

Facility Name & ID Number Central Plaza Residential Home

0017038 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	260	Intermediate (ICF)	260	94,900	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	260	TOTALS	260	94,900	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	83,276	89		83,365	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	83,276	89		83,365	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.85%

D. How many bed-hold days during this year were paid by the Department? 148 (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 12/1/63

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/09 Ending: 12/31/09

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	332,331	51,488	14,400	398,219		398,219		398,219		1
2	Food Purchase		391,271		391,271	(29,562)	361,709	(2,221)	359,488		2
3	Housekeeping	401,865		85,638	487,503		487,503		487,503		3
4	Laundry		84,714		84,714		84,714		84,714		4
5	Heat and Other Utilities			238,176	238,176		238,176	2,259	240,435		5
6	Maintenance	334,588		406,803	741,391		741,391	3,947	745,338		6
7	Other (specify):*										7
8	TOTAL General Services	1,068,784	527,473	745,017	2,341,274	(29,562)	2,311,712	3,985	2,315,697		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,729,874	106,135	37,816	1,873,825		1,873,825		1,873,825		10
10a	Therapy										10a
11	Activities	195,821	30,719	5,703	232,243		232,243		232,243		11
12	Social Services	606,113		879,771	1,485,884		1,485,884	(800,000)	685,884		12
13	CNA Training										13
14	Program Transportation			1,088	1,088		1,088		1,088		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,531,808	136,854	924,378	3,593,040		3,593,040	(800,000)	2,793,040		16
	C. General Administration										
17	Administrative	458,641		1,037,213	1,495,854		1,495,854	(1,037,213)	458,641		17
18	Directors Fees			210,000	210,000		210,000	(150,000)	60,000		18
19	Professional Services			66,767	66,767		66,767	(21,251)	45,516		19
20	Dues, Fees, Subscriptions & Promotions			27,763	27,763		27,763	53	27,816		20
21	Clerical & General Office Expenses	651,987		205,615	857,602		857,602	(122,527)	735,075		21
22	Employee Benefits & Payroll Taxes			826,599	826,599	29,562	856,161		856,161		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,840	3,840		3,840		3,840		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			229,293	229,293		229,293	363	229,656		26
27	Other (specify):*							18,739	18,739		27
28	TOTAL General Administration	1,110,628		2,607,090	3,717,718	29,562	3,747,280	(1,311,836)	2,435,444		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,711,220	664,327	4,276,485	9,652,032		9,652,032	(2,107,851)	7,544,181		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			120,842	120,842		120,842	(18,554)	102,288			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			40,283	40,283		40,283	120,424	160,707			32
33	Real Estate Taxes			139,547	139,547		139,547	7,704	147,251			33
34	Rent-Facility & Grounds			52,747	52,747		52,747	(41,137)	11,610			34
35	Rent-Equipment & Vehicles			16,959	16,959		16,959		16,959			35
36	Other (specify):*											36
37	TOTAL Ownership			370,378	370,378		370,378	68,437	438,815			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			142,350	142,350		142,350		142,350			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			142,350	142,350		142,350		142,350			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,711,220	664,327	4,789,213	10,164,760		10,164,760	(2,039,414)	8,125,346			45

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

Central Plaza Residential Home

ID# 0017038

Report Period Beginning: 1/1/09

Ending: 12/31/09

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Non-Allowable Fees	\$ (150,000)	18	1
2	Community Social Service	(800,000)	12	2
3	Fees	(1,037,213)	17	3
4	Resident Christmas Gifts	(1,140)	21	4
5	Non-Allowable Salaries	(88,269)	21	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(2,076,622)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,221)	0	0	0	0	0	0	0	0	0	0	(2,221)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,259	0	0	0	0	0	0	0	0	2,259	5
6	Maintenance	0	0	3,947	0	0	0	0	0	0	0	0	3,947	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,221)	0	6,206	0	3,985	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(800,000)	0	0	0	0	0	0	0	0	0	0	(800,000)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(800,000)	0	0	0	0	0	0	0	0	0	0	(800,000)	16
	C. General Administration													
17	Administrative	(1,037,213)	0	0	0	0	0	0	0	0	0	0	(1,037,213)	17
18	Directors Fees	(150,000)	0	0	0	0	0	0	0	0	0	0	(150,000)	18
19	Professional Services	(21,251)	0	0	0	0	0	0	0	0	0	0	(21,251)	19
20	Fees, Subscriptions & Promotions	0	0	53	0	0	0	0	0	0	0	0	53	20
21	Clerical & General Office Expenses	(122,527)	0	0	0	0	0	0	0	0	0	0	(122,527)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	363	0	0	0	0	0	0	0	0	363	26
27	Other (specify):*	0	0	18,739	0	0	0	0	0	0	0	0	18,739	27
28	TOTAL General Administration	(1,330,991)	0	19,155	0	(1,311,836)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,133,212)	0	25,361	0	(2,107,851)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(18,554)	0	0	0	0	0	0	0	0	0	0	(18,554)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,731)	0	0	123,155	0	0	0	0	0	0	0	120,424	32
33	Real Estate Taxes	0	0	7,704	0	0	0	0	0	0	0	0	7,704	33
34	Rent-Facility & Grounds	0	0	(41,137)	0	0	0	0	0	0	0	0	(41,137)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(21,285)	0	(33,433)	123,155	0	68,437	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(2,154,497)	0	(8,072)	123,155	0	0	0	0	0	0	0	(2,039,414)	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		

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		\$			\$	\$	1
2	V							2
3	V							3
4	V							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		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Barton Management, Inc.	100.00%	\$ 2,259	\$ 2,259
16	V	6 Repairs & Maint		Barton Management, Inc.		3,947	3,947
17	V	20 Dues,Fees,Subscriptions		Barton Management, Inc.		53	53
18	V						
19	V	26 Insurance		Barton Management, Inc.		363	363
20	V	27 Emp. Ben Gen. Admin		Barton Management, Inc.		18,739	18,739
21	V	33 Real Estate Taxes		Barton Management, Inc.		7,704	7,704
22	V	34 Rent Office Space		Barton Management, Inc.		18,863	18,863
23	V						
24	V						
25	V						
26	V	34 Rent	60,000	Barton Management, Inc.			(60,000)
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 60,000			\$ 51,928	\$ * (8,072)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V	32 Interest		Barton Healthcare LLC	100.00%	123,155	123,155	17
18	V							18
19	V	32 Interest		Barton Healthcare LLC				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		\$			\$ 123,155	\$ * 123,155	39

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

Facility Name & ID Number Central Plaza Residential Home # 0017038 Report Period Beginning: 1/1/09 Ending: 12/31/09

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	Irwan Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	\$ 30,000	18-3	1
2	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	76,494	6-1	2
3	Marla Coquillet	Stockholder	Social Service	4.50	See Attached	See Attached		Soc Serv	65,000	12-1	3
4	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	31,667	17-1	4
5	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	16,667	21-1	5
6	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	6
7	Paul Magit	Stockholder	Administrative	3.60	See Attached			Admin Sal	25,962	21-1	7
8	Jean Shlofrock	Stockholder	Office	8.24	See Attached			Office Sal	19,038	21-1	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 294,828		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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Barton Healthcare Inc
 Street Address 465 Central
 City / State / Zip Code Northfield, IL
 Phone Number (847-441-8200
 Fax Number (847-441-0800

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.

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	32	Interest			658,319			123,155	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				\$ 658,319	\$		\$ 123,155	25

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Barton Management Inc

Street Address

465 Central

City / State / Zip Code

Norhfield, IL

Phone Number

(847-441-8200

Fax Number

(847-441-0800

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Rental Income	284,800	8	\$ 10,723	\$ 60,000	\$ 2,259	1
2	6	Repairs and Maintenance	Rental Income	284,800	8	18,733	60,000	3,947	2
3	20	Dues, Fees, Subscriptions	Rental Income	284,800	8	250	60,000	53	3
4									4
5	26	Insurance	Rental Income	284,800	8	1,721	60,000	363	5
6	27	Emp. Ben. Gen. Admin	Rental Income	284,800	8	88,949	60,000	18,739	6
7	33	Real Estate Taxes	Rental Income	284,800	8	36,568	60,000	7,704	7
8	34	Rent Office Space	Rental Income	284,800	8	89,537	60,000	18,863	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					\$ 246,481	\$	\$ 51,928	25

Facility Name & ID Number

Central Plaza Residential Home

0017038

Report Period Beginning:

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Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		8	9	10				
						Amount of Note						Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
						Original	Balance							
Name of Lender	Related** YES NO		Purpose of Loan	Monthly Payment Required	Date of Note									
A. Directly Facility Related														
Long-Term														
1	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 732,099	demand	variable	\$ 40,283	1		
2												2		
3												3		
4												4		
5												5		
Working Capital														
6												6		
7												7		
8												8		
9	TOTAL Facility Related						\$ 5,500,000	\$ 732,099			\$ 40,283	9		
B. Non-Facility Related*														
10	Interest Income										(2,731)	10		
11												11		
12												12		
13												13		
14	TOTAL Non-Facility Related						\$	\$			\$ (2,731)	14		
15	TOTALS (line 9+line14)						\$ 5,500,000	\$ 732,099			\$ 37,552	15		

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

** 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

1. Real Estate Tax accrual used on 2008 report.		\$	145,795	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.)		\$	150,673	2
3. Under or (over) accrual (line 2 minus line 1).		\$	4,878	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	147,258	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>4,885</u> For <u>2006</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(4,885)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	147,251	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2004	<u>145,942</u>	8	
	2005	<u>149,657</u>	9	
	2006	<u>150,506</u>	10	
	2007	<u>148,158</u>	11	
	2008	<u>148,736</u>	12	
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	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.

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 90,310 B. General Construction Type: Exterior Brick Frame _____ Number of Stories Wing#1-Wing#2-4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

N/A

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: Loan Amortization 2. Number of Years Over Which it is Being Amortized: See Attached
3. Current Period Amortization: _____ 4. Dates Incurred: See Attached

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	<u>1</u>
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	<u>2</u>
3	TOTALS	<u>29,048</u>		<u>\$ 256,168</u>	<u>3</u>

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	260	1974	1964	\$ 385,508	\$	30	\$	\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Building Additions		1975	303,849		12.5			303,849	9
10	Building Additions		1976	53,526		12.5			53,526	10
11										11
12	Building Additions		1977	47,780		12.5			47,780	12
13	Building Additions		1978	66,037		2.5			66,037	13
14	Building Additions		1979	59,303		12.5			59,303	14
15	Building Additions		1980	24,816		12.5			24,816	15
16										16
17	Building Additions		1980	40,762		3			40,762	17
18	Building Additions		1981	34,255		3			34,255	18
19	Building Additions		1981	10,665		12.5			10,665	19
20	Building Additions		1982	13,492		10			13,492	20
21	Building Additions		1983	48,201		10			48,201	21
22	Building Additions		1984	52,327		10			52,327	22
23	Building Additions		1985	295,316		10			295,316	23
24	Building Additions		1986	144,407		10			144,407	24
25	Building Additions		1987	11,075		10			11,075	25
26	Building Additions		1988	10,240		10			10,240	26
27	Building Additions		1989	39,943		10			39,943	27
28	Building Additions		1990	65,848		10			65,848	28
29	Building Additions		1991	77,448		10			77,448	29
30	Building Additions		1992	89,051		10			89,051	30
31	Building Additions		1993	46,236		10			46,236	31
32	Building Additions		1994	220,966		10			220,966	32
33	Building Additions		1994	12,302		10			12,302	33
34	Building Additions		1994	1,430		10			1,430	34
35	Building Additions		1996	125,206	3,210	39	3,210		46,682	35
36	Curtains		1996	1,169	30	39	30			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Central Plaza Residential Home

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71		\$ 926	37
38	Boiler Repair	1996	4,763	122	39	122		1,591	38
39	Windows	1996	10,000	256	39	256		3,339	39
40	Water Heater	1996	5,100	131	39	131		1,708	40
41	Water Line	1996	1,985	51	39	51		665	41
42	Sidewalk Repairs	1996	2,464	63	39	63		822	42
43	Storm Windows	1996	10,679	274	39	274		3,573	43
44	Electrical Circuit	1996	22,780	584	39	584		7,616	44
45	Elevator Selector	1996	2,632	67	39	67		874	45
46	House Pump	1996	22,527	578	39	578		7,539	46
47	Water Gate	1996	2,165	56	39	56		730	47
48	Air Conditioner Circuits	1997	6,845	176	39	176		2,193	48
49	Alarm Detectors	1997	634	16	39	16		204	49
50	Bathtub Refinish	1997	9,152	235	39	235		2,684	50
51	Bathroom Remodel	1997	5,135	132	39	132		1,666	51
52	Boiler Flame	1997	2,769	71	39	71		855	52
53	Ceiling Tiles	1997	623	16	39	16		202	53
54	Circuit Breakers	1997	1,920	49	39	49		606	54
55	Concrete	1997	1,300	33	39	33		414	55
56	Curtains	1997	749	19	39	19		240	56
57	Doorways	1997	6,660	171	39	171		2,088	57
58	Electrical	1997	1,361	35	39	35		421	58
59	Elevator	1997	42,595	1092	39	1,092		12,938	59
60	Emergency Light	1997	7,110	182	39	182		2,192	60
61	Fence	1997	4,500	115	39	115		1,423	61
62	Fire Alarm	1997	78,500	2013	39	2,013		25,416	62
63	Flooring	1997	4,972	128	39	128		1,458	63
64	Kitchen Pipes	1997	2,200	56	39	56		684	64
65	Laundry Room	1997	24,750	634	39	634		8,076	65
66	Ramp Rail	1997	795	20	39	20		256	66
67	Remodeling	1997	141,653	3632	39	3,632		41,000	67
68	Roof Repair	1997	14,458	371	39	371		4,746	68
69	Sensor Modules	1997	1,005	26		26		337	69
70	TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715		\$ 1,955,439	70

