

Facility Name & ID Number Dolton Healthcare Centre# 0043141 Report Period Beginning: 1-Jan-2008 Ending: 31-Dec-2008

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 _____

	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	40	Skilled (SNF)	40	14,640	1
2		Skilled Pediatric (SNF/PED)			2
3	40	Intermediate (ICF)	40	14,640	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	80	TOTALS	80	29,280	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	10,232	460	2,792	13,484	8
9	SNF/PED					9
10	ICF	10,081	259	22	10,362	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,313	719	2,814	23,846	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.44%

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

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

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

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

NoneF. 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 1st Oct 1997

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

YES Date 1st Oct 1997 NO

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

YES NO If YES, enter number of beds certified 40 and days of care provided 2,771Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 31st Dec 2008 Fiscal Year: 31st Dec 2008

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

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	200,221	43,720	5,237	249,178		249,178		249,178			1
2	Food Purchase		163,899		163,899	(15,127)	148,772	(43)	148,729			2
3	Housekeeping	112,372	45,593		157,965		157,965		157,965			3
4	Laundry	62,838	44,592	259	107,689		107,689		107,689			4
5	Heat and Other Utilities			123,666	123,666		123,666		123,666			5
6	Maintenance	38,942	29,865	34,116	102,923		102,923	4,782	107,705			6
7	Other (specify):*											7
8	TOTAL General Services	414,373	327,669	163,278	905,320	(15,127)	890,193	4,739	894,932			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	1,493,260	176,519	3,128	1,672,907		1,672,907		1,672,907			10
10a	Therapy											10a
11	Activities	88,265	15,176	588	104,029		104,029		104,029			11
12	Social Services	27,760		2,296	30,056		30,056		30,056			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,609,285	191,695	12,012	1,812,992		1,812,992		1,812,992			16
	C. General Administration											
17	Administrative	63,564		100,800	164,364		164,364	(23,627)	140,737			17
18	Directors Fees											18
19	Professional Services			54,048	54,048		54,048	2,586	56,634			19
20	Dues, Fees, Subscriptions & Promotions			12,639	12,639		12,639	(6,866)	5,773			20
21	Clerical & General Office Expenses	93,794	20,997	492,206	606,997		606,997	(427,458)	179,539			21
22	Employee Benefits & Payroll Taxes			370,737	370,737	15,127	385,864	7,037	392,901			22
23	Inservice Training & Education							96	96			23
24	Travel and Seminar			4,205	4,205		4,205	192	4,397			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			135,869	135,869		135,869		135,869			26
27	Other (specify):* *Payroll Taxes (Sch VII)**							9,795	9,795			27
28	TOTAL General Administration	157,358	20,997	1,170,504	1,348,859	15,127	1,363,986	(438,245)	925,741			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,181,016	540,361	1,345,794	4,067,171		4,067,171	(433,506)	3,633,665			29

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

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 Dolton Healthcare Centre

#0043141

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			72,047	72,047		72,047	13,527	85,574			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							(1,132)	(1,132)			32
33	Real Estate Taxes			211,994	211,994		211,994		211,994			33
34	Rent-Facility & Grounds			356,817	356,817		356,817		356,817			34
35	Rent-Equipment & Vehicles			365	365		365		365			35
36	Other (specify):*											36
37	TOTAL Ownership			641,223	641,223		641,223	12,395	653,618			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,902	284,601	390,503		390,503		390,503			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			43,920	43,920		43,920		43,920			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		105,902	328,521	434,423		434,423		434,423			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,181,016	646,263	2,315,538	5,142,817		5,142,817	(421,111)	4,721,706			45

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

Facility Name & ID Number Dolton Healthcare Centre

0043141

Report Period Beginning:

1-Jan-2008

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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	9,762	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(43)	2		13
14	Non-Care Related Interest	(42,544)	32		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		24		19
20	Contributions	(400)	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	(466,762)	21		24
25	Fund Raising, Advertising and Promotional	(26,683)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax		21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(154)	20		28
29	Other-Attach Schedule	2,721	6		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (524,103)		\$	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)	102,992	Page 6	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 102,992		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (421,111)		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

Dolton Healthcare Centre

ID# 0043141

Report Period Beginning: 1-Jan-2008

Ending: 31-Dec-2008

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Deferred Maintenance Cost (incurred in 2008)	\$ (1,275)	6	1
2	Deferred Maintenance Cost (allocated for 2008)	3,996	6	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	2,721		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Dolton Healthcare Centre# 0043141

Report Period Beginning:

1-Jan-2008

Ending:

31-Dec-2008

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(43)	0	0	0	0	0	0	0	0	0	0	(43)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	2,721	2,061	0	0	0	0	0	0	0	0	0	4,782	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	2,678	2,061	0	4,739	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(23,627)	0	0	0	0	0	0	0	0	0	(23,627)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,586	0	0	0	0	0	0	0	0	0	2,586	19
20	Fees, Subscriptions & Promotions	(27,237)	20,371	0	0	0	0	0	0	0	0	0	(6,866)	20
21	Clerical & General Office Expenses	(466,762)	39,304	0	0	0	0	0	0	0	0	0	(427,458)	21
22	Employee Benefits & Payroll Taxes	0	7,037	0	0	0	0	0	0	0	0	0	7,037	22
23	Inservice Training & Education	0	96	0	0	0	0	0	0	0	0	0	96	23
24	Travel and Seminar	0	192	0	0	0	0	0	0	0	0	0	192	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	9,795	0	0	0	0	0	0	0	0	0	9,795	27
28	TOTAL General Administration	(493,999)	55,754	0	(438,245)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(491,321)	57,815	0	(433,506)	29								

STATE OF ILLINOIS

Facility Name & ID Number Dolton Healthcare Centre

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Report Period Beginning:

1-Jan-2008 Ending:

Summary B

31-Dec-2008

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	9,762	3,765	0	0	0	0	0	0	0	0	0	13,527	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(42,544)	41,412	0	0	0	0	0	0	0	0	0	(1,132)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(32,782)	45,177	0	12,395	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(524,103)	102,992	0	(421,111)	45								

Facility Name & ID Number Dolton Healthcare Centre

0043141

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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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	17 Management Fee Income	\$ 100,800	Lancaster, Ltd.	100.00%	\$	\$ (100,800)	1
2	V	17 Officers Salary		Lancaster, Ltd.	100.00%	43,048	43,048	2
3	V	19 Professional Services		Lancaster, Ltd.	100.00%	2,586	2,586	3
4	V	21 Clerical Expenses		Lancaster, Ltd.	100.00%	39,304	39,304	4
5	V	22 Employee Benefits		Lancaster, Ltd.	100.00%	7,037	7,037	5
6	V	24 Seminars & Travel		Lancaster, Ltd.	100.00%	192	192	6
7	V	17 Administrative Consulting		Lancaster, Ltd.	100.00%	34,125	34,125	7
8	V	20 Marketing, Fees & Subscriptions		Lancaster, Ltd.	100.00%	20,371	20,371	8
9	V	30 Depreciation		Lancaster, Ltd.	100.00%	3,765	3,765	9
10	V	27 Payroll Taxes (Staff & Officers)		Lancaster, Ltd.	100.00%	9,795	9,795	10
11	V	23 Education & Inservice		Lancaster, Ltd.	100.00%	96	96	11
12	V	6 Repairs & Maintenance		Lancaster, Ltd.	100.00%	2,061	2,061	12
13	V	32 *Direct Interest*		Lancaster, Ltd.	100.00%	41,412	41,412	13
14	Total		\$ 100,800			\$ 203,792	\$ * 102,992	14

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

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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	Christopher Vicere	VP-Finance	Administrative		See attached	6	12.50	Lancaster	\$ 21,524	17-7	1
2	Cheryl Morris	VP-Operations	Administrative		See attached	6	12.50	Lancaster	21,524	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 43,048		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.

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Report Period Beginning:

1-Jan-2008

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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 Lancaster, Ltd.
 Street Address 5061 N. Pulaski Road,
 City / State / Zip Code Chicago, IL 60630
 Phone Number (773) 604-4416
 Fax Number (773) 478-1192

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	17	Christopher Vicere	Hours Worked	48	7	\$ 172,189	\$ 172,189	6	\$ 21,524	1
2	27	Christopher Vicere-payroll tax	Hours Worked	48	7	9,309		6	1,164	2
3	17	Cheryl Morris	Hours Worked	48	7	172,189	172,189	6	21,524	3
4	27	Cheryl Morris-payroll tax	Hours Worked	48	7	9,309		6	1,164	4
5										5
6										6
7										7
8										8
9										9
10	19	Professional Services	Management Fees	1,694,700	7	43,482		100,800	2,586	10
11	21	Clerical Expenses	Management Fees	1,694,700	7	660,800	590,769	100,800	39,304	11
12	22	Employee Benefits	Management Fees	1,694,700	7	118,314		100,800	7,037	12
13	24	Seminars and Travel	Management Fees	1,694,700	7	3,223		100,800	192	13
14	17	Administrative Consulting	Management Fees	1,694,700	7	573,729	573,729	100,800	34,125	14
15	20	Marketing Fees	Management Fees	1,694,700	7	336,332	316,659	100,800	20,005	15
16	30	Depreciation	Management Fees	1,694,700	7	63,305		100,800	3,765	16
17	20	Dues, Fees and Subscriptions	Management Fees	1,694,700	7	6,153		100,800	366	17
18	27	Payroll Taxes	Management Fees	1,694,700	7	125,546		100,800	7,467	18
19	23	Education and Inservice	Management Fees	1,694,700	7	1,615		100,800	96	19
20	6	Repairs and Maintenance	Management Fees	1,694,700	7	34,646		100,800	2,061	20
21	32	*Direct Interest*							41,412	21
22										22
23										23
24										24
25	TOTALS					\$ 2,330,141	\$ 1,825,534		\$ 203,792	25

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2007 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 211,994	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 211,994	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 211,994	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	174,711	8
	2004	188,292	9
	2005	201,292	10
	2006	195,456	11
	2007	211,994	12
Accrual is based on weighted average of last 4 year's taxes; adjusted for inflation			
FOR BHF USE ONLY			
	13	FROM R. E. TAX STATEMENT FOR 2007 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

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 Dolton Healthcare Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0043141

CONTACT PERSON REGARDING THIS REPORT Christopher Vicere

TELEPHONE (773) 604 - 4416 FAX #: (773) 478 - 1192

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>29-02-422-056-0000</u>	<u>Long-Term Healthcare</u>	\$ <u>190,083.39</u>	\$ <u>190,083.39</u>
2. <u>29-02-422-001-0000</u>	<u>Long-Term Healthcare</u>	\$ <u>21,910.98</u>	\$ <u>21,910.98</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>211,994.37</u>	\$ <u>211,994.37</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? YES X 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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 17,952 B. General Construction Type: Exterior Brick Frame _____ Number of Stories _____

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				\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Dolton Healthcare Centre

0043141

Report Period Beginning:

1-Jan-2008 Ending: 31-Dec-2008

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	80				\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Excavation and Site Work		2000	36,732	2,169	20	2,169		22,636	9
10		Concrete Work		2000	23,650	606	20	606		5,177	10
11		Masonry Work		2000	35,757	917	20	917		7,832	11
12		Steel and Erection		2000	24,818	636	20	636		5,433	12
13		Roofing		2000	15,130	388	20	388		3,314	13
14		Storm Drainage		2000	15,740	929	20	929		9,697	14
15		Plumbing		2000	38,800	995	20	995		8,499	15
16		Fire Alarm System & Protection		2000	33,664	863	20	863		7,372	16
17		Heating & Cooling		2000	26,640	683	20	683		5,834	17
18		Electrical		2000	58,592	1,502	20	1,502		12,831	18
19		Nurses' Call System		2000	12,691	325	20	325		2,777	19
20		Phase I Expansion		2000	257,605	6,605	20	6,605		56,418	20
21		Hand Rails		2001	5,424	139	20	139		1,048	21
22		Alarm Systems		2001	3,734	96	20	96		724	22
23		Electrical		2001	2,149	55	20	55		415	23
24		Wall Coverings		2001	7,602	195	20	195		1,471	24
25		Fire Proofing		2001	4,301	110	20	110		830	25
26		Construction		2001	125,945	3,229	20	3,229		24,354	26
27		Interior Design		2001	22,500	577	20	577		4,351	27
28		Architectural		2001	40,401	1,036	20	1,036		7,813	28
29		Flooring		2001	4,478	115	20	115		867	29
30		Signage		2001	3,832	98	20	98		739	30
31		Plumbing		2001	2,400	62	20	62		467	31
32		Fire Dampers		2001	8,462	217	20	217		1,546	32
33		Fire Security Board		2002	4,500		20	643	643	4,339	33
34		Roofing		2002	10,820	277	20	1,082	805	6,763	34
35		MDP Panel/Ducting		2002	4,159	107	20	416	309	2,531	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

Facility Name & ID Number Dolton Healthcare Centre

0043141

Report Period Beginning:

1-Jan-2008

Ending:

31-Dec-2008

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Roofing Stage 1	2003	\$ 8,020	\$ 206	10	\$ 802	\$ 596	\$ 4,612	37
38	Walkway	2003	968	25	10	97	72	550	38
39	Gutters & Scuppers	2003	6,460	166	10	646	480	3,607	39
40	Roofing Stage 2	2003	10,400	267	10	1,040	773	5,547	40
41	Electronic Egress Door	2004	3,007	77	10	301	224	1,480	41
42	6 Steel Doors & Frames	2004	10,152	260	10	1,015	755	4,398	42
43	Vinyl Tiles in Corridor	2004	1,939	50	10	194	144	824	43
44	2 Steel Doors	2004	4,489	115	10	449	334	1,908	44
45	Refurbishing of 22 Rooms	2004	10,900	279	10	1,090	811	5,359	45
46	Magnetic Lock Door	2005	2,245	58	10	225	167	843	46
47	Garden Landscaping	2005	14,835	1,142	10	1,484	342	5,317	47
48	Patio & Retaining Wall	2005	17,430	1,341	10	1,743	402	6,246	48
49	Ornamental Steel Fence	2005	4,595	354	10	460	106	1,610	49
50	Nursing Station & Laundry Room	2006	12,538	321	10	1,254	933	3,657	50
51	Rewiring of Laundry Room Electrical Circuit	2006	21,588	3,501	10	3,931	430	10,648	51
52	Construction of Therapy Room	2006	23,580	605	10	2,358	1,753	5,306	52
53	Exit Devices with Trim	2008	1,910	1,146	10	159	(987)	159	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)		\$ 985,582	\$ 32,844		\$ 41,936	\$ 9,092	\$ 268,149	70

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

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	\$ 215,942	\$ 27,603	\$ 35,732	\$ 8,129		\$ 133,892	71
72	Current Year Purchases	16,230	9,738	1,283	(8,455)		1,283	72
73	Fully Depreciated Assets	253,276	1,862	2,858	996		253,276	73
74	** Lancaster Allocation**		3,765	3,765			4,680	74
75	TOTALS	\$ 485,448	\$ 42,968	\$ 43,638	\$ 670		\$ 393,131	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)	\$ 1,471,030	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 75,812	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 85,574	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,762	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 661,280	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Dolton Associates (An Unrelated Entity)

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>354,597</u>			3
4	Additions							4
5			<u>**Off-site Public Storage Space**</u>		<u>2,220</u>			5
6								6
7	TOTAL				\$ <u>356,817</u>			7

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: \$ 365 Description: Dish Washer @\$68.95 for Jan '08 New Dish Washer @73.95 per month eff. Sept to December'08

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2009</u>	\$ <u>357,654</u>
13.	<u>12/31/2010</u>	\$ <u>366,825</u>
14.	<u>12/31/2011</u>	\$ <u>366,825</u>

* 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.

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	39-3	hrs	\$		\$ 136,214	\$		\$ 136,214	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			16,068			16,068	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			132,319			132,319	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescripts				94,203		94,203	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): **Medical Supplies**	39-2					8,657		8,657	12
13	Other (specify): **Speciality Beds**	39-2					3,042		3,042	13
14	TOTAL			\$		\$ 284,601	\$ 105,902		\$ 390,503	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.

Facility Name & ID Number Dolton Healthcare Centre# 0043141Report Period Beginning: 1-Jan-2008

Ending:

31-Dec-2008

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 31-Dec-2008

(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	\$ 150	\$	1
2	Cash-Patient Deposits	26,257		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,214,966		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,200		6
7	Other Prepaid Expenses	3,048		7
8	Accounts Receivable (owners or related parties)	941,328		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,208,949	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	985,583		15
16	Equipment, at Historical Cost	485,448		16
17	Accumulated Depreciation (book methods)	(645,065)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 825,966	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,034,915	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 91,953	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,257		28
29	Short-Term Notes Payable	121,549		29
30	Accrued Salaries Payable	180,012		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,090		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 427,861	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 427,861	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,607,054	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,034,915	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,396,969	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,396,969	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(789,915)	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)	\$ (789,915)	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)	\$ 2,607,054	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **Dolton Healthcare Centre**

0043141

Report Period Beginning: **1-Jan-2008**

Ending: **31-Dec-2008**

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	\$ 4,630,977	1
2	Discounts and Allowances for all Levels	(1,097,235)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,533,742	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	654,968	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 654,968	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	106,414	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,088	19
20	Radiology and X-Ray	2,210	20
21	Other Medical Services	9,913	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 120,625	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	42,544	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 42,544	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	**Vending Commissions**	1,023	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,023	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,352,902	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	905,320	31
32	Health Care	1,812,992	32
33	General Administration	1,348,859	33
B. Capital Expense			
34	Ownership	641,223	34
C. Ancillary Expense			
35	Special Cost Centers	390,503	35
36	Provider Participation Fee	43,920	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,142,817	40
41	Income before Income Taxes (line 30 minus line 40)**	(789,915)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (789,915)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation. **Cash Basis Taxpayer

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

**Adjusted Page 5 & 9

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

Facility Name & ID Number Dolton Healthcare Centre

0043141

Report Period Beginning:

1-Jan-2008

Ending:

31-Dec-2008

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,037	2,208	\$ 78,812	\$ 35.69	1
2	Assistant Director of Nursing					2
3	Registered Nurses	20,574	21,621	590,849	27.33	3
4	Licensed Practical Nurses	8,681	9,418	223,874	23.77	4
5	CNAs & Orderlies	57,081	61,432	599,725	9.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,937	2,151	31,731	14.75	9
10	Activity Assistants	4,992	5,847	56,534	9.67	10
11	Social Service Workers	1,628	1,804	27,760	15.39	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,894	18,821	200,221	10.64	15
16	Dishwashers					16
17	Maintenance Workers	2,033	2,291	38,942	17.00	17
18	Housekeepers	10,751	11,588	112,372	9.70	18
19	Laundry	5,942	6,507	62,838	9.66	19
20	Administrator	1,989	2,198	63,564	28.92	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,973	7,537	93,794	12.44	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	141,512	153,423	\$ 2,181,016 *	\$ 14.22	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	109	\$ 5,237	1-3	35
36	Medical Director	180	6,000	9-3	36
37	Medical Records Consultant	32	1,528	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	13	588	11-3	44
45	Social Service Consultant	63	2,296	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	397	\$ 15,649		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	40	\$ 1,600	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	40	\$ 1,600		53

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	Painting & Decorating	10/2001	\$ 11,652	3	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Painting & Decorating	7/2003	11,344	3	3,781	1,891							
3	Painting & Decorating	3/2006	8,720	3		1,453	2,907	2,907	1,453				
4	Painting & Decorating	1/2007	1,267	3			422	422	423				
5	Painting & Decorating	2/2007	726	3			242	242	242				
6	Painting & Decorating	10/2008	1,275	3				425	425	425			
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 34,984		\$ 3,781	\$ 3,344	\$ 3,571	\$ 3,996	\$ 2,543	\$ 425	\$	\$	\$

