	156,091	0	0	0	0	0	0	0	0	0	156,091	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(10,912)	(5,159)	0	(16,071)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(38,058)	(5,159)	0	(43,217)	29								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Resurrection Health Care	100	See attached		See attached		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	21 Clerical & data processing	\$	Resurrection Health Care	100.00%	\$ 415,697	\$ 415,697	1
2	V	22 Employee benefits		Resurrection Health Care	100.00%	156,091	156,091	2
3	V	30 Depreciation		Resurrection Health Care	100.00%	56,396	56,396	3
4	V	32 Interest Expense		Resurrection Health Care	100.00%	8,270	8,270	4
5	V							5
6	V	17 Intercompany expense	576,947	Resurrection Health Care	100.00%		(576,947)	6
7	V	39 Intercompany pharmac	663,075	Resurrection Health Care	100.00%	663,075		7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,240,022			\$ 1,299,529	\$ * 59,507	14

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

Facility Name & ID Number Maryhaven Nursing & Rehabilitation # 0044768 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	See Attached page 7A								\$	1
2										2
3										3
4	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	93,368	1	2.00	N/A	N/A	N/A
5										5
6	Sister Elizabeth Trembczynski was the administrator for Holy Family Nursing and Rehabilitation Center, a related entity, from July 1, 20									6
7	through April 30, 2007.									7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maryhaven Nursing & Rehabilitation # 0044768 Report Period Beginning: 07/01/2006 Ending: 6/30/2007

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	21	Clerical & data processing			\$	\$		415,697	1
2	22	Employee benefits						156,091	2
3	30	Depreciation						56,396	3
4	32	Interest Expense						8,270	4
5									5
6	39	Intercompany Pharmaci						663,075	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				\$	\$		1,299,529	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maryhaven Nursing & Rehabilitation # 0044768 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		7	8	9	10	
						Original	Balance					
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO									
	A. Directly Facility Related											
	Long-Term											
1							\$	\$			\$	1
2	N/A											2
3												3
4												4
5												5
	Working Capital											
6												6
7	N/A											7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10												10
11	N/A										8,270	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ 8,270	14
15	TOTALS (line 9+line14)						\$	\$			\$ 8,270	15

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

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

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

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 Maryhaven Nursing & Rehabilitation COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044768

CONTACT PERSON REGARDING THIS REPORT Thomas W. Groenwald

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

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768 Report Period Beginning:

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,762 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et al). 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		2000	\$ 3,000,000	1
2					2
3	TOTALS			\$ 3,000,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	135	2000	1961	\$ 5,932,922	\$ 197,764	30	\$ 197,764	\$	\$ 1,451,763
5		2006		2,137	71	15	71		71
6									
7									
8									
Improvement Type**									
9	Facility		2000	7,995		10			
10	Plumbing		2001	7,539		10			
11	Architect Fees		2001	3,299		20			
12	Architect Fees		2001	3,097		20			
13	Landscape Architect		2001	1,478		20			
14	Topographic mapping		2001	9,386		20			
15	Cooler Repair		2000	766		20			
16	Hot water softener		2001	1,150		20			
17	Freezer repair		2001	974		20			
18	HVAC		2001	563		20			
19	HVAC		2001	872		20			
20	Fire panel		2001	775		20			
21	Mechanical repairs		2001	3,565		20			
22	Cooler repair		2001	4,121		20			
23	Water chiller		2000	49,020		15			
24	Professional services, renovation		2001	20,422		10			
25	Landscape Architect		2001	11,815		20			
26	Floor painting		2001	499		20			
27	Stainless steel kick plate		2001	893		20			
28	Dry wall guard		2001	775		20			
29	Windows		2001	994		20			
30	Heating & cooling		2002	623		20			
31	Swing door gaskets		2002	599		20			
32	Remove work duct		2002	971		20			
33	Air coil		2002	951		20			
34	Reconnect work duct		2002	643		20			
35	Water main repair		2001	1,880		20			
36									

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Electrical	2002	\$ 861						37
38	Lock hardware	2002	673						38
39	Lock hardware	2002	698						39
40	Steel Craft metal door	2002	713						40
41	Tile	2002	1,078						41
42	Sentronics	2002	1,182						42
43	Asbestos abatement	2001	9,820						43
44	Architect services & entrv, hall, librar	2001	155,084						44
45	Landscaping Architectur	2002	11,193						45
46	Telephone re-wiring	2001	2,411						46
47	Boilers	2002	59,639						47
48	Boilers	2001	21,400						48
49	Boilers	2002	64,768						49
50	Construction, entrv, hall, librar	2002	1,279,284						50
51	Boiler replacement	2003	169,727						51
52	Landscaping Architectur	2003	26,038						52
53	Voice cable	2003	1,137						53
54	Piping	2003	91,907						54
55	Water retentior	2003	5,071						55
56	Air compressor	2003	12,077						56
57									57
58	Phase II Site Drainage - 7/25/03	2003	2,649	88	88	88		351	58
59	Prof. Engin. Civil Services	2003	994	50	50	50		200	59
60	Repair Check Valve in Circuit #:	2003	5,014	251	251	251		1,004	60
61	Private Office LLB - 9	2003	1,428	48	48	48		192	61
62	Phase II Site Drain - Pr.S. 9/27/03 - 10/31/03	2003	362	12	12	12		48	62
63	Install side steam filter system	2003	2,695	135	135	135		540	63
64	Install heat-timer control svstem	2003	6,980	349	349	349		1,396	64
65	Install 4 plastic laminate gates at nurses station	2004	1,760	59	59	59		236	65
66	Installation of 67 fire dampers	2004	20,560	1,028	1,028	1,028		4,112	66
67	Installation of new phone & paging system	2004	10,592	530	530	530		2,120	67
68	Nortel Norstar voicemail call pilot 150 nev	2004	3,000	300	300	300		1,200	68
69	Installation of new LCN 7780 series control	2004	2,383	119	119	119		476	69
70	TOTAL (lines 4 thru 69)		\$ 8,043,902	\$ 200,804		\$ 200,804	\$	\$ 1,463,709	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12A, Carried Forward	\$ 8,043,902	\$ 200,804		\$ 200,804	\$	\$ 1,463,709		1
2	Labor & material to install 2 new hot water boiler	2004 46,411	4,641	10	4,641		16,244		2
3									3
4	Excavation & Placement of concrete sidewall	2005 3,960	264	15	264		660		4
5	Seal coat & restripe, pothole patching, cracksea	2005 5,300	530	10	530		1,325		5
6									6
7									7
8	Boiler Maintenance	2005 1,930	106	20	106		265		8
9	Building and renovation project cost	2005 2,037	204	10	204		510		9
10	Vinyl Tile w/boarder	2005 19,137	1,914	10	1,914		4,785		10
11	Replace 6" copper tee w/ 6" elbow	2005 2,220	222	10	222		555		11
12	Replace valve, replace all 6" pipe w/ 3" pipe	2005 7,555	756	10	756		1,890		12
13	Install push button, access back to back kevspac	2005 2,769	396	7	396		990		13
14	Sprinklers to new drop ceiling	2005 950	190	5	190		475		14
15									15
16									16
17	Placement of sidewalks & concrete pac	2006 3,450	230	15	230		345		17
18	Placement of concrete pad at dryer ven	2006 1,500	100	15	100		150		18
19	Flooring	2006 8,136	814	10	814		1,221		19
20	Electrical installation & connection	2006 6,314	789	8	789		1,184		20
21	Installation of new duct work	2006 10,000	667	15	667		1,000		21
22	Base & wall mount cabinetry for PT room	2006 6,123	408	15	408		612		22
23	Fire Sprinkler/13 concealed heads from exist. 1/2'	2006 3,640	243	15	243		364		23
24	Pipe evaporative condensor w/Tran	2006 15,270	1,527	10	1,527		2,291		24
25	Landscaping Architectur	2006 3,500	225	8	225		338		25
26	Rewire emergency power circui	2006 4,012	700	5	700		1,050		26
27	Repairs to walk in freezer, compressor & milk coole	2006 1,803	267	15	267		401		27
28									28
29	Excavation & Removal of Grass & Dir	2006 6,550	468	7	468	0	468		29
30	Install Electrically connect illumin.sig	2006 6,347	453	7	453	(0)	453		30
31	Prep and pain front entranc	2006 4,885	349	7	349		349		31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,217,701	\$ 217,267		\$ 217,267	\$ (0)	\$ 1,501,634		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 8,217,701	\$ 217,267		\$ 217,267	\$ (0)	\$ 1,501,634		1
2	Hallway lights lamps	2006 19,200	1,200		1,200		1,200		2
3	Run Electrical Power for new sig	2006 4,294	268		268		268		3
4	Installation of Brick and concrete sign pill	2007 2,310	144		144		144		4
5									5
6									6
7	Home office allocation				56,396	56,396			7
8	Financial Statement Depreciation		84,226		84,226		863,602		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)	\$ 8,243,505	\$ 303,106		\$ 359,502	\$ 56,396	\$ 2,366,849		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number: Maryhaven Nursing & Rehabilitatio # 0044768 Report Period Beginning: 07/01/2006 Ending: 06/30/2007
 XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Componen/ Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,002,937	\$ 103,418	\$ 103,418	\$	5-10	\$ 868,898	71
72	Current Year Purchases	187,468	10,890	10,890		5-15	10,890	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,190,405	\$ 114,308	\$ 114,308	\$		\$ 879,788	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Ford E350 Van	2001	\$ 5,030	\$ 160	\$	\$ (160)	5	\$ 5,030	76
77										77
78										78
79										79
80	TOTALS			\$ 5,030	\$ 160	\$	\$ (160)		\$ 5,030	80

E. Summary of Care-Related Asset

	1	2	
	Reference	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)	\$ 12,438,940	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 417,574	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 473,810	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 56,236	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,251,667	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-Progres

	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 1

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

10. Effective dates of current rental agreement:
 Beginning _____
 Ending _____

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

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

8. List separately any amortization of lease expense included on page 4, line 34.
 This amount was calculated by dividing the total amount to be amortized
 by the length of the lease N/A N/A

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

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

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ 30,217 Description: Copier- 10,379, Postage Meter- 1,542, Medical Equip- 18,296
 (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
					Units	Cost						
1	Licensed Occupational Therapist	10A (1,2,3)	1501	hrs	\$ 47,311	154	\$ 8,307	\$ 479	1,655	\$ 56,097	1	
2	Licensed Speech and Language Development Therapist	10A (1,2,3)	36	hrs	1,097	374	15,727	13	410	16,837	2	
3	Licensed Recreational Therapist			hrs							3	
4	Licensed Physical Therapist	10A (1,2,3)	2234	hrs	82,193	88	3,790	803	2,322	86,786	4	
5	Physician Care			visits							5	
6	Dental Care			visits							6	
7	Work Related Program			hrs							7	
8	Habilitation			hrs							8	
9	Pharmacy	39(2)		# of prescripts				663,075		663,075	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10	
11	Academic Education			hrs							11	
12	Exceptional Care Program										12	
13	Other (specify):										13	
14	TOTAL				\$ 130,601	616	\$ 27,824	\$ 664,370	4,387	\$ 822,795	14	

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 324,954	\$ 324,954	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 117,232)	365,633	365,633	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,820	7,820	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 698,407	\$ 698,407	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,000,000	3,000,000	13
14	Buildings, at Historical Cost	7,765,732	8,230,608	14
15	Leasehold Improvements, at Historical Cost	83,952	12,897	15
16	Equipment, at Historical Cost	1,589,256	1,195,435	16
17	Accumulated Depreciation (book methods)	(3,251,827)	(3,251,667)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	69,720	69,720	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(67,396)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,189,437	\$ 9,256,993	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,887,844	\$ 9,955,400	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 111,801	\$ 111,801	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Due to related parties</u>	1,677,666	1,677,666	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,789,467	\$ 1,789,467	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,789,467	\$ 1,789,467	46
47	TOTAL EQUITY(page 18, line 24)	\$ 8,098,377	\$ 8,165,933	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,887,844	\$ 9,955,400	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,407,272	1
2	Restatements (describe):		2
3	Prior period adjustment	(58,496)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,348,776	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(250,399)	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)	\$ (250,399)	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)	\$ 8,098,377	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maryhaven Nursing & Rehabilitation

0044768

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,328,445	1
2	Discounts and Allowances for all Level	(1,885,477)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,442,968	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	621,502	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 621,502	8
C. Other Operating Revenue			
9	Payments for Educator		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	27,146	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	771,504	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray	48,258	20
21	Other Medical Services	77,692	21
22	Laundry	37,327	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 961,927	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>Miscellaneous Income</u>	10,912	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,912	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,037,309	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,511,062	31
32	Health Care	3,069,313	32
33	General Administrator	2,507,825	33
B. Capital Expense			
34	Ownership	447,791	34
C. Ancillary Expense			
35	Special Cost Centers	677,804	35
36	Provider Participation Fee	73,913	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,287,708	40
41	Income before Income Taxes (line 30 minus line 40)**	(250,399)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (250,399)	43

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

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

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

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

Maryhaven Nursing and Rehabilitation Center
Provider # 0044768
7/1/2006 - 6/30/2007

Schedule 19A

XVII - Income Statement: Line 22 - Laundry

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

See Accountants' Compilation Report

Facility Name & ID Number **Maryhaven Nursing & Rehabilitation**

0044768

Report Period Beginning: 07/01/2006

Ending:

06/30/2007

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,800	2,088	\$ 85,676	\$ 41.03	1
2	Assistant Director of Nursing	1,693	1,992	65,022	32.64	2
3	Registered Nurses	27,188	30,533	992,255	32.50	3
4	Licensed Practical Nurses	7,406	8,621	203,956	23.66	4
5	CNAs & Orderlies	73,931	81,535	1,074,424	13.18	5
6	CNA Trainees					6
7	Licensed Therapist	3,116	3,771	130,601	34.63	7
8	Rehab/Therapy Aides	3,540	4,192	58,385	13.93	8
9	Activity Director	1,488	1,903	39,491	20.75	9
10	Activity Assistants	6,662	7,492	77,786	10.38	10
11	Social Service Worker	2,790	3,160	68,066	21.54	11
12	Dietician	848	1,004	23,279	23.19	12
13	Food Service Supervisor	1,816	2,080	52,003	25.00	13
14	Head Cook	7,559	8,453	112,053	13.26	14
15	Cook Helpers/Assistants	17,076	19,369	198,837	10.27	15
16	Dishwashers					16
17	Maintenance Worker	4,124	4,430	85,243	19.24	17
18	Housekeepers	14,822	16,322	207,905	12.74	18
19	Laundry	9,790	10,922	115,764	10.60	19
20	Administrator	1,016	1,184	49,282	41.62	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,870	14,186	261,845	18.46	24
25	Vocational Instructor					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care: MDS Care Plan Coord.	2,371	2,427	79,128	32.60	32
33	Other(specify) Group Coord. Spiritual S	153	172	5,554	32.29	33
34	TOTAL (lines 1 - 33)	202,059	225,836	\$ 3,986,555 *	\$ 17.65	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	21,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 21,000		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	111	\$ 5,873	10(3)	50
51	Licensed Practical Nurses	116	4,854	10(3)	51
52	Certified Nurse Assistants/Aides	1,658	38,804	10(3)	52
53	TOTAL (lines 50 - 52)	1,885	\$ 49,531		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries:			D. Employee Benefits and Payroll Taxes:			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Koehler, John G	Administrator	0	\$ 42,226	Workers' Compensation Insurance	\$ 52,495	IDPH License Fee	\$ 995	
Madl, Anthony T	Administrator	0	7,056	Unemployment Compensation Insurance	8,687	Advertising: Employee Recruitment		
				FICA Taxes	289,572	Health Care Worker Background Check (Indicate # of checks performed 140)	2,237	
				Employee Health Insurance	701,104	Patient Background Checks		
				Employee Meals		Life Services Network	5,167	
				Illinois Municipal Retirement Fund (IMRF)*		Other Miscellaneous Dues & Subscriptions	1,682	
				401K Contribution	247,099			
				Disability	20,085			
				Other Employee Benefits	14,847			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 49,282					
B. Administrative - Other								
Description			Amount					
Management Fees			\$ 576,947	Allocated from Home Office	156,091	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 576,947	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,489,980	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 10,081	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
N/A			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	2,927
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,927

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	8 Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011	13 FY2012
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2								N/A					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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 No
- (2) Are there any dues to nursing home associations included on the cost report Yes
If YES, give association name and amount Life Services Network of IL- 5,167
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 12,220 Line (10) 2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. 73,913
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B 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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount \$ 27,146
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? 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? Yes
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain Audit not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

Maryhaven Nursing & R

11:31 AM 12/27/2007

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	6,560	equal to	6,560	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	8,270	equal to	8,270	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	0	equal to	0	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	473,810	equal to	473,810	0	FAILED	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	30,217	equal to	30,217	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages	130,601	equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	159,720	equal to	218,105	-58,385	FAILED	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8:2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	664,370	equal to	664,370	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	1,511,062	equal to	1,511,062	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	3,069,313	equal to	3,069,313	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	2,507,825	equal to	2,507,825	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	447,791	equal to	447,791	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	677,804	equal to	677,804	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	73,913	equal to	73,913	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,421,333	equal to	2,500,461	-79,128	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	130,601	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	117,277	equal to	122,831	-5,554	FAILED	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	68,066	equal to	68,066	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	386,172	equal to	386,172	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	85,243	equal to	85,243	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	207,905	equal to	207,905	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	115,764	equal to	115,764	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	49,282	equal to	49,282	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	261,845	equal to	261,845	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	3,986,555	equal to	3,986,555	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	2,548	-2,548	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	21,000	< or = to	21,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	49,531	< or = to	49,531	0	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	12,779	-12,779	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to		0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched. - Admin. Salar.	49,282	equal to	49,282	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched. - Admin. Other	576,947	equal to	576,947	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched. - Prof. Serv.	0	equal to		0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched. - Benefit/Taxes	1,489,980	equal to	1,489,980	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched. - Sched of dues...	10,081	equal to	10,081	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched. - Sched. of trav	2,927	equal to	2,927	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	73,913	equal to	73,913	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	156,091	-156,091	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	4,719	equal to	4,719	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	59,507	equal to	59,507	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to		0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	3,000,000	equal to	3,000,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	8,243,505	equal to	8,243,505	0	FAILED	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	1,195,435	equal to	1,195,435	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,251,667	equal to	3,251,667	0	FAILED	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	8,098,377	equal to	8,098,377	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-250,399	equal to	-250,399	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	9,887,844	equal to	9,887,844	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	386,172	45,529	2,548	434,249	0	434,249	0	434,249
2. Food Purchase	0	250,650	0	250,650	0	250,650	-27,146	223,504
3. Housekeeping	207,905	129	0	208,034	0	208,034	0	208,034
4. Laundry	115,764	63,633	0	179,397	0	179,397	0	179,397
5. Heat and Other Utilities	0	0	220,108	220,108	0	220,108	0	220,108
6. Maintenance	85,243	20,333	113,048	218,624	0	218,624	0	218,624
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	795,084	380,274	335,704	1,511,062	0	1,511,062	-27,146	1,483,916
9. Medical Director	0	0	21,000	21,000	0	21,000	0	21,000
10. Nursing & Medical Records	2,500,461	70,917	49,531	2,620,909	0	2,620,909	0	2,620,909
10a. Therapy	188,986	1,295	27,824	218,105	0	218,105	0	218,105
11. Activities	122,831	5,623	12,779	141,233	0	141,233	0	141,233
12. Social Services	68,066	0	0	68,066	0	68,066	0	68,066
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,880,344	77,835	111,134	3,069,313	0	3,069,313	0	3,069,313
17. Administrative	49,282	0	576,947	626,229	0	626,229	-576,947	49,282
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	0	0	0	0	0	0
20. Fees, Subscriptions & Promotion	0	0	10,081	10,081	0	10,081	0	10,081
21. Clerical & General Office	261,845	52,714	14,384	328,943	0	328,943	404,785	733,728
22. Employee Benefits & Payroll	0	0	1,333,889	1,333,889	0	1,333,889	156,091	1,489,980
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	2,927	2,927	0	2,927	0	2,927
25. Other Admin. Staff Trans	0	0	4,722	4,722	0	4,722	0	4,722
26. Insurance-Prop.Liab.Malpractice	0	0	201,034	201,034	0	201,034	0	201,034
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	311,127	52,714	2,143,984	2,507,825	0	2,507,825	-16,071	2,491,754
29. Total General Administrative	3,986,555	510,823	2,590,822	7,088,200	0	7,088,200	-43,217	7,044,983
30. Depreciation	0	0	417,574	417,574	0	417,574	56,236	473,810
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	8,270	8,270
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	30,217	30,217	0	30,217	0	30,217
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	447,791	447,791	0	447,791	64,506	512,297
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	663,075	0	663,075	0	663,075	0	663,075
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	73,913	73,913	0	73,913	0	73,913
43. Other (specify):*	0	0	14,729	14,729	0	14,729	-14,729	0
44. Total Special Cost Ce	0	663,075	88,642	751,717	0	751,717	-14,729	736,988
45. Grand Total	3,986,555	1,173,898	3,127,255	8,287,708	0	8,287,708	6,560	8,294,268

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	324,954	324,954
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	365,633	365,633
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	7,820	7,820
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	698,407	698,407
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	3,000,000	3,000,000
14. Buildings, at Historical Cost	7,765,732	8,230,608
15. Leasehold Improvements, Historical Cost	83,952	12,897
16. Equipment, at Historical Cost	1,589,256	1,195,435
17. Accumulated Depreciation (book methods)	-3,251,827	-3,251,667
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	69,720	69,720
20. Accum Amort - Org/Pre-Op Costs	-67,396	-67,396
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	9,189,437	9,189,597
25. Total Assets	9,887,844	9,888,004
CURRENT LIABILITIES		
26. Accounts Payable	111,801	111,801
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	1,677,666	1,677,666
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,789,467	1,789,467
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	0
46. Total Liabilities	1,789,467	1,789,467
47. Total Equity	8,098,377	8,098,537
48. Total Liabilities and Equity	9,887,844	9,888,004

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,328,445
2. Discounts and Allowances for all Levels	-1,885,477
Subtotal - Inpatient Care	6,442,968
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	621,502
7. Oxygen	0
Subtotal - Ancillary Revenue	621,502
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	27,146
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	771,504
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	48,258
21. Other Medical Services	77,692
22. Laundry	37,327
Subtotal - Other Operating Revenue	961,927
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	0
28. Other Revenue (specify):	10,912
Subtotal - Other Revenue	10,912
30. Total Revenue	8,037,309
31. General Services	1,511,062
32. Health Care	3,069,313
33. General Administration	2,507,825
34. Ownership	447,791
35. Special Cost Centers	677,804
35. Provider Participation Fee	73,913
37. Other	0
40. Total Expenses	8,287,708
41. Income Before Income Taxes	-250,399
42. Income Taxes	0
43. Net Income or Loss for the Year	-250,399

Maryhaven Nursing & Rehabilitation
 IDPA Comparative Data - Per Resident Day Cost
 Year Ending

Cost Report Line	Description	Your Facility	2006 Average Median Cost Per Day	
			State	HSA
1	Dietary	10.04	-	#N/A
2	Food Purchase	5.17	-	#N/A
3	Housekeeping	4.81	-	#N/A
4	Laundry	4.15	-	#N/A
5	Heat & Other Utilities	5.09	-	#N/A
6	Maintenance	5.05	-	#N/A
8	Total General Services	34.31	-	#N/A
10	Nursing & Medical Records	60.59	-	#N/A
10A	Therapy	5.04	-	#N/A
11	Activities	3.27	-	#N/A
12	Social Services	1.57	-	#N/A
16	Total Health Care & Programs	70.96	-	#N/A
17	Administration	1.14	-	#N/A
19	Professional Services	-	-	#N/A
21	Clerical & Gen. Office Expense	16.96	-	#N/A
22	Employee Benefits & PR Taxes	34.45	-	#N/A
24	Travel & Seminar	0.07	-	#N/A
26	Insurance-Property, Liability & Malpractice	4.65	-	#N/A
28	Total General Administrative	57.61	-	#N/A
29	Total Operating Expenses	162.87	-	#N/A
30	Depreciation	10.95	-	#N/A
32	Interest	0.19	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	11.84	-	#N/A
	Total Operating and Ownership Cost	174.71	-	#N/A

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

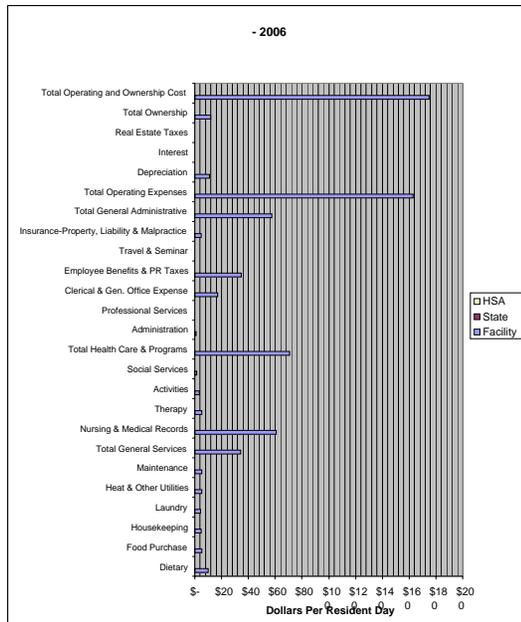
The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

Enter your HSA # in next column =====
 Census (Pulls from Page 2) 43,255

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

UN-INFLATED

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



Mayhem Nursing & Rehabilitation
HSA Comparative Data - Per Resident Day Cost
Year Ending

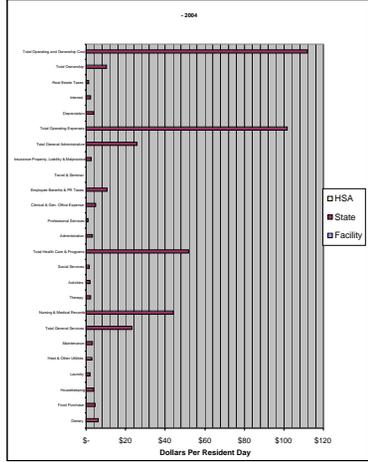
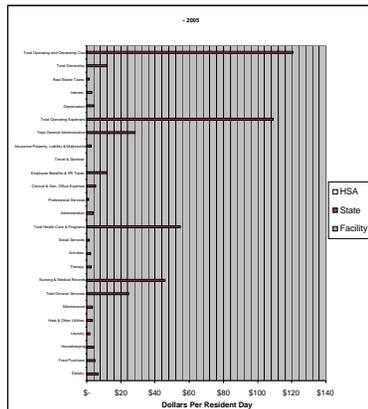
Enter your HSA # in row column
 Column (HSA) from Page 2

1375766

Cost Report Line	Description	2007		2006 Median		2006		2006 Median		2005		2005 Median	
		Per Diem	Cost Per Day	Per Diem	Cost Per Day	Per Diem	Cost Per Day	Per Diem	Cost Per Day	Per Diem	Cost Per Day	Per Diem	Cost Per Day
1	Dietary	1019279	6.52	ANA	PFALLEE	6.52	ANA	HEVVO	6.23	ANA			
2	Food Purchase	1,167,152	4.68	ANA	PFALLEE	4.68	ANA	HEVVO	4.53	ANA			
3	Housekeeping	4,088,973	4.02	ANA	PFALLEE	4.02	ANA	HEVVO	3.77	ANA			
4	Laundry	4,147,428	1.96	ANA	PFALLEE	1.96	ANA	HEVVO	1.86	ANA			
5	House & Office Utilities	5,088,844	3.31	ANA	PFALLEE	3.31	ANA	HEVVO	3.02	ANA			
6	Maintenance	1,054,309	3.51	ANA	PFALLEE	3.51	ANA	HEVVO	3.21	ANA			
8	Total General Services	34,39023	24.43	ANA	PFALLEE	24.43	ANA	HEVVO	23.12	ANA			
10	Nursing & Medical Supplies	481,92297	49.97	ANA	PFALLEE	49.97	ANA	HEVVO	44.68	ANA			
10A	Therapy	5,862,392	2.45	ANA	PFALLEE	2.45	ANA	HEVVO	2.16	ANA			
11	Activities	3,260,294	2.06	ANA	PFALLEE	2.06	ANA	HEVVO	1.95	ANA			
12	Social Services	1,573,984	1.58	ANA	PFALLEE	1.58	ANA	HEVVO	1.48	ANA			
16	Total Health Care & Programs	70,98971	54.45	ANA	PFALLEE	54.45	ANA	HEVVO	51.90	ANA			
17	Administration	1,193,385	3.90	ANA	PFALLEE	3.90	ANA	HEVVO	3.24	ANA			
19	Professional Services	0	1.01	ANA	PFALLEE	1.01	ANA	HEVVO	0.87	ANA			
21	Chemical & Gas, Office Equipment	16,962,284	5.65	ANA	PFALLEE	5.65	ANA	HEVVO	4.89	ANA			
22	Employee Benefits & Pay Taxes	34,484,622	11.77	ANA	PFALLEE	11.77	ANA	HEVVO	10.66	ANA			
24	Travel & Seminar	0.976,685	0.09	ANA	PFALLEE	0.09	ANA	HEVVO	0.09	ANA			
26	Insurance-Premium, Liability & Malpractice	1,645,977	2.69	ANA	PFALLEE	2.69	ANA	HEVVO	2.67	ANA			
28	Total General Administration	57,46615	26.30	ANA	PFALLEE	26.30	ANA	HEVVO	25.82	ANA			
29	Professional Expenses	162,2995	189.93	ANA	PFALLEE	189.93	ANA	HEVVO	189.59	ANA			
30	Total Operating Expenses	10,919,378	5.95	ANA	PFALLEE	5.95	ANA	HEVVO	5.74	ANA			
32	Depreciation	162,2995	2.87	ANA	PFALLEE	2.87	ANA	HEVVO	2.22	ANA			
33	Rent State Taxes	0	1.51	ANA	PFALLEE	1.51	ANA	HEVVO	1.48	ANA			
37	Total Ownership	11,492,668	11.75	ANA	PFALLEE	11.75	ANA	HEVVO	10.42	ANA			
	Total Operating and Ownership Cost	171.71	120.68	ANA	PFALLEE	120.68	ANA	HEVVO	112.04	ANA			

Notes:
 Year Facility data is from page 1, column 6 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005-2006 HSA Values are from the HSA # for the State and your HSA # values from data available from the HSA.
 Department of Health Care and Family Services and contracts with the respective cost report data after final adjustments.



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

UN-INFLATED

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

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

10th % 90th %

2006 Costs

2006 Census

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

2006 - Average Wage Data Table

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

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

2006 - Staffing and Occupancy Data

Average Occupancy
 Medicaid Utilization
 Medicare Utilization

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

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

UN-INFLATED

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

Cost Report	Description	2004 Costs	2004 Census
1	Dietary	3.48	6.23
2	Food Purchase	2.59	5.78
3	Housekeeping	1.00	3.16
4	Laundry	2.10	4.39
5	Heat & Other Utilities	2.02	5.28
6	Maintenance	18.27	32.52
8	TOTAL GENERAL SERVICES	68.18	68.18
10	Nursing & Medical Records	-	12.21
10A	Therapy	1.07	3.52
11	Activities	0.62	3.10
12	Social Services	-	-
16	TOTAL HEALTH CARE & PROGRAMS	81.45	81.45
17	Administration	1.75	8.15
19	Professional Services	0.05	2.58
21	Clerical & Gen. Office Expense	2.35	10.74
22	Employee Benefits & PR Taxes	6.89	20.31
24	Travel & Seminar	-	0.34
26	Insurance-Property, liability & Malpractice	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	40.90	40.90
29	TOTAL OPERATING EXPENSES	151.58	151.58
30	Depreciation	1.00	8.58
32	Interest	-	10.11
33	Real Estate Taxes	-	5.54
37	TOTAL OWNERSHIP	22.83	22.83
	TOTAL OPERATING & OWNERSHIP COST	174.41	174.41

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30	5.20
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.10	2.80	2.80	2.80	3.10	3.20	3.10
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	20.42
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	17.13
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	25.97
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.77

2003 - Staffing and Occupancy Data

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