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 1,955,439	1
2	Water Valves	1997	1,060	27	39	27		341	2
3	Windows	1997	11,978	307	39	307		3,902	3
4	Bath Tub Refinish	1998	2,620	67	39	67		799	4
5	Blinds	1998	608	16	39	16		190	5
6	Electrical	1998	6,670	171	39	171		1,919	6
7	Elevator Remodel	1998	1,778	46	39	46		512	7
8	Emergency Lights	1998	10,323	265	39	265		3,147	8
9	Flooring	1998	1,600	41	39	41		470	9
10	Heat Pump	1998	1,213	31	39	31		347	10
11	Masonry/Electrical	1998	11,660	299	39	299		3,301	11
12	Paneling	1998	1,116	29	39	29		332	12
13	Remodeling	1998	5,053	130	39	130		1,545	13
14	Replace Pipes	1998	2,204	57	39	57		629	14
15	Roofing	1998	3,800	97	39	97		1,144	15
16	Spec. Consult	1998	232	6	39	6		66	16
17	Walk In Cooler	1998	11,565	297	39	297		3,428	17
18	Windows	1998	18,387	471	39	471		5,384	18
19	Wiring	1998	4,787	123	39	123		1,409	19
20	Activity Area	1999	10,937	280	39	280		2,999	20
21	Air Cleaners	1999	8,338	214	39	214		2,245	21
22	Café Line	1999	5,927	152	39	152		1,590	22
23	Doors	1999	4,225	108	39	108		1,158	23
24	Drain Line	1999	950	24	39	24		259	24
25	Electrical Panel	1999	985	25	39	25		259	25
26	Fire Dumper	1999	37,670	966	39	966		10,587	26
27	Flooring	1999	1,304	33	39	33		351	27
28	Heat Booster	1999	2,521	65	39	65		701	28
29	Masonry/Tuckpoint	1999	11,740	301	39	301		3,148	29
30	Renovate Elevator	1999	9,520	244	39	244		2,532	30
31	Roof Repair	1999	1,050	27	39	27		271	31
32	Spec. Consult	1999	2,474	63	39	63		693	32
33	Tubs & Valves	1999	5,422	139		139		2,043	33
34	TOTAL (lines 1 thru 33)		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 2,013,140	34

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

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Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 2,013,140	1
2	Windows	1999	30,303	777	39	777		8,124	2
3	Air Cleaners	2000	3,900	100	39	100		979	3
4	Bathroom Valve	2000	1,894	49	39	49		480	4
5	Carpeting	2000	749	19	39	19		172	5
6	CPU Unit	2000	5,580	143	39	143		1,400	6
7	Door Parts	2000	1,724	44	39	44		416	7
8	Electrical Panel	2000	2,305	59	39	59		562	8
9	Elevator Switch	2000	2,300	59	39	59		558	9
10	Fire Alarm Pump	2000	1,700	44	39	44		431	10
11	Fire Code Improvement	2000	8,131	208	39	208		2,037	11
12	Fire Damper	2000	5,620	144	39	144		1,350	12
13	Fire System	2000	66,705	1710	39	1710		16,603	13
14	Hand Rails	2000	6,602	169	39	169		1,590	14
15	Masonry	2000	11,840	304	39	304		3,017	15
16	Paint and Drywall	2000	12,400	318	39	318		3,088	16
17	Remodel Fire Pump Room	2000	3,100	79	39	79		734	17
18	Remodel Laundry Room	2000	3,500	90	39	90		836	18
19	Remodeling	2000	15,441	396	39	396		3,834	19
20	Remove Walls	2000	9,600	246	39	246		2,327	20
21	Shower Valves	2000	4,650	119	39	119		1,126	21
22	Sprinkler	2000	689	18	39	18		176	22
23	Steam Line	2000	2,734	70	39	70		691	23
24	Windows	2000	24,967	640	39	640		5,825	24
25	Heat Detectors	2001	880	23	39	23		200	25
26	Fire Alarm	2001	1,320	34	39	34		296	26
27	Pipe Add On Devices	2001	880	23	39	23		200	27
28	Pipe Add On Devices	2001	1,320	34	39	34		296	28
29	Fire Alarm	2001	1,997	51	39	51		444	29
30	Heat Detectors	2001	1,721	44	39	44		383	30
31	Heat Detectors	2001	990	25	39	25		218	31
32	Heat Detectors	2001	660	17	39	17		341	32
33	Water Heater	2001	4,950	127	39	127		1,106	33
34	TOTAL (lines 1 thru 33)		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,072,980	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,072,980	1
2	Wood Door	2001	570	15	39	15		130	2
3	Wood Door	2001	570	15	39	15		130	3
4	HVAC	2001	36,200	928	39	928		8,005	4
5	Heat Detectors	2001	2,660	68	39	68		587	5
6	Fire Alarm	2001	1,320	34	39	34		293	6
7	Panel	2001	440	11	39	11		95	7
8	Testing	2001	660	17	39	17		147	8
9	Plumbing	2001	4,050	104	39	104		897	9
10	Electrical	2001	1,180	30	39	30		259	10
11	Masonry	2001	2,450	63	39	63		538	11
12	Cubicle Curtains	2001	1,225	31	39	31		262	12
13	Reroof	2001	8,080	207	39	207		1,751	13
14	Elevator Repair	2001	17,412	446	39	446		3,773	14
15	Fencing	2001	4,000	103	39	103		863	15
16	Electrical	2001	2,485	64	39	64		536	16
17	Excavating/Paving	2001	28,083	720	39	720		5,910	17
18	Windows	2001	18,400	472	39	472		3,835	18
19	Windows	2001	2,900	74	39	74		601	19
20	Boiler Parts	2001	3,148	81	39	81		658	20
21	Iron Gate	2001	1,725	44	39	44		358	21
22	Front Walk	2001	2,950	76	39	76		617	22
23	Electrical	2001	7,528	193	39	193		1,552	23
24	Shower Room	2001	24,500	628	39	628		5,050	24
25	Water Heater	2001	4,950	127	39	127		1,021	25
26	Generator	2001	3,500	90	39	90		724	26
27	Plumbing	2001	1,340	34	39	34		273	27
28	Plumbing	2001	1,485	38	39	38		306	28
29	Plumbing	2001	1,635	42	39	42		338	29
30	Plumbing	2001	578	15	39	15		121	30
31	Smoke & Stobe Add Ons	2001	16,979	435	39	435		3,515	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,116,125	34

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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,116,125	1
2	Water Heater	2002	4,433	114	39	114		907	2
3	Roof Repair	2002	3,870	99	39	99		763	3
4	Remodel Weight Room	2002	4,200	108	39	108		832	4
5	remove Fire Escapes	2002	5,600	144	39	144		1,074	5
6	Electrical Work	2002	4,240	109	39	109		786	6
7	Plumbing Café	2002	15,294	392	39	392		2,793	7
8	Wiring Panels	2002	10,970	281	39	281		2,002	8
9	Wiring	2002	2,965	76	39	76		535	9
10	Replace Water Heater	2002	5,037	129	39	129		908	10
11	Steam Heat Repair	2002	3,370	86	39	86		642	11
12	Tuckpoint	2002	5,600	144	39	144		1,038	12
13	Kitchen Hood Fire Suspension	2003	2,819	72	39	72		501	13
14	Sewer Pipe	2003	3,287	84	39	84		585	14
15	Tile	2003	512	13	39	13		91	15
16	Pipe Replacement	2003	752	19	39	19		131	16
17	Air Conditioning Work	2003	5,130	132	39	132		907	17
18	Fence	2003	1,380	35	39	35		238	18
19	Roof Repair	2003	10,250	263	39	263		1,699	19
20	AC Compressor	2003	7,800	200	39	200		1,292	20
21	Breaker Panels	2003	18,986	487	39	487		3,105	21
22	Electrical Work	2003	5,420	139	39	139		851	22
23	Remodeling	2004	35,300	905	39	905		5,318	23
24	Coffe Shop	2004	51,000	1308	39	1308		7,577	24
25	Laundry/Hall	2004	20,800	533	39	533		3,088	25
26	Sink	2004	2,811	72	39	72		411	26
27	Renovation-2nd Floor	2004	26,000	667	39	667		3,808	27
28	Game Room	2004	54,500	1397	39	1397		7,976	28
29	Bathroom	2004	6,500	167	39	167		953	29
30	Bathrooms#406	2004	6,500	167	39	167		939	30
31	Bathrooms#408	2004	6,500	167	39	167		939	31
32	Bathrooms#301	2004	6,500	167	39	167		939	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,169,753	34

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

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Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,169,753	1
2	Bathrooms#201	2004	6,500	167	39	167		939	2
3	Bathrooms#405	2004	6,500	167	39	167		939	3
4	Bathrooms#215	2004	6,500	167	39	167		939	4
5	Electromedia	2004	11,825	303	39	303		1,679	5
6	Electrical	2004	5,478	140	39	140		776	6
7	Drywall/Paint	2004	1,500	38	39	38		208	7
8	Scissor Gate	2004	3,600	92	39	92		502	8
9	Tubs	2004	3,640	93	39	93		508	9
10	Hall	2004	41,900	1,074	39	1,074		5,594	10
11	Bathroom	2004	23,230	596	39	596		3,129	11
12	Bathroom	2004	54,928	1,408	39	1,408		7,216	12
13	Roof/Fan	2004	5,800	149	39	149		764	13
14	Boiler	2004	79,311	2,034	39	2,034		10,425	14
15	Bathroom	2004	2,745	70	39	70		353	15
16	Gas Boiler	2005	6,139	157	39	157		779	16
17	3rd Floor Remodel	2005	35,900	920	39	920		36,593	17
18	4th Floor Remodel	2005	35,900	920	39	920		4,410	18
19	Workrooms	2005	3,850	99	39	99		474	19
20	Freight Elevator	2005	3,300	85	39	85		407	20
21	Cooler Floor	2005	1,850	47	39	47		226	21
22	5th Floor Hall	2005	35,900	920	39	920		4,333	22
23	Shelves	2005	1,195	31	39	31		146	23
24	Circulating Pump	2005	1,660	43	39	43		199	24
25	Roof Top A/C	2005	18,687	479	39	479		2,216	25
26	Remodeling Projects	2005	82,790	2,123	39	2,123		9,821	26
27	5th Floor Hall	2005	1,950	50	39	50		227	27
28	3rd Floor Hall	2005	1,150	29	39	29		132	28
29	4th Floor Hall	2005	300	8	39	8		36	29
30	1st Floor Hall	2005	8,000	205	39	205		931	30
31	Bathroom Remodeling	2005	13,000	333	39	333		1,513	31
32	Bathroom Remodeling	2005	26,800	687	39	687		3,006	32
33	Cooler Door	2005	3,410	87		87		374	33
34	TOTAL (lines 1 thru 33)		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,269,547	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,269,547	1
2	Fire Doors & Stops	2005	11,000	282	39	282		1,187	2
3	Remodeling Projects	2005	15,950	409	39	409		1,653	3
4	Pump Room	2006	4,900	126	39	126		499	4
5	Bathroom Work	2006	11,500	295	39	295		1,168	5
6	Fire Alarm System	2006	3,818	98	39	98		388	6
7	Laundry Rm/Office	2006	3,650	94	39	94		364	7
8	Electrical Repairs	2006	1,070	27	39	27		105	8
9	Radiator	2006	2,175	56	39	56		217	9
10	Iron Fence	2006	4,790	123	39	123		466	10
11	Electrical/Plumbing	2006	4,350	112	39	112		424	11
12	Boiler Repir	2006	1,790	46	39	46		174	12
13	Wiring fire Alarm	2006	19,703	505	39	505		1,831	13
14	Remodel Bird Room	2006	24,000	615	39	615		2,230	14
15	Windows	2006	3,350	86	39	86		312	15
16	3rd Floor Hallway Flooring	2006	7,700	197	39	197		698	16
17	3rd Floor Hallway Remodeling	2006	38,500	987	39	987		3,497	17
18	Doors/Fixtures	2006	3,150	81	39	81		287	18
19	Computer Room Remodel	2006	4,800	123	39	123		374	19
20	Entry Staircase	2006	11,500	295	39	295		1,020	20
21	Roof Repair	2006	4,100	105	39	105		346	21
22	Windows	2006	1,165	30	39	30		96	22
23	Tile Floor	2006	12,200	313	39	313		1,004	23
24	Tiles	2006	1,370	35	39	35		112	24
25	Remodel Bathrooms	2006	1,512	39	39	39		119	25
26	Remodel Bathrooms	2006	1,584	41	39	41		125	26
27	Remodel Bathrooms	2006	1,785	46	39	46		140	27
28	Remodel Bathrooms	2006	2,784	71	39	71		216	28
29	Remodel Bathrooms	2006	2,958	76	39	76		231	29
30	Remodel Bathrooms	2006	2,062	53	39	53		161	30
31	Remodel Bathrooms	2006	3,127	80	39	80		243	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,458,503	\$ 59,067		\$ 59,067	\$	\$ 2,289,234	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 4,458,503	\$ 59,067		\$ 59,067	\$	\$ 2,289,234	1
2	Tiles	2007	3,387	87	39	87		257	2
3	Installation	2007	1,216	31	39	31		92	3
4	Installation	2007	2,924	75	39	75		222	4
5	Water heater	2007	1,833	47	39	47		139	5
6	Install Pump	2007	1,336	34	39	34		101	6
7	Climate Control	2007	1,177	30	39	30		89	7
8	Boiler	2007	76,204	1,954	39	1,954		5,620	8
9	Cooler Door	2007	3,345	86	39	86		247	9
10	Boiler Repair	2007	2,782	71	39	71		199	10
11	Bathroom	2007	3,668	94	39	94		263	11
12	Electrical	2007	2,130	55	39	55		153	12
13	Tiles	2007	2,924	75	39	75		209	13
14	Tiles	2007	2,304	59	39	59		165	14
15	Tiles	2007	2,016	52	39	52		145	15
16	Tiles	2007	5,472	140	39	140		391	16
17	Tiles	2007	11,777	302	39	302		843	17
18	Door Sill	2007	1,420	36	39	36		98	18
19	Repair Pump	2007	1,169	30	39	30		81	19
20	Repair Pump	2007	2,791	72	39	72		194	20
21	Bathroom Plumbing	2007	1,766	45	39	45		122	21
22	Storage Tanks	2007	8,445	217	39	217		588	22
23	Pump	2007	3,157	81	39	81		213	23
24	Screens	2007	1,977	51	39	51		130	24
25	Bath Fan	2007	2,043	52	39	52		128	25
26	Electrical	2007	3,273	84	39	84		200	26
27	Elevator Repair	2007	6,302	162	39	162		385	27
28	Repair Valve	2007	3,587	92	39	92		219	28
29	Repair Roof	2007	6,400	164	39	164		376	29
30	Circulating pump	2007	3,784	97	39	97		214	30
31	Sound Wiring	2007	4,582	117	39	117		259	31
32	Repair Pipe	2007	7,500	192	39	192		424	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,641,194	\$ 63,751		\$ 63,751	\$	\$ 2,302,000	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 4,641,194	\$ 63,751		\$ 63,751	\$	\$ 2,302,000	1
2	Roof, Downspout	2008	2,750	71	39	71		133	2
3	Heat Detectors	2008	1,073	28	39	28		48	3
4	Wallpaper	2008	2,447	63	39	63		92	4
5	Freight Elevator	2008	3,900	100	39	100		146	5
6	Wall Divider	2008	9,165	235	39	235		304	6
7	Drain System	2008	54,000	1,385	39	1,385		1,674	7
8	Security Light	2008	3,957	101	39	101		105	8
9	Elevator	2008	30,500	782	39	782		815	9
10	Hall Renovate	2008	2,721	70	39	70		73	10
11	Replace Steam Trap	2009	3,448	85	39	88	3	85	11
12	Tuckpointing	2009	11,915	217	39	306	89	217	12
13	Tubs	2009	5,220	50	39	134	84	50	13
14	Flooring	2009	2,079	16	39	53	37	16	14
15	Tub Refinishing	2009	4,640	35	39	119	84	35	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)		\$ 4,779,009	\$ 66,989		\$ 67,286	\$ 297	\$ 2,305,793	34

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

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 50,583	\$ 5,486	\$ 7,763	\$ 2,277		\$ 39,030	71
72	Current Year Purchases	79,998	43,087	11,845	(31,242)		43,087	72
73	Fully Depreciated Assets	1,124,516		15,394	15,394		1,124,516	73
74								74
75	TOTALS	\$ 1,255,097	\$ 48,573	\$ 35,002	\$ (13,571)		\$ 1,206,633	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	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$ 1,730	\$	\$ (1,730)		\$ 21,295	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	1,775		(1,775)		16,252	77
78	Facility	Ford Van 2003	2002	28,925	1,775		(1,775)		16,725	78
79										79
80	TOTALS			\$ 76,324	\$ 5,280	\$	\$ (5,280)		\$ 54,272	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)	\$ 6,366,598	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 120,842	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 102,288	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (18,554)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,566,698	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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	<u>Barton Management-Allocation-Central Office</u>			<u>18,863</u>			5
6							6
7	TOTAL			\$ 18,863			7

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

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

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

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

15. Is Movable equipment rental included in building rental? _____

16. Rental Amount for movable equipment: \$ _____ Description: See Attached \$16,959 YES NO

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2010 \$ _____

13. _____/2011 \$ _____

14. _____/2012 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$		\$	\$		\$	14

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

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/09Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(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	\$ 459,217	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>300,000</u>)	3,191,675		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	190,165		6
7	Other Prepaid Expenses	3,284		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	1,462,461		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,306,802	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	4,467,342		15
16	Equipment, at Historical Cost	1,331,422		16
17	Accumulated Depreciation (book methods)	(3,940,246)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,426,352	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,733,154	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 146,722	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	157,198		30
31	Accrued Taxes Payable (excluding real estate taxes)	17,712		31
32	Accrued Real Estate Taxes(Sch.IX-B)	147,258		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Due to Austin Mental Health</u>	600,000		36
37	<u>Due to DMHDD</u>	115,218		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,184,108	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	732,099		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 732,099	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,916,207	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,816,947	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,733,154	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,540,326	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,540,326	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	276,621	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)	\$ 276,621	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)	\$ 5,816,947	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Central Plaza Residential Home

0017038

Report Period Beginning: 1/1/09

Ending: 12/31/09

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	\$ 10,338,794	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,338,794	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	82,886	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 82,886	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	19,701	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,701	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,441,381	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,341,274	31
32	Health Care	3,593,040	32
33	General Administration	3,717,718	33
B. Capital Expense			
34	Ownership	370,378	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	142,350	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,164,760	40
41	Income before Income Taxes (line 30 minus line 40)**	276,621	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 276,621	43

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

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

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

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

Facility Name & ID Number **Central Plaza Residential Home**

0017038

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,416	2,568	\$ 127,514	\$ 49.65	1
2	Assistant Director of Nursing	1,960	2,080	74,243	35.69	2
3	Registered Nurses	2,812	3,169	83,731	26.42	3
4	Licensed Practical Nurses	19,858	21,966	507,166	23.09	4
5	CNAs & Orderlies	69,093	76,775	904,743	11.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	15,781	16,939	195,821	11.56	10
11	Social Service Workers	34,822	37,200	606,113	16.29	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,907	27,609	332,331	12.04	15
16	Dishwashers					16
17	Maintenance Workers	23,502	24,755	334,588	13.52	17
18	Housekeepers	34,760	37,776	401,865	10.64	18
19	Laundry					19
20	Administrator	2,080	2,080	97,730	46.99	20
21	Assistant Administrator	2,080	2,080	70,675	33.98	21
22	Other Administrative	2,340	2,340	290,236		22
23	Office Manager					23
24	Clerical	14,886	16,101	651,987	40.49	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	1,917	2,165	32,477	15.00	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	253,214	275,603	\$ 4,711,220 *	\$ 17.09	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	340	\$ 14,400	1-3	35
36	Medical Director	192	8,700	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,800	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	130	5,703	11-3	44
45	Social Service Consultant	440	19,732	12-3	45
46	Other(specify)				46
47	Substance Abuse	645	35,331	12-3	47
48	Psychiatric	416	24,709	12-3	48
49	TOTAL (lines 35 - 48)	2,259	\$ 110,375		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	970	\$ 27,316		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	970	\$ 27,316		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Gwen Washington	Asst Admin	0	\$ 62,934	Workers' Compensation Insurance	\$ 94,238	IDPH License Fee	\$		
Jeffrey Ingraffia	Administrator	0	91,229	Unemployment Compensation Insurance	49,149	Advertising: Employee Recruitment	2,993		
Marlon Holcolmb	Asst Admin	0	14,242	FICA Taxes	336,921	Health Care Worker Background Check			
Rick Duros	CFO	0	63,132	Employee Health Insurance	288,363	(Indicate # of checks performed <u>114</u>)	1,145		
Gary Weintraub	Legal	0	56,080	Employee Meals	29,562	Patient Background Checks	<u>105</u> 1,050		
Arnie Kanter	Administrative	0	72,204	Illinois Municipal Retirement Fund (IMRF)*		Dues-Alliance for Living	15,600		
John Shlofrock	Administrative	8.8	98,820	Employee Head Tax	5,956	Misc Dues, Subs & Licenses	4,728		
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Benefits-Others	21,945	City of Chicago License	2,200		
(List each licensed administrator separately.)			\$ 458,641	Union Pension Contribution	30,027	Franchise Tax	100		
B. Administrative - Other				Barton Alloc-Employee Benefits			Less: Public Relations Expense	()	
Description			Amount				Non-allowable advertising	()	
			\$				Yellow page advertising	()	
<u>(Adjusted out on page 5)</u>			<u>1,037,213</u>				TOTAL (agree to Sch. V, line 20, col. 8)		
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 856,161	\$ 27,816	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,037,213	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount	
C. Professional Services							Out-of-State Travel	\$	
Vendor/Payee	Type		Amount				In-State Travel		
			\$				Seminar Expense	3,840	
<u>SEE ATTACHED SCHEDULE</u>			<u>66,767</u>				Entertainment Expense	()	
							(agree to Sch. V, line 24, col. 8)		
				TOTAL			\$	\$ 3,840	
TOTAL (agree to Schedule V, line 19, column 3)									
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 66,767						

* Attach copy of IMRF notifications

**See instructions.

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13												
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year							
																	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1	Decorating	12/04	\$ 292		\$ 98	\$	\$	\$	\$	\$	\$	\$	\$											
2	Decorating	12/05	3,167		1,056	1,055																		
3	Decorating	12/06	4,729		1,576	1,576	1,577																	
4	Decorating	12/08	1,018				339	339	340															
5	Decorating	12/09	243					81	81	81														
6																								
7																								
8																								
9																								
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18																								
19																								
20	TOTALS		\$ 9,449		\$ 2,730	\$ 2,631	\$ 1,916	\$ 420	\$ 421	\$ 81	\$	\$	\$											

Facility Name & ID Number Central Plaza Residential Home# 0017038Report Period Beginning: 1/1/09Ending: 12/31/09**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only 'CNA's
- (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 \$15,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line _____
- (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. _____
- (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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 142,350
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. \$ 29,562 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
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? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (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.