

Facility Name & ID Number The Imperial Grove Pavilion

0037754 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,768</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,768</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>57,474</u>	<u>7,810</u>	<u>23,123</u>	<u>88,407</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>57,474</u>	<u>7,810</u>	<u>23,123</u>	<u>88,407</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.40%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 01/31/92

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

YES Date 01/01/98 NO

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

YES NO If YES, enter number of beds certified 248 and days of care provided 20,691

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 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	508,869	95,136	23,358	627,363		627,363	5,213	632,576		1
2	Food Purchase		599,790		599,790		599,790	(52,568)	547,222		2
3	Housekeeping	360,195	97,338	400	457,933		457,933	9,633	467,566		3
4	Laundry	110,721	18,960		129,681		129,681		129,681		4
5	Heat and Other Utilities			513,413	513,413		513,413	6,137	519,550		5
6	Maintenance	120,967	148,154	107,710	376,831		376,831	14,230	391,061		6
7	Other (specify):*										7
8	TOTAL General Services	1,100,752	959,378	644,881	2,705,011		2,705,011	(17,355)	2,687,656		8
	B. Health Care and Programs										
9	Medical Director			40,000	40,000		40,000		40,000		9
10	Nursing and Medical Records	4,319,679	334,466	78,878	4,733,023		4,733,023	26,772	4,759,795		10
10a	Therapy	598,906		539,512	1,138,418		1,138,418		1,138,418		10a
11	Activities	288,064	21,007		309,071		309,071	1,234	310,305		11
12	Social Services	64,202		47,516	111,718		111,718	239,605	351,323		12
13	CNA Training										13
14	Program Transportation							23,930	23,930		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,270,851	355,473	705,906	6,332,230		6,332,230	291,541	6,623,771		16
	C. General Administration										
17	Administrative	338,461		694,800	1,033,261		1,033,261	(572,477)	460,784		17
18	Directors Fees										18
19	Professional Services			85,668	85,668		85,668	(9,551)	76,117		19
20	Dues, Fees, Subscriptions & Promotions			92,131	92,131		92,131	(4,902)	87,229		20
21	Clerical & General Office Expenses	559,476	157,243	245,361	962,080		962,080	(296,882)	665,198		21
22	Employee Benefits & Payroll Taxes			1,469,563	1,469,563		1,469,563	52,568	1,522,131		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,124	14,124		14,124	3,023	17,147		24
25	Other Admin. Staff Transportation			34,832	34,832		34,832	(22,417)	12,415		25
26	Insurance-Prop.Liab.Malpractice			234,089	234,089		234,089	17,753	251,842		26
27	Other (specify):* Home Office Benefit							42,119	42,119		27
28	TOTAL General Administration	897,937	157,243	2,870,568	3,925,748		3,925,748	(790,766)	3,134,982		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,269,540	1,472,094	4,221,355	12,962,989		12,962,989	(516,580)	12,446,409		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 The Imperial Grove Pavilion

#0037754

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			197,155	197,155		197,155	517,842	714,997			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			96,821	96,821		96,821	838,508	935,329			32
33	Real Estate Taxes							336,519	336,519			33
34	Rent-Facility & Grounds			1,755,813	1,755,813		1,755,813	(1,755,301)	512			34
35	Rent-Equipment & Vehicles			24,527	24,527		24,527	6,714	31,241			35
36	Other (specify):* Mtg. Insurance							77,622	77,622			36
37	TOTAL Ownership			2,074,316	2,074,316		2,074,316	21,904	2,096,220			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		775,580	30,015	805,595		805,595		805,595			39
40	Barber and Beauty Shops			160,423	160,423		160,423		160,423			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,152	136,152		136,152		136,152			42
43	Other (specify):* Non-allowable cost			545,553	545,553		545,553	(551,993)	(6,440)			43
44	TOTAL Special Cost Centers		775,580	872,143	1,647,723		1,647,723	(551,993)	1,095,730			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,269,540	2,247,674	7,167,814	16,685,028		16,685,028	(1,046,669)	15,638,359			45

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,240)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	17,660	30		9
10	Interest and Other Investment Income	(26,454)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,365)	43		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	(780)	43		18
19	Entertainment	(27,191)	43		19
20	Contributions	(28,362)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(270,000)	43		24
25	Fund Raising, Advertising and Promotional	(126,818)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(16,440)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See PG 5A</u>	(380,371)	Vari.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (866,361)		\$	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)	(180,308)	Vari.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (180,308)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,046,669)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1				1
2	Labs - Part A	(54,383)	43	2
3	X-Rays - Part A	(20,414)	43	3
4	Offset Misc. Income Copy Med Records	(938)	10	4
5	Offset Miscellaneous Income - Seminar	(950)	21	5
6	To disallow lobbying expense	(6,411)	20	6
7	Disallow Marketing Salaries	(140,683)	43	7
8	Employee Meals Reclass to Employee Benefit	(52,568)	2	8
9	Employee Meals Reclass to Employee Benefit	52,568	22	9
10	Offset Miscellaneous Income - Dinner Tray	(14)	1	10
11	Disallow Non-Allowable Legal Expenses	(21,760)	19	11
12	Adjust Real-Estate Tax Bill	(81,032)	33	12
13	Patient Transportation Cost	23,930	14	13
14	Patient Transportation Cost	(23,930)	25	14
15	Office Reimbursement - Nursing	21,681	10	15
16	Office Reimbursement - Admin	77,844	17	16
17	Office Reimbursement - Marketing	95,126	43	17
18	Office Reimbursement - Clerical	(194,651)	21	18
19	Office Wages - Activities	1,234	11	19
20	Office Wages - Soc Serv.	239,605	12	20
21	Office Wages - Admin	8,786	21	21
22	Office Wages - Marketing	45,557	43	22
23	Office Wages - Clerical	(295,182)	21	23
24	Disallow nonallowable clerical wages	(53,786)	21	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	(380,371)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(14)	0	0	5,227	0	0	0	0	0	0	0	5,213	1
2	Food Purchase	(52,568)	0	0	0	0	0	0	0	0	0	0	(52,568)	2
3	Housekeeping	0	0	0	9,633	0	0	0	0	0	0	0	9,633	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,094	3,043	0	0	0	0	0	0	0	6,137	5
6	Maintenance	0	0	7,055	7,175	0	0	0	0	0	0	0	14,230	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(52,582)	0	10,149	25,078	0	0	0	0	0	0	0	(17,355)	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	20,743	0	0	0	6,029	0	0	0	0	0	0	26,772	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	1,234	0	0	0	0	0	0	0	0	0	0	1,234	11
12	Social Services	239,605	0	0	0	0	0	0	0	0	0	0	239,605	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	23,930	0	0	0	0	0	0	0	0	0	0	23,930	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	285,512	0	0	0	6,029	0	0	0	0	0	0	291,541	16
	C. General Administration													
17	Administrative	77,844	0	(650,321)	0	0	0	0	0	0	0	0	(572,477)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,760)	0	3,118	9,076	15	0	0	0	0	0	0	(9,551)	19
20	Fees, Subscriptions & Promotions	(6,411)	0	448	1,019	42	0	0	0	0	0	0	(4,902)	20
21	Clerical & General Office Expenses	(535,783)	9,996	191,602	34,452	2,851	0	0	0	0	0	0	(296,882)	21
22	Employee Benefits & Payroll Taxes	52,568	0	0	0	0	0	0	0	0	0	0	52,568	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,087	1,936	0	0	0	0	0	0	0	3,023	24
25	Other Admin. Staff Transportation	(23,930)	0	1,461	0	52	0	0	0	0	0	0	(22,417)	25
26	Insurance-Prop.Liab.Malpractice	0	13,860	2,662	1,231	0	0	0	0	0	0	0	17,753	26
27	Other (specify):*	0	0	41,038	0	1,081	0	0	0	0	0	0	42,119	27
28	TOTAL General Administration	(457,472)	23,856	(408,905)	47,714	4,041	0	0	0	0	0	0	(790,766)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(224,542)	23,856	(398,756)	72,792	10,070	0	0	0	0	0	0	(516,580)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	17,660	464,709	10,692	24,781	0	0	0	0	0	0	0	517,842	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(26,454)	821,092	8,027	35,843	0	0	0	0	0	0	0	838,508	32
33	Real Estate Taxes	(81,032)	395,854	9,382	12,315	0	0	0	0	0	0	0	336,519	33
34	Rent-Facility & Grounds	0	(1,755,813)	512	0	0	0	0	0	0	0	0	(1,755,301)	34
35	Rent-Equipment & Vehicles	0	0	3,588	3,126	0	0	0	0	0	0	0	6,714	35
36	Other (specify):*	0	77,622	0	0	0	0	0	0	0	0	0	77,622	36
37	TOTAL Ownership	(89,826)	3,464	32,201	76,065	0	0	0	0	0	0	0	21,904	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):*	(551,993)	0	0	0	0	0	0	0	0	0	0	(551,993)	43
44	TOTAL Special Cost Centers	(551,993)	0	0	0	0	0	0	0	0	0	0	(551,993)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(866,361)	27,320	(366,555)	148,857	10,070	0	0	0	0	0	0	(1,046,669)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Robert Hartman	30%	See Attached Schedule 6A		See Attached Schedule 6B		
Barry Carr	10%					
Michael Harris	20%					
Jack Rajchenbach	20%					
Bernard Hollander	20%					

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	21 Office Expense	\$	The Claridge, L.L.C.	100.00%	\$ 9,996	\$ 9,996	1
2	V	30 Depreciation		The Claridge, L.L.C.	100.00%	464,709	464,709	2
3	V	32 Interest		The Claridge, L.L.C.	100.00%	802,839	802,839	3
4	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	18,253	18,253	4
5	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	395,854	395,854	5
6	V	34 Rent	1,755,813	The Claridge, L.L.C.	100.00%		(1,755,813)	6
7	V	36 Insurance		The Claridge, L.L.C.	100.00%	77,622	77,622	7
8	V	26 Insurance		The Claridge, L.L.C.	100.00%	13,860	13,860	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,755,813			\$ 1,783,133	\$ * 27,320	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	NuCare Management Company	70.00%	\$ 3,094	\$ 3,094
16	V	6 Repairs and Maintenance		NuCare Management Company	70.00%	7,055	7,055
17	V	17 Admin. Salaries - Non Owner	694,800	NuCare Management Company	70.00%	37,147	(657,653)
18	V	19 Professional Services		NuCare Management Company	70.00%	3,118	3,118
19	V	20 Dues and Subscriptions		NuCare Management Company	70.00%	448	448
20	V	21 Clerical		NuCare Management Company	70.00%	191,602	191,602
21	V	24 Education and Seminars		NuCare Management Company	70.00%	1,087	1,087
22	V	25 Auto Expense		NuCare Management Company	70.00%	1,461	1,461
23	V	26 Liability Insurance		NuCare Management Company	70.00%	2,662	2,662
24	V	27 Employee Benefits		NuCare Management Company	70.00%	40,414	40,414
25	V	30 Depreciation		NuCare Management Company	70.00%	11,036	11,036
26	V	32 Interest Expense		NuCare Management Company	70.00%	8,027	8,027
27	V	33 Real Estate Taxes		NuCare Management Company	70.00%	9,382	9,382
28	V	34 Office Rent		NuCare Management Company	70.00%	512	512
29	V	35 Equipment Rent		NuCare Management Company	70.00%	3,588	3,588
30	V	17 Admin. Salaries		NuCare Management Company	70.00%	7,332	7,332
31	V	27 Employee Benefits		NuCare Management Company	70.00%	624	624
32	V	30 Depreciation		NuCare Management Company	70.00%	(344)	(344)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 694,800			\$ 328,245	\$ * (366,555)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1 Dietary	\$	ITEX-A.K. CARE	70.00%	\$ 5,227	\$	5,227	15
16	V	3 Housekeeping		ITEX-A.K. CARE	70.00%	9,633		9,633	16
17	V	5 Utilities		ITEX-A.K. CARE	70.00%	3,043		3,043	17
18	V	6 Repair and Maintenance		ITEX-A.K. CARE	70.00%	7,175		7,175	18
19	V	19 Professional Services		ITEX-A.K. CARE	70.00%	9,076		9,076	19
20	V	20 Dues and Subscriptions		ITEX-A.K. CARE	70.00%	1,019		1,019	20
21	V	21 Clerical		ITEX-A.K. CARE	70.00%	34,452		34,452	21
22	V	24 Education & Seminar		ITEX-A.K. CARE	70.00%	1,936		1,936	22
23	V	26 Insurance		ITEX-A.K. CARE	70.00%	1,231		1,231	23
24	V	30 Depreciation		ITEX-A.K. CARE	70.00%	18,102		18,102	24
25	V	32 Interest		ITEX-A.K. CARE	70.00%	35,843		35,843	25
26	V	33 Real Estate Taxes		ITEX-A.K. CARE	70.00%	12,315		12,315	26
27	V	35 Equipment Rental		ITEX-A.K. CARE	70.00%	3,126		3,126	27
28	V								28
29	V	30 Depreciation		ITEX-A.K. CARE	70.00%	6,679		6,679	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		\$			\$ 148,857	\$ *	148,857	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Clinical Salaries	\$	Clinical Consulting Services, LLC		\$ 6,029	\$ 6,029	15
16	V	19 Professional Fees		Clinical Consulting Services, LLC		15	15	16
17	V	20 Dues, Subscriptions		Clinical Consulting Services, LLC		42	42	17
18	V	21 Office Expense - Wages		Clinical Consulting Services, LLC		2,449	2,449	18
19	V	21 Office Expense		Clinical Consulting Services, LLC		402	402	19
20	V	25 Other Admin Transportation		Clinical Consulting Services, LLC		52	52	20
21	V	27 Employee Benefits		Clinical Consulting Services, LLC		731	731	21
22	V	27 Employee Benefits		Clinical Consulting Services, LLC		350	350	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		\$			\$ 10,070	\$ * 10,070	39

