

Facility Name & ID Number The Imperial Grove Pavilion

0037754 Report Period Beginning: 01/01/09 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 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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	58,146	5,850	24,084	88,080	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,146	5,850	24,084	88,080	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.30%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location?
Date started 01/31/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/01/98 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 21,113

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/09 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	504,728	78,865	37,785	621,378		621,378	5,101	626,479		1
2	Food Purchase		582,372		582,372		582,372	(53,643)	528,729		2
3	Housekeeping	383,336	112,298		495,634		495,634	9,585	505,219		3
4	Laundry	117,425	19,368		136,793		136,793		136,793		4
5	Heat and Other Utilities			393,464	393,464		393,464	6,419	399,883		5
6	Maintenance	125,468	147,111	154,122	426,701		426,701	17,101	443,802		6
7	Other (specify):*										7
8	TOTAL General Services	1,130,957	940,014	585,371	2,656,342		2,656,342	(15,437)	2,640,905		8
	B. Health Care and Programs										
9	Medical Director			38,000	38,000		38,000		38,000		9
10	Nursing and Medical Records	4,491,902	430,540	82,949	5,005,391		5,005,391	23,390	5,028,781		10
10a	Therapy	979,890		424,892	1,404,782		1,404,782		1,404,782		10a
11	Activities	297,275	16,797		314,072		314,072		314,072		11
12	Social Services	74,505		39,702	114,207		114,207	168,579	282,786		12
13	CNA Training										13
14	Program Transportation							18,441	18,441		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,843,572	447,337	585,543	6,876,452		6,876,452	210,410	7,086,862		16
	C. General Administration										
17	Administrative	462,429		694,800	1,157,229		1,157,229	(625,949)	531,280		17
18	Directors Fees										18
19	Professional Services			98,916	98,916		98,916	13,345	112,261		19
20	Dues, Fees, Subscriptions & Promotions			65,911	65,911		65,911	(2,786)	63,125		20
21	Clerical & General Office Expenses	528,623	87,784	250,716	867,123		867,123	(51,977)	815,146		21
22	Employee Benefits & Payroll Taxes			1,630,651	1,630,651		1,630,651	52,281	1,682,932		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,914	13,914		13,914	1,529	15,443		24
25	Other Admin. Staff Transportation			23,237	23,237		23,237	(17,273)	5,964		25
26	Insurance-Prop.Liab.Malpractice			565,044	565,044		565,044	27,520	592,564		26
27	Other (specify):* Home Office Benefit							43,642	43,642		27
28	TOTAL General Administration	991,052	87,784	3,343,189	4,422,025		4,422,025	(559,668)	3,862,357		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,965,581	1,475,135	4,514,103	13,954,819		13,954,819	(364,695)	13,590,124		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

The Imperial Grove Pavilion

#0037754

Report Period Beginning:

01/01/09

Ending:

12/31/09

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			180,572	180,572		180,572	528,910	709,482			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,749	44,749		44,749	805,720	850,469			32
33	Real Estate Taxes							347,863	347,863			33
34	Rent-Facility & Grounds			1,760,313	1,760,313		1,760,313	(1,759,859)	454			34
35	Rent-Equipment & Vehicles			25,888	25,888		25,888	6,451	32,339			35
36	Other (specify):* Mtg. Insurance							75,526	75,526			36
37	TOTAL Ownership			2,011,522	2,011,522		2,011,522	4,612	2,016,134			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,013,303	30,000	1,043,303		1,043,303		1,043,303			39
40	Barber and Beauty Shops			173,720	173,720		173,720		173,720			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):* Non-allowable cost			519,589	519,589		519,589	(519,589)				43
44	TOTAL Special Cost Centers		1,013,303	859,089	1,872,392		1,872,392	(519,589)	1,352,803			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,965,581	2,488,438	7,384,714	17,838,733		17,838,733	(879,673)	16,959,060			45

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

Ending:

12/31/09

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,539)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	37,856	30		9
10	Interest and Other Investment Income	(46,657)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,375)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(498)	43		18
19	Entertainment	(25,799)	43		19
20	Contributions	(19,950)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(270,000)	43		24
25	Fund Raising, Advertising and Promotional	(107,263)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(17,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(213,920)	Vari.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (671,145)		\$	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)	(208,528)	Vari.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (208,528)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (879,673)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs - Part A	\$ (43,001)	43	1
2	X-Rays - Part A	(28,164)	43	2
3	Offset Misc. Income Copy Med Records	(1,948)	10	3
4	Offset Miscellaneous Income - Food Rebate	(1,362)	2	4
5	Offset Miscellaneous Income - Dinner Tray	(5)	1	5
6	Offset Miscellaneous Income - Maint. Rebate	(54)	6	6
7	Offset Misc. Parking Violations & Trans Prog	(354)	21	7
8	To disallow lobbying expense	(6,847)	20	8
9	Disallow Marketing Salaries	(47,408)	43	9
10	Employee Meals Reclass to Employee Benefit	(52,281)	2	10
11	Employee Meals Reclass to Employee Benefit	52,281	22	11
12	Disallow Non-Allowable Legal Expenses	(22,931)	19	12
13	Adjust Real-Estate Tax Bill	(81,845)	33	13
14	Patient Transportation Cost	18,441	14	14
15	Patient Transportation Cost	(18,441)	25	15
16	Office Wages - Soc Serv.	168,579	12	16
17	Office Wages - Admin	49,638	17	17
18	Office Wages - Marketing	47,408	43	18
19	Office Wages - Clerical	(265,625)	21	19
20	To Reverse A/P Accrual for Legal	20,000	19	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	(213,920)		49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	21 Office Expense	\$	The Claridge, L.L.C.	100.00%	\$ 7,190	\$ 7,190	1
2	V	30 Depreciation		The Claridge, L.L.C.	100.00%	458,183	458,183	2
3	V	32 Interest		The Claridge, L.L.C.	100.00%	792,571	792,571	3
4	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	18,253	18,253	4
5	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	408,627	408,627	5
6	V	34 Rent	1,760,313	The Claridge, L.L.C.	100.00%		(1,760,313)	6
7	V	36 Insurance		The Claridge, L.L.C.	100.00%	75,526	75,526	7
8	V	26 Insurance		The Claridge, L.L.C.	100.00%	23,740	23,740	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,760,313			\$ 1,784,090	\$ * 23,777	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	NuCare Management Company	70.00%	\$ 2,555	\$ 2,555
16	V	6 Repairs and Maintenance		NuCare Management Company	70.00%	8,543	8,543
17	V	17 Management Fees	694,800	NuCare Management Company	70.00%	19,213	(675,587)
18	V	19 Professional Fees		NuCare Management Company	70.00%	2,819	2,819
19	V	20 Dues, Subscriptions		NuCare Management Company	70.00%	998	998
20	V	21 Office Expense		NuCare Management Company	70.00%	153,817	153,817
21	V	24 Education and Seminars		NuCare Management Company	70.00%	627	627
22	V	25 Other Admin Transportation		NuCare Management Company	70.00%	614	614
23	V	26 Insurance		NuCare Management Company	70.00%	2,429	2,429
24	V	27 Employee Benefits		NuCare Management Company	70.00%	37,081	37,081
25	V	30 Depreciation Expense		NuCare Management Company	70.00%	9,063	9,063
26	V	32 Interest & Amortization		NuCare Management Company	70.00%	5,338	5,338
27	V	33 Real Estate Taxes		NuCare Management Company	70.00%	8,137	8,137
28	V	34 Facility Rent		NuCare Management Company	70.00%	454	454
29	V	35 Equipment Rental		NuCare Management Company	70.00%	3,904	3,904
30	V	30 Depreciation Expense		NuCare Management Company	70.00%	(55)	(55)
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 694,800			\$ 255,537	\$ * (439,263)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10 Nursing and Medical Records	\$	Cinical Consulting Services, LLC		\$ 25,338	\$	25,338	15
16	V	19 Professional Fees		Cinical Consulting Services, LLC		279		279	16
17	V	20 Dues, Subscriptions		Cinical Consulting Services, LLC		128		128	17
18	V	21 Office Expense		Cinical Consulting Services, LLC		16,257		16,257	18
19	V	24 Education and Seminars		Cinical Consulting Services, LLC		158		158	19
20	V	25 Other Admin Transportation		Cinical Consulting Services, LLC		554		554	20
21	V	27 Employee Benefits		Cinical Consulting Services, LLC		6,561		6,561	21
22	V	30 Depreciation Expense		Cinical Consulting Services, LLC		181		181	22
23	V	32 Interest & Amortization		Cinical Consulting Services, LLC		297		297	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		\$			\$ 49,753	\$ *	49,753	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	1 Dietary	\$	ITEX-A.K. CARE	70.00%	\$ 5,106	\$ 5,106
16	V	3 Housekeeping		ITEX-A.K. CARE	70.00%	9,585	9,585
17	V	5 Utilities		ITEX-A.K. CARE	70.00%	3,864	3,864
18	V	6 Repair and Maintenance		ITEX-A.K. CARE	70.00%	8,612	8,612
19	V	19 Professional Services		ITEX-A.K. CARE	70.00%	13,178	13,178
20	V	20 Dues and Subscriptions		ITEX-A.K. CARE	70.00%	2,935	2,935
21	V	21 Clerical		ITEX-A.K. CARE	70.00%	36,739	36,739
22	V	24 Education & Seminar		ITEX-A.K. CARE	70.00%	744	744
23	V	26 Insurance		ITEX-A.K. CARE	70.00%	1,351	1,351
24	V	30 Depreciation		ITEX-A.K. CARE	70.00%	15,158	15,158
25	V	32 Interest		ITEX-A.K. CARE	70.00%	35,918	35,918
26	V	33 Real Estate Taxes		ITEX-A.K. CARE	70.00%	12,944	12,944
27	V	35 Equipment Rental		ITEX-A.K. CARE	70.00%	2,547	2,547
28	V	30 Depreciation		ITEX-A.K. CARE	70.00%	8,524	8,524
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 157,205	\$ * 157,205

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

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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	David Hartman	Member	Administrative	40.00	38,941	2.96	0.07	Salary	\$ 156,059	17(1)	1
2	Michael Harris	Administrative	Administrative	20.00	46,000	16.17	0.40	MF & Salary	83,719	17(1,7)	2
3	Mark Hartman	Administrative	Administrative	0.00	17,213	20	0.50	Salary	23,085	17(1,7)	3
4					See Schedule 7A for listing						4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 262,863		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

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0037754

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed days available	1,224,940	13	\$ 34,570	\$ 90,520	\$ 2,555	1
2	6	Repairs and Maintenance	Bed days available	1,224,940	13	115,610	90,520	8,543	2
3	17	Management Fees	Bed days available	1,224,940	13	260,001	260,001	19,213	3
4	19	Professional Fees	Bed days available	1,224,940	13	38,148	90,520	2,819	4
5	20	Dues, Subscriptions	Bed days available	1,224,940	13	13,506	90,520	998	5
6	21	Office Expense	Bed days available	1,224,940	13	2,081,498	1,811,576	153,817	6
7	24	Education and Seminars	Bed days available	1,224,940	13	8,486	90,520	627	7
8	25	Other Admin Transportation	Bed days available	1,224,940	13	8,304	90,520	614	8
9	26	Insurance	Bed days available	1,224,940	13	32,870	90,520	2,429	9
10	27	Employee Benefits	Bed days available	1,224,940	13	501,784	90,520	37,081	10
11	30	Depreciation Expense	Bed days available	1,224,940	13	122,648	90,520	9,063	11
12	32	Interest & Amortization	Bed days available	1,224,940	13	72,233	90,520	5,338	12
13	33	Real Estate Taxes	Bed days available	1,224,940	13	110,113	90,520	8,137	13
14	34	Facility Rent	Bed days available	1,224,940	13	6,145	90,520	454	14
15	35	Equipment Rental	Bed days available	1,224,940	13	52,826	90,520	3,904	15
16	30	Depreciation Expense	Direct allocation			(55)		(55)	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,458,687	\$ 2,071,577	\$ 255,537	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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	10	Nursing and Medical Records	Bed days available	1,224,940	13	\$ 342,887	\$ 342,887	90,520	\$ 25,338	1
2	19	Professional Fees	Bed days available	1,224,940	13	3,780		90,520	279	2
3	20	Dues, Subscriptions	Bed days available	1,224,940	13	1,732		90,520	128	3
4	21	Office Expense	Bed days available	1,224,940	13	219,996	206,311	90,520	16,257	4
5	24	Education and Seminars	Bed days available	1,224,940	13	2,134		90,520	158	5
6	25	Other Admin Transportation	Bed days available	1,224,940	13	7,503		90,520	554	6
7	27	Employee Benefits	Bed days available	1,224,940	13	88,791		90,520	6,561	7
8	30	Depreciation Expense	Bed days available	1,224,940	13	2,448		90,520	181	8
9	32	Interest & Amortization	Bed days available	1,224,940	13	4,013		90,520	297	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					\$ 673,284	\$ 549,198		\$ 49,753	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Bed days available	358,430	4	\$ 20,219	\$ 90,520	\$ 5,106	1
2	3	Housekeeping	Bed days available	358,430	4	37,953	90,520	9,585	2
3	5	Utilities	Bed days available	358,430	4	15,300	90,520	3,864	3
4	6	Repair and Maintenance	Bed days available	358,430	4	34,101	90,520	8,612	4
5	19	Professional Services	Bed days available	358,430	4	52,179	90,520	13,178	5
6	20	Dues and Subscriptions	Bed days available	358,430	4	11,623	90,520	2,935	6
7	21	Clerical	Bed days available	358,430	4	145,474	90,520	36,739	7
8	24	Education & Seminar	Bed days available	358,430	4	2,946	90,520	744	8
9	26	Insurance	Bed days available	358,430	4	5,348	90,520	1,351	9
10	30	Depreciation	Bed days available	358,430	4	60,022	90,520	15,158	10
11	32	Interest	Bed days available	358,430	4	142,224	90,520	35,918	11
12	33	Real Estate Taxes	Bed days available	358,430	4	51,255	90,520	12,944	12
13	35	Equipment Rental	Bed days available	358,430	4	10,084	90,520	2,547	13
14	30	Depreciation	Direct Allocation			8,524		8,524	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 597,252	\$	\$ 157,205	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 14,766,372	3/31/38	0.0525	\$ 792,571	1							
2	Judy Harris Trust		X	Purchase of van	\$746.00	10/1/03	62,697	6,532	8/30/10	0.0675	744	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/09	0.0800		6							
7	Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	2,129,488	11/30/09	0.0825	44,005	7							
8												8							
9	TOTAL Facility Related				\$746.00		\$ 24,165,797	\$ 17,452,392			\$ 837,320	9							
B. Non-Facility Related*																			
10											Amortization of loan costs	18,253	10						
11											Allocation from management co.	41,553	11						
12											Interest income offset	(46,657)	12						
13													13						
14	TOTAL Non-Facility Related						\$	\$			\$ 13,149	14							
15	TOTALS (line 9+line14)						\$ 24,165,797	\$ 17,452,392			\$ 850,469	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 75,526 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	420,411	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.)	2008	\$	404,409	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(16,002)	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	424,629	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	Adjust taxes paid to 67%		(81,845)	
		\$		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.	Allocation from mgmt co.		21,081	
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.		\$	347,863	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2004	456,013	8
	2005	460,655	9
	2006	404,712	10
	2007	400,391	11
	2008	404,409	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

2008 Real Estate Tax Accrual Based on Prior Year	* 2008 Real Estate Tax Bill	481,439
Imperial portion for F/S	404,409	84%
Imperial portion for cost report	322,564	67%
	(81,845)	

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754 Report Period Beginning:

01/01/09 Ending:

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete Number of Stories 6

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

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

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

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from Management Company</u>			<u>11,232</u>	<u>2</u>
3	TOTALS			\$ 51,232	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,335	\$	40	\$ 360,933	\$ 360,933	\$ 4,060,496	4
5										5
6	Allocated from Related Parties:									6
7	ITEX	1992		405,097		35	11,574	11,574	191,937	7
8	NuCare	2004		101,092		35	2,888	2,888	17,691	8
	Improvement Type**									
9	Leasehold Improvements	1992		60,378		20	3,019	3,019	53,033	9
10	Leasehold Improvements	1993		59,308		20	2,965	2,965	48,924	10
11	Leasehold Improvements	1994		10,638		20	532	532	8,246	11
12	Leasehold Improvements	1995		43,191		20	2,160	2,160	31,319	12
13	Furnace	1996		1,843		20	92	92	1,242	13
14	Door Locks	1996		2,357		20	118	118	1,593	14
15	Windows	1996		8,365		20	418	418	5,644	15
16	Electrical Wiring	1996		4,880		20	244	244	3,294	16
17	Fence	1996		1,067		20	53	53	717	17
18	Gutters	1996		1,574		20	79	79	1,065	18
19	Brick Wall	1996		2,560		20	128	128	1,728	19
20	Ceiling Lights	1996		5,501		20	275	275	3,703	20
21	Nurse Station	1996		2,500		20	125	125	1,677	21
22	Countertops	1996		2,610		20	131	131	1,766	22
23	Convection Oven	1996		7,515		20	376	376	5,075	23
24	Boiler	1996		2,927		20	146	146	1,972	24
25	Fence	1997		1,050		20	45	45	1,050	25
26	Electrical Improvements	1997		1,671		20	84	84	1,049	26
27	Nurse Call Station	1997		3,501		20	175	175	2,188	27
28	Public Address System	1997		1,360		20	68	68	850	28
29	Brick Wall	1997		5,110		20	256	256	3,199	29
30	Floor Tile	1997		21,705		20	1,085	1,085	13,564	30
31	Fire Doors	1997		4,096		20	205	205	2,562	31
32	Carpeting	1997		3,243		20	162	162	2,025	32
33	Inspection Improvements	1997		9,884		20	494	494	6,175	33
34	Door Restrictors	1997		8,475		20	424	424	5,300	34
35	Fire Alarm	1997		2,082		20	104	104	1,291	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 The Imperial Grove Pavilion

0037754

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Sheet Metal	1998	\$ 11,981	\$	20	\$ 599	\$ 599	\$ 6,889	37
38	Lighting	1998	7,156		20	358	358	4,117	38
39	Screens	1998	2,704		20	135	135	1,553	39
40	Piping	1998	4,145		20	207	207	2,381	40
41	Fire Alarms & Fire Proofing	1998	12,534		20	627	627	7,210	41
42	Tile	1998	967		20	49	49	563	42
43	Driveway	1998	7,342		20	367	367	4,221	43
44	Tuckpointing	1998	39,242		20	1,962	1,962	22,562	44
45	Ground Fuel Tank	1999	17,985		20	899	899	9,440	45
46	Carpet	1999	28,114		20	1,406	1,406	14,763	46
47	Wallcovering	1999	36,585		20	1,830	1,830	19,214	47
48	Floor in Dining Room	1999	9,850		20	493	493	5,176	48
49	Signs	1999	1,765		20	88	88	924	49
50	Electrical Work	1999	20,508		20	1,025	1,025	10,763	50
51	Brick & Masonry Work	1999	12,345		20	617	617	6,478	51
52	Gas Line Improvements	1999	1,633		20	82	82	861	52
53	Alarm System	1999	1,388		20	69	69	725	53
54	Wallcovering	2000	21,554		20	1,078	1,078	10,241	54
55	Flooring	2000	13,293		20	664	664	6,308	55
56	Carpet	2000	8,284		20	414	414	3,933	56
57	Over Bed Lights	2000	4,593		20	230	230	2,185	57
58	Compactor	2000	6,800		20	340	340	3,230	58
59	Paging System	2000	9,909		20	496	496	4,712	59
60	CCTV System	2000	5,456		20	272	272	2,584	60
61	Wander Guard System	2000	18,540		20	928	928	8,816	61
62	Handrails, Kickplates, Wallbases	2000	6,038		20	302	302	2,869	62
63	Fuel Tank Project	2000	1,444		20	72	72	684	63
64	FirstQ System	2000	1,378		20	68	68	646	64
65	Chain Link Fence	2000	745		20	38	38	361	65
66	Alarm System	2000	5,051		20	252	252	2,394	66
67	Service P.A. System	2000	1,924		20	96	96	912	67
68	Remodel 13 Bedrooms	2000	18,112		20	906	906	8,607	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,562,280	\$		\$ 406,326	\$ 406,326	\$ 4,656,695	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,562,280	\$		\$ 406,326	\$ 406,326	\$ 4,656,695	1
2	Repair Elevator	2000	990		20	50	50	475	2
3	Remodel Smoking Room	2000	23,565		20	1,178	1,178	11,191	3
4	Remodel Old Smoking Room to Library	2000	4,690		20	234	234	2,223	4
5	Remodel 1st Floor	2000	10,540		20	528	528	5,016	5
6	Remodel 6th Floor Dining Room	2000	4,970		20	248	248	2,356	6
7	Remodel 3rd Floor Dining Room	2000	959		20	48	48	456	7
8	Call Station	2000	4,475		20	224	224	2,128	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830		20	192	192	1,632	10
11	Masonry repair	2001	15,227		20	762	762	6,507	11
12	Stainless steel toilet bars	2001	1,645		20	80	80	680	12
13	Masonry repair	2001	3,700		20	186	186	1,581	13
14	New tile	2001	3,633		20	182	182	1,548	14
15	Tile coating	2001	4,540		20	228	228	1,938	15
16	New Wanderguard system	2001	4,407		20	220	220	1,431	16
17	New relay rack	2001	3,788		20	189	189	1,152	17
18	CCTV	2002	1,146		20	57	57	428	18
19	CCTV	2002	1,440		20	72	72	540	19
20	Masonry repair	2002	10,000		20	500	500	3,750	20
21	Roof repair	2002	3,350		20	168	168	2,019	21
22	Masonry repair	2002	15,760		20	788	788	5,910	22
23	Masonry repair	2002	4,275		20	214	214	1,605	23
24	Locking system	2002	1,843		20	92	92	690	24
25	Pallet warmer	2002	3,272		20	164	164	1,230	25
26	Cooler/freezer doors	2003	3,391		20	170	170	1,105	26
27	Doors	2003	13,650		20	683	683	4,440	27
28	Fence	2003	1,259		20	63	63	409	28
29	Stem repair, heater gasket	2003	1,667		20	84	84	546	29
30	Nubrite coil	2003	572		20	29	29	188	30
31	High voltage, valve	2003	1,432		20	72	72	468	31
32	Gravel removal	2003	4,750		20	238	238	1,547	32
33	Switches, exit glass, thermometer	2003	10,945		20	548	548	3,561	33
34	TOTAL (lines 1 thru 33)		\$ 15,734,776	\$		\$ 414,817	\$ 414,817	\$ 4,725,445	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,734,776	\$		\$ 414,817	\$ 414,817	\$ 4,725,445	1
2	Riser cleaning, pipe fitting	2003	1,311		20	66	66	429	2
3	Locks	2003	5,123		20	258	258	1,677	3
4	Cable	2003	2,300		20	114	114	741	4
5	Downspout	2003	950		20	48	48	312	5
6	Carpet	2003	780		20	40	40	260	6
7	Handrails	2003	1,595		20	80	80	520	7
8	Washer	2003	1,352		20	68	68	442	8
9	Outdoor card reader	2003	1,124		20	56	56	364	9
10	Transport	2003	1,271		20	64	64	416	10
11	Security system	2003	25,405		20	1,270	1,270	8,255	11
12	Alarm system	2003	7,587		20	378	378	2,457	12
13	Tile	2003	10,408		20	520	520	3,380	13
14	Nurse call system	2003	2,583		20	130	130	845	14
15	Carpet	2004	853		20	42	42	231	15
16	Wanderguard system	2004	5,834		20	292	292	1,606	16
17	Kitchen repairs	2004	3,513		20	176	176	968	17
18	Keys and locks	2004	1,001		20	100	100	550	18
19	Tile	2004	2,837		20	142	142	781	19
20	Wiring	2004	3,679		20	184	184	1,012	20
21	Electrical line	2004	600		20	30	30	165	21
22	Elevator repair	2004	4,800		20	240	240	1,320	22
23	Dryer repair	2004	730		20	36	36	198	23
24	Wiring	2004	5,900		20	296	296	1,628	24
25	CCTV system	2004	8,480		20	424	424	2,332	25
26	Pump monitoring relay	2004	830		20	42	42	231	26
27	30 amp line	2004	2,805		20	140	140	770	27
28	Lexan face panels	2004	2,492		20	124	124	682	28
29	Security system	2004	854		20	42	42	231	29
30	Wireless call system	2004	1,925		20	96	96	528	30
31	Roofing	2004	1,660		20	84	84	462	31
32	Data cable	2004	614		20	30	30	165	32
33	Safety switches	2004	1,850		20	92	92	506	33
34	TOTAL (lines 1 thru 33)		\$ 15,847,822	\$		\$ 420,521	\$ 420,521	\$ 4,759,909	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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 12C, Carried Forward		\$ 15,847,822	\$		\$ 420,521	\$ 420,521	\$ 4,759,909	1
2	Safety locks	2004	7,596		20	380	380	2,090	2
3	Locks	2004	1,566		20	78	78	429	3
4	Activity room phones	2004	5,571		20	278	278	1,529	4
5	Roof flashing	2004	2,500		20	126	126	693	5
6	Brick firewall	2004	16,000		20	800	800	4,400	6
7	Exit door alarm system	2004	4,116		20	206	206	1,133	7
8	Roofing	2004	1,500		20	76	76	418	8
9	Wallpaper	2004	24,748		20	1,238	1,238	6,809	9
10	Bathroom renovation	2004	2,070		20	104	104	572	10
11	Carpet	2004	589		20	30	30	165	11
12	Video recorder and wiring	2004	5,378		20	268	268	1,474	12
13	Electrical smoke door closer	2004	4,145		20	208	208	1,144	13
14	Wanderguard system	2004	2,819		20	140	140	770	14
15	Interior design	2004	2,927		20	146	146	803	15
16	Generator	2005	4,108		20	205	205	923	16
17	Security camera	2005	1,230		20	62	62	279	17
18	Wallcoverings	2005	6,976		20	349	349	1,570	18
19	Carpet	2005	23,239		20	1,162	1,162	5,229	19
20	Telephone system	2005	2,465		20	123	123	554	20
21	Hand held transmitters	2005	4,130		20	207	207	931	21
22	Digital keypad	2005	1,498		20	75	75	337	22
23	Armstrong Tiles	2005	1,047		20	52	52	234	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	10,553	24
25	Rubber cove base	2005	857		20	43	43	193	25
26	Canopies	2005	5,868		20	293	293	1,319	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	7,830	27
28	Lamps	2005	1,535		20	77	77	346	28
29	Interior design services	2005	8,164		20	408	408	1,836	29
30	Elevator	2005	54,840		20	2,741	2,741	12,336	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	6,588	31
32	Art work	2005	27,208		20	1,360	1,360	6,120	32
33	Signs	2005	1,071		20	54	54	243	33
34	TOTAL (lines 1 thru 33)		\$ 16,184,565	\$		\$ 437,359	\$ 437,359	\$ 4,839,759	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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 12D, Carried Forward		\$ 16,184,565	\$		\$ 437,359	\$ 437,359	\$ 4,839,759	1
2	Handrails	2005	3,344		20	167	167	752	2
3	Paint	2005	773		20	39	39	175	3
4	Carpeting	2005	66,986		20	3,349	3,349	15,071	4
5	Vent gas pipe	2005	1,370		20	69	69	310	5
6	Landscaping	2005	16,026		20	801	801	3,605	6
7	Roof	2005	64,300		20	3,215	3,215	14,468	7
8	Corner guards	2005	1,279		20	64	64	288	8
9	Flooring	2006	15,305		20	765	765	2,679	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246		20	312	312	1,093	10
11	Wallpaper	2006	12,584		20	629	629	2,203	11
12	Door Alarms	2006	4,272		20	214	214	748	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584		20	679	679	2,378	13
14	Lobby Signage	2006	5,348		20	267	267	936	14
15	Door Controller	2006	2,691		20	135	135	471	15
16	Sprinkler System	2006	4,942		20	247	247	865	16
17	Cabinets	2006	26,199		20	1,310	1,310	4,585	17
18	Dining Room Column	2006	3,800		20	190	190	665	18
19	Window Treatments	2006	112,936		20	5,647	5,647	19,763	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	4,888	20
21	Handrails	2006	7,848		20	392	392	1,373	21
22	Carpeting	2006	50,970		20	2,549	2,549	8,920	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	5,627	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	9,310	24
25	Condensor	2006	73,494		20	3,675	3,675	12,861	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	958	26
27	Tuckpointing	2006	5,900		20	295	295	1,033	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	9,223	28
29	Dining Room Remodel	2006	15,925		20	796	796	2,787	29
30	Awnings	2006	4,000		20	200	200	700	30
31	Cabinetry	2006	1,975		20	99	99	345	31
32	Smoke Detectors	2006	2,447		20	122	122	428	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,880,570	\$		\$ 472,159	\$ 472,159	\$ 4,969,266	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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 12E, Carried Forward		\$ 16,880,570	\$		\$ 472,159	\$ 472,159	\$ 4,969,266	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140		20	457	457	1,143	2
3	4th Floor Painting & Lighting	2007	3,559		20	178	178	445	3
4	Tile Flooring Replaced	2007	3,846		20	192	192	481	4
5	Telephone System	2007	64,130		20	3,207	3,207	8,016	5
6	Flooring Repair	2007	11,554		20	578	578	1,444	6
7	Hot Water Piping	2007	11,343		20	567	567	1,418	7
8	Built-In Cabinets	2007	11,000		20	550	550	1,375	8
9	Ceiling Tiles	2007	4,050		20	203	203	506	9
10	Drapery Track System	2007	10,753		20	538	538	1,344	10
11	Pull Chain Outlets	2007	8,395		20	420	420	1,049	11
12	Removal of Cables & Moldings	2007	6,000		20	300	300	750	12
13	16 Channel Digital Video Processor	2007	3,365		20	168	168	421	13
14	Fireproofing 6th Floor	2007	5,197		20	260	260	650	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041		20	402	402	1,005	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338		20	417	417	1,042	16
17	Wallpapering	2007	3,600		20	180	180	450	17
18	Brick Wall	2007	21,888		20	1,094	1,094	2,736	18
19	Air-condition System	2007	5,633		20	282	282	704	19
20	Remove & Replace Closet Carriers	2007	4,000		20	200	200	500	20
21	Limestone Wall Repair	2007	23,000		20	1,150	1,150	2,875	21
22	4th Floor Hallway & Dinning Room Floors	2007	42,400		20	2,120	2,120	5,300	22
23	Drain Pipe & Water Lines installed	2007	4,120		20	206	206	515	23
24	4th Floor Nursing Station Cabinets	2007	11,000		20	550	550	1,375	24
25	Boiler Repairs	2007	3,990		20	200	200	499	25
26	4th & 6th Capering	2007	5,612		20	281	281	702	26
27	Paint Elevators	2007	3,071		20	154	154	384	27
28	Wood Moldings for 20 rooms	2007	2,680		20	134	134	335	28
29	Security System Installed	2007	21,708		20	1,085	1,085	2,713	29
30	Repair Groen Skillet in Kitchen	2007	3,113		20	156	156	389	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,205,095	\$		\$ 488,385	\$ 488,385	\$ 5,009,832	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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		\$ 17,205,095	\$		\$ 488,385	\$ 488,385	\$ 5,009,832	1
2	Cabinets & Tiles	2008	6,045		20	302	302	453	2
3	Windows	2008	110,553		20	5,528	5,528	8,291	3
4	Painting Cellings	2008	9,564		20	478	478	717	4
5	Plubming Values	2008	7,985		20	399	399	599	5
6	Doors	2008	2,719		20	136	136	204	6
7	Front Desk & Nursing Stations	2008	15,920		20	796	796	1,194	7
8	Wall Paper	2008	2,890		20	145	145	217	8
9	Counter Tops	2009	18,438		20	461	461	461	9
10	Blind & Shade	2009	19,905		20	498	498	498	10
11	Door Locks & Closers	2009	14,166		20	354	354	354	11
12	Roof Replacement	2009	18,000		20	450	450	450	12
13	Bulletin Wall Cabinets	2009	22,919		20	573	573	573	13
14	Window & Exterier Wall Repairs	2009	78,400		20	1,960	1,960	1,960	14
15	Replace Waste Water Line	2009	9,850		20	246	246	246	15
16	Elevator Repairs	2009	14,120		20	353	353	353	16
17	AC Repairs	2009	9,526		20	238	238	238	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27	Depreciation Per GL	2009		180,572			(180,572)		27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,566,095	\$ 180,572		\$ 501,302	\$ 320,730	\$ 5,026,641	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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		\$ 17,566,095	\$ 180,572		\$ 501,302	\$ 320,730	\$ 5,026,641	1
2	Allocated from NuCare:								2
3	Security & Fire Alarm System	2004	2,009		20	126	126	1,455	3
4	Sprinkler System	2005	9,216		20	594	594	2,564	4
5	Renovation - Alarm System	2003	866		20	43	43	265	5
6	Renovation and Buildout	2004	17,573		20	880	880	5,023	6
7	Data Cables, Lights, Heat Exchanger	2005	1,042		20	52	52	232	7
8	Renovation - Cooling Unit	2006	1,413		20	71	71	238	8
9	Asphalt and Carpet	2008	1,489		20	74	74	94	9
10	Landscaping	2009	524		20	9	9	9	10
11									11
12									12
13	Allocated from ITEX:								13
14	Building Improvements - 1993	1993	50,973		20	2,549	2,549	42,580	14
15	Building Improvements - 1994	1994	27,379		20	1,369	1,369	20,919	15
16	Building Improvements - 1995	1995	4,666		20	233	233	3,312	16
17	Drapes and Carpeting	1996	264		20	13	13	186	17
18	Buildout of Offices	1997	7,871		20	394	394	4,919	18
19	Steel Doors and Fiberglass Covers	1999	874		20	44	44	481	19
20	Phone System and Heat Exchanger	2005	3,827		20	622	622	2,631	20
21	Concrete Steps, Sprinklers, & Generator	2007	4,738		20	492	492	1,115	21
22	Roof Top Air Conditioner & Roof	2008	18,059		20	597	597	944	22
23	Concrete steps	2009	984		10	49	49	49	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)		\$ 17,719,862	\$ 180,572		\$ 509,513	\$ 328,941	\$ 5,113,657	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/09

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	\$ 2,795,670	\$	\$ 189,771	\$ 189,771	10	\$ 2,309,398	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co. & Related Parties	253,749		10,198	10,198		209,685	74
75	TOTALS	\$ 3,049,419	\$	\$ 199,969	\$ 199,969		\$ 2,519,083	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$			\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	Patient Care	2003 Ford Van	2003	49,856					49,856	78
79										79
80	TOTALS			\$ 101,055	\$	\$			\$ 101,055	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 20,921,568	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 180,572	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 709,482	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 528,910	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,733,795	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		Allocation from management co. & Real Estate, LLC			454			6
7	TOTAL				\$ 454			7

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 32,339 Description: Copier 13203, Therapy Equip. 12685, Management Alloc. 6450

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	1,869	134,548	\$	1,869	\$ 134,548	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		904	65,069		904	65,069	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		2,061	148,367		2,061	148,367	4
5	Physician Care	L39, C3	visits		417	30,000		417	30,000	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				956,961		956,961	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Schedule 16A</u>				1,068	76,908	56,342	1,068	133,250	13
14	TOTAL			\$	6,318	\$ 454,892	\$ 1,013,303	6,318	\$ 1,468,195	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2009 to 12/31/2009

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Respiratory Therapy	L10A, C3	1,068	76,908	
Air Flotation Mattresses	L39, C2			42,169
Oxygen	L39, C2			14,173
Total		<u>1,068</u>	<u>76,908</u>	<u>56,342</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/09

Ending: 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	\$ 2,084,515	\$ 3,226,157	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>1,071,424</u>)	3,666,469	4,170,469	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	115,158	189,628	6
7	Other Prepaid Expenses	288,551	288,551	7
8	Accounts Receivable (owners or related parties)	1,249,276	1,649,541	8
9	Other(specify): <u>See Schedule 17A</u>	5,187,845	5,187,845	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,591,814	\$ 14,712,191	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		51,232	13
14	Buildings, at Historical Cost		14,943,525	14
15	Leasehold Improvements, at Historical Cost	1,475,093	2,776,337	15
16	Equipment, at Historical Cost	2,320,652	3,150,474	16
17	Accumulated Depreciation (book methods)	(2,191,528)	(7,733,795)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		668,794	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Cost</u>		516,718	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,604,217	\$ 14,373,285	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,196,031	\$ 29,085,476	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 144,597	\$ 144,597	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	6,532	6,532	29
30	Accrued Salaries Payable	397,359	397,359	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,815	15,815	31
32	Accrued Real Estate Taxes(Sch.IX-B)		424,629	32
33	Accrued Interest Payable		65,638	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	6,933,155	7,169,661	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,497,458	\$ 8,224,231	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,679,488	17,445,860	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,679,488	\$ 17,445,860	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,176,946	\$ 25,670,091	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,019,085	\$ 3,415,385	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 14,196,031	\$ 29,085,476	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2009 to

12/31/2009

Schedule 17A

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

	After	
Line 9 - Other Current Assets (specify):	Operating	Consolidation
Employee Advances	85,305	85,305
Accrued Management Fees	541,451	541,451
Due from Related Parties	4,561,089	4,561,089
Total Line 9 - Other Current Assets (specify):	5,187,845	5,187,845

C. Current Liabilities

	After	
Line 36 - Other Current Liabilities (specify):	Operating	Consolidation
Deposits	6,320	6,320
Accrued Expenses	252,808	252,808
Accrued City	2,932	2,932
Accrued Utilities	21,281	21,281
Due to Employees-Old P/R Checks	7,193	7,193
Due Ivy Apt at Imperial-Bank	5,839,605	5,839,605
Due Related Parties	(234,399)	2,107
Due Imperial Building Partnership	400,265	400,265
Due to Public Aid	637,150	637,150
Total Line 36 - Other Current Liabilities (specify)	6,933,155	7,169,661

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,610,202	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,610,202	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,508,882	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(1,100,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 408,882	17
	B. Transfers (Itemize):		
18	Rounding	1	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 1	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,019,085	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,000,719	1
2	Discounts and Allowances for all Levels	(5,087,031)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,913,688	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,186,978	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,186,978	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,791,098	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	102,640	19
20	Radiology and X-Ray	49,000	20
21	Other Medical Services	236,300	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,179,038	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	64,617	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 64,617	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	3,294	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,294	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,347,615	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,656,342	31
32	Health Care	6,876,452	32
33	General Administration	4,422,025	33
B. Capital Expense			
34	Ownership	2,011,522	34
C. Ancillary Expense			
35	Special Cost Centers	1,736,612	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,838,733	40
41	Income before Income Taxes (line 30 minus line 40)**	1,508,882	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,508,882	43

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

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

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

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

Facility Name & ID Number **The Imperial Grove Pavilion**

0037754

Report Period Beginning:

01/01/09

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	2,037	2,309	\$ 171,067	\$ 74.10	1
2	Assistant Director of Nursing	1,863	2,086	85,699	41.09	2
3	Registered Nurses	50,441	55,313	1,591,834	28.78	3
4	Licensed Practical Nurses	26,735	30,160	709,283	23.52	4
5	CNAs & Orderlies	137,710	150,286	1,457,153	9.70	5
6	CNA Trainees			0		6
7	Licensed Therapist			0		7
8	Rehab/Therapy Aides	26,220	28,045	979,890	34.94	8
9	Activity Director	1,903	2,086	55,312	26.52	9
10	Activity Assistants	22,669	25,287	241,963	9.57	10
11	Social Service Workers	4,227	4,660	74,505	15.99	11
12	Dietician	2,768	2,937	81,451	27.74	12
13	Food Service Supervisor			0		13
14	Head Cook	11,090	11,728	143,648	12.25	14
15	Cook Helpers/Assistants	26,959	29,892	279,629	9.35	15
16	Dishwashers					16
17	Maintenance Workers	8,147	8,571	125,468	14.64	17
18	Housekeepers	34,356	36,893	383,336	10.39	18
19	Laundry	11,485	12,337	117,425	9.52	19
20	Administrator	7,512	7,800	462,429	59.29	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,848	31,515	528,623	16.77	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	8,043	8,463	306,341	36.20	29
30	Habilitation Aides (DD Homes)			0		30
31	Medical Records	3,961	4,234	170,525	40.28	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	416,975	454,600	\$ 7,965,581 *	\$ 17.52	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	899	37,785	L1 & C3	35
36	Medical Director	Monthly	38,000	L9 & C3	36
37	Medical Records Consultant	81	4,125	L10 & C3	37
38	Nurse Consultant	447	8,851	L10 & C3	38
39	Pharmacist Consultant	Monthly	3,939	L10 & C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	17	941	L12 & C3	45
46	Other(specify)				46
47	Medical Consultant	Monthly	10,800	L10 & C3	47
48					48
49	TOTAL (lines 35 - 48)	1,444	\$ 104,441		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,578	55,234	L10 & C3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,578	\$ 55,234		53

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

Provider #: 0037754
1/1/2009 to 12/31/2009

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Total (agree to Schedule V, line 19, column 3)		<u>98,916</u>
Disallowed legal fees:		
Reed Smith LLP		(142)
To Reverse A/P Accrual for Legal		20,000
Stone McGuire & Siegel		(9,486)
Klein Dub & Holleb		(3,323)
Polsinelli, Shalton, Flanigan, Suelthaus PC		(163)
Ashman & Stein		(778)
Barbara K. Demos		<u>(9,039)</u>
		<u>(2,931)</u>
Professional fees allocated from NuCare:		
Legal		1,287
Accounting		1,452
Consulting		<u>80</u>
		<u>2,819</u>
Professional fees allocated from Clinical Consulting Services, LLC		
Professional Fees Net		279
Legal		-
Accounting		<u>-</u>
		<u>279</u>
Professional fees allocated from ITEX		
Data Processing		7,922
Legal		699
Accounting		<u>4,557</u>
		<u>13,178</u>
Total (agree to Schedule V, line 19, column 8)		<u><u>112,261</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3								N/A					
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/09

Ending:

12/31/09**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long-Term Care \$12,236
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 84,086 Line 10, 2
- (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. \$ 135,780
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 52,281 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0%
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes