



Facility Name & ID Number Imperial of Hazel Crest

# 0048702 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 01/01/09

	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	199	Skilled (SNF)	199	72,635	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	199	TOTALS	199	72,635	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		1,262	3,387	4,649	8
9	SNF/PED					9
10	ICF	60,084			60,084	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,084	1,262	3,387	64,733	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.12%

D. How many bed-hold days during this year were paid by the Department? 800 (Do not include bed-hold days in Section B.)

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 199 and days of care provided 2,363

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

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

Facility Name & ID Number Imperial of Hazel Crest # 0048702 Report Period Beginning: 01/01/09 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
	<b>A. General Services</b>										
1	Dietary	240,200	49,425	12,331	301,956		301,956	6,840	308,796		1
2	Food Purchase		319,684		319,684		319,684	646	320,330		2
3	Housekeeping	182,974	50,624		233,598		233,598	(3,772)	229,826		3
4	Laundry	62,235	18,234		80,469		80,469	(561)	79,908		4
5	Heat and Other Utilities			237,799	237,799		237,799	2,980	240,779		5
6	Maintenance	90,339		122,794	213,133		213,133	17,405	230,538		6
7	Other (specify):*							2,747	2,747		7
8	<b>TOTAL General Services</b>	<b>575,748</b>	<b>437,967</b>	<b>372,924</b>	<b>1,386,639</b>		<b>1,386,639</b>	<b>26,284</b>	<b>1,412,923</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			25,500	25,500		25,500		25,500		9
10	Nursing and Medical Records	2,214,169	99,943	15,774	2,329,886		2,329,886	8,562	2,338,448		10
10a	Therapy	133,185			133,185		133,185	2,164	135,349		10a
11	Activities	107,682	25,575		133,257		133,257		133,257		11
12	Social Services	250,972	1,806	3,382	256,160		256,160	11,638	267,798		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							10,342	10,342		15
16	<b>TOTAL Health Care and Programs</b>	<b>2,706,008</b>	<b>127,324</b>	<b>44,656</b>	<b>2,877,988</b>		<b>2,877,988</b>	<b>32,706</b>	<b>2,910,694</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	140,864		18,000	158,864		158,864	66,127	224,991		17
18	Directors Fees										18
19	Professional Services			454,046	454,046	(7,095)	446,951	(338,430)	108,521		19
20	Dues, Fees, Subscriptions & Promotions			23,596	23,596		23,596	(3,864)	19,732		20
21	Clerical & General Office Expenses	64,410	25,036	650,758	740,204		740,204	(378,122)	362,082		21
22	Employee Benefits & Payroll Taxes			613,963	613,963		613,963	(12,286)	601,677		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,691	5,691		5,691	1,357	7,048		24
25	Other Admin. Staff Transportation			4,881	4,881		4,881	564	5,445		25
26	Insurance-Prop.Liab.Malpractice			201,152	201,152		201,152	1,351	202,503		26
27	Other (specify):*							39,335	39,335		27
28	<b>TOTAL General Administration</b>	<b>205,274</b>	<b>25,036</b>	<b>1,972,087</b>	<b>2,202,397</b>	<b>(7,095)</b>	<b>2,195,302</b>	<b>(623,968)</b>	<b>1,571,334</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,487,030</b>	<b>590,327</b>	<b>2,389,667</b>	<b>6,467,024</b>	<b>(7,095)</b>	<b>6,459,929</b>	<b>(564,978)</b>	<b>5,894,951</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

#0048702

Report Period Beginning:

01/01/09

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	
	<b>D. Ownership</b>											
30	Depreciation			36,581	36,581		36,581	276,846	313,427			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			49,961	49,961		49,961	668,937	718,898			32
33	Real Estate Taxes			292,554	292,554	7,095	299,649	2,906	302,555			33
34	Rent-Facility & Grounds			796,973	796,973		796,973	(790,578)	6,395			34
35	Rent-Equipment & Vehicles			17,388	17,388		17,388	3,219	20,607			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,193,457	1,193,457	7,095	1,200,552	161,330	1,361,882			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		245,274	181,888	427,162		427,162	45,825	472,987			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			108,952	108,952		108,952		108,952			42
43	Other (specify):*			300	300		300	(300)				43
44	<b>TOTAL Special Cost Centers</b>		245,274	291,140	536,414		536,414	45,525	581,939			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,487,030	835,601	3,874,264	8,196,895		8,196,895	(358,122)	7,838,773			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(127,983)	30		9
10	Interest and Other Investment Income	(21,876)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(62)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(26,832)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(208,631)	21		24
25	Fund Raising, Advertising and Promotional	(6,542)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(30)	20		28
29	Other-Attach Schedule	(407,325)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (799,281)		\$	30

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	441,159		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 441,159		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (358,122)		37

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

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

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

BHF USE ONLY							
48		49		50		51	
							52

SEE ACCOUNTANTS' COMPILATION REPORT

Imperial of Hazel Crest

ID# 0048702

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	PTF Cash & Liability	\$ (1,234)	21	1
2	Medical Records	(903)	10	2
3	Revenue - Jury Duty	(86)	10	3
4	Theft Loss	(445)	21	4
5	Collection Expense	(649)	21	5
6	Pharmacy - Veterans	(24,143)	10	6
7	Prior Period Adjustment - Computer Expense	(11,914)	21	7
8	Marketing	(300)	43	8
9	Building Co. - Legal Fees	(29,923)	19	9
10	Building Co. - Filing Fees	(250)	21	10
11	Building Co. - Amortization	(21,473)	36	11
12	Prior Period and Non-Allowable Legal Fees	(1,503)	19	12
13	Arbitration Expense	(458)	19	13
14	Prior Period Real Estate Taxes	(316,409)	21	14
15	Additional Repairs and Maintenance	2,365	06	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	<b>Total</b>	(407,325)		49

Imperial of Hazel Crest

ID# 0048702

Report Period Beginning: 01/01/09

Ending: 12/31/09

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

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Imperial of Hazel Crest# 0048702

Report Period Beginning:

01/01/09

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			318		5,528	(2)				996		6,840	1
2	Food Purchase	(62)		708									646	2
3	Housekeeping			661		73	(4,506)						(3,772)	3
4	Laundry						(561)						(561)	4
5	Heat and Other Utilities			2,712		174					94		2,980	5
6	Maintenance	2,365		4,209	10,311	22	(115)		541		72		17,405	6
7	Other (specify):*				1,945	802							2,747	7
8	<b>TOTAL General Services</b>	<b>2,303</b>		<b>8,608</b>	<b>12,256</b>	<b>6,599</b>	<b>(5,185)</b>		<b>541</b>		<b>1,162</b>		<b>26,284</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(25,132)				37,629	(3,935)						8,562	10
10a	Therapy					2,164							2,164	10a
11	Activities													11
12	Social Services					11,638							11,638	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					10,342							10,342	15
16	<b>TOTAL Health Care and Programs</b>	<b>(25,132)</b>				<b>61,773</b>	<b>(3,935)</b>						<b>32,706</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			3,105	11,257	49,083					2,682		66,127	17
18	Directors Fees													18
19	Professional Services	(31,884)	29,923	(225,497)		(111,102)			30		100		(338,430)	19
20	Fees, Subscriptions & Promotions	(6,572)		2,657		10					41		(3,864)	20
21	Clerical & General Office Expenses	(566,364)	250	21,748	169,316	11,007			(17,325)		3,246		(378,122)	21
22	Employee Benefits & Payroll Taxes				(8,383)	(3,501)	(402)						(12,286)	22
23	Inservice Training & Education													23
24	Travel and Seminar			83		1,274							1,357	24
25	Other Admin. Staff Transportation			485					2		77		564	25
26	Insurance-Prop.Liab.Malpractice			1,066		63			31		191		1,351	26
27	Other (specify):*				29,638	8,527					1,170		39,335	27
28	<b>TOTAL General Administration</b>	<b>(604,820)</b>	<b>30,173</b>	<b>(196,353)</b>	<b>201,828</b>	<b>(44,639)</b>	<b>(402)</b>		<b>(17,262)</b>		<b>7,507</b>		<b>(623,968)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(627,649)</b>	<b>30,173</b>	<b>(187,745)</b>	<b>214,084</b>	<b>23,733</b>	<b>(9,522)</b>		<b>(16,721)</b>		<b>8,669</b>		<b>(564,978)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Imperial of Hazel Crest# 0048702

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(127,983)	382,447	5,436		1,204			15,546		196		276,846	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(21,876)	593,577	79,901		14,543			2,792				668,937	32
33	Real Estate Taxes			2,621		285							2,906	33
34	Rent-Facility & Grounds		(796,000)	4,546							876		(790,578)	34
35	Rent-Equipment & Vehicles			3,210							9		3,219	35
36	Other (specify):*	(21,473)	21,473											36
37	<b>TOTAL Ownership</b>	<b>(171,332)</b>	<b>201,497</b>	<b>95,714</b>		<b>16,032</b>			<b>18,338</b>		<b>1,081</b>		<b>161,330</b>	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(6,646)		(5,500)	62,107	(4,136)		45,825	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(300)											(300)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(300)</b>					<b>(6,646)</b>		<b>(5,500)</b>	<b>62,107</b>	<b>(4,136)</b>		<b>45,525</b>	44
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(799,281)	231,670	(92,031)	214,084	39,765	(16,167)		(3,883)	62,107	5,614		(358,122)	45

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Imperial Real Estate		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 796,000	Imperial Real Estate	100.00%	\$	(796,000)	1
2	V	19 Legal Fees		Imperial Real Estate	100.00%	29,923	29,923	2
3	V	21 Filing Fees		Imperial Real Estate	100.00%	250	250	3
4	V	30 Depreciation		Imperial Real Estate	100.00%	382,447	382,447	4
5	V	36 Amortization		Imperial Real Estate	100.00%	21,473	21,473	5
6	V	32 Interest		Imperial Real Estate	100.00%	593,577	593,577	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 796,000			\$ 1,027,670	\$ * 231,670	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 318	\$	318	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	708		708	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	661		661	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	2,712		2,712	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	4,209		4,209	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	3,105		3,105	20
21	V	19 Professional Fees	238,927	Extended Care Consulting, LLC	100.00%	13,430		(225,497)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	2,657		2,657	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	21,748		21,748	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	83		83	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	485		485	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	1,066		1,066	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	5,436		5,436	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	79,901		79,901	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	2,621		2,621	29
30	V	34 Rent - Building		Extended Care Consulting, LLC	100.00%	4,546		4,546	30
31	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	3,210		3,210	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 238,927			\$ 146,896	\$ *	(92,031)	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	06 Maintenance (Pooled)		Extended Care Consulting, LLC	100.00%	10,311	\$	10,311	15
16	V	06 Maintenance (Direct)	8,934	Extended Care Consulting, LLC	100.00%	8,934			16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	1,764		1,764	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	181		181	18
19	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	11,257		11,257	19
20	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	169,316		169,316	20
21	V	21 Office and Clerical (Direct)	32,982	Extended Care Consulting, LLC	100.00%	32,982			21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	28,970		28,970	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	668		668	23
24	V	22 Employee Benefits	8,383	Extended Care Consulting, LLC	100.00%			(8,383)	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		\$ 50,299			\$ 264,383	\$ *	214,084	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	03 Housekeeping	\$	Extended Care Clinical, LLC	100.00%	\$ 73	\$	73	15
16	V	05 Utilities		Extended Care Clinical, LLC	100.00%	174		174	16
17	V	06 Maintenance		Extended Care Clinical, LLC	100.00%	22		22	17
18	V	19 Professional Fees	112,612	Extended Care Clinical, LLC	100.00%	1,510		(111,102)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	10		10	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC	100.00%	1,284		1,284	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC	100.00%	1,274		1,274	21
22	V	26 Insurance		Extended Care Clinical, LLC	100.00%	63		63	22
23	V	30 Depreciation		Extended Care Clinical, LLC	100.00%	1,204		1,204	23
24	V	32 Interest		Extended Care Clinical, LLC	100.00%	14,543		14,543	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC	100.00%	285		285	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC	100.00%	5,528		5,528	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	802		802	27
28	V	10 Nursing Salary	14,124	Extended Care Clinical, LLC	100.00%	51,753		37,629	28
29	V	10a Rehab Salary		Extended Care Clinical, LLC	100.00%	2,164		2,164	29
30	V	12 Social Service Salary	3,382	Extended Care Clinical, LLC	100.00%	15,020		11,638	30
31	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	10,342		10,342	31
32	V	17 Administration Salary		Extended Care Clinical, LLC	100.00%	49,083		49,083	32
33	V	21 Office Salary		Extended Care Clinical, LLC	100.00%	9,723		9,723	33
34	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	8,527		8,527	34
35	V	22 Employee Benefits	3,501	Extended Care Clinical, LLC	100.00%			(3,501)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 133,619			\$ 173,384	\$ *	39,765	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	\$ 26	Xcel Supply, LLC	100.00%	\$ 23	(2)
16	V	3 Housekeeping	49,070	Xcel Supply, LLC	100.00%	44,564	(4,506)
17	V	4 Laundry	6,112	Xcel Supply, LLC	100.00%	5,551	(561)
18	V	6 Repairs & Maintenance	1,251	Xcel Supply, LLC	100.00%	1,136	(115)
19	V	10 Nursing	42,853	Xcel Supply, LLC	100.00%	38,918	(3,935)
20	V	11 Activities		Xcel Supply, LLC	100.00%		
21	V	12 Social Service		Xcel Supply, LLC	100.00%		
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%		
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%		
24	V	22 Employee Benefits	4,376	Xcel Supply, LLC	100.00%	3,974	(402)
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%		
26	V	39 Ancillary	72,367	Xcel Supply, LLC	100.00%	65,721	(6,646)
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		\$ 176,054			\$ 159,887	\$ * (16,167)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 55,568	\$ 55,568	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	55,568	CCS Employee Benefits Group	100.00%		(55,568)	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		\$ 55,568			\$ 55,568	\$ *	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	06 Repairs	\$	Vent Lease, LLC.	100.00%	\$ 541	\$	541	15
16	V	19 Professional Fees		Vent Lease, LLC.	100.00%	30		30	16
17	V	21 Office and Clerical		Vent Lease, LLC.	100.00%	46		46	17
18	V	25 Auto Expense / Travel		Vent Lease, LLC.	100.00%	2		2	18
19	V	26 Insurance		Vent Lease, LLC.	100.00%	31		31	19
20	V	30 Depreciation		Vent Lease, LLC.	100.00%	1,408		1,408	20
21	V	32 Interest		Vent Lease, LLC.	100.00%	237		237	21
22	V	30 Depreciation - Matrix		Vent Lease, LLC.	100.00%	14,138		14,138	22
23	V	32 Interest - Matrix		Vent Lease, LLC.	100.00%	2,555		2,555	23
24	V	21 Office and Clerical	17,371	Vent Lease, LLC.	100.00%			(17,371)	24
25	V	39 Ancillary	5,500	Vent Lease, LLC.	100.00%			(5,500)	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		\$ 22,871			\$ 18,988	\$ *	(3,883)	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	39 THERAPY	\$ 145,020	TRICARE REHAB		\$ 207,127	\$ 62,107	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 145,020			\$ 207,127	\$ * 62,107	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	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 1,235	\$ 1,235	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	94	94	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	72	72	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	100	100	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	41	41	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	508	508	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	77	77	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	191	191	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	196	196	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%			25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%			26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	876	876	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	9	9	28
29	V	01 Dietary	398	Care Centers Health Systems, Inc.	100.00%	159	(239)	29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	22 Employee Benefits		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	6,885	Care Centers Health Systems, Inc.	100.00%	2,749	(4,136)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	2,682	2,682	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	2,738	2,738	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	1,170	1,170	38
39	Total		\$ 7,283			\$ 12,897	\$ * 5,614	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name &amp; ID Number

Imperial of Hazel Crest

# 0048702

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	Eric Rothner	Relative	Administrative	0.00%	See Attached	1.41	4.70%		\$		1
2	Mark Steinberg	Relative	Administrative	0.00%	See Attached	2.59	4.70%	Alloc. Salary	7,834	17-7	2
3	Adam Vales	Shareholder	Clerical	3.43%	See Attached	0.32	0.80%	Alloc. Salary	583	22-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 8,417		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

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 \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	30	\$ 6,770	\$	64,733	\$ 318	1
2	02	Food	Patient Days	30	15,058		64,733	708	2
3	03	Housekeeping	Patient Days	30	14,059		64,733	661	3
4	05	Utilities	Patient Days	30	57,646		64,733	2,712	4
5	06	Maintenance	Patient Days	30	89,465		64,733	4,209	5
6	17	Administrative	Patient Days	30	66,000		64,733	3,105	6
7	19	Professional Fees	Patient Days	30	285,482		64,733	13,430	7
8	20	Dues and Subscriptions	Patient Days	30	56,488		64,733	2,657	8
9	21	Office and Clerical	Patient Days	30	462,313		64,733	21,748	9
10	24	Seminar and Travel	Patient Days	30	1,768		64,733	83	10
11	25	Other Staff Admin. Trans.	Patient Days	30	10,309		64,733	485	11
12	26	Insurance	Patient Days	30	22,668		64,733	1,066	12
13	30	Depreciation	Patient Days	30	115,549		64,733	5,436	13
14	32	Interest	Patient Days	30	1,698,489		64,733	79,901	14
15	33	Real Estate Taxes	Patient Days	30	55,709		64,733	2,621	15
16	34	Rent - Building	Patient Days	30	96,636		64,733	4,546	16
17	35	Rent - Equipment & Auto	Patient Days	30	68,244		64,733	3,210	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,122,653	\$		\$ 146,896	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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	06	Maintenance (Pooled)	Patient Days	1,376,056	30	219,177	219,177	64,733	10,311	1
2	06	Maintenance (Direct)	Direct		30	82,905	82,905		8,934	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,376,056	30	37,501		64,733	1,764	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		30	8,464	8,464		181	4
5	17	Administrative (Pooled)	Patient Days	1,376,056	30	239,303	239,303	64,733	11,257	5
6	21	Office and Clerical (Pooled)	Patient Days	1,376,056	30	3,599,211	3,599,211	64,733	169,316	6
7	21	Office and Clerical (Direct)	Direct		30	654,174			32,982	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,376,056	30	615,819	615,819	64,733	28,970	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		30	73,650	73,650	64,733	668	9
10	22	Employee Benefits								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					\$ 5,530,203	\$ 4,838,529		\$ 264,383	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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

Name of Related Organization

Extended Care Clinical LLC

Street Address

2201 West Main Street

City / State / Zip Code

Evanston, Illinois 60202

Phone Number

( 847) 905-3000

Fax Number

( 847) 905-3030

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	03	Housekeeping	Patient Days	1,376,056	30	\$ 1,549	\$ 64,733	\$ 73	1
2	05	Utilities	Patient Days	1,376,056	30	3,693	64,733	174	2
3	06	Maintenance	Patient Days	1,376,056	30	477	64,733	22	3
4	19	Professional Fees	Patient Days	1,376,056	30	32,105	64,733	1,510	4
5	20	Dues and Subscriptions	Patient Days	1,376,056	30	213	64,733	10	5
6	21	Office & Clerical	Patient Days	1,376,056	30	27,296	64,733	1,284	6
7	24	Travel and Seminar	Patient Days	1,376,056	30	27,079	64,733	1,274	7
8	26	Insurance	Patient Days	1,376,056	30	1,342	64,733	63	8
9	30	Depreciation	Patient Days	1,376,056	30	25,586	64,733	1,204	9
10	32	Interest	Patient Days	1,376,056	30	309,136	64,733	14,543	10
11	33	Real Estate Taxes	Patient Days	1,376,056	30	6,053	64,733	285	11
12	01	Dietary Salary	Patient Days	1,376,056	30	117,506	64,733	5,528	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,376,056	30	17,040	64,733	802	13
14	10	Nursing Salary	Patient Days	1,376,056	30	799,889	64,733	51,753	14
15	10a	Rehab Salary	Patient Days	1,376,056	30	45,993	64,733	2,164	15
16	12	Social Service Salary	Patient Days	1,376,056	30	247,396	64,733	15,020	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,376,056	30	158,537	64,733	10,342	17
18	17	Administration Salary	Patient Days	1,376,056	30	1,043,375	64,733	49,083	18
19	21	Office Salary	Patient Days	1,376,056	30	206,680	64,733	9,723	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,376,056	30	181,271	64,733	8,527	20
21	10	Nursing Salary	Direct Allocation			494,488	64,733		21
22	12	Social Service Salary	Direct Allocation			196,033			22
23	15	Emp. Ben. - Healthcare	Direct Allocation			82,560			23
24									24
25	TOTALS					\$ 4,025,296	\$ 3,151,360	\$ 173,384	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation		\$	\$		23	1
2	3	Housekeeping	Direct Allocation					44,564	2
3	4	Laundry	Direct Allocation					5,551	3
4	6	Repairs & Maintenance	Direct Allocation					1,136	4
5	10	Nursing	Direct Allocation					38,918	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					3,974	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					65,721	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				\$	\$		159,887	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 55,568	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 55,568	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Repairs	Direct Billing	821,185	26	\$ 80,807	\$ 5,500	\$ 541	1
2	19	Professional Fees	Direct Billing	821,185	26	4,427	5,500	30	2
3	21	Office and Clerical	Direct Billing	821,185	26	6,852	5,500	46	3
4	25	Auto Expense / Travel	Direct Billing	821,185	26	356	5,500	2	4
5	26	Insurance	Direct Billing	821,185	26	4,573	5,500	31	5
6	30	Depreciation	Direct Billing	821,185	26	218,810	5,500	1,408	6
7	32	Interest	Direct Billing	821,185	26	35,420	5,500	237	7
8	30	Depreciation - Matrix	Patient Days	1,376,056	30	300,546	64,733	14,138	8
9	32	Interest - Matrix	Patient Days	1,376,056	30	54,323	64,733	2,555	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					\$ 706,114	\$	\$ 18,988	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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 TriCare Rehab  
 Street Address 150 Fencil Lane  
 City / State / Zip Code Hillside, IL 60162  
 Phone Number ( 773) 449-9400  
 Fax Number ( 773) 449-9700

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	39	THERAPY	DIRECT ALLOCATION		\$	\$		\$ 207,127	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 207,127	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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

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

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	01	Dietary	Gross Billable Income	3,421,940	26	72,652	58,166	1,235	1	
2	03	Housekeeping	Gross Billable Income	3,421,940	26		58,166		2	
3	05	Heat and Other Utilities	Gross Billable Income	3,421,940	26	5,507	58,166	94	3	
4	06	Maintenance	Gross Billable Income	3,421,940	26	4,211	58,166	72	4	
5	19	Professional Fees	Gross Billable Income	3,421,940	26	5,880	58,166	100	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	3,421,940	26	2,401	58,166	41	6	
7	21	Clerical and General Office	Gross Billable Income	3,421,940	26	29,869	58,166	508	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	3,421,940	26	4,509	58,166	77	8	
9	26	Insurance	Gross Billable Income	3,421,940	26	11,210	58,166	191	9	
10	30	Depreciation	Gross Billable Income	3,421,940	26	11,528	58,166	196	10	
11	32	Interest	Gross Billable Income	3,421,940	26		58,166		11	
12	33	Real Estate Taxes	Gross Billable Income	3,421,940	26		58,166		12	
13	34	Rent - Building	Gross Billable Income	3,421,940	26	51,522	58,166	876	13	
14	35	Rent - Equipment	Gross Billable Income	3,421,940	26	547	58,166	9	14	
15	01	Dietary	Direct Billable Income	206,522	26	82,445	398	159	15	
16	02	Food	Direct Billable Income	2,784	26	1,111			16	
17	03	Housekeeping	Direct Billable Income		26				17	
18	10	Nursing	Direct Billable Income	5,466	26	2,182			18	
19	22	Employee Benefits	Direct Billable Income	411	26	164			19	
20	25	Other Admin. Staff Transport.	Direct Billable Income		26				20	
21	39	Ancillary	Direct Billable Income	3,206,757	26	1,280,152	6,885	2,749	21	
22	17	Administrative	Gross Billable Income	3,421,940	26	157,769	157,769	58,166	2,682	22
23	21	Clerical and General Office	Gross Billable Income	3,421,940	26	161,081	161,081	58,166	2,738	23
24	27	Employee Benefits	Gross Billable Income	3,421,940	26	68,860	58,166	1,170	24	
25	TOTALS					\$ 1,953,599	\$ 318,850	\$ 12,897	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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 \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Imperial of Hazel Crest

# 0048702

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		8	9	10										
						Name of Lender	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
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1	Bank of America		X	Mortgage	\$54,065.00	12/31/07	\$	\$ 7,280,000			\$ 593,577	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
	<b>Working Capital</b>																			
6	Diawa Loan		X	Line of Credit							49,961	6								
7												7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related				\$54,065.00		\$	\$ 7,280,000			\$ 643,538	9								
	<b>B. Non-Facility Related*</b>																			
10	Interest Income										(21,876)	10								
11	Allocated from EC Consulting		X								79,901	11								
12	Allocated from EC Clinical		X								14,543	12								
13	See Supplemental Schedule										2,792	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 75,360	14								
15	TOTALS (line 9+line14)						\$	\$ 7,280,000			\$ 718,898	15								

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

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

1	2	3	4	5	6		8	9	10									
					Name of Lender	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
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1						\$				\$	1							
2											2							
3											3							
4											4							
5											5							
6											6							
7	<b>TOTAL Long-Term</b>										7							
<b>Working Capital</b>																		
8						\$				\$	8							
9											9							
10											10							
11											11							
12											12							
13											13							
14	<b>TOTAL Working Capital</b>										14							
<b>B. Non-Facility Related*</b>																		
15	Allocated from Vent Lease		X			\$				\$	2,792	15						
16												16						
17												17						
18												18						
19												19						
20	<b>TOTAL Non-Facility Related</b>										2,792	20						

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

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







Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending:

12/31/09

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>75,625</u>	<u>2007</u>	<u>\$ 405,826</u>	<u>1</u>
2	<u>Allocated from EC Consulting/EC Clinical 2201 Main</u>			<u>17,264</u>	<u>2</u>
3	<b>TOTALS</b>	<u>75,625</u>		<u>\$ 423,090</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
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

\*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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	6,867,883	382,447		176,100	(206,347)	506,287	67
68	Related Party Allocations (Pages 12H & 12I)	68,310	4,666		4,666		39,788	68
69	Financial Statement Depreciation		36,581			(36,581)		69
70	TOTAL (lines 4 thru 69)	\$ 6,936,193	\$ 423,694		\$ 180,766	\$ (242,928)	\$ 546,075	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Imperial of Hazel Crest

# 0048702

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,936,193	\$ 423,694		\$ 180,766	\$ (242,928)	\$ 546,075	1
2	Painting From Care Centers Home Office	2007	23,364		20			23,364	2
3	Replaced Parking Lot	2007	29,370		20	1,469	1,469	4,038	3
4	Hvac Work - Exhaust For Smoking Rooms	2007	14,900		20	745	745	2,049	4
5	New Exterior Doors	2007	4,970		20	249	249	663	5
6	Bathroom Renovations - Flooring & Tiles	2007	67,947		20	4,530	4,530	12,079	6
7	Replace Valve & Pump System	2007	13,800		20	690	690	1,840	7
8	New Roof	2007	18,740		20	937	937	2,186	8
9	Doors & Frames	2007	3,052		20	153	153	356	9
10	Sheet Rock Ceiling	2007	6,500		20	325	325	704	10
11	Painting From Care Centers Home Office	2008	7,479		20			7,479	11
12	Hvac Work For Laundry Room	2008	5,850		20	293	293	585	12
13	Awning Sprinklers	2008	14,675		20	734	734	1,284	13
14	Locks	2008	3,327		20	166	166	291	14
15	Laundry Room - Roof Curb, Water/Drain Line, Electrical	2008	4,200		20	210	210	333	15
16	New Nursing Station Tops	2008	7,400		20	370	370	555	16
17	Painting From Care Centers Home Office	2008	8,804		20	4,402	4,402	8,804	17
18	Painting From Care Centers Home Office	2008	1,761		20	881	881	1,761	18
19	Parking Lot Asphalt	2008	4,200		20	280	280	397	19
20	Elevator Renovations	2008	3,937		20	197	197	279	20
21	Hvac Re: Ac	2008	2,570		20	129	129	171	21
22	Roof Renovations	2008	1,800		20	90	90	113	22
23	Dishroom - Plumbing, Tiles, Drywall, Drop Ceiling, Sink	2008	13,500		20	675	675	788	23
24	Signage	2008	5,758		20	5,278	5,278	5,758	24
25	Emergency Generator Repair	2008	3,265		20	163	163	313	25
26	Painting	2009	40,299		20	1,343	1,343	1,343	26
27	Painting	2009	5,532		20	69	69	69	27
28	Flashings	2009	2,500		20	73	73	73	28
29	Locks & Door Patches	2009	3,220		20	40	40	40	29
30	Painting	2009	9,985		20	1,664	1,664	1,664	30
31	Heat Exchanger	2009	3,551		20	30	30	30	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	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		\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	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		\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 7,272,449	\$ 423,694		\$ 206,951	\$ (216,743)	\$ 625,484

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3	204 Bed Facility	1970	6,867,883	382,447	39	176,100	(206,347)	506,287	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12F & 12G lines 1 thru 33)	\$ 6,867,883	\$ 382,447		\$ 176,100	\$ (206,347)	\$ 506,287

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from Extended Care Consulting 2201 Main	2002	21,431	550	39	550		4,007	3
4	Allocated from Extended Care Clinical 2201 Main	2002	2,361	61	39	61		441	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from Extended Care Consulting	2007	216	4	20	4		25	9
10	Allocated from Extended Care Consulting	2009	129	6	20	6		6	10
11									11
12	Allocated from Extended Care Consulting 2201 Main	2002	17,703	1,618	20	1,618		9,723	12
13	Allocated from Extended Care Consulting 2201 Main	2203	20,863	1,907	20	1,907		11,458	13
14	Allocated from Extended Care Consulting 2201 Main	2005	1,037	110	20	110		374	14
15	Allocated from Extended Care Consulting 2201 Main	2009	187	9	20	9		9	15
16									16
17	Allocated from Extended Care Clinical 2201 Main	2002	1,950	178	20	178		1,071	17
18	Allocated from Extended Care Clinical 2201 Main	2203	2,298	210	20	210		12,632	18
19	Allocated from Extended Care Clinical 2201 Main	2005	114	12	20	12		41	19
20	Allocated from Extended Care Clinical 2201 Main	2009	21	1	20	1		1	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 68,310	\$ 4,666		\$ 4,666	\$	\$ 39,788	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

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	\$ 1,044,671	\$ 16,313	\$ 104,466	\$ 88,153	10	\$ 637,656	71
72	Current Year Purchases	11,733	389	996	607	10	996	72
73	Fully Depreciated Assets	138,973				10	138,973	73
74								74
75	TOTALS	\$ 1,195,377	\$ 16,702	\$ 105,462	\$ 88,760		\$ 777,625	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		Alloc. Extended Care Consult.	2009	\$ 15,127	\$ 236	\$ 236		5	\$ 14,418	76
77		Alloc. Extended Care Clinical	2009	3,382	676	676		5	1,992	77
78		Alloc. EC Health Systems	2009	498	100	100		5	150	78
79										79
80	TOTALS			\$ 19,007	\$ 1,012	\$ 1,012			\$ 16,560	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,909,923	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 441,408	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 313,425	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (127,983)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,419,669	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	Various Improvements - 2007	\$ 120,728	\$	\$ 5,959	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 120,728	\$	\$ 5,959	91

G. Construction-in-Progress

	Description	Cost	
92	Architect Fees	\$ 9,459	92
93			93
94			94
95		\$ 9,459	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	Storage Rental			973			5
6	Allocated from EC Consulting/EC Health Systems			5,422			6
7	TOTAL			\$ 6,395			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 20,607 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2009 \$ \_\_\_\_\_

13. \_\_\_\_\_/2010 \$ \_\_\_\_\_

14. \_\_\_\_\_/2011 \$ \_\_\_\_\_

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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		Contract	Total
		1 Drop-outs	2 Completed		
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

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

- (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	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	59,190	\$		\$	59,190	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				21,573				21,573	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				75,201				75,201	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					89,602			89,602	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <b>See Supplemental</b>						25,924	155,672			181,596	13
14	<b>TOTAL</b>			\$		\$	181,888	\$	245,274	\$	427,162	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Imperial of Hazel Crest**# **0048702**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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 2,000	\$ 59,335	1
2	Cash-Patient Deposits	63,717	63,717	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,033,447	1,033,447	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	311,421	311,421	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	319,166	136,000	8
9	Other(specify): <u>See Attached Schedule</u>	28,434	28,434	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,758,185	\$ 1,632,354	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		405,826	13
14	Buildings, at Historical Cost		6,867,883	14
15	Leasehold Improvements, at Historical Cost	342,450	463,178	15
16	Equipment, at Historical Cost	15,834	1,052,827	16
17	Accumulated Depreciation (book methods)	(102,542)	(841,729)	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): <u>See Attached Schedule</u>	1,750	16,791	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 257,492	\$ 7,964,776	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,015,677	\$ 9,597,130	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 802,770	\$ 802,771	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	53,297	53,297	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	257,143	257,143	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,198	4,198	31
32	Accrued Real Estate Taxes(Sch.IX-B)	542,364	542,364	32
33	Accrued Interest Payable		59,438	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	677,151	1,070,835	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,336,923	\$ 2,790,046	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,280,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 7,280,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,336,923	\$ 10,070,046	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (321,246)	\$ (472,916)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,015,677	\$ 9,597,130	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(246,162)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Contributions</b>	<b>(188,475)</b>	<b>3</b>
<b>4</b>	<b>Rounding</b>	<b>2</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(434,635)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(75,086)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants	<b>188,475</b>	<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>113,389</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(321,246)</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning: 01/01/09

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,055,258	1
2	Discounts and Allowances for all Levels	(708,903)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,346,355	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	513,200	6
7	Oxygen	8,731	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 521,931	8
<b>C. Other Operating Revenue</b>			
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	117,066	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	31,709	19
20	Radiology and X-Ray	1,300	20
21	Other Medical Services	77,722	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 227,797	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	200	24
25	Interest and Other Investment Income***	21,876	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 22,076	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	3,650	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,650	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,121,809	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,386,639	31
32	Health Care	2,877,988	32
33	General Administration	2,202,397	33
<b>B. Capital Expense</b>			
34	Ownership	1,193,457	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	427,462	35
36	Provider Participation Fee	108,952	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,196,895	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(75,086)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (75,086)	43

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

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

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

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

Facility Name & ID Number Imperial of Hazel Crest

# 0048702

Report Period Beginning:

01/01/09

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	1,966	2,118	\$ 80,688	\$ 38.10	1
2	Assistant Director of Nursing	1,237	1,334	45,324	33.98	2
3	Registered Nurses	8,207	8,845	230,898	26.10	3
4	Licensed Practical Nurses	39,435	42,199	1,003,148	23.77	4
5	CNAs & Orderlies	80,264	86,903	820,718	9.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,110	8,292	133,185	16.06	8
9	Activity Director	1,589	1,708	22,382	13.10	9
10	Activity Assistants	9,176	9,867	85,300	8.64	10
11	Social Service Workers	12,831	13,890	250,972	18.07	11
12	Dietician	1,636	1,770	26,714	15.09	12
13	Food Service Supervisor	2,168	2,322	44,597	19.21	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,755	6,410	65,271	10.18	15
16	Dishwashers	11,349	12,266	103,618	8.45	16
17	Maintenance Workers	6,953	7,777	90,339	11.62	17
18	Housekeepers	18,318	20,297	182,974	9.01	18
19	Laundry	6,041	6,703	62,235	9.28	19
20	Administrator	1,959	2,074	84,284	40.64	20
21	Assistant Administrator	1,881	2,084	56,580	27.15	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,283	5,773	64,410	11.16	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,448	2,667	33,393	12.52	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental					33
34	TOTAL (lines 1 - 33)	225,606	245,299	\$ 3,487,030 *	\$ 14.22	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	272	\$ 12,331	01-03	35
36	Medical Director	Monthly	25,500	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,650	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	See Attached - Extended Care Allocation		17,506		47
48					48
49	TOTAL (lines 35 - 48)	272	\$ 56,987		49

C. CONTRACT NURSES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Imperial of Hazel Crest

# 0048702

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. IL Assoc. of HCF \$2,448
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? 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. \$ 23,963 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 108,952  
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. \$ No 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. \$ No
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? no
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ No**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.