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

NAME OF FACILITY
PROVIDER #
01/01/2008 - 12/31/2008

The Imperial Grove Pavilion
0037754

Schedule 6A

VII. RELATED PARTIES
RELATED NURSING HOMES
PART A COLUMN 2

NAME	CITY
BRONZEVILLE PARK	CHICAGO
CALIFORNIA GARDENS CORP.	CHICAGO
CARLTON AT THE LAKE	CHICAGO
CLAREMONT REHAB & LIVING	BUFFALO GROVE
FOREST VILLA	NILES
GLENVIEW TERRACE N.C.	GLENVIEW
HARMONY HOUSE	CHICAGO
JACKSON CORP.	CHICAGO
MONROE PAVILION	CHICAGO
RENAISSANCE AT 87TH STREET	CHICAGO
RENAISSANCE AT HILLSIDE	HILLSIDE
RENAISSANCE AT MIDWAY	CHICAGO
RENAISSANCE AT SOUTH SHORE	CHICAGO
RENAISSANCE AT PARK SOUTH	CHICAGO
RENAISSANCE AT EAST	MESA, ARIZONA
RENAISSANCE AT WEST	MESA, ARIZONA
RENAISSANCE AT VILLAGE IL	MESA, ARIZONA
RENAISSANCE AT VILLAGE AL	MESA, ARIZONA
WHITEHALL NORTH	DEERFIELD

See Accountants' Compilation Report

NAME OF FACILITY
PROVIDER #
01/01/2008 - 12/31/2008

The Imperial Grove Pavilion
0037754

Schedule 6B

VII. RELATED PARTIES

OTHER RELATED BUSINESS ENTITIES

PART A COLUMN 3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
7257 N. Lincoln Avenue, LLC	Lincolnwood	Building Rental
Clinical Consulting Services, LLC	Lincolnwood	Clinical Consulting
DBD Rehabilitation Serv.	** Chicago	Psychiatric Services
Diamond Insurance	Northbrook	Workers Comp Insurance
ITEX/A.K. Care	Lincolnwood	Bookkeeping Management
JEM Rehabilitation Serv.	** Chicago	Psychiatric Services
JLR Management	Lincolnwood	Management Co.
NuCare Services	Lincolnwood	Bookkeeping Management
Seasons Hospice	** Park Ridge	Hospice
Shaymark	Lincolnwood	Management Co.

** No expense paid by the home to the related entity, therefore, no page 6 or 8 is necessary for this related business.

See Accountants' Compilation Report

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

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	Barry Carr	Administrative	Exec. Admin	10.00	See Schedule 7A	0.85	2.13	Salary	3,014	17(7)	1
2	David Hartman	Administrator	Administrator	0.00	See Schedule 7B	3.41	8.53	Salary	76,401	17(1,7)	2
3	Robert Hartman	Administrative	Administrative	30.00	See Schedule 7C	0.85	2.13	Salary	3,329	17(7)	3
4	Michael Harris	Administrative	Administrative	20.00	See Schedule 7D	16.17	40.43	Salary	83,229	17(1)	4
5	Mark Berger	Administrative	Administrative	0.00	See Schedule 7E	3.41	8.53	Salary	16,646	17(7)	5
6	Mark Hartman	Administrative	Administrative	0.00	See Schedule 7F	40	100.00	Salary	25,258	17(1,7)	6
7	Gerry Jenich	Administrative	Administrative	0.00	See Schedule 7G	3.41	8.53	Salary	16,646	17(7)	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 224,523		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 The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization NuCare Management Company
 Street Address 7257 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed days available	1,063,296	13	\$ 36,243	\$ 90,768	\$ 3,094	1
2	6	Repairs and Maintenance	Bed days available	1,063,296	13	82,646	90,768	7,055	2
3	17	Admin. Salaries - Non Owner	Bed days available	1,063,296	13	435,152	435,152	37,147	3
4	19	Professional Services	Bed days available	1,063,296	13	36,529	90,768	3,118	4
5	20	Dues and Subscriptions	Bed days available	1,063,296	13	5,248	90,768	448	5
6	21	Clerical	Bed days available	1,063,296	13	2,244,511	1,829,739	191,602	6
7	24	Education and Seminars	Bed days available	1,063,296	13	12,739	90,768	1,087	7
8	25	Auto Expense	Bed days available	1,063,296	13	17,115	90,768	1,461	8
9	26	Liability Insurance	Bed days available	1,063,296	13	31,184	90,768	2,662	9
10	27	Employee Benefits	Bed days available	1,063,296	13	473,425	90,768	40,414	10
11	30	Depreciation	Bed Days Available	1,063,296	13	\$ 129,281	\$ 90,768	11,036	11
12	32	Interest Expense	Bed Days Available	1,063,296	13	94,028	90,768	8,027	12
13	33	Real Estate Taxes	Bed Days Available	1,063,296	13	109,900	90,768	9,382	13
14	34	Office Rent	Bed Days Available	1,063,296	13	5,996	90,768	512	14
15	35	Equipment Rent	Bed Days Available	1,063,296	13	42,030	90,768	3,588	15
16	17	Admin. Salaries	Bed Days Available	1,063,296	13	85,892	85,892	7,332	16
17	27	Employee Benefits	Bed Days Available	1,063,296	13	7,309	90,768	624	17
18	30	Depreciation	Direct Allocation			(344)		(344)	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,848,884	\$ 2,350,783	\$ 328,245	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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 ITEX - A.K. CARE
 Street Address 6633 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 Phone Number (847) 676-2122
 Fax Number (847) 679-4606

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	Dietary	Bed days available	358,430	4	\$ 20,696	\$ 90,520	\$ 5,227	1
2	3	Housekeeping	Bed days available	358,430	4	38,144	90,520	9,633	2
3	5	Utilities	Bed days available	358,430	4	12,049	90,520	3,043	3
4	6	Repair and Maintenance	Bed days available	358,430	4	28,411	90,520	7,175	4
5	19	Professional Services	Bed days available	358,430	4	35,938	90,520	9,076	5
6	20	Dues and Subscriptions	Bed days available	358,430	4	4,034	90,520	1,019	6
7	21	Clerical	Bed days available	358,430	4	136,418	90,520	34,452	7
8	24	Education & Seminar	Bed days available	358,430	4	7,667	90,520	1,936	8
9	26	Insurance	Bed days available	358,430	4	4,873	90,520	1,231	9
10	30	Depreciation	Bed days available	358,430	4	71,677	90,520	18,102	10
11	32	Interest	Bed days available	358,430	4	141,926	90,520	35,843	11
12	33	Real Estate Taxes	Bed days available	358,430	4	48,764	90,520	12,315	12
13	35	Equipment Rental	Bed days available	358,430	4	12,378	90,520	3,126	13
14									14
15									15
16	30	Depreciation	Direct Allocation		4	6,679		6,679	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 569,654	\$	\$ 148,857	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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 Clinical Consulting Services, LLC
 Street Address 7257 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Clinical Salaries	Bed days available	292,260	13	\$ 77,230	\$ 22,816	\$ 6,029	1
2	19	Professional Fees	Bed days available	292,260	13	188	22,816	15	2
3	20	Dues, Subscriptions	Bed days available	292,260	13	539	22,816	42	3
4	21	Office Expense - Wages	Bed days available	292,260	13	31,375	22,816	2,449	4
5	21	Office Expense	Bed days available	292,260	13	5,151	22,816	402	5
6	25	Other Admin Transportation	Bed days available	292,260	13	668	22,816	52	6
7	27	Employee Benefits	Bed days available	292,260	13	9,369	22,816	731	7
8	27	Employee Benefits	Bed days available	292,260	13	4,486	22,816	350	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 129,006	\$ 108,605	\$ 10,070	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		7	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	Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 15,227,313	3/31/38	0.0525	\$ 802,839	1						
2	Judy Harris Trust		X	Purchase of van	\$746.00	10/1/03	62,697	14,744	8/30/10	0.0675	1,279	2						
3												3						
4												4						
5												5						
	Working Capital																	
6	Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/08	0.0800		6						
7	Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	2,129,488	11/30/08	0.0825	95,542	7						
8												8						
9	TOTAL Facility Related				\$746.00		\$ 24,165,797	\$ 17,921,545			\$ 899,660	9						
	B. Non-Facility Related*																	
10									Amortization of loan costs		18,253	10						
11									Allocation from management co.		43,870	11						
12									Interest income offset		(26,454)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ 35,669	14						
15	TOTALS (line 9+line14)						\$ 24,165,797	\$ 17,921,545			\$ 935,329	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,622 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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2007 report.		\$	424,948	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.)	2007	\$	400,391	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(24,557)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	420,411	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.)	Adjust taxes paid to 67%		(81,032)	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.)	Allocation from mgmt co.		21,697	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	336,519	7

Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2003	446,103	8	
	2004	456,013	9	
	2005	460,655	10	
	2006	404,712	11	
	2007	400,391	12	
2008 Real Estate Tax Accrual Based on Prior Year	* 2008 Real Estate Tax Bill	476,656		
	Imperial portion for F/S	400,391	84%	
	Imperial portion for cost report	319,360	67%	
		(81,032)		

	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 The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT Jay Flatt

TELEPHONE (847) 933-2600 FAX #: (847) 933-2601

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>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>476,656.00</u>	\$ <u>319,360.00</u>
2. <u>10-35-312-022-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>49,736.00</u>	\$ <u>12,561.00</u>
3. <u>10-27-319-028-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>100,029.00</u>	\$ <u>9,382.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>626,421.00</u>	\$ <u>341,303.00</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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete 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).

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from Management Company</u>			<u>13,658</u>	<u>2</u>
3	TOTALS			\$ 53,658	3

SEE ACCOUNTANTS' COMPILATION REPORT

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0037754

Report Period Beginning:

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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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,335	\$	40	\$ 360,933	\$ 360,933	\$ 3,699,563	4
5										5
6	Allocated from Related Parties:									6
7	ITEX	1992		405,097		35	11,574	11,574	180,363	7
8	NuCare	2004		122,925		35	3,512	3,512	18,000	8
	Improvement Type**									
9	Leasehold Improvements		1992	60,378		20	3,019	3,019	50,014	9
10	Leasehold Improvements		1993	59,308		20	2,965	2,965	45,958	10
11	Leasehold Improvements		1994	10,638		20	532	532	7,714	11
12	Leasehold Improvements		1995	43,191		20	2,160	2,160	29,160	12
13	Furnace		1996	1,843		20	92	92	1,150	13
14	Door Locks		1996	2,357		20	118	118	1,475	14
15	Windows		1996	8,365		20	418	418	5,225	15
16	Electrical Wiring		1996	4,880		20	244	244	3,050	16
17	Fence		1996	1,067		20	53	53	663	17
18	Gutters		1996	1,574		20	79	79	987	18
19	Brick Wall		1996	2,560		20	128	128	1,600	19
20	Ceiling Lights		1996	5,501		20	275	275	3,428	20
21	Nurse Station		1996	2,500		20	125	125	1,552	21
22	Countertops		1996	2,610		20	131	131	1,636	22
23	Convection Oven		1996	7,515		20	376	376	4,699	23
24	Boiler		1996	2,927		20	146	146	1,825	24
25	Fence		1997	1,050		20	53	53	1,006	25
26	Electrical Improvements		1997	1,671		20	84	84	966	26
27	Nurse Call Station		1997	3,501		20	175	175	2,013	27
28	Public Address System		1997	1,360		20	68	68	782	28
29	Brick Wall		1997	5,110		20	256	256	2,944	29
30	Floor Tile		1997	21,705		20	1,085	1,085	12,478	30
31	Fire Doors		1997	4,096		20	205	205	2,357	31
32	Carpeting		1997	3,243		20	162	162	1,863	32
33	Inspection Improvements		1997	9,884		20	494	494	5,681	33
34	Door Restrictors		1997	8,475		20	424	424	4,876	34
35	Fire Alarm		1997	2,082		20	104	104	1,187	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

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Facility Name & ID Number The Imperial Grove Pavilion

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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	
37	Sheet Metal	1998	\$ 11,981	\$	20	\$ 599	\$ 599	\$ 6,290	37
38	Lighting	1998	7,156		20	358	358	3,759	38
39	Screens	1998	2,704		20	135	135	1,418	39
40	Piping	1998	4,145		20	207	207	2,174	40
41	Fire Alarms & Fire Proofing	1998	12,534		20	627	627	6,583	41
42	Tile	1998	967		20	49	49	514	42
43	Driveway	1998	7,342		20	367	367	3,854	43
44	Tuckpointing	1998	39,242		20	1,962	1,962	20,600	44
45	Ground Fuel Tank	1999	17,985		20	899	899	8,541	45
46	Carpet	1999	28,114		20	1,406	1,406	13,357	46
47	Wallcovering	1999	36,585		20	1,830	1,830	17,384	47
48	Floor in Dining Room	1999	9,850		20	493	493	4,683	48
49	Signs	1999	1,765		20	88	88	836	49
50	Electrical Work	1999	20,508		20	1,025	1,025	9,738	50
51	Brick & Masonry Work	1999	12,345		20	617	617	5,861	51
52	Gas Line Improvements	1999	1,633		20	82	82	779	52
53	Alarm System	1999	1,388		20	69	69	656	53
54	Wallcovering	2000	21,554		20	1,078	1,078	9,163	54
55	Flooring	2000	13,293		20	664	664	5,644	55
56	Carpet	2000	8,284		20	414	414	3,519	56
57	Over Bed Lights	2000	4,593		20	230	230	1,955	57
58	Compactor	2000	6,800		20	340	340	2,890	58
59	Paging System	2000	9,909		20	496	496	4,216	59
60	CCTV System	2000	5,456		20	272	272	2,312	60
61	Wander Guard System	2000	18,540		20	928	928	7,888	61
62	Handrails, Kickplates, Wallbases	2000	6,038		20	302	302	2,567	62
63	Fuel Tank Project	2000	1,444		20	72	72	612	63
64	FirstQ System	2000	1,378		20	68	68	578	64
65	Chain Link Fence	2000	745		20	38	38	323	65
66	Alarm System	2000	5,051		20	252	252	2,142	66
67	Service P.A. System	2000	1,924		20	96	96	816	67
68	Remodel 13 Bedrooms	2000	18,112		20	906	906	7,701	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,584,113	\$		\$ 406,958	\$ 406,958	\$ 4,253,567	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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 12A, Carried Forward		\$ 15,584,113	\$		\$ 406,958	\$ 406,958	\$ 4,253,567	1
2	Repair Elevator	2000	990		20	50	50	425	2
3	Remodel Smoking Room	2000	23,565		20	1,178	1,178	10,013	3
4	Remodel Old Smoking Room to Library	2000	4,690		20	234	234	1,989	4
5	Remodel 1st Floor	2000	10,540		20	528	528	4,488	5
6	Remodel 6th Floor Dining Room	2000	4,970		20	248	248	2,108	6
7	Remodel 3rd Floor Dining Room	2000	959		20	48	48	408	7
8	Call Station	2000	4,475		20	224	224	1,904	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830		20	192	192	1,440	10
11	Masonry repair	2001	15,227		20	762	762	5,745	11
12	Stainless steel toilet bars	2001	1,645		20	80	80	600	12
13	Masonry repair	2001	3,700		20	186	186	1,395	13
14	New tile	2001	3,633		20	182	182	1,366	14
15	Tile coating	2001	4,540		20	228	228	1,710	15
16	New Wanderguard system	2001	4,407		20	220	220	1,211	16
17	New relay rack	2001	3,788		20	189	189	963	17
18	CCTV	2002	1,146		20	57	57	371	18
19	CCTV	2002	1,440		20	72	72	468	19
20	Masonry repair	2002	10,000		20	500	500	3,250	20
21	Roof repair	2002	3,350		20	168	168	1,851	21
22	Masonry repair	2002	15,760		20	788	788	5,122	22
23	Masonry repair	2002	4,275		20	214	214	1,391	23
24	Locking system	2002	1,843		20	92	92	598	24
25	Pallet warmer	2002	3,272		20	164	164	1,066	25
26	Cooler/freezer doors	2003	3,391		20	170	170	935	26
27	Doors	2003	13,650		20	683	683	3,757	27
28	Fence	2003	1,259		20	63	63	346	28
29	Stem repair, heater gasket	2003	1,667		20	84	84	462	29
30	Nubrite coil	2003	572		20	29	29	159	30
31	High voltage, valve	2003	1,432		20	72	72	396	31
32	Gravel removal	2003	4,750		20	238	238	1,309	32
33	Switches, exit glass, thermometer	2003	10,945		20	548	548	3,013	33
34	TOTAL (lines 1 thru 33)		\$ 15,756,609	\$		\$ 415,449	\$ 415,449	\$ 4,313,826	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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 12B, Carried Forward		\$ 15,756,609	\$		\$ 415,449	\$ 415,449	\$ 4,313,826	1
2	Riser cleaning, pipe fitting	2003	1,311		20	66	66	363	2
3	Locks	2003	5,123		20	258	258	1,419	3
4	Cable	2003	2,300		20	114	114	627	4
5	Downspout	2003	950		20	48	48	264	5
6	Carpet	2003	780		20	40	40	220	6
7	Handrails	2003	1,595		20	80	80	440	7
8	Washer	2003	1,352		20	68	68	374	8
9	Outdoor card reader	2003	1,124		20	56	56	308	9
10	Transport	2003	1,271		20	64	64	352	10
11	Security system	2003	25,405		20	1,270	1,270	6,985	11
12	Alarm system	2003	7,587		20	378	378	2,079	12
13	Tile	2003	10,408		20	520	520	2,860	13
14	Nurse call system	2003	2,583		20	130	130	715	14
15	Carpet	2004	853		20	42	42	189	15
16	Wanderguard system	2004	5,834		20	292	292	1,314	16
17	Kitchen repairs	2004	3,513		20	176	176	792	17
18	Keys and locks	2004	1,001		20	100	100	450	18
19	Tile	2004	2,837		20	142	142	639	19
20	Wiring	2004	3,679		20	184	184	828	20
21	Electrical line	2004	600		20	30	30	135	21
22	Elevator repair	2004	4,800		20	240	240	1,080	22
23	Dryer repair	2004	730		20	36	36	162	23
24	Wiring	2004	5,900		20	296	296	1,332	24
25	CCTV system	2004	8,480		20	424	424	1,908	25
26	Pump monitoring relay	2004	830		20	42	42	189	26
27	30 amp line	2004	2,805		20	140	140	630	27
28	Lexan face panels	2004	2,492		20	124	124	558	28
29	Security system	2004	854		20	42	42	189	29
30	Wireless call system	2004	1,925		20	96	96	432	30
31	Roofing	2004	1,660		20	84	84	378	31
32	Data cable	2004	614		20	30	30	135	32
33	Safety switches	2004	1,850		20	92	92	414	33
34	TOTAL (lines 1 thru 33)		\$ 15,869,655	\$		\$ 421,153	\$ 421,153	\$ 4,342,586	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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 12C, Carried Forward		\$ 15,869,655	\$		\$ 421,153	\$ 421,153	\$ 4,342,586	1
2	Safety locks	2004	7,596		20	380	380	1,710	2
3	Locks	2004	1,566		20	78	78	351	3
4	Activity room phones	2004	5,571		20	278	278	1,251	4
5	Roof flashing	2004	2,500		20	126	126	567	5
6	Brick firewall	2004	16,000		20	800	800	3,600	6
7	Exit door alarm system	2004	4,116		20	206	206	927	7
8	Roofing	2004	1,500		20	76	76	342	8
9	Wallpaper	2004	24,748		20	1,238	1,238	5,571	9
10	Bathroom renovation	2004	2,070		20	104	104	468	10
11	Carpet	2004	589		20	30	30	135	11
12	Video recorder and wiring	2004	5,378		20	268	268	1,206	12
13	Electrical smoke door closer	2004	4,145		20	208	208	936	13
14	Wanderguard system	2004	2,819		20	140	140	630	14
15	Interior design	2004	2,927		20	146	146	657	15
16	Generator	2005	4,108		20	205	205	718	16
17	Security camera	2005	1,230		20	62	62	217	17
18	Wallcoverings	2005	6,976		20	349	349	1,221	18
19	Carpet	2005	23,239		20	1,162	1,162	4,067	19
20	Telephone system	2005	2,465		20	123	123	431	20
21	Hand held transmitters	2005	4,130		20	207	207	724	21
22	Digital keypad	2005	1,498		20	75	75	262	22
23	Armstrong Tiles	2005	1,047		20	52	52	182	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	8,208	24
25	Rubber cove base	2005	857		20	43	43	150	25
26	Canopies	2005	5,868		20	293	293	1,026	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	6,090	27
28	Lamps	2005	1,535		20	77	77	269	28
29	Interior design services	2005	8,164		20	408	408	1,428	29
30	Elevator	2005	54,840		20	2,741	2,741	9,595	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	5,124	31
32	Art work	2005	27,208		20	1,360	1,360	4,760	32
33	Signs	2005	1,071		20	54	54	189	33
34	TOTAL (lines 1 thru 33)		\$ 16,206,398	\$		\$ 437,991	\$ 437,991	\$ 4,405,598	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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		\$ 16,206,398	\$		\$ 437,991	\$ 437,991	\$ 4,405,598	1
2	Handrails	2005	3,344		20	167	167	585	2
3	Paint	2005	773		20	39	39	136	3
4	Carpeting	2005	66,986		20	3,349	3,349	11,722	4
5	Vent gas pipe	2005	1,370		20	69	69	241	5
6	Landscaping	2005	16,026		20	801	801	2,804	6
7	Roof	2005	64,300		20	3,215	3,215	11,253	7
8	Corner guards	2005	1,279		20	64	64	224	8
9	Flooring	2006	15,305		20	765	765	1,914	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246		20	312	312	781	10
11	Wallpaper	2006	12,584		20	629	629	1,573	11
12	Door Alarms	2006	4,272		20	214	214	534	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584		20	679	679	1,698	13
14	Lobby Signage	2006	5,348		20	267	267	669	14
15	Door Controller	2006	2,691		20	135	135	336	15
16	Sprinkler System	2006	4,942		20	247	247	618	16
17	Cabinets	2006	26,199		20	1,310	1,310	3,275	17
18	Dining Room Column	2006	3,800		20	190	190	475	18
19	Window Treatments	2006	112,936		20	5,647	5,647	14,117	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	3,492	20
21	Handrails	2006	7,848		20	392	392	981	21
22	Carpeting	2006	50,970		20	2,549	2,549	6,371	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	4,019	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	6,650	24
25	Condensor	2006	73,494		20	3,675	3,675	9,186	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	685	26
27	Tuckpointing	2006	5,900		20	295	295	738	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	6,588	28
29	Dining Room Remodel	2006	15,925		20	796	796	1,991	29
30	Awnings	2006	4,000		20	200	200	500	30
31	Cabinetry	2006	1,975		20	99	99	247	31
32	Smoke Detectors	2006	2,447		20	122	122	306	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,902,403	\$		\$ 472,791	\$ 472,791	\$ 4,500,304	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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 12E, Carried Forward		\$ 16,902,403	\$		\$ 472,791	\$ 472,791	\$ 4,500,304	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140		20	457	457	686	2
3	4th Floor Painting & Lighting	2007	3,559		20	178	178	267	3
4	Tile Flooring Replaced	2007	3,846		20	192	192	288	4
5	Telephone System	2007	64,130		20	3,207	3,207	4,810	5
6	Flooring Repair	2007	11,554		20	578	578	867	6
7	Hot Water Piping	2007	11,343		20	567	567	851	7
8	Built-In Cabinets	2007	11,000		20	550	550	825	8
9	Ceiling Tiles	2007	4,050		20	203	203	304	9
10	Drapery Track System	2007	10,753		20	538	538	806	10
11	Pull Chain Outlets	2007	8,395		20	420	420	630	11
12	Removal of Cables & Moldings	2007	6,000		20	300	300	450	12
13	16 Channel Digital Video Processor	2007	3,365		20	168	168	252	13
14	Fireproofing 6th Floor	2007	5,197		20	260	260	390	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041		20	402	402	603	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338		20	417	417	625	16
17	Wallpapering	2007	3,600		20	180	180	270	17
18	Brick Wall	2007	21,888		20	1,094	1,094	1,642	18
19	Air-condition System	2007	5,633		20	282	282	422	19
20	Remove & Replace Closet Carriers	2007	4,000		20	200	200	300	20
21	Limestone Wall Repair	2007	23,000		20	1,150	1,150	1,725	21
22	4th Floor Hallway & Dinning Room Floors	2007	42,400		20	2,120	2,120	3,180	22
23	Drain Pipe & Water Lines installed	2007	4,120		20	206	206	309	23
24	4th Floor Nursing Station Cabinets	2007	11,000		20	550	550	825	24
25	Boiler Repairs	2007	3,990		20	200	200	299	25
26	4th & 6th Capering	2007	5,612		20	281	281	421	26
27	Paint Elevators	2007	3,071		20	154	154	230	27
28	Wood Moldings for 20 rooms	2007	2,680		20	134	134	201	28
29	Security System Installed	2007	21,708		20	1,085	1,085	1,628	29
30	Repair Groen Skillet in Kitchen	2007	3,113		20	156	156	233	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,226,928	\$		\$ 489,017	\$ 489,017	\$ 4,524,644	34

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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 12F, Carried Forward		\$ 17,226,928	\$		\$ 489,017	\$ 489,017	\$ 4,524,644	1
2	Cabinets & Tiles	2008	6,045		20	151	151	151	2
3	Windows	2008	110,553		20	2,764	2,764	2,764	3
4	Painting Cellings	2008	9,564		20	239	239	239	4
5	Plubming Values	2008	7,985		20	200	200	200	5
6	Doors	2008	2,719		20	68	68	68	6
7	Front Desk & Nursing Stations	2008	15,920		20	398	398	398	7
8	Wall Paper	2008	2,890		20	72	72	72	8
9	Depreciation Per GL	2008		197,155			(197,155)		9
10	Depreciation Per LLC	2008							10
11									11
12	Allocated from NuCare:								12
13	Security & Fire Alarm System	2004	11,206		20	723	723	2,394	13
14	Sprinkler System	2005	2,443		20	122	122	550	14
15	Renovation - Alarm System	2003	1,000		20	50	50	256	15
16	Renovation and Buildout	2004	20,300		20	1,016	1,016	4,786	16
17	Data Cables, Lights, Heat Exchanger	2005	1,204		20	60	60	232	17
18	Renovation - Cooling Unit	2006	1,632		20	82	82	193	18
19	Asphalt and Carpet	2008	1,720		20	86	86	86	19
20									20
21	Allocated from ITEX:								21
22	Building Improvements - 1993	1993	50,973		20	2,549	2,549	40,031	22
23	Building Improvements - 1994	1994	27,379		20	1,369	1,369	19,550	23
24	Building Improvements - 1995	1995	4,666		20	233	233	3,078	24
25	Drapes and Carpeting	1996	264		20	13	13	172	25
26	Buildout of Offices	1997	7,871		20	394	394	4,526	26
27	Steel Doors and Fiberglass Covers	1999	874		20	44	44	437	27
28	Phone System and Heat Exchanger	2005	3,827		20	622	622	2,009	28
29	Concrete Steps, Sprinklers, & Generator	2007	4,738		20	492	492	623	29
30	Roof Top Air Conditioner & Roof	2008	18,059		20	348	348	348	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,540,760	\$ 197,155		\$ 501,112	\$ 303,957	\$ 4,607,807	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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	\$ 2,738,486	\$	\$ 190,383	\$ 190,383	10	\$ 2,113,296	71
72	Current Year Purchases	126,610		6,331	6,331	10	6,331	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co. & Related Parties	246,505		12,184	12,184		204,636	74
75	TOTALS	\$ 3,111,601	\$	\$ 208,898	\$ 208,898		\$ 2,324,263	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	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$	\$		\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	Patient Care	2003 Ford Van	2003	49,856		4,987	4,987		49,856	78
79										79
80	TOTALS			\$ 101,055	\$	\$ 4,987	\$ 4,987		\$ 101,055	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)	\$ 20,807,074	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,155	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 714,997	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 517,842	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,033,124	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		Allocation from management co. & Real Estate, LLC			512			6
7	TOTAL				\$ 512			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 N/A N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 31,241 Description: Copier 12270, Therapy Equip. 12257, Management Alloc. 6714

(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			N/A		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. /2009 \$ _____

13. /2010 \$ _____

14. /2011 \$ _____

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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	L10A, C3	7192 hrs	\$ 232,702	3,154	\$ 189,235		10,346	\$ 421,937	1
2	Licensed Speech and Language Development Therapist	L10A, C3	3878 hrs	125,478	1,761	105,676		5,639	231,154	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	7440 hrs	240,726	3,263	195,760		10,703	436,486	4
5	Physician Care	L39, C3	visits		500	30,000		500	30,000	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				738,796		738,796	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Schedule 16A</u>				636	38,144	36,784	636	74,928	13
14	TOTAL			\$ 598,906	9,314	\$ 558,815	\$ 775,580	27,824	\$ 1,933,301	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

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2008 to 12/31/2008

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Ambulance	L39, C3	1	15	
Respiratory Therapy	L10A, C3	635	38,129	
Air Flotation Mattresses	L39, C2			33,376
Oxygen	L39, C2			3,408
Total		<u>636</u>	<u>38,144</u>	<u>36,784</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report 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	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,284,780	\$ 1,805,081	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 814,676)	4,228,719	4,732,719	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	118,947	179,134	6
7	Other Prepaid Expenses	1,069	1,069	7
8	Accounts Receivable (owners or related parties)	1,235,003	1,635,768	8
9	Other(specify): See Schedule 17A	4,706,496	4,706,496	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 11,575,014	\$ 13,060,267	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		53,658	13
14	Buildings, at Historical Cost		14,965,357	14
15	Leasehold Improvements, at Historical Cost	1,456,286	2,575,403	15
16	Equipment, at Historical Cost	2,203,562	3,212,656	16
17	Accumulated Depreciation (book methods)	(2,010,956)	(7,033,124)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		944,058	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Loan Cost		534,971	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,648,892	\$ 15,252,979	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,223,906	\$ 28,313,246	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 214,347	\$ 214,347	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	14,744	239,179	29
30	Accrued Salaries Payable	631,736	631,736	30
31	Accrued Taxes Payable (excluding real estate taxes)	50,616	50,616	31
32	Accrued Real Estate Taxes(Sch.IX-B)		420,411	32
33	Accrued Interest Payable		66,620	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	6,022,773	6,022,773	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,934,216	\$ 7,645,682	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,679,488	17,682,366	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)	\$ 2,679,488	\$ 17,682,366	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,613,704	\$ 25,328,048	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,610,202	\$ 2,985,198	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 13,223,906	\$ 28,313,246	48

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2008 to

12/31/2008

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

	After	
<u>Line 9 - Other Current Assets (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Employee Advances	77,200	77,200
Accrued Management Fees	527,500	527,500
Due from Related Parties	4,101,796	4,101,796
Total Line 9 - Other Current Assets (specify):	<u>4,706,496</u>	<u>4,706,496</u>

C. Current Liabilities

	After	
<u>Line 36 - Other Current Liabilities (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Deposits	12,128	12,128
Accrued Expenses	216,640	216,640
Accrued City	2,716	2,716
Accrued Utilities	37,952	37,952
Due to Employees-Old P/R Checks	1,127	1,127
Due Ivy Apt at Imperial-Bank	4,900,581	4,900,581
Due Nuvision	(160,525)	(160,525)
Due IDPA	176,797	176,797
Due Ren Healthcare	(7,654)	(7,654)
Due Imperial Building Partnership	400,765	400,765
Due to Public Aid	422,246	422,246
Total Line 36 - Other Current Liabilities (specify):	<u>6,002,773</u>	<u>6,002,773</u>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,405,519	1
2	Restatements (describe):		2
3	Prior Year Adjustment	(391,560)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,013,959	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,596,243	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	(1,000,000)	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)	\$ 596,243	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)	\$ 3,610,202	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 17,861,270	1
2	Discounts and Allowances for all Levels	(3,985,551)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,875,719	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,651,022	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,651,022	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	1,471,010	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	95,103	19
20	Radiology and X-Ray	34,530	20
21	Other Medical Services	118,985	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,719,628	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	26,454	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 26,454	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc Income</u>	8,448	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,448	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,281,271	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,705,011	31
32	Health Care	6,332,230	32
33	General Administration	3,925,748	33
	B. Capital Expense		
34	Ownership	2,074,316	34
	C. Ancillary Expense		
35	Special Cost Centers	1,511,571	35
36	Provider Participation Fee	136,152	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,685,028	40
41	Income before Income Taxes (line 30 minus line 40)**	1,596,243	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,596,243	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. Entity files on the cash basis.

*** 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 The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,002	2,189	\$ 160,469	\$ 73.31	1
2	Assistant Director of Nursing	2,010	2,171	78,328	36.08	2
3	Registered Nurses	43,813	47,911	1,418,626	29.61	3
4	Licensed Practical Nurses	33,142	36,594	884,700	24.18	4
5	CNAs & Orderlies	130,725	141,582	1,442,523	10.19	5
6	CNA Trainees					6
7	Licensed Therapist	18,510	20,212	598,906	29.63	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,953	2,091	52,518	25.12	9
10	Activity Assistants	23,712	25,688	235,546	9.17	10
11	Social Service Workers	3,762	4,044	64,202	15.88	11
12	Dietician	3,849	4,212	96,807	22.98	12
13	Food Service Supervisor					13
14	Head Cook	10,944	11,732	141,827	12.09	14
15	Cook Helpers/Assistants	26,957	30,051	270,235	8.99	15
16	Dishwashers					16
17	Maintenance Workers	7,976	8,421	120,967	14.36	17
18	Housekeepers	34,693	36,629	360,195	9.83	18
19	Laundry	11,814	12,386	110,721	8.94	19
20	Administrator	7,934	8,211	338,461	41.22	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,845	31,188	559,476	17.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	6,959	7,539	269,488	35.75	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,542	3,830	65,544	17.11	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	403,142	436,681	\$ 7,269,540 *	\$ 16.65	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	541	\$ 23,358	L1 & C3	35
36	Medical Director	Monthly	40,000	L9 & C3	36
37	Medical Records Consultant	49	2,645	L10 & C3	37
38	Nurse Consultant	400	7,938	L10 & C3	38
39	Pharmacist Consultant	3138 (Consult)	4,671	L10 & C3	39
40	Physical Therapy Consultant	117	9,410	L10A & C3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	22	1,302	L10A & C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	11	630	L12 & C3	45
46	Other(specify)				46
47	Medical Consultant	Monthly	18,750	L10 & C3	47
48					48
49	TOTAL (lines 35 - 48)	1,140	\$ 108,704		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,282	\$ 44,874	L10 & C3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,282	\$ 44,874		53

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion
Provider #: 0037754
1/1/2008 to 12/31/2008

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Total (agree to Schedule V, line 19, column 3)		<u>85,668</u>
Disallowed legal fees:		
Madigan & Getzendanner		(839)
Foley & Lardner LLP		(4,253)
Klein Dub & Holleb		(250)
Polsinelli, Shalton, Flanigan, Suelthaus PC		(1,290)
Vedder Price P.C.		(15,128)
		<u>(21,760)</u>
Professional fees allocated from NuCare:		
Legal		1,647
Accounting		1,471
Consulting		-
		<u>3,118</u>
Professional fees allocated from Clinical Consulting Services, LLC		
Professional Fees Net		15
Legal		-
Accounting		-
		<u>15</u>
Professional fees allocated from ITEX		
Data Processing		7,947
Legal		514
Accounting		615
		<u>9,076</u>
Total (agree to Schedule V, line 19, column 8)		<u><u>76,117</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4		N/A						N/A					
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754Report Period Beginning: 01/01/08Ending: 12/31/08**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. Illinois Council on Long-Term Care \$17,868
- (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. \$ 77,662 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. \$ 136,152
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. \$ 52,568 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? 0%
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? 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 \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT