

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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>302</u>	Skilled (SNF)	<u>302</u>	<u>110,532</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>302</u>	TOTALS	<u>302</u>	<u>110,532</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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>73,064</u>	<u>3,043</u>	<u>19,023</u>	<u>95,130</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>73,064</u>	<u>3,043</u>	<u>19,023</u>	<u>95,130</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.07%

D. How many bed-hold days during this year were paid by the Department? _____ (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 07/01/94

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/94 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 302 and days of care provided 12,657

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: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	352,494	127,097	16,020	495,611		495,611		495,611		1
2	Food Purchase		474,290		474,290		474,290	(290)	474,000		2
3	Housekeeping	1,836	41,495	504,690	548,021		548,021		548,021		3
4	Laundry		22,518		22,518		22,518		22,518		4
5	Heat and Other Utilities			324,632	324,632		324,632	(3,672)	320,960		5
6	Maintenance	127,091	78,368	213,901	419,360		419,360	10,094	429,454		6
7	Other (specify):*										7
8	TOTAL General Services	481,421	743,768	1,059,243	2,284,432		2,284,432	6,132	2,290,564		8
	B. Health Care and Programs										
9	Medical Director			111,750	111,750		111,750		111,750		9
10	Nursing and Medical Records	3,645,240	334,732	413,155	4,393,127		4,393,127	(30,163)	4,362,964		10
10a	Therapy	168,361		9,977	178,338		178,338		178,338		10a
11	Activities	114,956	17,327	1,566	133,849		133,849		133,849		11
12	Social Services	287,473		1,539	289,012		289,012		289,012		12
13	CNA Training										13
14	Program Transportation			15,587	15,587		15,587		15,587		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,216,030	352,059	553,574	5,121,663		5,121,663	(30,163)	5,091,500		16
	C. General Administration										
17	Administrative	299,743		1,094,410	1,394,153		1,394,153	(1,040,246)	353,907		17
18	Directors Fees										18
19	Professional Services			167,873	167,873	(9,662)	158,211	(62,786)	95,425		19
20	Dues, Fees, Subscriptions & Promotions			116,267	116,267		116,267	(65,699)	50,568		20
21	Clerical & General Office Expenses	271,814	60,433	288,871	621,118		621,118	11,667	632,785		21
22	Employee Benefits & Payroll Taxes			1,025,260	1,025,260		1,025,260	(48)	1,025,212		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,682	9,682		9,682	(3,203)	6,479		24
25	Other Admin. Staff Transportation							1,843	1,843		25
26	Insurance-Prop.Liab.Malpractice			217,638	217,638		217,638	22,779	240,417		26
27	Other (specify):*							51,290	51,290		27
28	TOTAL General Administration	571,557	60,433	2,920,001	3,551,991	(9,662)	3,542,329	(1,084,403)	2,457,926		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,269,008	1,156,260	4,532,818	10,958,086	(9,662)	10,948,424	(1,108,434)	9,839,990		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 Bronzeville Park Nursing & Living Center #0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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			186,995	186,995		186,995	216,237	403,232		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			68,217	68,217		68,217	800,793	869,010		32
33	Real Estate Taxes					9,662	9,662	389,410	399,072		33
34	Rent-Facility & Grounds			1,999,458	1,999,458		1,999,458	(1,998,835)	623		34
35	Rent-Equipment & Vehicles			10,882	10,882		10,882	4,369	15,251		35
36	Other (specify):*							77,342	77,342		36
37	TOTAL Ownership			2,265,552	2,265,552	9,662	2,275,214	(510,683)	1,764,531		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	14,573	662,640	1,168,069	1,845,282		1,845,282		1,845,282		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			165,798	165,798		165,798		165,798		42
43	Other (specify):*	75,243		7	75,250		75,250	(75,250)			43
44	TOTAL Special Cost Centers	89,816	662,640	1,333,874	2,086,330		2,086,330	(75,250)	2,011,080		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,358,824	1,818,900	8,132,244	15,309,968		15,309,968	(1,694,367)	13,615,601		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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	(7,440)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(105,231)	30		9
10	Interest and Other Investment Income	(543)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(152)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(4,517)	24		19
20	Contributions	(19,389)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(181,471)	21		24
25	Fund Raising, Advertising and Promotional	(35,710)	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	(257,200)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (611,653)		\$	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)	(1,082,715)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,082,715)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,694,367)		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						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	
				51	
				52	

SEE ACCOUNTANTS' COMPILATION REPORT

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Veterans Expense	\$ (9,395)	10	1
2	Patient Needs	(15,517)	10	2
3	Patient Clothing	(12,559)	10	3
4	Bank Charges	(23,626)	21	4
5	Building Co. - Professional Fees	(8,910)	19	5
6	Building Co. - Bank Fees	(83)	21	6
7	Building Co. - Amortization	(6,946)	36	7
8	Building Co. - Misc. Licenses & Taxes	(6,856)	20	8
9	Income from Copies	(125)	21	9
10	Insurance Premium Refund	(48)	22	10
11	Seminar Refunds	(10)	24	11
12	Food Rebate	(138)	02	12
13	Jury Duty	(34)	10	13
14	COPE Payments	(11,022)	20	14
15	Annual Report	(175)	20	15
16	Marketing Salaries	(8,366)	43	16
17	Clinical Nurse Evaluator	(56,879)	43	17
18	VP of Program Development	(9,998)	43	18
19	Marketing Travel	(7)	43	19
20	Non-Allowable Expense	(19,905)	21	20
21	Prior Period and Non-Allowable Legal Fees	(66,601)	19	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	(257,200)		49

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
50	\$		1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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													1
2	Food Purchase	(290)											(290)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(7,440)		3,768									(3,672)	5
6	Maintenance		1,503	8,591									10,094	6
7	Other (specify):*													7
8	TOTAL General Services	(7,730)	1,503	12,359									6,132	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(37,505)			7,342								(30,163)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(37,505)			7,342								(30,163)	16
	C. General Administration													
17	Administrative			(1,040,246)									(1,040,246)	17
18	Directors Fees													18
19	Professional Services	(75,511)	8,910	3,797	18								(62,786)	19
20	Fees, Subscriptions & Promotions	(73,152)	6,856	546	51								(65,699)	20
21	Clerical & General Office Expenses	(225,210)	83	233,322	3,472								11,667	21
22	Employee Benefits & Payroll Taxes	(48)											(48)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,527)		1,324									(3,203)	24
25	Other Admin. Staff Transportation			1,779	64								1,843	25
26	Insurance-Prop.Liab.Malpractice		19,537	3,242									22,779	26
27	Other (specify):*			49,973	1,317								51,290	27
28	TOTAL General Administration	(378,448)	35,386	(746,264)	4,922								(1,084,403)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(423,683)	36,889	(733,905)	12,264								(1,108,434)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	(105,231)	308,029	13,439									216,237	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(543)	791,562	9,774									800,793	32
33	Real Estate Taxes		377,986	11,424									389,410	33
34	Rent-Facility & Grounds		(1,999,458)	623									(1,998,835)	34
35	Rent-Equipment & Vehicles			4,369									4,369	35
36	Other (specify):*	(6,946)	84,288										77,342	36
37	TOTAL Ownership	(112,720)	(437,593)	39,630									(510,683)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(75,250)											(75,250)	43
44	TOTAL Special Cost Centers	(75,250)											(75,250)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(611,653)	(400,704)	(694,275)	12,264								(1,694,367)	45

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		
				Chevy Chase Associates		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	\$ 1,999,458	Chevy Chase Associates	100.00%	\$	\$ (1,999,458)	1
2	V	32 Interest	459	Chevy Chase Associates	100.00%	792,021	791,562	2
3	V	19 Professional Fees		Chevy Chase Associates	100.00%	8,910	8,910	3
4	V	21 Bank Fees		Chevy Chase Associates	100.00%	83	83	4
5	V	06 Repairs & Maintenance		Chevy Chase Associates	100.00%	1,503	1,503	5
6	V	30 Depreciation		Chevy Chase Associates	100.00%	308,029	308,029	6
7	V	36 Amortization		Chevy Chase Associates	100.00%	6,946	6,946	7
8	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	377,986	377,986	8
9	V	26 Property & Liability Insurance		Chevy Chase Associates	100.00%	19,537	19,537	9
10	V	20 Misc. Licenses & Taxes		Chevy Chase Associates	100.00%	6,856	6,856	10
11	V	36 MIP Expense		Chevy Chase Associates	100.00%	77,342	77,342	11
12	V							12
13	V							13
14	Total		\$ 1,999,917			\$ 1,599,213	\$ * (400,704)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/08Ending: 12/31/08

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	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,768	\$ 3,768	15
16	V	6 REPAIRS AND MAINT.				8,591	8,591	16
17	V	17 ADMIN. - NON-OWNER				45,235	45,235	17
18	V	19 PROFESSIONAL FEES				3,797	3,797	18
19	V	20 FEES SUBSCRIPTIONS				546	546	19
20	V	21 CLERICAL & GENERAL				233,322	233,322	20
21	V	24 SEMINARS AND EDUCATION				1,324	1,324	21
22	V	25 ADMIN. STAFF TRAVEL				1,779	1,779	22
23	V	26 INSURANCE				3,242	3,242	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				49,214	49,214	24
25	V	30 DEPRECIATION				13,439	13,439	25
26	V	32 INTEREST EXPENSE				9,774	9,774	26
27	V	33 REAL ESTATE TAX				11,424	11,424	27
28	V	34 PARKING LOT RENT				623	623	28
29	V	35 EQUIPMENT RENTAL				4,369	4,369	29
30	V	17 ADMIN. - R. HARTMAN				4,054	4,054	30
31	V	17 ADMIN. - B. CARR				3,670	3,670	31
32	V	17 ADMIN. - D. HARTMAN				1,205	1,205	32
33	V	27 EMP. BEN. - R. HARTMAN				160	160	33
34	V	27 EMP. BEN. - B. CARR				145	145	34
35	V	27 EMP. BEN. - D. HARTMAN				454	454	35
36	V							36
37	V	17 Management Fees	1,094,410				(1,094,410)	37
38	V							38
39	Total		\$ 1,094,410			\$ 400,135	\$ * (694,275)	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 7,342	\$ 7,342	15
16	V	19 PROFESSIONAL FEES				18	18	16
17	V	20 LICENSE & INSPECTION				51	51	17
18	V	21 OFFICE WAGES				2,983	2,983	18
19	V	21 OFFICE EXPENSE				490	490	19
20	V	25 AUTO EXPENSE				64	64	20
21	V	27 PAYROLL TAXES				891	891	21
22	V	27 OTHER EMPLOYEE BENEFITS				426	426	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 12,264	\$ * 12,264	39

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/08Ending: 12/31/08

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 Workers' Compensation	\$ 194,265	Diamond Insurance	100.00%	\$ 194,265	\$	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		\$ 194,265			\$ 194,265	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

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.

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	Robert Hartman	Owner	Administrative	60.75%	See Attached	1.04	2.08%	Alloc. Salary	\$ 4,054	17-7	1
2	Barry Carr	Owner	Administrative	4.75%	See Attached	0.81	2.60%	Alloc. Salary	3,670	17-7	2
3	David Hartman	Relative	Administrative	0%	See Attached	4.16	10.40%	Alloc. Salary	1,205	17-7	3
4	Mark Berger	Relative	Administrative	0%	See Attached	4.16	10.40%	Alloc. Salary	20,271	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 29,200		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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization NUCARE SERVICES CORP.
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,063,296	13	\$ 36,243	\$	110,532	\$ 3,768	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,063,296	13	82,646		110,532	8,591	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,063,296	13	435,152	435,152	110,532	45,235	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,063,296	13	36,529		110,532	3,797	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,063,296	13	5,248		110,532	546	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,063,296	13	2,244,511	1,829,739	110,532	233,322	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,063,296	13	12,739		110,532	1,324	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,063,296	13	17,115		110,532	1,779	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,063,296	13	31,184		110,532	3,242	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,063,296	13	473,425		110,532	49,214	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,063,296	13	129,281		110,532	13,439	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,063,296	13	94,028		110,532	9,774	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,063,296	13	109,900		110,532	11,424	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,063,296	13	5,996		110,532	623	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,063,296	13	42,030		110,532	4,369	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 11	13	39,000	39,000	1	4,054	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 11	13	35,304	35,304	1	3,670	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 38	2	11,588	11,588	4	1,205	18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 11	13	1,542		1	160	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 11	13	1,395		1	145	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 38	2	4,372		4	454	21
22									22
23									23
24									24
25	TOTALS				\$ 3,849,228	\$ 2,350,782		\$ 400,135	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 CLINICAL CONSULTING SERVICES, LLC
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	CLINICAL SALARIES	AVAIL.CENSUS DAYS	292,260	13	\$ 77,230	\$ 27,784	\$ 7,342	1
2	19	PROFESSIONAL FEES	AVAIL.CENSUS DAYS	292,260	13	188	27,784	18	2
3	20	LICENSE & INSPECTION	AVAIL.CENSUS DAYS	292,260	13	539	27,784	51	3
4	21	OFFICE WAGES	AVAIL.CENSUS DAYS	292,260	13	31,375	27,784	2,983	4
5	21	OFFICE EXPENSE	AVAIL.CENSUS DAYS	292,260	13	5,151	27,784	490	5
6	25	AUTO EXPENSE	AVAIL.CENSUS DAYS	292,260	13	668	27,784	64	6
7	27	PAYROLL TAXES	AVAIL.CENSUS DAYS	292,260	13	9,369	27,784	891	7
8	27	OTHER EMPLOYEE BENEFITS	AVAIL.CENSUS DAYS	292,260	13	4,486	27,784	426	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					\$ 129,005	\$ 108,605	\$ 12,265	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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 Diamond Insurance
 Street Address 40 Skokie Blvd, Suite 105
 City / State / Zip Code Northbrook, IL 60062
 Phone Number (847) 559-1002
 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	22	Workers' Compensation	Direct Allocation		\$	\$		\$ 194,265	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				\$	\$		\$ 194,265	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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 Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	HUD Loan Payable		X	Mortgage			\$	\$ 15,376,723		\$	792,021	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
Working Capital																				
6	Shareholder Loand		X	Working Capital				3,000,000			68,217	6								
7												7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related						\$	\$ 18,376,723		\$	860,238	9								
B. Non-Facility Related*																				
10	Interest Income		X								(543)	10								
11	Interest Income - Bldg. Co.		X								(459)	11								
12	Allocated from Nucare		X								9,774	12								
13	See Supplemental Schedule											13								
14	TOTAL Non-Facility Related						\$	\$		\$	8,772	14								
15	TOTALS (line 9+line14)						\$	\$ 18,376,723		\$	869,010	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,342 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

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							\$	\$			\$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15							\$	\$			\$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

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

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

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2007 report.		\$ 405,766	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.)		\$ 393,742	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (12,024)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 401,434	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.)		\$ 9,662	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.		\$ 399,072	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	416,285	8
	2004	425,532	9
	2005	429,865	10
	2006	386,444	11
	2007	382,318	12
Accrual = \$382,318 x 1.05 = 401,434			
Allocated from NuCare - \$11,424			

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2007	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

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 2007 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 2007.

(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>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>255,801.37</u>	\$ <u>255,801.37</u>
2. <u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>126,516.60</u>	\$ <u>126,516.60</u>
3. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>100,029.37</u>	\$ <u>10,398.28</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>482,347.34</u>	\$ <u>392,716.25</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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:** 2007 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 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,844 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	1
2	<u>Allocated from 7257 N. Lincoln</u>			<u>16,632</u>	2
3	TOTALS	80,457		\$ 256,632	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		1994		17,938		20	897	897	12,691	9
10	Various		1995		20,890		20	1,044	1,044	14,146	10
11	Various		1996		87,605		20	4,381	4,381	54,272	11
12	Various		1997		40,122		20	1,977	1,977	23,806	12
13	Various		1998		132,735		20	6,639	6,639	68,672	13
14	Various		1999		419,788		20	20,993	20,993	194,849	14
15	Various		2000		90,604		20	4,530	4,530	38,362	15
16	Various		2001		75,436		20	3,775	3,775	28,101	16
17	Various		2002		39,859		20	4,335	4,335	25,033	17
18	Various		2003		55,783		20	4,901	4,901	26,484	18
19	Various		2004		70,091		20	7,009	7,009	32,342	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

*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 **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		4,639,004	308,029		139,563	(168,466)	2,925,197	67
68		197,798	6,344		6,883	539	32,266	68
69			186,995			(186,995)		69
70		\$ 5,887,653	\$ 501,368		\$ 206,927	\$ (294,441)	\$ 3,476,221	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/08

Ending:

12/31/08**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		\$ 5,887,653	\$ 501,368		\$ 206,927	\$ (294,441)	\$ 3,476,221	1
2	Mural	2005	4,500		20	450	450	1,800	2
3	Window Treatment	2005	1,323		20	132	132	529	3
4	Ceiling Tile	2005	819		20	41	41	164	4
5	Ceiling Tile	2005	819		20	41	41	164	5
6	Light Fixtures	2005	2,593		20	259	259	1,037	6
7	Light Fixtures	2005	1,133		20	113	113	444	7
8	Ceiling Tiles	2005	1,008		20	50	50	197	8
9	Pana 40	2005	2,100		20	420	420	1,610	9
10	Ceiling Tiles	2005	3,820		20	191	191	764	10
11	Wallpaper	2005	24,200		20	4,840	4,840	18,553	11
12	Wallpaper	2005	13,065		20	2,613	2,613	10,017	12
13	Lighting Fixtures	2005	1,360		20	136	136	544	13
14	Soft Start	2005	3,000		20	150	150	563	14
15	Wallpaper	2005	3,818		20	764	764	2,927	15
16	Kitchen Cabinets	2005	990		20	66	66	253	16
17	Venetian Plaster Wallcovering	2005	1,587		20			1,587	17
18	Wallpaper	2005			20				18
19	Wallpaper	2005	7,460		20	1,492	1,492	5,471	19
20	Window Treatment	2005	2,436		20	244	244	893	20
21	Wallpaper	2005	4,400		20	880	880	3,300	21
22	Valve	2005	8,426		20	1,685	1,685	6,039	22
23	Fence	2005	2,853		20	190	190	682	23
24	Window Treatment	2005	31,522		20	3,152	3,152	11,558	24
25	Emergency Equip	2005	56,731		20	2,837	2,837	9,455	25
26	Railings	2005	6,158		20	616	616	2,258	26
27	Fence	2005	1,580		20	105	105	351	27
28	Drapery	2005	1,134		20	113	113	368	28
29	Fire Recall System	2005	12,553		20	628	628	2,144	29
30	Light Poles	2005	9,700		20	970	970	3,153	30
31	Pavement	2005	47,670		20	3,178	3,178	10,329	31
32	Generator	2005	15,676		20	784	784	2,547	32
33	Ceiling Tiles	2005	964		20	48	48	153	33
34	TOTAL (lines 1 thru 33)		\$ 6,163,051	\$ 501,368		\$ 234,115	\$ (267,253)	\$ 3,576,075	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/08

Ending:

12/31/08**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		\$ 6,163,051	\$ 501,368		\$ 234,115	\$ (267,253)	\$ 3,576,075	1
2	Carpet	2005	3,008		20	430	430	1,361	2
3	Window Treatment	2005	35,474		20	3,547	3,547	13,007	3
4	Air Cleaner	2005	4,265		20	853	853	3,412	4
5	Data Lines	2005	634		20	63	63	201	5
6	Cameras	2005	14,308		20	1,431	1,431	4,650	6
7	Door	2005	1,335		20	134	134	534	7
8	Ceiling Tile	2005	526		20	26	26	99	8
9	Ceiling Tile	2005	1,610		20	81	81	295	9
10	Refrigerator Door	2005	3,500		20	700	700	2,450	10
11	Cubical Track Sets	2005	776		20	78	78	278	11
12	Kitchen Equip Repair	2005	4,603		20	658	658	2,192	12
13	Drain	2005	1,600		20	160	160	520	13
14	Window Treatment	2005	536		20	54	54	174	14
15	Ceiling Tile	2005	665		20	33	33	133	15
16	Water Pump	2005	2,088		20	209	209	748	16
17	Pump	2005	746		20	75	75	255	17
18	? Allocated- Cap Per Nucare	2005	1,602		20	160	160	614	18
19	Cameras	2005	3,777		20	378	378	1,165	19
20	Cedar Fence	2006	6,419		20	428	428	1,284	20
21	Cedar Fence	2006	19,950		20	1,330	1,330	3,990	21
22	Awning For Main Entrance	2006	1,250		20	125	125	375	22
23	Awning For Main Entrance	2006	1,250		20	125	125	375	23
24	Activity Room Cabinets, Desks, Storage	2006			20				24
25	Activity Room Cabinets, Desks, Storage	2006			20				25
26	3 Kohler Toilet Bowls	2006	1,774		20	177	177	517	26
27	Nurse Call System	2006	1,151		20	77	77	230	27
28	Polish Wire Glass Sliders	2006	1,250		20	125	125	375	28
29	Carpeting	2006	2,476		20	354	354	1,002	29
30	Krause Style	2006	275		20	28	28	78	30
31	Tuff Top Table	2006	1,294		20	129	129	367	31
32	Hardwood Mulch	2006	2,000		20	133	133	378	32
33	Monitoring System	2006	972		20	139	139	393	33
34	TOTAL (lines 1 thru 33)		\$ 6,284,165	\$ 501,368		\$ 246,355	\$ (255,013)	\$ 3,617,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/08

Ending:

12/31/08**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,284,165	\$ 501,368		\$ 246,355	\$ (255,013)	\$ 3,617,527	1
2	Nursing Call System	2006	869		20	58	58	164	2
3	Elevator Fabrication And Installation	2006	5,000		20	250	250	667	3
4	Elevator Flooring	2006	2,300		20	115	115	307	4
5	Paving, Concrete Work	2006	5,535		20	277	277	761	5
6	Concrete Handicap Ramp	2006	3,995		20	200	200	533	6
7	Chrysler Airtemp Compressor	2006	7,630		20	636	636	1,643	7
8	Lined Swags & Cascades	2006	2,284		20	228	228	552	8
9	Cctv Camera Install	2006	1,177		20	118	118	284	9
10	Door Detector Edge	2006	1,950		20	195	195	455	10
11	Reversal Of A/P Accrual For W.W. Grainger	2006	(624)		20	(62)	(62)	(187)	11
12	6 Foot High Cedar Fence	2006	3,150		20	210	210	455	12
13	Need Invoice	2006	3,577		20	358	358	775	13
14	Built In Cabinets	2006	7,800		20	390	390	1,138	14
15	Perga Flooring	2008	2,800		20	280	280	280	15
16	Sliding Door	2008	7,990		20	732	732	732	16
17	Laundry Panel Electric Wiring	2008	2,750		20	183	183	183	17
18	Patio Aluminum Door And Door Frame	2008	8,401		20	560	560	560	18
19	Mounted Rear Pull Pump And Pump For Air Conditioning Unit	2008	9,141		20	609	609	609	19
20	Renovation Work	2008	179,898		20	14,992	14,992	14,992	20
21	Lcd Monitor; Coax Cable & Connectors Digital Video Multiplexer	2008	1,559		20	104	104	104	21
22	Chair Rails	2008	952		20	56	56	56	22
23	Various Signage	2008	1,548		20	77	77	77	23
24	Canopy Projector	2008	5,325		20	266	266	266	24
25	Kitchen Station	2008	2,500		20	83	83	83	25
26	Pump & Valve	2008	1,335		20	45	45	45	26
27	Video Monitoring System	2008	1,789		20	60	60	60	27
28	Duty Door Closers, Commercial Steel Doors, Fire-Rated Labels, An	2008	2,314		20	77	77	77	28
29	Color Dome Camera, Cables, And Power Lines	2008	1,946		20	65	65	65	29
30	Crack Filling, Sealing, And Stripping	2008	6,210		20	155	155	155	30
31	Weld 14", Closer Strap, Stainless Steel Kick Plate, And Trim Bar P	2008	940		20	24	24	24	31
32	Wall Work, Painting, Flooring	2008	28,021		20	467	467	467	32
33	8 Boxes Hg-Te And 12 Boxes Hi/Cac Te	2008	1,574		20	26	26	26	33
34	TOTAL (lines 1 thru 33)		\$ 6,595,801	\$ 501,368		\$ 268,189	\$ (233,179)	\$ 3,643,935	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,595,801	\$ 501,368		\$ 268,189	\$ (233,179)	\$ 3,643,935	1
2	15 Boxes Cirrus-Hg-Te And 12 Boxes Cirrus Hg-Te	2008	2,052		20	34	34	34	2
3	1St Floor Corridor Replacement Of Cove Base And Vct, Prep Floor	2008	35,043		20	876	876	876	3
4	2Nd Floor S. Corridor Nurse Station Renovation	2008	8,710		20	73	73	73	4
5	1St Floor Corridor Extra Wall Covering	2008	2,567		20	21	21	21	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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 12G, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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
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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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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 12I, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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 12K, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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	\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939		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)	\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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
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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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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
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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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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 12O, Carried Forward		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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
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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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	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)		\$ 6,644,173	\$ 501,368		\$ 269,193	\$ (232,175)	\$ 3,644,939	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1986	1977	\$ 4,471,948	\$ 308,029	35	\$ 127,770	\$ (180,259)	\$ 2,843,565	4
5			1984	1984	92,611		35	2,646	2,646	65,379	5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2004		6,188		20	619		2,613	9
10	Bar Cabinets		2007		4,500		20	450	450	900	10
11	New Flooring		2007		4,500		20	300	300	600	11
12	Door Circuitry And Wiring Components		2007		3,950		20	395	395	658	12
13	Fencing		2007		2,600		20	173	173	246	13
14	Security Cameras And Wiring		2007		1,493		20	213	213	320	14
15	Lavatory Faucets		2007		2,849		20	190	190	237	15
16	Telephone System		2007		22,988		20	3,284	3,284	5,200	16
17	Telephone System		2007		22,988		20	3,284	3,284	5,200	17
18	Replace Electronic Door Edge		2007		2,389		20	239	239	279	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 **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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)	\$	4,639,004	\$	308,029	\$	139,563	\$	(169,085)	\$	2,925,197	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from 7257 N. Lincoln		2004	2004	\$ 149,691	\$ 3,838	35	\$ 4,277	\$ 439	\$ 21,919	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated from Nucare			2003	1,218	44	20	61	17	312	9
10	Allocated from Nucare			2004	24,720	903	20	1,238	335	5,828	10
11	Allocated from Nucare			2005	1,466	54	20	73	19	282	11
12	Allocated from Nucare			2006	1,987	73	20	99	26	235	12
13	Allocated from Nucare			2008	2,095	-	20	105	105	105	13
14	Allocated from 7257 N. Lincoln			2005	13,646	1,089	20	881	(208)	2,916	14
15	Allocated from 7257 N. Lincoln			2004	2,975	343	20	149	(194)	669	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 **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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)	\$	\$		\$	\$	\$	70
			197,798		6,883	539	32,266	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,103,446	\$ 6,994	\$ 126,229	\$ 119,235	10	\$ 767,571	71
72	Current Year Purchases	68,251	102	7,704	7,602	10	7,704	72
73	Fully Depreciated Assets	164,460		107	107	10	164,460	73
74								74
75	TOTALS	\$ 1,336,157	\$ 7,096	\$ 134,040	\$ 126,944		\$ 939,735	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,236,962	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 508,464	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 403,233	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (105,231)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,584,674	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: NuVision Holding

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>1977</u>	<u>302</u>		\$ <u>1,999,458</u>			3
4	Additions							4
5	<u>Chevy Associates</u>				<u>(1,999,458)</u>			5
6	<u>Allocated from Nucare</u>				<u>623</u>			6
7	TOTAL		302		\$ 623			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>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 15,251 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?</p> <p style="text-align: right;"> <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

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	\$		\$ 395,682	\$		\$ 395,682	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			209,256			209,256	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			453,941			453,941	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				524,155		524,155	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			14,573		109,190	138,485		262,248	13
14	TOTAL			\$ 14,573		\$ 1,168,069	\$ 662,640		\$ 1,845,282	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 Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(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	\$ 751	\$ 331,996	1
2	Cash-Patient Deposits	8,111	8,111	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,854,994	3,856,494	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	100,943	100,943	6
7	Other Prepaid Expenses	2,683	73,908	7
8	Accounts Receivable (owners or related parties)	1,329,738	1,329,738	8
9	Other(specify): <u>See Attached Schedule</u>		363,923	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,297,220	\$ 6,065,113	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	1,849,036	7,516,884	15
16	Equipment, at Historical Cost	1,133,152	1,768,269	16
17	Accumulated Depreciation (book methods)	(1,893,562)	(6,967,362)	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>	72,483	286,089	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,161,109	\$ 8,823,006	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,458,329	\$ 14,888,119	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,413,410	\$ 1,413,411	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,101	3,101	28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	399,287	399,287	30
31	Accrued Taxes Payable (excluding real estate taxes)	35,018	35,018	31
32	Accrued Real Estate Taxes(Sch.IX-B)		401,434	32
33	Accrued Interest Payable		65,607	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	60,652	60,652	35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	11,452	108,742	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,922,920	\$ 5,487,252	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,376,723	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)	\$	\$ 15,376,723	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,922,920	\$ 20,863,975	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,535,409	\$ (5,975,856)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,458,329	\$ 14,888,119	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,439,587	1
2	Restatements (describe):		2
3	See Attached	(773,046)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 666,541	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	868,868	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)	\$ 868,868	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)	\$ 1,535,409	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/08Ending: 12/31/08**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	\$ 12,723,570	1
2	Discounts and Allowances for all Levels	116,546	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,840,116	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,178,896	6
7	Oxygen	31,424	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,210,320	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	898,589	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	65,828	19
20	Radiology and X-Ray	13,157	20
21	Other Medical Services	118,942	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,096,516	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	543	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 543	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	31,341	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 31,341	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,178,836	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,284,432	31
32	Health Care	5,121,663	32
33	General Administration	3,551,991	33
B. Capital Expense			
34	Ownership	2,265,552	34
C. Ancillary Expense			
35	Special Cost Centers	1,920,532	35
36	Provider Participation Fee	165,798	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,309,968	40
41	Income before Income Taxes (line 30 minus line 40)**	868,868	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 868,868	43

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

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

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

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/08

Ending:

12/31/08

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	2,022	2,091	\$ 105,450	\$ 50.43	1
2	Assistant Director of Nursing	2,018	2,091	85,452	40.87	2
3	Registered Nurses	19,877	22,378	579,940	25.92	3
4	Licensed Practical Nurses	43,482	48,516	1,220,604	25.16	4
5	CNAs & Orderlies	150,873	166,075	1,533,271	9.23	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	12,398	12,398	168,361	13.58	8
9	Activity Director	1,998	2,183	42,304	19.38	9
10	Activity Assistants	7,125	7,689	72,652	9.45	10
11	Social Service Workers	18,888	18,888	287,473	15.22	11
12	Dietician	1,886	2,083	49,810	23.91	12
13	Food Service Supervisor					13
14	Head Cook	5,068	5,822	74,219	12.75	14
15	Cook Helpers/Assistants	23,235	25,305	228,465	9.03	15
16	Dishwashers					16
17	Maintenance Workers	7,551	7,551	127,091	16.83	17
18	Housekeepers			1,836		18
19	Laundry					19
20	Administrator	2,038	2,091	96,255	46.03	20
21	Assistant Administrator					21
22	Other Administrative	4,257	4,297	203,488	47.36	22
23	Office Manager					23
24	Clerical	17,537	19,631	271,814	13.85	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	4,831	4,831	120,523	24.95	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	2,964	2,980	89,816	30.14	33
34	TOTAL (lines 1 - 33)	328,048	356,900	\$ 5,358,824 *	\$ 15.01	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	356	\$ 16,020	01-03	35
36	Medical Director	Mothly	111,750	09-03	36
37	Medical Records Consultant	Mothly	4,320	10-03	37
38	Nurse Consultant	Mothly	7,048	10-03	38
39	Pharmacist Consultant	Mothly	4,660	10-03	39
40	Physical Therapy Consultant	111	5,025	10a-03	40
41	Occupational Therapy Consultant	9	404	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	29	1,566	11-03	44
45	Social Service Consultant	29	1,539	12-03	45
46	Other(specify)				46
47	Therapy Consultant	60	4,548	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	594	\$ 156,880		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,322	\$ 66,079	10-03	50
51	Licensed Practical Nurses	6,621	331,048	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7,943	\$ 397,127		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

Report Period Beginning: 01/01/08 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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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. ILCLTC \$21,759
- (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. \$ 40,398 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? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Chevy Chase Nursing Center, #34892, 07/01/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 165,798
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% In 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? Yes
- g. Does the facility transport residents to and from day training? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ Yes
- (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? N/A
- (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