

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960 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	108	Skilled (SNF)	108	39,528	1
2		Skilled Pediatric (SNF/PED)			2
3	108	Intermediate (ICF)	108	39,528	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	216	TOTALS	216	79,056	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	36,214	598	2,716	39,528	8
9	SNF/PED					9
10	ICF	31,083	5	2	31,090	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,297	603	2,718	70,618	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.33%

D. How many bed-hold days during this year were paid by the Department? 3,281 (Do not include bed-hold days in Section B.)

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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

I. On what date did you start providing long term care at this location?
Date started 01/01/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 108 and days of care provided 2,391

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 Columbus Park Nrsg & Rehab Center # 0037960 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	267,034	56,296	40,856	364,186		364,186	(16,829)	347,357		1
2	Food Purchase		324,555		324,555	(30,524)	294,031	(28)	294,003		2
3	Housekeeping	241,317	45,920		287,237		287,237		287,237		3
4	Laundry	81,027	44,770		125,797		125,797		125,797		4
5	Heat and Other Utilities			226,208	226,208		226,208	1,524	227,732		5
6	Maintenance	54,602	42,567	228,513	325,682		325,682	(27,526)	298,156		6
7	Other (specify):*							8,086	8,086		7
8	TOTAL General Services	643,980	514,108	495,577	1,653,665	(30,524)	1,623,141	(34,773)	1,588,368		8
	B. Health Care and Programs										
9	Medical Director			7,200	7,200		7,200		7,200		9
10	Nursing and Medical Records	2,443,794	161,588	140,831	2,746,213		2,746,213	(38,704)	2,707,509		10
10a	Therapy	142,108	552	12,038	154,698		154,698	(19,884)	134,814		10a
11	Activities	107,808	10,721	4,430	122,959		122,959		122,959		11
12	Social Services	177,133		29,546	206,679		206,679		206,679		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,679	3,679		15
16	TOTAL Health Care and Programs	2,870,843	172,861	194,045	3,237,749		3,237,749	(54,910)	3,182,839		16
	C. General Administration										
17	Administrative	136,234		615,521	751,755		751,755	(426,945)	324,810		17
18	Directors Fees										18
19	Professional Services			184,346	184,346		184,346	(119,489)	64,857		19
20	Dues, Fees, Subscriptions & Promotions			73,806	73,806		73,806	(22,300)	51,506		20
21	Clerical & General Office Expenses	144,755	28,495	108,244	281,494		281,494	27,945	309,439		21
22	Employee Benefits & Payroll Taxes			682,951	682,951	30,524	713,475		713,475		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,284	4,284		4,284	470	4,754		24
25	Other Admin. Staff Transportation			2,335	2,335		2,335	9,054	11,389		25
26	Insurance-Prop.Liab.Malpractice			177,376	177,376		177,376	13,857	191,233		26
27	Other (specify):*							40,293	40,293		27
28	TOTAL General Administration	280,989	28,495	1,848,863	2,158,347	30,524	2,188,871	(477,115)	1,711,757		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,795,812	715,464	2,538,485	7,049,761		7,049,761	(566,797)	6,482,964		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 Columbus Park Nrsg & Rehab Center #0037960 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			187,857	187,857	187,857	260,213	448,070			30
31	Amortization of Pre-Op. & Org.										31
32	Interest			130,019	130,019	130,019	590,626	720,645			32
33	Real Estate Taxes						227,588	227,588			33
34	Rent-Facility & Grounds			1,156,500	1,156,500	1,156,500	(1,156,500)				34
35	Rent-Equipment & Vehicles			10,480	10,480	10,480	7,271	17,751			35
36	Other (specify):*						57,311	57,311			36
37	TOTAL Ownership			1,484,856	1,484,856	1,484,856	(13,491)	1,471,365			37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		115,356	193,666	309,022	309,022		309,022			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			118,584	118,584	118,584		118,584			42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		115,356	312,250	427,606	427,606		427,606			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,795,812	830,820	4,335,591	8,962,223	8,962,223	(580,288)	8,381,935			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 Columbus Park Nrsg & Rehab Center

0037960

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(25,255)	30		9
10	Interest and Other Investment Income	(9,589)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(28)	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				19
20	Contributions	(1,898)	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	(35,459)	21		24
25	Fund Raising, Advertising and Promotional	(10,059)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(4,890)	20		28
29	Other-Attach Schedule	(61,746)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (148,923)		\$	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)	(431,365)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (431,365)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (580,288)		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

Columbus Park Nrsrg & Rehab Center

ID# 0037960

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Theft & Damage Loss	\$ (1,863)	21	1
2	COPE Dues	(7,270)	20	2
3	Accounting Fees - Building Co.	(7,400)	19	3
4	Licenses and Fees - Building Co.	(250)	20	4
5	Collections	(325)	19	5
6	Jury Duty	(17)	10	6
7	Capitalized R/M	(39,645)	6	7
8	Marketing Seminar Expense	(95)	24	8
9	Non Allowable Legal	(3,882)	19	9
10	Cable Expense	(999)	5	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(61,746)		49

Columbus Park Nrsng & Rehab Center

ID# 0037960

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 Columbus Park Nrsg & Rehab Center

0037960

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				(16,829)								(16,829)	1
2	Food Purchase	(28)											(28)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(999)		2,523									1,524	5
6	Maintenance	(39,645)	31,408	(10,865)	(8,424)								(27,526)	6
7	Other (specify):*			878	7,208								8,086	7
8	TOTAL General Services	(40,672)	31,408	(7,464)	(18,045)								(34,773)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(17)		(35,986)	7,747	(10,448)							(38,704)	10
10a	Therapy				(19,884)								(19,884)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			1,795	1,884								3,679	15
16	TOTAL Health Care and Programs	(17)		(34,191)	(10,253)	(10,448)							(54,910)	16
	C. General Administration													
17	Administrative			(531,857)	104,912								(426,945)	17
18	Directors Fees													18
19	Professional Services	(11,607)	7,400	(130,118)	14,836								(119,489)	19
20	Fees, Subscriptions & Promotions	(24,367)	250	1,817									(22,300)	20
21	Clerical & General Office Expenses	(37,322)		60,277	4,990								27,945	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(95)		565									470	24
25	Other Admin. Staff Transportation			9,054									9,054	25
26	Insurance-Prop.Liab.Malpractice		12,868	989									13,857	26
27	Other (specify):*			17,681	22,612								40,293	27
28	TOTAL General Administration	(73,391)	20,518	(571,592)	147,350								(477,115)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(114,079)	51,926	(613,247)	119,052	(10,448)							(566,797)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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	(25,255)	272,813	12,655									260,213	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(9,589)	594,503	5,712									590,626	32
33	Real Estate Taxes		221,368	6,220									227,588	33
34	Rent-Facility & Grounds		(1,156,500)										(1,156,500)	34
35	Rent-Equipment & Vehicles			7,271									7,271	35
36	Other (specify):*		57,311										57,311	36
37	TOTAL Ownership	(34,844)	(10,505)	31,858									(13,491)	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):*													43
44	TOTAL Special Cost Centers													44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(148,923)	41,421	(581,389)	119,052	(10,448)							(580,288)	45

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		
				Columbus Park LLC		Bldg. 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 Income	\$ 1,156,500	Columbus Park LLC		\$	\$ (1,156,500)	1
2	V	32 Interest Income	3,169	Columbus Park LLC			(3,169)	2
3	V	32 Interest - HUD		Columbus Park LLC		597,672	597,672	3
4	V	19 Accounting Fees		Columbus Park LLC		7,400	7,400	4
5	V	20 License & Fees		Columbus Park LLC		250	250	5
6	V	36 Insurance - MIP		Columbus Park LLC		52,701	52,701	6
7	V	26 Insurance - Property		Columbus Park LLC		12,868	12,868	7
8	V	33 R/E Taxes		Columbus Park LLC		221,368	221,368	8
9	V	36 Amortization - HUD Fees		Columbus Park LLC		4,610	4,610	9
10	V	30 Depreciation		Columbus Park LLC		272,813	272,813	10
11	V	06 Repairs		Columbus Park LLC		31,408	31,408	11
12	V							12
13	V							13
14	Total		\$ 1,159,669			\$ 1,201,090	\$ * 41,421	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Center# 0037960Report 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	5 UTILITIES	\$	S.I.R. MANAGEMENT, INC.	100.00%	\$ 2,523	\$ 2,523	15
16	V	6 REPAIRS AND MAINT.	23,328	S.I.R. MANAGEMENT, INC.	100.00%	12,463	(10,865)	16
17	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	878	878	17
18	V	10 NURSING	46,656	S.I.R. MANAGEMENT, INC.	100.00%	10,670	(35,986)	18
19	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	1,795	1,795	19
20	V	17 ADMINISTRATIVE	531,857	S.I.R. MANAGEMENT, INC.	100.00%		(531,857)	20
21	V	19 PROFESSIONAL FEES	150,048	S.I.R. MANAGEMENT, INC.	100.00%	19,930	(130,118)	21
22	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	1,817	1,817	22
23	V	21 CLERICAL & GENERAL	46,656	S.I.R. MANAGEMENT, INC.	100.00%	106,933	60,277	23
24	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	565	565	24
25	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	9,054	9,054	25
26	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	989	989	26
27	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	17,681	17,681	27
28	V	30 DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	12,655	12,655	28
29	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	5,712	5,712	29
30	V	33 REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	6,220	6,220	30
31	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	7,271	7,271	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 798,545			\$ 217,156	\$ * (581,389)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Center# 0037960Report 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	1	DIETARY SALARIES	\$ 23,328	S.I.R. MANAGEMENT, INC.	100.00%	\$ 6,499	\$ (16,829)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,062	1,062	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	7,747	7,747	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,229	1,229	18
19	V	17	ADMIN./LEGAL SALARIES	11,664	S.I.R. MANAGEMENT, INC.	100.00%	116,576	104,912	19
20	V	21	CLERICAL & OFFICE SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	4,990	4,990	20
21	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	14,836	14,836	21
22	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	22,612	22,612	22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	23,328	S.I.R. MANAGEMENT, INC.	100.00%	3,444	(19,884)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	655	655	25
26	V								26
27	V	6	MAINTENANCE SALARIES	37,864	S.I.R. MANAGEMENT, INC.	100.00%	29,441	(8,424)	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	6,146	6,146	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		\$ 96,184				\$ 215,236	\$ * 119,052	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Center# 0037960Report 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	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping		Xcel Supply, LLC	100.00%			16
17	V	4 Laundry		Xcel Supply, LLC	100.00%			17
18	V	6 Repairs & Maintenance		Xcel Supply, LLC	100.00%			18
19	V	10 Nursing	117,955	Xcel Supply, LLC	100.00%	107,507	(10,448)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits		Xcel Supply, LLC	100.00%			24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary		Xcel Supply, LLC	100.00%			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		\$ 117,955			\$ 107,507	\$ * (10,448)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 162,181	\$ 162,181	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	162,181	CCS Employee Benefits Group	100.00%		(162,181)	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			\$ 162,181			\$ 162,181	\$ *	39

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center # 0037960 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	Bryan Barrish	Shareholder	Administrative	7.19%	See Attached	2.62	6.55%	Alloc. Salary	\$ 17,008	17-7	1
2	Mike Giannini	Shareholder	Administrative	6.60%	See Attached	3.05	7.63%	Alloc. Salary	17,008	17-7	2
3	Eric Rothner	Shareholder	Administrative	3.77%	See Attached	0.61	1.32%	Alloc. Salary	9,592	17-7	3
4	Nenita Guzman	Relative	Dietary	0.00%	See Attached	4.36	8.72%	Alloc. Salary	6,498	01-7	4
5	Louise Bergthold	Shareholder	Administrative	4.25%	See Attached	4.80	8.73%	Alloc. Salary	17,008	17-7	5
6	Tom Winter	Shareholder	Administrative	0.94%	See Attached	5.23	8.72%	Alloc. Salary	17,008	17-7	6
7	Noah Wolff	Shareholder	Administrative	4.24%	See Attached	3.00	10.71%	Mgmt Fee	36,000	17-3	7
8	Leo Feigenbaum	Shareholder	Administrative	6.60%	See Attached	1.00	1.67%	Mgmt Fee	36,000	17-3	8
9	Kim Rudolph	Relative	Clerical	0.00%	See Attached	0.52	3.12%	Alloc. Salary	453	22-7	9
10	Adam Vales	Relative	Clerical	0.00%	See Attached	1.24	3.10%	Alloc. Salary	2,232	22-7	10
11	Sarah Barrish	Relative	Administrative	0.00%	See Attached	0.48	8.68%	Alloc. Salary	1,254	17-7	11
12											12
13								TOTAL	\$ 160,061		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 Columbus Park Nrsg & Rehab Center

0037960

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 Columbus Park Nrsng & Rehab Center

0037960

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 S.I.R. MANAGEMENT, INC.
 Street Address 6840 N. LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 675 -7979
 Fax Number (847) 675 -0555

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	PATIENT DAYS	809,665	13	\$ 28,924	\$ 70,618	\$ 2,523	1	
2	6	REPAIRS AND MAINT.	PATIENT DAYS	809,665	13	142,892	61,135	70,618	12,463	2
3	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	809,665	13	10,063		70,618	878	3
4	10	NURSING	PATIENT DAYS	809,665	13	122,335	122,335	70,618	10,670	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	809,665	13	20,583		70,618	1,795	5
6	17	ADMINISTRATIVE	PATIENT DAYS	809,665	13			70,618		6
7	19	PROFESSIONAL FEES	PATIENT DAYS	809,665	13	228,501	152,688	70,618	19,930	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	809,665	13	20,828		70,618	1,817	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	809,665	13	1,226,029	1,066,051	70,618	106,933	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	809,665	13	6,483		70,618	565	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	809,665	13	103,811		70,618	9,054	11
12	26	INSURANCE	PATIENT DAYS	809,665	13	11,341		70,618	989	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	809,665	13	202,715		70,618	17,681	13
14	30	DEPRECIATION	PATIENT DAYS	809,665	13	145,092		70,618	12,655	14
15	32	INTEREST	PATIENT DAYS	809,665	13	65,487		70,618	5,712	15
16	33	REAL ESTATE TAXES	PATIENT DAYS	809,665	13	71,319		70,618	6,220	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	809,665	13	83,368		70,618	7,271	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,489,771	\$ 1,402,210		\$ 217,156	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Center

0037960

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 S.I.R. MANAGEMENT, INC.
 Street Address 6840 N. LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 675 -7979
 Fax Number (847) 675 -0555

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	DIETARY SALARIES	PATIENT DAYS	809,665	13	\$ 74,508	\$ 74,508	70,618	\$ 6,499	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	809,665	13	12,182		70,618	1,062	2
3	10	NURSING SALARIES	PATIENT DAYS	809,665	13	88,823	88,823	70,618	7,747	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	809,665	13	14,090		70,618	1,229	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	809,665	13	1,336,598	1,336,598	70,618	116,576	5
6	21	CLERICAL & OFFICE SALARIES	PATIENT DAYS	809,665	13	57,211	57,211	70,618	4,990	6
7	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	809,665	13	170,103		70,618	14,836	7
8	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	809,665	13	259,260		70,618	22,612	8
9										9
10	10A	DIRECTOR OF SPECIAL REHAB	SPECIAL REHAB INC.	268,263	13	39,604	39,604	23,328	3,444	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	268,263	13	7,528		23,328	655	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	153,288	9	119,187	119,187	37,864	29,441	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	153,288	9	24,879		37,864	6,146	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,203,973	\$ 1,715,931		\$ 215,236	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Center

0037960

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation			\$		\$	1
2	3	Housekeeping	Direct Allocation						2
3	4	Laundry	Direct Allocation						3
4	6	Repairs & Maintenance	Direct Allocation						4
5	10	Nursing	Direct Allocation					107,507	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation						10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation						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					\$		\$	107,507

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 162,181	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				\$	\$		\$ 162,181	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 Columbus Park Nrsg & Rehab Center

0037960

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 Columbus Park Nrsg & Rehab Center

0037960

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 Columbus Park Nrsg & Rehab Center

0037960

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 Columbus Park Nrsg & Rehab Center

0037960

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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	HUD		X	Mortgage	\$95,000.00	09/03/03	\$	\$ 10,454,350	09/09/33		\$ 597,672	1					
2												2					
3												3					
4												4					
5	See Supplemental Schedule											5					
Working Capital																	
6	SIR Management		X	Line of Credit				3,710,852			130,019	6					
7	Allocated -SIR Management		X								5,712	7					
8	See Supplemental Schedule											8					
9	TOTAL Facility Related				\$95,000.00		\$	\$ 14,165,202			\$ 733,403	9					
B. Non-Facility Related*																	
10	Interest Income		X								(9,589)	10					
11	Interest Income - Bldg. Co.		X								(3,169)	11					
12												12					
13	See Supplemental Schedule											13					
14	TOTAL Non-Facility Related						\$	\$			(12,758)	14					
15	TOTALS (line 9+line14)						\$	\$ 14,165,202			\$ 720,645	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,701 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 Columbus Park Nrsg & Rehab Center # 0037960 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	2		3	4	5	6		7	8	9	10							
		Name of Lender	Related**				Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
			YES											NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
6												6							
7	TOTAL Long-Term											7							
	Working Capital																		
8							\$	\$			\$	8							
9												9							
10												10							
11												11							
12												12							
13												13							
14	TOTAL Working Capital											14							
	B. Non-Facility Related*																		
15							\$	\$			\$	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.)

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 Columbus Park Nrsng & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037960

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>16-17-401-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>73,855.52</u>	\$ <u>73,855.52</u>
2. <u>16-17-401-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>31,757.20</u>	\$ <u>31,757.20</u>
3. <u>16-17-401-026-0000</u>	<u>Long Term Care Property</u>	\$ <u>118,255.57</u>	\$ <u>118,255.57</u>
4. <u>See Attached</u>	<u>See Attached</u>	\$ <u>101,615.67</u>	\$ <u>6,375.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>325,483.96</u>	\$ <u>230,243.29</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 Columbus Park Nrsng & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037960

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 Columbus Park Nrsg & Rehab Center

0037960 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 29,685 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 6

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

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

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

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

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

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>2002</u>	<u>\$ 300,000</u>	1
2					2
3	TOTALS			\$ 300,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

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		1992		51,845		20	2,592	2,592	42,685	9
10	Various		1993		71,558		20	3,579	3,579	57,259	10
11	Various		1994		46,784		20	2,339	2,339	34,454	11
12	Various		1995		131,277		20	6,467	6,467	89,775	12
13	Various		1996		62,128		20	3,108	3,108	39,772	13
14	Various		1997		40,477		20	2,025	2,025	23,432	14
15	Various		1998		448,767		20	22,442	22,442	233,131	15
16	Various		1999		202,884		20	10,138	10,138	96,517	16
17	Various		2000		27,418		20	1,371	1,371	11,649	17
18	Various		2001		87,910		20	4,397	4,397	31,861	18
19	Various		2002		35,511		20	3,517	3,517	22,478	19
20	Various		2003		96,681		20	5,307	5,307	28,513	20
21	Various		2004		77,185		20	4,101	4,101	18,460	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 Columbus Park Nrsg & Rehab Center

0037960

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		7,320,184	219,982		224,425	4,443	1,311,287	67
68		102,506	3,333		3,778	445	51,701	68
69			187,857			(187,857)		69
70		\$ 8,803,115	\$ 411,172		\$ 299,586	\$ (111,586)	\$ 2,092,974	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 8,803,115	\$ 411,172		\$ 299,586	\$ (111,586)	\$ 2,092,974	1
2	Lobby Renovation	2005	7,358		20	736	736	2,943	2
3	Flooring	2005	3,958		20	198	198	726	3
4	(17) Closet Doors	2005	5,100		20	510	510	1,870	4
5	Elevator Work	2005	2,289		20	114	114	401	5
6	Plumbing Work	2005	3,275		20	164	164	573	6
7	Elevator Work	2005	3,482		20	174	174	696	7
8	Cubicle Curtains	2005	4,599		20	230	230	901	8
9	Elevator Work	2005	3,505		20	175	175	686	9
10	Boiler Work	2005	1,201		20	60	60	230	10
11	Boiler Work	2005	1,239		20	62	62	237	11
12	Air Filtration	2005	6,277		20	314	314	1,177	12
13	Boiler Work	2005	1,408		20	70	70	264	13
14	Elevator Work	2005	6,317		20	316	316	1,184	14
15	Elevator Work	2005	10,176		20	509	509	1,866	15
16	Fire Alarm System	2005	11,745		20	587	587	2,153	16
17	Fire Alarm System	2005	9,144		20	457	457	1,638	17
18	Hvac Work	2005	14,152		20	708	708	2,418	18
19	Fire Door	2005	1,840		20	92	92	314	19
20	Door Alarms	2005	1,975		20	99	99	337	20
21	Roof Work	2005	5,060		20	253	253	801	21
22	Fire Door	2005	2,560		20	128	128	427	22
23	3 Industrial Grade Faucets	2005	1,825		20	91	91	335	23
24	Chiller Repair	2005	2,680		20	134	134	447	24
25	Closet Doors	2006	6,600		20	330	330	963	25
26	Fire Door	2006	1,840		20	92	92	253	26
27	Motor	2006	1,193		20	60	60	149	27
28	Hvac	2006	2,216		20	111	111	240	28
29	Light Fixtures	2006	1,685		20	84	84	176	29
30	Flooring - Tile	2006	5,598		20	280	280	583	30
31	Boiler Pump	2006	12,000		20	600	600	1,300	31
32	Elevator Work	2006	4,202		20	210	210	613	32
33	Elevator Work	2006	4,376		20	219	219	583	33
34	TOTAL (lines 1 thru 33)		\$ 8,953,990	\$ 411,172		\$ 307,753	\$ (103,419)	\$ 2,120,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 8,953,990	\$ 411,172		\$ 307,753	\$ (103,419)	\$ 2,120,458	1
2	Fire Alarm Work	2006	10,992		20	550	550	1,374	2
3	Fire Doors	2006	15,205		20	760	760	1,901	3
4	Cubicle Curtains	2006	2,130		20	107	107	231	4
5	Cubicle Curtains	2006	2,918		20	146	146	316	5
6	Walk-In Cooler	2006	3,212		20	161	161	348	6
7	Fire Alarm Generator	2006	3,739		20	187	187	405	7
8	Electrical Work	2006	3,660		20	183	183	519	8
9	Boiler	2006	2,611		20	131	131	305	9
10	Door Hardware	2007	11,100		20	555	555	879	10
11	Elevator Work	2007	7,950		20	398	398	596	11
12	Sewage Pumps	2007	13,224		20	661	661	1,212	12
13	Water Heaters	2007	15,665		20	783	783	1,436	13
14	Fire Door	2007	2,730		20	137	137	262	14
15	Drainage Work	2007	3,360		20	168	168	322	15
16	Motor	2007	2,134		20	213	213	267	16
17	Kitchen Fan	2007	2,924		20	292	292	341	17
18	Boiler Work	2007	7,599		20	380	380	443	18
19	Hvac Work	2007	11,355		20	568	568	615	19
20	Window Screen	2007	7,934		20			7,934	20
21	Fire Door	2007	1,725		20	173	173	345	21
22	Light Fixtures	2007	1,532		20	153	153	306	22
23	Flooring	2007	4,130		20	207	207	396	23
24	Boiler Work	2007	3,560		20	178	178	356	24
25	Fire Door	2007	1,940		20	194	194	356	25
26	Fire Doors	2007	8,500		20	425	425	744	26
27	Fire Doors	2007	1,860		20	93	93	163	27
28	Elevator Work	2007	99,000		20	4,950	4,950	8,250	28
29	Elevator Work	2007	10,792		20	540	540	899	29
30	Elevator Work	2007	56,475		20	2,824	2,824	4,706	30
31	Boiler	2007	7,789		20	389	389	422	31
32	Hvac	2007	16,516		20	826	826	895	32
33	Smoke Detectors	2007	3,157		20	316	316	579	33
34	TOTAL (lines 1 thru 33)		\$ 9,301,408	\$ 411,172		\$ 325,401	\$ (85,771)	\$ 2,158,581	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 9,301,408	\$ 411,172		\$ 325,401	\$ (85,771)	\$ 2,158,581	1
2	Electrical Work	2007	3,850		20	385	385	513	2
3	Fire Alarms	2007	2,727		20	273	273	409	3
4	Hvac - Cooling Tower	2008	8,194		20	626	626	626	4
5	Roofing	2008	24,865		20	2,279	2,279	2,279	5
6	Tuckpointing	2008	4,395		20	403	403	403	6
7	Flooring & Handrails	2008	94,561		20	7,880	7,880	7,880	7
8	Lobby Renovation	2008	29,775		20	2,481	2,481	2,481	8
9	Elevator Work	2008	18,400		20	690	690	690	9
10	Lighting & Ceiling	2008	25,389		20	1,904	1,904	1,904	10
11	Electrical	2008	14,256		20	950	950	950	11
12	Electrical	2008	9,439		20	629	629	629	12
13	Cooling Tower Wiring	2008	4,570		20	254	254	254	13
14	Elevator Sill	2008	6,583		20	219	219	219	14
15	Hvac Valve & Pump	2008	2,811		20	137	137	137	15
16	Handrails	2008	76,568		20	4,466	4,466	4,466	16
17	True-Blue Painting	2008	149,750		20	7,488	7,488	7,488	17
18	Hot Water System	2008	12,194		20	610	610	610	18
19	Doors	2008	21,750		20	1,088	1,088	1,088	19
20	Flooring	2008	15,134		20	631	631	631	20
21	Nurse Station - Relaminate	2008	4,760		20	397	397	397	21
22	Elevator Cabs	2008	44,262		20	738	738	738	22
23	Drapes & Cubicle Curtains	2008	24,279		20	1,619	1,619	1,619	23
24	Fencing	2008	6,935		20	154	154	154	24
25	Satellite/Cable Wiring	2008	22,400		20	560	560	560	25
26	Landscaping	2008	24,557		20	409	409	409	26
27	City Neon Signs	2008	16,000		20	267	267	267	27
28	2Nd Floor Renovation- Flooring/Wall Work/Ceiling/Lighting	2008	31,656		20	2,110	2,110	2,110	28
29	Hvac Repairs	2008	7,274		20				29
30	Pump Seal Replace	2008	2,629		20				30
31	Emergency Generator Repair	2008	5,070		20				31
32	Painting / Patching	2008	6,600		20				32
33	Reclaimer Pumps	2008	2,593		20				33
34	TOTAL (lines 1 thru 33)		\$ 10,025,634	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

Report Period Beginning:

01/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,025,634	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2	Fire Alarm Repair	2008	2,533		20				2
3	Sprinkler System Repair	2008	3,762		20				3
4	Fire Alarms	2008	5,720		20				4
5	Elevator Valve Replacement	2008	3,464		20				5
6									6
7									7
8									8
9									9
10									10
11									11
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

Report Period Beginning:

01/01/08

Ending:

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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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
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8									8
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 12I, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
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10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 12L, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	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)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	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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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

Report Period Beginning:

01/01/08

Ending:

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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		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 12O, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 12P, Carried Forward		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,113	\$ 411,172		\$ 365,048	\$ (46,124)	\$ 2,198,492	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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 OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	216		2003	1976	\$ 7,013,521	\$ 186,252	35	\$ 200,386	\$ 14,134	\$ 1,242,099	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Elevator Work		2003		67,488	1,753	20	3,374	1,621	17,153	9
10	Roof Work		2005		98,265	2,520	20	4,913	2,393	16,378	10
11	HVAC Chiller		2005		52,295	6,024	20	2,615	(3,409)	9,152	11
12	Rooftop Cooling Tower		2006		23,800	4,570	20	2,380	(2,190)	6,148	12
13	A/C Chiller		2006		48,000	15,360	20	9,600	(5,760)	19,200	13
14	Carpet		2008		5,496	3,297	20	733	(2,564)	733	14
15	Camera / Video System		2008		11,319	206	20	424	218	424	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 Columbus Park Nrsg & Rehab Center

0037960

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)	\$	7,320,184	\$	219,982	\$	224,425	\$	4,443	\$	1,311,287	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center

0037960

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	SIR-SIR		1993	1993	\$ 36,262	\$ 1,151	35	\$ 1,036	\$ (115)	\$ 16,058	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated - SIR Management		1993		10,010	279	20	496	217	7,940	9
10	Allocated - SIR Management		1994		31	-	20	-		31	10
11	Allocated - SIR Management		1995		229	-	20	11	11	153	11
12	Allocated - SIR Management		1997		15,381	344	20	769	425	9,081	12
13	Allocated - SIR Management		1999		1,209	-	20	61	61	559	13
14	Allocated - SIR Management		1999		12,085	-	20			12,085	14
15	Allocated - SIR Management		2000		1,428	-	20	71	71	610	15
16	Allocated - SIR Management		2007		4,588	-	20	229	229	274	16
17	Allocated - SIR Management		2008		12,643	965		673	(292)	673	17
18							20				18
19	Allocated - SIR Properties - SIR Management		1993		588	3	20	29	26	456	19
20	Allocated - SIR Properties - SIR Management		1994		345	9	20	17	8	250	20
21	Allocated - SIR Properties - SIR Management		1997		137	-	20	7	7	85	21
22	Allocated - SIR Properties - SIR Management		1998		2,196	-	20	110	110	1,153	22
23	Allocated - SIR Properties - SIR Management		1999		4,595	459	20	230	(229)	2,183	23
24	Allocated - SIR Properties - SIR Management		2002		144	-	20	7	7	47	24
25	Allocated - SIR Properties - SIR Management		2007		635	123		32	(91)	63	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 Columbus Park Nrsg & Rehab Center

0037960

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)	\$	102,506	\$	3,333	\$	3,778	\$	445	\$	51,701	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Columbus Park Nrsg & Rehab Center # 0037960 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	\$ 1,711,363	\$ 60,859	\$ 50,740	\$ (10,119)	10	\$ 1,615,149	71
72	Current Year Purchases	285,786	1,293	32,281	30,988	10	32,281	72
73	Fully Depreciated Assets	175,406				10	175,401	73
74								74
75	TOTALS	\$ 2,172,555	\$ 62,152	\$ 83,021	\$ 20,869		\$ 1,822,831	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)	\$ 12,513,668	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 473,324	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 448,069	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (25,255)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,021,323	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A Related Organization Lease

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 6,141 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	<u>Facility</u>	<u>Van</u>	\$ <u>485.28</u>	\$ <u>5,848</u>	17
18	<u>Alloc. - SIR</u>			<u>5,762</u>	18
19					19
20					20
21	TOTAL		\$ 485.28	\$ 11,610	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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	\$		\$ 93,138	\$		\$ 93,138	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			7,441			7,441	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			93,087			93,087	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				102,999		102,999	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						12,357		12,357	13
14	TOTAL			\$		\$ 193,666	\$ 115,356		\$ 309,022	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 Columbus Park Nrsg & Rehab Center# 0037960Report 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	\$ 81,931	\$ 90,997	1
2	Cash-Patient Deposits	74,230	74,230	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,073,155	3,073,155	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	67,326	67,326	6
7	Other Prepaid Expenses	3,505	47,827	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	547	178,814	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,300,694	\$ 3,532,349	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		300,000	13
14	Buildings, at Historical Cost		7,190,593	14
15	Leasehold Improvements, at Historical Cost	1,797,213	1,797,213	15
16	Equipment, at Historical Cost	1,347,521	2,834,009	16
17	Accumulated Depreciation (book methods)	(1,246,408)	(4,112,484)	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>		113,720	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,898,326	\$ 8,123,051	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,199,020	\$ 11,655,400	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 395,330	\$ 395,329	26
27	Officer's Accounts Payable	7,819	7,819	27
28	Accounts Payable-Patient Deposits	75,849	75,849	28
29	Short-Term Notes Payable	3,710,852	3,710,852	29
30	Accrued Salaries Payable	363,948	363,948	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,374	24,374	31
32	Accrued Real Estate Taxes(Sch.IX-B)		235,100	32
33	Accrued Interest Payable		49,397	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	17,000	17,000	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	39,319	39,319	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,634,491	\$ 4,918,987	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,454,350	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)	\$	\$ 10,454,350	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,634,491	\$ 15,373,337	46
47	TOTAL EQUITY(page 18, line 24)	\$ 564,529	\$ (3,717,937)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,199,020	\$ 11,655,400	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 757,354	1
2	Restatements (describe):		2
3	<u>Rounding</u>	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 757,357	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(192,828)	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)	\$ (192,828)	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)	\$ 564,529	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Center

0037960

Report Period Beginning: 01/01/08

Ending: 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	\$ 8,435,104	1
2	Discounts and Allowances for all Levels	(276,690)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,158,414	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	492,580	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 492,580	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	98,952	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,256	19
20	Radiology and X-Ray	1,530	20
21	Other Medical Services	7,057	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 108,795	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,589	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,589	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	17	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,769,395	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,653,665	31
32	Health Care	3,237,749	32
33	General Administration	2,158,347	33
B. Capital Expense			
34	Ownership	1,484,856	34
C. Ancillary Expense			
35	Special Cost Centers	309,022	35
36	Provider Participation Fee	118,584	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,962,223	40
41	Income before Income Taxes (line 30 minus line 40)**	(192,828)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (192,828)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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 Columbus Park Nrsg & Rehab Center

0037960

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	1,913	2,091	\$ 80,853	\$ 38.67	1
2	Assistant Director of Nursing	2,460	2,585	83,255	32.21	2
3	Registered Nurses	13,147	14,215	358,450	25.22	3
4	Licensed Practical Nurses	29,844	31,858	751,808	23.60	4
5	CNAs & Orderlies	94,898	101,841	1,030,778	10.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,251	10,292	142,108	13.81	8
9	Activity Director	1,688	1,809	20,198	11.17	9
10	Activity Assistants	8,618	9,318	87,610	9.40	10
11	Social Service Workers	12,285	13,374	177,133	13.24	11
12	Dietician					12
13	Food Service Supervisor	1,895	2,091	40,848	19.54	13
14	Head Cook	4,692	5,115	47,447	9.28	14
15	Cook Helpers/Assistants	17,826	19,319	178,739	9.25	15
16	Dishwashers					16
17	Maintenance Workers	3,895	4,262	54,602	12.81	17
18	Housekeepers	23,714	25,379	241,317	9.51	18
19	Laundry	8,578	9,188	81,027	8.82	19
20	Administrator	1,976	2,200	88,353	40.16	20
21	Assistant Administrator	2,008	2,200	47,881	21.76	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,923	12,641	144,755	11.45	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	5,910	6,480	138,650	21.40	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	256,521	276,258	\$ 3,795,812 *	\$ 13.74	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	Monthly	\$ 17,528	01-03	35
36	Medical Director	Monthly	7,200	09-03	36
37	Medical Records Consultant	Monthly	4,320	10-03	37
38	Nurse Consultant	Monthly	46,656	10-03	38
39	Pharmacist Consultant	Monthly	3,534	10-03	39
40	Physical Therapy Consultant	116	6,558	10a-03	40
41	Occupational Therapy Consultant	57	3,224	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	41	2,256	10a-03	43
44	Activity Consultant	90	4,430	11-03	44
45	Social Service Consultant	48	2,618	12-03	45
46	Other(specify) Food Service Dir	Monthly	23,328	01-03	46
47	Psychiatric MD Consultant	Monthly	3,600	12-03	47
48	Specialized Service Consultant	Monthly	23,328	12-03	48
49	TOTAL (lines 35 - 48)	352	\$ 148,580		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses			50	
51	Licensed Practical Nurses	2,404	86,321	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	2,404	\$ 86,321		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Columbus Park Nrsng & Rehab Center

0037960

Report Period Beginning: 01/01/08

Ending: 12/31/08

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Martin Lee	Admin	0	\$ 88,353	Workers' Compensation Insurance	\$ 100,889	IDPH License Fee	\$ 1,116	
Maria Green	Asst. Admin	0	47,881	Unemployment Compensation Insurance	55,505	Advertising: Employee Recruitment	21,346	
				FICA Taxes	284,532	Health Care Worker Background Check	2,270	
				Employee Health Insurance	220,000	(Indicate # of checks performed)		
				Employee Meals	30,524	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Advertising & Promotion	10,059	
				Chicago Head Tax	7,140	Yellow Pages	4,890	
				401K Matching	5,355	Dues & Subscriptions	11,663	
				Other Employee Benefits	9,531	Licenses & Permits	13,294	
						See Supplemental Schedule	1,817	
						Less: Public Relations Expense	()	
						Non-allowable advertising	(10,059)	
						Yellow page advertising	(4,890)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 713,476	\$ 51,506		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Dues-Owners Council - SIR Management							Out-of-State Travel	
\$ 11,664							\$	
Director of Administrative Service - SIR Management								
46,656								
Ancillary Administrative Charges - SIR Management							In-State Travel	
47,952								
See Supplemental Schedule								
509,249								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 615,521				\$			4,189	
							Allocated - SIR Management	
							565	
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
							\$ 4,754	
C. Professional Services								
Vendor/Payee								
Type								
Amount								
SIR Management								
Bookkeeping								
\$ 90,720								
Kessler Orlean								
Accounting								
625								
SIR Management								
Accounting								
36,000								
FR & R								
Accounting								
18,240								
Personnel Planners, Inc								
Unemployment Consult.								
2,222								
SIR Management								
Dir. Of Regulatory Serv.								
23,328								
LTC Solutions								
Computer Support								
1,700								
eHealth Data Solution								
MDS Software								
2,350								
Boyer & Associates, LLC								
MDS Audit Consulting								
2,228								
Pinnacle								
Customer Satisfsaction								
2,726								
SIR Management								
Legal (adj. page 5a)								
3,882								
See Supplemental Schedule								
325								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL				
\$ 184,346				\$				

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Facility Name & ID Number Columbus Park Nrsg & Rehab 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			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
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13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$14,856.48; IL Assoc. HC \$2592
- (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. \$ 20,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 118,584
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. \$ 30,524 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? N/A
- 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? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT