

Facility Name & ID Number Imperial of Hazel Crest

0048702 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>204</u>	Skilled (SNF)	<u>204</u>	<u>74,664</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>204</u>	TOTALS	<u>204</u>	<u>74,664</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>3,482</u>	<u>3,482</u>	8
9	SNF/PED					9
10	ICF	<u>58,246</u>	<u>2,025</u>		<u>60,271</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>58,246</u>	<u>2,025</u>	<u>3,482</u>	<u>63,753</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.39%

D. How many bed-hold days during this year were paid by the Department? 600 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 01/01/07

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 204 and days of care provided 2,470

Medicare Intermediary Natinal Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 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	243,398	69,406	16,059	328,863		328,863	5,755	334,618		1
2	Food Purchase		365,499		365,499		365,499	418	365,917		2
3	Housekeeping	177,857	48,439		226,296		226,296	(3,292)	223,004		3
4	Laundry	60,623	21,481		82,104		82,104	(40)	82,064		4
5	Heat and Other Utilities			269,233	269,233		269,233	3,564	272,797		5
6	Maintenance	162,934		120,220	283,154		283,154	23,437	306,591		6
7	Other (specify):*							5,327	5,327		7
8	TOTAL General Services	644,812	504,825	405,512	1,555,149		1,555,149	35,169	1,590,318		8
	B. Health Care and Programs										
9	Medical Director			23,430	23,430		23,430		23,430		9
10	Nursing and Medical Records	2,100,327	94,261	34,693	2,229,281		2,229,281	8,619	2,237,900		10
10a	Therapy	110,727			110,727		110,727	2,887	113,614		10a
11	Activities	92,688	23,716	200	116,604		116,604		116,604		11
12	Social Services	245,068	1,194	5,758	252,020		252,020	17,434	269,454		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							9,849	9,849		15
16	TOTAL Health Care and Programs	2,548,810	119,171	64,081	2,732,062		2,732,062	38,789	2,770,851		16
	C. General Administration										
17	Administrative	126,673		18,000	144,673		144,673	66,192	210,865		17
18	Directors Fees										18
19	Professional Services			417,654	417,654	(2,750)	414,904	(339,647)	75,257		19
20	Dues, Fees, Subscriptions & Promotions			66,998	66,998		66,998	(7,311)	59,687		20
21	Clerical & General Office Expenses	42,382	27,805	666,512	736,699		736,699	(396,706)	339,993		21
22	Employee Benefits & Payroll Taxes			601,459	601,459		601,459	(10,977)	590,482		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,255	2,255		2,255	2,199	4,454		24
25	Other Admin. Staff Transportation			4,654	4,654		4,654	1,738	6,392		25
26	Insurance-Prop.Liab.Malpractice			191,052	191,052		191,052	1,586	192,638		26
27	Other (specify):*							36,932	36,932		27
28	TOTAL General Administration	169,055	27,805	1,968,584	2,165,444	(2,750)	2,162,694	(645,995)	1,516,699		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,362,677	651,801	2,438,177	6,452,655	(2,750)	6,449,905	(572,037)	5,877,868		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 Imperial of Hazel Crest

#0048702

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			39,383	39,383		39,383	290,256	329,639			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			60,411	60,411		60,411	573,697	634,108			32
33	Real Estate Taxes			524,318	524,318	2,750	527,068	5,234	532,302			33
34	Rent-Facility & Grounds			756,000	756,000		756,000	(751,556)	4,444			34
35	Rent-Equipment & Vehicles			21,788	21,788		21,788	1,649	23,437			35
36	Other (specify):*											36
37	TOTAL Ownership			1,401,900	1,401,900	2,750	1,404,650	119,280	1,523,930			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		220,856	76,987	297,843		297,843	(32,425)	265,418			39
40	Barber and Beauty Shops			53	53		53		53			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,996	111,996		111,996		111,996			42
43	Other (specify):*							8,219	8,219			43
44	TOTAL Special Cost Centers		220,856	189,036	409,892		409,892	(24,206)	385,686			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,362,677	872,657	4,029,113	8,264,447		8,264,447	(476,962)	7,787,485			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(253,643)	30		9
10	Interest and Other Investment Income	(2,892)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(116)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(119,063)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(468,062)	21		24
25	Fund Raising, Advertising and Promotional	(14,003)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(60,729)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (918,508)		\$	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)	441,546		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 441,546		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (476,962)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Imperial of Hazel Crest

ID# 0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Adj PTF Cash & Liability	\$ (3,541)	21	1
2	Medical records	(133)	10	2
3	Jury Duty	(17)	10	3
4	Patient Clothing	(363)	10	4
5	Theft Loss	(90)	21	5
6	VA Expense	(23,767)	10	6
7	Public Relations	(648)	20	7
8	Building Co. - Amortization	(21,473)	36	8
9	Capitalized R&M	(3,265)	06	9
10	Non Allowable - Legal	(7,432)	19	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	(60,729)		49

Imperial of Hazel Crest

ID# 0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			540		3,960	1,255						5,755	1
2	Food Purchase	(116)		534									418	2
3	Housekeeping			537		59		(3,888)					(3,292)	3
4	Laundry							(40)					(40)	4
5	Heat and Other Utilities			3,243		134	187						3,564	5
6	Maintenance	(3,265)		4,092	22,652	17	32	(225)		134			23,437	6
7	Other (specify):*				4,816	511							5,327	7
8	TOTAL General Services	(3,381)		8,946	27,468	4,681	1,474	(4,153)		134			35,169	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(24,280)				35,276		(2,377)					8,619	10
10a	Therapy					2,887							2,887	10a
11	Activities													11
12	Social Services					17,434							17,434	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					9,849							9,849	15
16	TOTAL Health Care and Programs	(24,280)				65,446		(2,377)					38,789	16
	C. General Administration													
17	Administrative			2,575	9,623	49,246	2,677				2,071		66,192	17
18	Directors Fees													18
19	Professional Services	(7,432)		(221,803)		(111,477)	103				962		(339,647)	19
20	Fees, Subscriptions & Promotions	(14,651)		7,157		9	91				83		(7,311)	20
21	Clerical & General Office Expenses	(590,756)		31,275	154,762	16,733	3,175			(12,636)	741		(396,706)	21
22	Employee Benefits & Payroll Taxes				(10,741)			(236)					(10,977)	22
23	Inservice Training & Education													23
24	Travel and Seminar			1,811		204					184		2,199	24
25	Other Admin. Staff Transportation			1,561			176			1			1,738	25
26	Insurance-Prop.Liab.Malpractice			1,116		18	217			3	232		1,586	26
27	Other (specify):*				27,469	8,478	740				245		36,932	27
28	TOTAL General Administration	(612,839)		(176,308)	181,113	(36,789)	7,179	(236)		(12,632)	4,518		(645,995)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(640,500)		(167,362)	208,581	33,338	8,653	(6,766)		(12,498)	4,518		(572,037)	29

STATE OF ILLINOIS

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08 Ending:

Summary B

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	(253,643)	517,947	15,574		969	198			9,074	137		290,256	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(2,892)	524,758	40,594		7,509	609			2,081	1,038		573,697	32
33	Real Estate Taxes			5,016		218							5,234	33
34	Rent-Facility & Grounds		(756,000)	3,803			641						(751,556)	34
35	Rent-Equipment & Vehicles			1,286			62				301		1,649	35
36	Other (specify):*	(21,473)	21,473											36
37	TOTAL Ownership	(278,008)	308,178	66,273		8,696	1,510			11,155	1,476		119,280	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(7,907)	(9,717)		(1,125)	(13,676)		(32,425)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*										8,219		8,219	43
44	TOTAL Special Cost Centers						(7,907)	(9,717)		(1,125)	(5,457)		(24,206)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(918,508)	308,178	(101,089)	208,581	42,034	2,256	(16,483)		(2,468)	537		(476,962)	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
See Attached		See Attached		See Attached		
				Imperial Real Estate		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	34 Rent	\$ 756,000	Center Home Property, LLC		\$	(756,000)	1
2	V	30 Depreciation				517,947	517,947	2
3	V	36 Amortization				21,473	21,473	3
4	V	32 Interest				524,758	524,758	4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 756,000			\$ 1,064,178	\$ * 308,178	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	\$ 540	\$ 540	15	
16	V	02	Food		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	534	534	16	
17	V	03	Housekeeping		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	537	537	17	
18	V	05	Utilities		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,243	3,243	18	
19	V	06	Maintenance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,092	4,092	19	
20	V	17	Administrative		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,575	2,575	20	
21	V	19	Professional Fees	241,077	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	19,274	(221,803)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	7,157	7,157	22	
23	V	21	Office and Clerical		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	31,275	31,275	23	
24	V	24	Seminar and Travel		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,811	1,811	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,561	1,561	25	
26	V	26	Insurance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,116	1,116	26	
27	V	30	Depreciation		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	15,574	15,574	27	
28	V	32	Interest		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	40,594	40,594	28	
29	V	33	Real Estate Taxes		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	5,016	5,016	29	
30	V	34	Rent - Building		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,803	3,803	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,286	1,286	31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 241,077			\$ 139,988	\$ * (101,089)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	06	Maintenance (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	7,901	\$ 7,901	15
16	V	06	Maintenance (Direct)	4,849	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	19,600	14,751	16
17	V	07	Emp. Ben. - Gen. Serv. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,446	2,446	17
18	V	07	Emp. Ben. - Gen. Serv. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,370	2,370	18
19	V	17	Administrative (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	9,623	9,623	19
20	V	21	Office and Clerical (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	149,529	149,529	20
21	V	21	Office and Clerical (Direct)	27,619	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	32,852	5,233	21
22	V	27	Emp. Ben. - Gen. Admin. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	23,740	23,740	22
23	V	27	Emp. Ben. - Gen. Admin. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,729	3,729	23
24	V	22	Emp. Ben. - Gen. Admin. (Direct)	10,741				(10,741)	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		\$ 43,209				\$ 251,790	\$ * 208,581	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	\$ 59	\$ 59	15	
16	V	05	Utilities		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	134	134	16	
17	V	06	Maintenance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	17	17	17	
18	V	19	Professional Fees	112,968	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,491	(111,477)	18	
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	9	9	19	
20	V	21	Office & Clerical		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	255	255	20	
21	V	24	Travel and Seminar		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	204	204	21	
22	V	26	Insurance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	18	18	22	
23	V	30	Depreciation		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	969	969	23	
24	V	32	Interest		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	7,509	7,509	24	
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	218	218	25	
26	V	01	Dietary Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	3,960	3,960	26	
27	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	511	511	27	
28	V	10	Nursing Salary	19,328	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	54,604	35,276	28	
29	V	10a	Rehab Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	2,887	2,887	29	
30	V	12	Social Service Salary	1,910	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	19,344	17,434	30	
31	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	9,849	9,849	31	
32	V	17	Administration Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	49,246	49,246	32	
33	V	21	Office Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	16,478	16,478	33	
34	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	8,478	8,478	34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 134,206			\$ 176,240	\$ * 42,034	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/08Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 1,657	\$ 1,657	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	187	187	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	32	32	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	103	103	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	91	91	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	407	407	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	176	176	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	217	217	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	198	198	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	609	609	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%			26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	641	641	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	62	62	28
29	V	01 Dietary	636	Care Centers Health Systems, Inc.	100.00%	234	(402)	29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	12,527	Care Centers Health Systems, Inc.	100.00%	4,620	(7,907)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	2,677	2,677	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	2,768	2,768	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	740	740	38
39	Total		\$ 13,163			\$ 15,419	\$ * 2,256	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	43,888	Xcel Supply, LLC	100.00%	40,001	(3,888)	16
17	V	4 Laundry	455	Xcel Supply, LLC	100.00%	414	(40)	17
18	V	6 Repairs & Maintenance	2,545	Xcel Supply, LLC	100.00%	2,319	(225)	18
19	V	10 Nursing	26,834	Xcel Supply, LLC	100.00%	24,457	(2,377)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	2,664	Xcel Supply, LLC	100.00%	2,428	(236)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	109,702	Xcel Supply, LLC	100.00%	99,985	(9,717)	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		\$ 186,088			\$ 169,605	\$ * (16,483)	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	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 38,409	\$ 38,409	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	38,409	CCS Employee Benefits Group	100.00%		(38,409)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 38,409			\$ 38,409	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 134	\$ 134	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	15	15	16
17	V	25	Auto Expense / Travel		Vent Lease, LLC.	100.00%	1	1	17
18	V	26	Insurance		Vent Lease, LLC.	100.00%	3	3	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	444	444	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	75	75	20
21	V	30	Depreciation - Matrix		Vent Lease, LLC.	100.00%	8,630	8,630	21
22	V	32	Interest - Matrix		Vent Lease, LLC.	100.00%	2,006	2,006	22
23	V	21	Office and Clerical	12,651	Vent Lease, LLC.	100.00%		(12,651)	23
24	V	39	Ancillary	1,125	Vent Lease, LLC.	100.00%		(1,125)	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			\$ 13,776			\$ 11,308	\$ * (2,468)	39

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

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/08Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	17	Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 219	\$ 219	15	
16	V	19	Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	962	962	16	
17	V	20	Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	83	83	17	
18	V	21	Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	741	741	18	
19	V	24	Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	184	184	19	
20	V	26	Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	232	232	20	
21	V	30	Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	137	137	21	
22	V	32	Interest		Therapy Works Rehabilitation Services, LLC	100.00%	1,038	1,038	22	
23	V	35	Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	301	301	23	
24	V	39	Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	6	6	24	
25	V	39	Ancillary (Direct)		Therapy Works Rehabilitation Services, LLC	100.00%			25	
26	V	17	Administrative Salaries		Therapy Works Rehabilitation Services, LLC	100.00%	1,852	1,852	26	
27	V	27	Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	245	245	27	
28	V	39	Ancillary Salaries	75,823	Therapy Works Rehabilitation Services, LLC	100.00%	62,141	(13,682)	28	
29	V	43	Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	8,219	8,219	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			\$ 75,823			\$ 76,360	\$ *	537	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 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	Eric Rothner	Relative	Administrative	0.00%	See Attached	0.99	2.15%	Alloc Salary	\$	17-7	1
2	Mark Steinberg	Relative	Administrative	0.00%	See Attached	1.63	2.96%	Alloc Salary	4,482	17-7	2
3	Adam Vales	Shareholder	Clerical	3.4300%	See Attached	0.29	0.73%	Alloc Salary	529	21-7	3
4	Kim Rudolph	Relative	Clerical	0.00%	See Attached	0.12	0.72%	Alloc Salary	107	21-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,118		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 Imperial of Hazel Crest

0048702 Report Period Beginning: 01/01/08 Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Centers Inc/Extended Care Consulting LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	01	Dietary	Patient Days	1,635,146	31	\$ 13,778	\$ 63,753	\$ 540	1
2	02	Food	Patient Days	1,635,146	31	13,971	63,753	534	2
3	03	Housekeeping	Patient Days	1,635,146	31	13,659	63,753	537	3
4	05	Utilities	Patient Days	1,635,146	31	83,022	63,753	3,243	4
5	06	Maintenance	Patient Days	1,635,146	31	104,857	63,753	4,092	5
6	17	Administrative	Patient Days	1,635,146	31	66,000	63,753	2,575	6
7	19	Professional Fees	Patient Days	1,635,146	31	491,332	63,753	19,274	7
8	20	Dues and Subscriptions	Patient Days	1,635,146	31	182,607	63,753	7,157	8
9	21	Office and Clerical	Patient Days	1,635,146	31	797,040	63,753	31,275	9
10	24	Seminar and Travel	Patient Days	1,635,146	31	46,589	63,753	1,811	10
11	25	Other Staff Admin. Trans.	Patient Days	1,635,146	31	39,698	63,753	1,561	11
12	26	Insurance	Patient Days	1,635,146	31	28,827	63,753	1,116	12
13	30	Depreciation	Patient Days	1,635,146	31	505,348	63,753	15,574	13
14	32	Interest	Patient Days	1,635,146	31	1,031,834	63,753	40,594	14
15	33	Real Estate Taxes	Patient Days	1,635,146	31	128,276	63,753	5,016	15
16	34	Rent - Building	Patient Days	1,635,146	31	97,438	63,753	3,803	16
17	35	Rent - Equipment & Auto	Patient Days	1,635,146	31	32,530	63,753	1,286	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,676,806	\$	\$ 139,988	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Centers Inc/Extended Care Consulting LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	06	Maintenance (Pooled)	Patient Days	1,635,146	31	202,448	202,448	63,753	7,901	1
2	06	Maintenance (Direct)	Direct		31	422,013	422,013		19,600	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,635,146	31	63,663		63,753	2,446	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		31	53,015			2,370	4
5	17	Administrative (Pooled)	Patient Days	1,635,146	31	246,132	246,132	63,753	9,623	5
6	21	Office and Clerical (Pooled)	Patient Days	1,635,146	31	3,830,025	3,830,025	63,753	149,529	6
7	21	Office and Clerical (Direct)	Direct		31	695,305	695,305		32,852	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,635,146	31	608,507		63,753	23,740	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		31	90,171			3,729	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					\$ 6,211,280	\$ 5,395,924		\$ 251,790	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Center Clinical/Extended Care Clinical
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	03	Housekeeping	Patient Days	1,635,146	31	\$ 1,505	\$ 63,753	\$ 59	1
2	05	Utilities	Patient Days	1,635,146	31	3,449	63,753	134	2
3	06	Maintenance	Patient Days	1,635,146	31	431	63,753	17	3
4	19	Professional Fees	Patient Days	1,635,146	31	39,159	63,753	1,491	4
5	20	Dues and Subscriptions	Patient Days	1,635,146	31	244	63,753	9	5
6	21	Office & Clerical	Patient Days	1,635,146	31	6,594	63,753	255	6
7	24	Travel and Seminar	Patient Days	1,635,146	31	5,327	63,753	204	7
8	26	Insurance	Patient Days	1,635,146	31	465	63,753	18	8
9	30	Depreciation	Patient Days	1,635,146	31	25,565	63,753	969	9
10	32	Interest	Patient Days	1,635,146	31	191,164	63,753	7,509	10
11	33	Real Estate Taxes	Patient Days	1,635,146	31	5,595	63,753	218	11
12	01	Dietary Salary	Patient Days	1,635,146	31	101,177	101,177	3,960	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,635,146	31	13,096	63,753	511	13
14	10	Nursing Salary	Patient Days	1,635,146	31	867,390	867,390	33,936	14
15	10a	Rehab Salary	Patient Days	1,635,146	31	74,072	74,072	2,887	15
16	12	Social Service Salary	Patient Days	1,635,146	31	430,372	430,372	16,902	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,635,146	31	177,415	63,753	6,933	17
18	17	Administration Salary	Patient Days	1,635,146	31	1,257,059	1,257,059	49,246	18
19	21	Office Salary	Patient Days	1,635,146	31	420,417	420,417	16,478	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,635,146	31	216,825	63,753	8,478	20
21	10	Nursing Salary	Direct Allocation			401,447	401,447	20,668	21
22	12	Social Service Salary	Direct Allocation			61,016	61,016	2,442	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			51,816		2,916	23
24									24
25	TOTALS					\$ 4,351,600	\$ 3,612,950	\$ 176,240	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Centers Health Systems, Inc.
 Street Address 200 Howard
 City / State / Zip Code Des Plaines, Illinois 60018
 Phone Number (224) 612-5662
 Fax Number (224) 612-5862

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	01	Dietary	Gross Billable Income	31	111,096		57,691	1,657	1
2	03	Housekeeping	Gross Billable Income	31			57,691		2
3	05	Heat and Other Utilities	Gross Billable Income	31	12,529		57,691	187	3
4	06	Maintenance	Gross Billable Income	31	2,136		57,691	32	4
5	19	Professional Fees	Gross Billable Income	31	6,873		57,691	103	5
6	20	Dues, Fees, Subscriptions	Gross Billable Income	31	6,095		57,691	91	6
7	21	Clerical and General Office	Gross Billable Income	31	27,280		57,691	407	7
8	25	Other Admin. Staff Transport.	Gross Billable Income	31	11,773		57,691	176	8
9	26	Insurance	Gross Billable Income	31	14,568		57,691	217	9
10	30	Depreciation	Gross Billable Income	31	13,298		57,691	198	10
11	32	Interest	Gross Billable Income	31	40,850		57,691	609	11
12	33	Real Estate Taxes	Gross Billable Income	31			57,691		12
13	34	Rent - Building	Gross Billable Income	31	43,000		57,691	641	13
14	35	Rent - Equipment	Gross Billable Income	31	4,135		57,691	62	14
15	01	Dietary	Direct Billable Income	31	102,965		636	234	15
16	02	Food	Direct Billable Income	31	1,612				16
17	03	Housekeeping	Direct Billable Income	31					17
18	10	Nursing	Direct Billable Income	31					18
19	21	Clerical and General Office	Direct Billable Income	31					19
20	25	Other Admin. Staff Transport.	Direct Billable Income	31					20
21	39	Ancillary	Direct Billable Income	31	1,321,550		12,527	4,620	21
22	17	Administrative	Gross Billable Income	31	179,474	179,474	57,691	2,677	22
23	21	Clerical and General Office	Gross Billable Income	31	185,549	185,549	57,691	2,768	23
24	27	Employee Benefits	Gross Billable Income	31	49,573		57,691	740	24
25	TOTALS				\$ 2,134,357	\$ 365,023		\$ 15,419	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary							1
2	3	Housekeeping						40,001	2
3	4	Laundry						414	3
4	6	Repairs & Maintenance						2,319	4
5	10	Nursing						24,457	5
6	11	Activities							6
7	12	Social Service							7
8	20	Dues, Fees And Subscriptions							8
9	21	Office And Clerical							9
10	22	Employee Benefits						2,428	10
11	24	Seminars & Education							11
12	39	Ancillary						99,985	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				\$	\$		\$ 169,605	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 38,409	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 38,409	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Vent Lease, LLC
 Street Address 2201 W. Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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	06	Repairs	Direct Billing	669,310	26	\$ 79,460	\$ 1,125	\$ 134	1
2	21	Office and Clerical	Direct Billing	669,310	26	8,933	1,125	15	2
3	25	Auto Expense / Travel	Direct Billing	669,310	26	473	1,125	1	3
4	26	Insurance	Direct Billing	669,310	26	1,630	1,125	3	4
5	30	Depreciation	Direct Billing	669,310	26	264,263	1,125	444	5
6	32	Interest	Direct Billing	669,310	26	44,568	1,125	75	6
7	30	Depreciation - Matrix	Patient Days	1,635,146	31	221,356	63,753	8,630	7
8	32	Interest - Matrix	Patient Days	1,635,146	31	51,456	63,753	2,006	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					\$ 672,138	\$	\$ 11,308	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Therapy Works Rehabilitation Services, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 922-0702
 Fax Number (847) 905-4040

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Administration	Billable Income	(4,665,397)	14	\$ 13,500	\$ (75,823)	\$ 219	1	
2	19	Professional Fees	Billable Income	(4,665,397)	14	59,199	(75,823)	962	2	
3	20	Dues and Subscriptions	Billable Income	(4,665,397)	14	5,081	(75,823)	83	3	
4	21	Office & Clerical	Billable Income	(4,665,397)	14	45,575	(75,823)	741	4	
5	24	Travel and Seminar	Billable Income	(4,665,397)	14	11,318	(75,823)	184	5	
6	26	Insurance	Billable Income	(4,665,397)	14	14,252	(75,823)	232	6	
7	30	Depreciation	Billable Income	(4,665,397)	14	8,410	(75,823)	137	7	
8	32	Interest	Billable Income	(4,665,397)	14	63,875	(75,823)	1,038	8	
9	35	Rent - Equipment	Billable Income	(4,665,397)	14	18,528	(75,823)	301	9	
10	39	Ancillary	Billable Income	(4,665,397)	14	389	(75,823)	6	10	
11	39	Ancillary (Direct)	Direct			143,969			11	
12	17	Administrative Salaries	Billable Income	(4,665,397)	14	113,937	113,937	(75,823)	1,852	12
13	27	Emp. Ben. - Gen. Admin.	Billable Income	(4,665,397)	14	15,069	(75,823)	245	13	
14	39	Ancillary Salaries	Billable Income	(4,665,397)	14	3,823,568	3,823,568	(75,823)	62,141	14
15	43	Emp. Ben. - Other	Billable Income	(4,665,397)	14	505,700	(75,823)	8,219	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,842,370	\$ 3,937,504	\$ 76,360	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Bank of America		X	Mortgage	\$54,065.00	12/13/07	\$	\$ 7,500,934			\$ 524,758	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Bank of America		X					1,293,220			60,352	6
7												7
8	See Supplemental Schedule										51,831	8
9	TOTAL Facility Related				\$54,065.00		\$	\$ 8,794,154			\$ 636,941	9
	B. Non-Facility Related*											
10	Interest Income										(2,833)	10
11												11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			(2,833)	14
15	TOTALS (line 9+line14)						\$	\$ 8,794,154			\$ 634,108	15

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

	1	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
6												6						
7	TOTAL Long-Term											7						
Working Capital																		
8	Allocated from CCI/ECC		X				\$	\$			\$	40,594	8					
9	Allocated from CC/EC Clinical		X									7,509	9					
10	Allocated from CC Health Sys.		X									609	10					
11	Allocated from Vent Lease		X									75	11					
12	Allocated from Therapy Works											3,044	12					
13													13					
14	TOTAL Working Capital											51,831	14					
B. Non-Facility Related*																		
15							\$	\$			\$		15					
16													16					
17													17					
18													18					
19													19					
20	TOTAL Non-Facility Related												20					

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

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

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

B. Real Estate Taxes

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.		\$	495,876	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.)		\$	490,603	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,273)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	766,353	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.)		\$	2,750	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.		\$	763,830	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2003	459,999	8	
	2004	467,819	9	
	2005	446,327	10	
	2006	472,263	11	
	2007	485,369	12	
Allocated from: CCI / ECC\$5,016, CC / EC Clinical \$218				

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

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Imperial of Hazel Crest COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0048702

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>28-26-402-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>485,369.50</u>	\$ <u>485,369.50</u>
2. <u>See Attached</u>	<u>Care Centers Building Allocation</u>	\$ <u>43,667.89</u>	\$ <u>1,135.70</u>
3. <u>See Attached</u>	<u>2201 Main LLC</u>	\$ <u>122,122.75</u>	\$ <u>2,132.51</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>651,160.14</u>	\$ <u>488,637.71</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Imperial of Hazel Crest COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0048702

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Imperial of Hazel Crest

0048702 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>75,625</u>	<u>2007</u>	<u>\$ 405,826</u>	1
2	<u>Allocate from CCI/ECC</u>			<u>16,771</u>	2
3	TOTALS	<u>75,625</u>		<u>\$ 422,597</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
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15											15
16											16
17											17
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08 Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
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57								57
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59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		6,988,611	179,196		176,254	(2,942)	335,991	67
68		93,753	4,944		4,944		32,313	68
69			39,381			(39,381)		69
70		\$ 7,082,364	\$ 223,521		\$ 181,198	\$ (42,323)	\$ 368,304	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,082,364	\$ 223,521		\$ 181,198	\$ (42,323)	\$ 368,304	1
2	Painting (Transfer Expense From Home Office)	2007	23,364		20	3,894	3,894	23,364	2
3	Replaced Parking Lot	2007	29,370		20	1,469	1,469	2,570	3
4	Exhaust For Smoking Rooms	2007	14,900		20	745	745	1,304	4
5	New Exterior Doors	2007	4,970		20	249	249	414	5
6	Bathroom Tile	2007	67,947		20	4,530	4,530	7,550	6
7	Replace Valve & Pump System	2007	13,800		20	690	690	1,150	7
8	New Roof	2007	18,740		20	937	937	1,249	8
9	Doors & Frames	2007	3,052		20	153	153	203	9
10	Sheet Rock Ceiling	2007	6,500		20	325	325	379	10
11	Painting (Transefer From Home Office)	2008	7,479		20	7,479	7,479	7,479	11
12	Cooler For Laundry Room	2008	5,850		20	293	293	293	12
13	Awning Sprinklers	2008	14,675		20	550	550	550	13
14	Locks	2008	3,327		20	125	125	125	14
15	Laundry Room Repairs	2008	4,200		20	123	123	123	15
16	New Nursing Station Tops	2008	7,400		20	185	185	185	16
17	Painting (Transfer From Home Office)	2008	8,804		20	4,402	4,402	4,402	17
18	Painting (Transfer From Home Office)	2008	1,761		20	44	44	44	18
19	Asphalt Patch Pot Holes	2008	4,200		20	88	88	88	19
20	Elevator Repairs	2008	3,937		20	82	82	82	20
21	Ac Repairs	2008	2,570		20	43	43	43	21
22	Roof Repairs	2008	1,800		20	23	23	23	22
23	Dishroom	2008	13,500		20	113	113	113	23
24	Decorating	2008	5,758		20	480	480	480	24
25	Emergency Generator Repair	2008	3,265		20	150	150	150	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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12									12
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,353,533	\$ 223,521		\$ 208,370	\$ (15,151)	\$ 420,667	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08 Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	204		2007	1970	\$ 6,867,883	\$ 176,100	39	\$ 176,100	\$ (0)	\$ 330,187	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various Leasehold Improvements		2007		120,728	3,096	20	155		5,804	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	6,988,611	\$	179,196	\$	176,254	\$	(0)	\$	335,991	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Allocated from EC/CC Clinical, Inc.	2002	2002	\$ 1,902	\$ 49	39	\$ 49		\$ 307	4
5		Allocated from CCI/ECC - CCI Building		1996	31,134	798	39	798		9,613	5
6		Allocated from CCI/Extended Care Consulting, LLC	2002	2002	18,784	482	39	482		3,030	6
7							39				7
8											8
		Improvement Type**									
9		Allocated from CCI/Extended Care Consulting, LLC		2002	15,517	1,418	20	1,418		7,104	9
10		Allocated from CCI/Extended Care Consulting, LLC		2003	18,286	1,671	20	1,671		8,372	10
11		Allocated from CCI/Extended Care Consulting, LLC		2005	909	97	20	97		231	11
12		Allocated from CCI/Extended Care Consulting, LLC		2007	190	9	20	9		22	12
13											13
14		Allocated from CCI/ECC- CCI Building		1996	525	-	20	-		525	14
15		Allocated from CCI/ECC- CCI Building		1997	2,990	97	20	97		1,519	15
16											16
17		Allocated from CC/EC Clinical, Inc.		2002	1,572	144	20	144		719	17
18		Allocated from CC/EC Clinical, Inc.		2003	1,852	169	20	169		848	18
19		Allocated from CC/EC Clinical, Inc.		2005	92	10	20	10		23	19
20							20				20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9			
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation			
37		\$	\$		\$	\$	\$	37		
38								38		
39								39		
40								40		
41								41		
42								42		
43								43		
44								44		
45								45		
46								46		
47								47		
48								48		
49								49		
50								50		
51								51		
52								52		
53								53		
54								54		
55								55		
56								56		
57								57		
58								58		
59								59		
60								60		
61								61		
62								62		
63								63		
64								64		
65								65		
66								66		
67								67		
68								68		
69								69		
70	TOTAL (lines 4 thru 69)	\$	93,753	\$	4,944	\$	4,944	\$	32,313	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,160,804	\$ 356,932	\$ 112,806	\$ (244,126)	10	\$ 649,934	71
72	Current Year Purchases	6,027	29	5,663	5,634	10	5,663	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,166,831	\$ 356,961	\$ 118,469	\$ (238,492)		\$ 655,597	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		Allocated from CCC/EC Clinical	2008	\$ 2,725	\$ 545	\$ 545	\$	5	\$ 1,060	76
77		Allocated from CCI/ECC	2008	35,674	2,217	2,217		5	30,671	77
78		Allocated from CC Health Sys	2008	188	38	38		5	44	78
79										79
80	TOTALS			\$ 38,587	\$ 2,800	\$ 2,800	\$		\$ 31,775	80

E. Summary of Care-Related Assets

	1	Reference	2	
			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,981,548	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 583,282	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 329,639	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (253,643)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,108,039	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	Allocated from CCI/ECC				3,803			5
6	Allocated from CC Health Sys.				641			6
7	TOTAL				\$ 4,444			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

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

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 23,437 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

Facility Name & ID Number Imperial of Hazel Crest# 0048702 Report Period Beginning:

01/01/08 Ending:

12/31/08

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 23,995	\$		\$ 23,995	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			6,858			6,858	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			44,971			44,971	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				91,675		91,675	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					1,163	129,181		130,344	13
14	TOTAL			\$		\$ 76,987	\$ 220,856		\$ 297,843	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$ 141,214	1
2	Cash-Patient Deposits	66,961	66,961	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,517,687	2,517,687	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	277,065	277,065	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	271,009	1,005,574	8
9	Other(specify): <u>See Attached Schedule</u>	162,366	162,366	9
	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,297,088	\$ 4,170,867	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		405,826	13
14	Buildings, at Historical Cost		6,867,883	14
15	Leasehold Improvements, at Historical Cost	267,904	388,632	15
16	Equipment, at Historical Cost	5,634	1,042,627	16
17	Accumulated Depreciation (book methods)	(65,961)	(930,819)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		36,514	23
	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 207,577	\$ 7,810,663	24
	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,504,665	\$ 11,981,530	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,318,020	\$ 1,318,020	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,806	48,806	28
29	Short-Term Notes Payable	1,293,220	1,293,220	29
30	Accrued Salaries Payable	122,794	122,794	30
	Accrued Taxes Payable (excluding real estate taxes)	4,214	4,214	31
32	Accrued Real Estate Taxes(Sch.IX-B)	766,353	766,353	32
33	Accrued Interest Payable		42,011	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	197,420	591,104	36
37				37
	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,750,827	\$ 4,186,522	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,500,934	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 7,500,934	45
	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,750,827	\$ 11,687,456	46
47	TOTAL EQUITY (page 18, line 24)	\$ (246,162)	\$ 294,074	47
	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,504,665	\$ 11,981,530	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 191,594	1
2	Restatements (describe):		2
3	Pension Expense	(3,119)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 188,475	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(434,637)	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)	\$ (434,637)	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)	\$ (246,162)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest# 0048702Report Period Beginning: 01/01/08Ending: 12/31/08**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,799,684	1
2	Discounts and Allowances for all Levels	(379,397)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,420,287	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	237,987	6
7	Oxygen	6,518	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 244,505	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	113,059	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	20,533	19
20	Radiology and X-Ray	1,570	20
21	Other Medical Services	23,332	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 158,494	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,833	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,833	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	3,691	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,691	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,829,810	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,555,149	31
32	Health Care	2,732,062	32
33	General Administration	2,165,444	33
B. Capital Expense			
34	Ownership	1,401,900	34
C. Ancillary Expense			
35	Special Cost Centers	297,896	35
36	Provider Participation Fee	111,996	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,264,447	40
41	Income before Income Taxes (line 30 minus line 40)**	(434,637)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (434,637)	43

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

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

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

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

Facility Name & ID Number Imperial of Hazel Crest

0048702

Report Period Beginning: 01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,849	2,037	\$ 82,810	\$ 40.65	1
2	Assistant Director of Nursing	1,650	1,808	54,800	30.31	2
3	Registered Nurses	7,793	8,821	250,601	28.41	3
4	Licensed Practical Nurses	35,545	38,774	928,040	23.93	4
5	CNAs & Orderlies	71,557	78,785	752,844	9.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,290	6,254	110,727	17.70	8
9	Activity Director	1,968	2,137	28,085	13.14	9
10	Activity Assistants	7,145	7,641	64,603	8.45	10
11	Social Service Workers	12,412	13,629	245,068	17.98	11
12	Dietician					12
13	Food Service Supervisor	2,900	3,163	52,788	16.69	13
14	Head Cook					14
15	Cook Helpers/Assistants	6,149	6,826	67,707	9.92	15
16	Dishwashers	13,701	14,580	122,903	8.43	16
17	Maintenance Workers	14,628	15,577	162,934	10.46	17
18	Housekeepers	18,728	20,513	177,857	8.67	18
19	Laundry	5,732	6,308	60,623	9.61	19
20	Administrator	2,087	2,252	84,261	37.42	20
21	Assistant Administrator	1,486	1,841	42,412	23.04	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,801	3,836	42,382	11.05	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	2,320	2,514	31,232	12.42	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	216,741	237,296	\$ 3,362,677 *	\$ 14.17	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	347	\$ 16,059	01-03	35
36	Medical Director	Monthly	23,430	09-03	36
37	Medical Records Consultant	Monthly	398	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,800	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	200	11-03	44
45	Social Service Consultant	Monthly	3,848	12-03	45
46	Other(specify)				46
47				10-03	47
48	See Attached		21,237	10-03	48
49	TOTAL (lines 35 - 48)	351	\$ 66,972		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	116	\$ 6,448	10-03	50
51	Licensed Practical Nurses	201	6,719	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	316	\$ 13,167		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

Report Period Beginning: 01/01/08 Ending:

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Alliance for Living \$2,244
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (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 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 29,754 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. \$ 111,996
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. \$ _____ Has any meal income been offset against related costs? No Indicate the amount. \$ None
- (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. \$ No
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT