

United States Bankruptcy Court
Northern District of Ohio

Voluntary Petition
2008 Jun 27 PM 04:19

CLERK U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

Name of Debtor (if individual, enter Last, First, Middle):
Broadway Care Center of Maple Heights, LLC

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years
(include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 8 years
(include married, maiden, and trade names):

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN
(if more than one, state all):
20-3664777

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN
(if more than one, state all):

Street Address of Debtor (No. and Street, City, and State):
16231 Broadway Avenue
Maple Heights, OH
ZIP CODE 44137

Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE

County of Residence or of the Principal Place of Business:
Cuyahoga

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
P.O. Box 38
Elyria, OH
ZIP CODE 44036

Mailing Address of Joint Debtor (if different from street address):
ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above):
ZIP CODE

<p>Type of Debtor (Form of Organization) (Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p>Nature of Business (Check one box.)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p>Tax-Exempt Entity (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <hr/> <p>Nature of Debts (Check one box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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Filing Fee (Check one box.)

Full Filing Fee attached.

Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.

Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors

Check one box:

Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).

Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.

Check all applicable boxes:

A plan is being filed with this petition.

Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.

Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

1-49 50-99 100-199 200-999 1,000-5,000 5,001-10,000 10,001-25,000 25,001-50,000 50,001-100,000 Over 100,000

Estimated Assets

\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million \$100,000,001 to \$500 million \$500,000,001 to \$1 billion More than \$1 billion

Estimated Liabilities

\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million \$100,000,001 to \$500 million \$500,000,001 to \$1 billion More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Broadway Care Center of Maple Heights, LLC	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: See attachment		Case Number:	Date Filed:
District: Northern District of Ohio		Relationship:	Judge:
<p style="text-align:center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align:center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

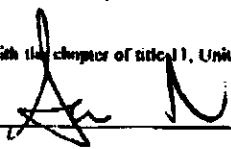
(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form) 1 (1/06) Page 3	
Voluntary Petition <i>(This page must be completed and filed in every case.)</i>	
Name of Debtor(s) Broadway Care Center of Maple Heights, LLC	
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Individuals)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. (If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7, I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. (If no attorney represents me and no bankruptcy petition preparer signs the petition) I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Mark Schlachet</u> Signature of Attorney for Debtor(s) <u>Mark Schlachet</u> Printed Name of Attorney for Debtor(s) <u>Law Offices of Mark Schlachet</u> Firm Name <u>3637 South Green Road 2nd Floor</u> Address <u>Beachwood, OH 44122</u></p> <p>_____ <u>216-896-0714</u> Telephone Number <u>06/27/2008</u> Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110, 18 U.S.C. § 136.</small></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Sally Schwartz</u> X  Signature of Authorized Individual <u>Sally Schwartz</u> Printed Name of Authorized Individual <u>Member</u> Title of Authorized Individual <u>06/27/2008</u> Date</p>	

Broadway Care Center of Maple Heights, LLC
Voluntary Petition
Pending Bankruptcy Cases

<u>Location Where Filed</u>	<u>Case Number</u>	<u>Date Filed</u>
Northern District of Ohio Eastern Division Akron	08-50748-mss	3/4/2008
Northern District of Ohio Eastern Division Akron	08-50421-mss	2/12/2008
Northern District of Ohio Eastern Division Akron	08-50747-mss	3/4/2008
Northern District of Ohio Eastern Division Akron	08-50657-mss	2/29/2008
Northern District of Ohio Eastern Division Akron	08-50655-mss	2/29/2008
Northern District of Ohio Eastern Division Akron	08-50653-mss	2/29/2008
Northern District of Ohio Eastern Division Akron	08-50651-mss	2/29/2008
Northern District of Ohio Eastern Division Akron	08-50746-mss	3/4/2008
Northern District of Ohio Eastern Division Akron	08-50722-mss	3/4/2008

Resolution of Board of Directors of Broadway Care Center of Maple Heights, LLC.

I, the duly elected, qualified, and acting Secretary of Broadway Care Center of Maple Heights, LLC do hereby certify that the following resolutions were duly adopted by the Board of Directors (or Members) of such Corporation (or LLC) on June 25, 2008 in conjunction with a meeting for the same purpose of Broadway Care Center of Maple Heights, LLC, an affiliated enterprise and such resolution has not been amended or revoked and is now in full force and effect,

RESOLVED, that Broadway Care Center of Maple Heights, LLC (the "Company"), be, and it hereby is authorized to execute and file on behalf of the said Company, a petition for relief under chapter 11 of title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the Northern District of Ohio.

FURTHER RESOLVED, that the Company be, and it hereby is authorized to retain on behalf of itself the Law Offices of Mark Schlachet, Ohio, and Ted Mairanz and the law firm of Neiman & Mairanz, P.C. to represent it in connection with such proceedings.

RESOLVED, that the president or any vice president of the Company be, and he hereby is authorized to execute and file on behalf of the Company, a petition for relief under chapter 11 of title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the Northern District of Ohio.

FURTHER RESOLVED, that the Law Offices of Mark Schlachet, and Ted Mairanz and Neiman & Mairanz P.C. are hereby retained to act on behalf of the Company in connection with such proceedings.

Witness my hand and seal of such Company this, 25th day of June, 2008.

/s/ Abraham Schwartz

Abraham Schwartz, Secretary of
Broadway Care Center of Maple Heights, LLC

D 4 (Official Form 4) (12/07)

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

In re Broadway Care Center of Maple
Debtor

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address, including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, - disputed or subject to setoff</i>	<i>Amount of claim (if secured also state value of security)</i>
See attached Schedule B Form (4)				

Date: 06/27/2008


Sally Schwartz

Debtor

[Declaration as in Form 2]

**Attachment Schedule B (Form 4)
 Broadway Care Center of Maple Heights, LLC
 Creditors Holding 20 Largest Unsecured Claims**

<u>Name and Address of Creditor</u>	<u>Name of contact</u>	<u>Nature of Claim</u>	<u>Contingent Unliquidated Disputed Setoff</u>	<u>Amount of Claim</u>
1 Ohio Department of Job and Family Services Long Term Care 30 E. Broad Street Columbus, OH 43215-3414	Ohio Department of Job and Family Services Long Term Care 30 E. Broad Street Columbus, OH 43215-3414	Medicaid	Disputed	246,669.56
2 McKesson Medical 8121 10th Avenue N Golden Valley, MN 55427 800-220-4493 Telephone 763-595-6878 Fax	Thomas & Thomas Attorneys at Law Ernest V Thomas III 2323 Park Avenue Cincinnati, OH 45206-0000 513-961-5311 Telephone 513-961-0075 Fax	Medical Supplies	Disputed	25,690.39
3 Primus Medical dba Metas Pressure Mgmt 388 McClurg Road - Suite One Boardman, OH 44512	Primus Medical dba Metas Pressure Mgmt 388 McClurg Road - Suite One Boardman, OH 44512 330-965-9681 Telephone 330-965-9683 Fax	Medical Supplies		24,518.01
4 Secure Care 6868 Engle Road Middleburg Hts, OH 44130 440-826-0324 Telephone 440-234-3953 Fax	Secure Care 6868 Engle Road Middleburg Hts, OH 44130 440-826-0324 Telephone 440-234-3953 Fax	Alarm Services		10,153.91

**Attachment Schedule B (Form 4)
Broadway Care Center of Maple Heights, LLC
Creditors Holding 20 Largest Unsecured Claims**

	<u>Name and Address of Creditor</u>	<u>Name of contact</u>	<u>Nature of Claim</u>	<u>Contingent Unliquidated Disputed Setoff</u>	<u>Amount of Claim</u>
5	Health One Pharmacy 34099 Melinz Parkway, Suite G Eastlake, OH 44095	Health One Pharmacy 34099 Melinz Parkway, Suite G Eastlake, OH 44095 440-953-0604 Telephone 440-953-0943 Fax	Pharmacy Services		10,013.67
6	Dominion East Ohio P.O. Box 26785 Richmond, VA 23261-6785	Dominion East Ohio P.O. Box 26785 Richmond, VA 23261-6785 800-362-7557 Telephone 888-538-9013 Fax	Gas - Utility		6,238.25
7	Littler Mendelson, P.C. 1100 Superior Avenue 20th Floor Cleveland, OH 44114 216-696-7600 Telephone 216-696-2038 Fax	Littler Mendelson, P.C. 1100 Superior Avenue 20th Floor Cleveland, OH 44114 216-696-7600 Telephone 216-696-2038 Fax	Legal Services		5,590.50
8	Attlee Health Resources P.O. Box 38 Elyria, OH 44036	Attlee Health Resources P.O. Box 38 Elyria, OH 44036 330-225-0989 Fax	Medical Supplies Part B		5,272.66

**Attachment Schedule B (Form 4)
 Broadway Care Center of Maple Heights, LLC
 Creditors Holding 20 Largest Unsecured Claims**

	<u>Name and Address of Creditor</u>	<u>Name of contact</u>	<u>Nature of Claim</u>	<u>Contingent Unliquidated Disputed Setoff</u>	<u>Amount of Claim</u>
9	Faith Medical Associates 11201 Shaker Blvd. Suite 240 Cleveland, OH 44104	Dr. Hari Balajif Faith Medical Associates 11201 Shaker Blvd. Suite 240 Cleveland, OH 44104 216-721-8000 Telephone	Physician Services		5,000.00
10	Illuminating Company P.O. Box 3638 Akron, OH 44309-3638	Illuminating Company P.O. Box 3638 Akron, OH 44309-3638 800-589-3101 Telephone 877-289-3674 Fax	Utility		4,376.10
11	Damon P.O. Box 2120 Alliance, OH 44601 800-362-9850 Telephone	Geiger, Teeple, Smith & Hahn, PLL 1844 West State Street St A Alliance, OH 44601 Brent Barnes, Esq 330-821-1430 330-821-2217 Fax	Soap Products	injunction to stop asset sale	3,887.22
12	Residents' Choice 20600 Chagrin Blvd Suite 230 Shaker Heights, OH 44122	Residents' Choice 20600 Chagrin Blvd Suite 230 Shaker Heights, OH 44122 216-751-5688 Telephone 216-991-0753 Fax	X-Ray Services		3,806.00

**Attachment Schedule B (Form 4)
 Broadway Care Center of Maple Heights, LLC
 Creditors Holding 20 Largest Unsecured Claims**

	<u>Name and Address of Creditor</u>	<u>Name of contact</u>	<u>Nature of Claim</u>	<u>Contingent Unliquidated Disputed Setoff</u>	<u>Amount of Claim</u>
13	Ikon Office Solutions P.O. Box 740541 Atlanta, GA 30374	Ikon Office Solutions P.O. Box 740541 Atlanta, GA 30374 888-456-6457 Telephone	Copier Supplies		3,041.18
14	YardMaster 1447 North Ridge Road Painesville Twp, OH 44077	YardMaster 1447 North Ridge Road Painesville Twp, OH 44077 440-357-8400 Telephone 440-357-1624 Fax	Yard Maintenance		2,744.98
15	Ohio Health Care Association L-2564 Columbus, OH 43260-2564	Ohio Health Care Association 55 Green Meadows Drive S Lewis Center, OH 43035 614-436-4154 Telephone 614-436-0939 Fax	Association Dues		2,543.38
16	Home Depot Credit Services Dept 32-2541689984 P.O. Box 9055 DesMoines, IA 50368	Home Depot Credit Services Dept 32-2541689984 P.O. Box 9055 DesMoines, IA 50368 800-395-7363 Telephone 877-969-6751 Fax	Maintenance Supplies		2,465.98
17	Charles Kortovich 2645 Trafalgar Square Willoughby, OH 44094	Charles Kortovich 2645 Trafalgar Square Willoughby, OH 44094	Resident Refund		2,359.00

**Attachment Schedule B (Form 4)
Broadway Care Center of Maple Heights, LLC
Creditors Holding 20 Largest Unsecured Claims**

	<u>Name and Address of Creditor</u>	<u>Name of contact</u>	<u>Nature of Claim</u>	<u>Contingent Unliquidated Disputed Setoff</u>	<u>Amount of Claim</u>
18	Stericycle, Inc P.O. Box 9001590 Louisville, KY 40290-1590	Stericycle 2333 Waukegan Road Suite 300 Bannockburn, IL 60015 Monica Torres 800-209-3720 x6813	Medical Waste Disposal		2,154.72
19	Austin Respiratory dba LTC Supply P.O. Box 2618 Columbus, OH 43216 614-297-6967 Telephone 614-297-7380 Fax	Mills Mills Fiely & Lucas Laura Mills, Esq 150 Smokerise Drive P.O. Box 27 Wadsworth, OH 44281 330-336-7955	Oxygen Supplies	Disputed	1,960.29
20	Extended Care Information Network 8700 W. Bryn Mawr Avenue Suite 700 N Chicago, IL 60631	Extended Care Information Network 8700 W. Bryn Mawr Avenue Suite 700 N Chicago, IL 60631 888-353-3726 Telephone 888-446-2022 Fax	Network Services		1,917.00

United States Bankruptcy Court

Northern District Of Ohio

In re
Broadway Care Center of Maple Heights, LLC

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept per court order \$ _____

Prior to the filing of this statement I have received \$ -0-

Balance Due per Court Order \$ _____

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

06/27/2008

Date

/s/ Mark Schlachet

Signature of Attorney

Law Offices of Mark Schlachet

Name of law firm

United States Bankruptcy Court

Northern District Of Ohio

In re

Broadway Care Center of Maple Heights, LLC

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept per Court Order \$ _____

Prior to the filing of this statement I have received \$ -0- _____

Balance Due per Court Order \$ _____

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

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- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.	
<u>06/27/2008</u> <i>Date</i>	<u>/s/ Theodore T. Mairanz</u> <i>Signature of Attorney</i>
	<u>Neiman & Mairanz PC</u> <i>Name of law firm</i>

Broadway Care Center of Maple Heights, LLC

NAMES AND ADDRESSES OF DEBTOR'S EQUITY SECURITY HOLDERS

Abraham Schwartz
2500 Blossom Lane
Beachwood, OH 44122.....50%

Sally Schwartz
2500 Blossom Lane
Beachwood, OH 44122.....50%

This disclosure is required by Rule 1007 (a)(3) of the Federal Rules of Bankruptcy
Procedure

United States Bankruptcy Court
Northern District of Ohio


In re Broadway Care Center of Maple Heights, LLC
Debtor(s)

Case No _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: 06/27/2008


/s/ Sally Schwartz
Sally Schwartz, Member
Signer/Title

United States Bankruptcy Court

Northern District of Ohio

In re Broadway Care Center of Maple,
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	5	\$ 786,761.44		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 3,007,978.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	1		\$ 11,309.13	
F - Creditors Holding Unsecured Nonpriority Claims	YES	13		\$ 1,186,313.99	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO	0			\$ 0.00
J - Current Expenditures of Individual Debtors(s)	NO	0			\$ 0.00
TOTAL		24	\$ 786,761.44	\$ 4,205,601.12	

United States Bankruptcy Court

Northern District of Ohio

In re Broadway Care Center of Maple,
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 11,309.13	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 1,186,313.99
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 1,186,313.99

In re Broadway Care Center of Maple Heights,
 Debtor

Case No. _____
 (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

Total ► 0.00
 (Report also on Summary of Schedules.)

In re Broadway Care Center of Maple Heights, LLC,
Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

In re Broadway Care Center of Maple Heights, LLC,
Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		See schedule 6B #16 for breakdown		512,916.46
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

In re Broadway Care Center of Maple Heights, LLC,
 Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Net Book Value - Equipment/Leasehold Improvements		105,608.24
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		See Schedule 6B #35 for Breakdown		168,236.74
<p align="right">2 continuation sheets attached Total▶</p> <p align="center">(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				\$ 786,761.44

Broadway Care Center of Maple Heights, LLC
Personal Property
Schedule 6B #16

Description	Value
Net Resident Accounts Receivable uncollected	224,193.32
Due from Maple Care	2,502.01
Estimated Due from Medicare	52,292.95
June 2007 Medicaid Payments held by the State	233,928.18
Total	<u>512,916.46</u>

Broadway Care Center of Maple Heights, LLC
Personal Property
Schedule 6B #35

Description	Value
Worker's Compensation deposit	1,000.00
Prepaid RITA Tax	4,761.00
HUD Escrow Accounts	162,475.74
Total	<u>168,236.74</u>

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
None			

In re Broadway Care Center of Maple,
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			June 2007 Personal Property Book Value			X	3,007,978.00	
Orion Operating Services One Easton Oval St 200 Columbus, OH 43219			VALUE \$ 786,761.44					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal ▶ (Total of this page)							\$ 3,007,978.00	\$
Total ▶ (Use only on last page)							\$ 3,007,978.00	\$

0 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In re Broadway Care Center of Maple ,
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Broadway Care Center of Maple,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY																																																																		
Account No. 203664777			April - May 2007 FUTA Tax				2,147.13	2,147.13																																																																			
Internal Revenue Service FUTA P.O. Box 1269 Charlotte, NC 28201-1269				Account No. 1411013006						April - May 2007 SUTA Tax				9,162.00	9,162.00		Ohio Dept of Job & Family Services SUTA P.O. Box 182413 Columbus, OH 43218-2413			Account No.										Account No.										Account No.										Subtotals▶ (Totals of this page)							\$ 11,309.13	\$ 11,309.13		Total▶							\$ 11,309.13			Totals▶					
Account No. 1411013006			April - May 2007 SUTA Tax				9,162.00	9,162.00																																																																			
Ohio Dept of Job & Family Services SUTA P.O. Box 182413 Columbus, OH 43218-2413				Account No.													Account No.										Account No.										Subtotals▶ (Totals of this page)							\$ 11,309.13	\$ 11,309.13		Total▶							\$ 11,309.13			Totals▶								\$ 11,309.13	\$									
Account No.																																																																											
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Subtotals▶ (Totals of this page)							\$ 11,309.13	\$ 11,309.13																																																																			
Total▶							\$ 11,309.13																																																																				
Totals▶								\$ 11,309.13	\$																																																																		

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

(Use only on last page of the completed
Schedule E. Report also on the Summary
of Schedules.)

(Use only on last page of the completed
Schedule E. If applicable, report also on
the Statistical Summary of Certain
Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1134 A-1 Coffee System P. O. Box 689 Willoughby, OH 44096			January 2006 Goods Purchased				146.00
ACCOUNT NO. 46577 Amtech, Inc. P.O. Box 360518 Strongsville, OH 44136			May 2006 Supplies				653.15
ACCOUNT NO. 4000580110 AT&T Yellow Pages P.O. Box 8112 Aurora, IL 60507-8112			Oct-Nov 2006 Advertising				556.20
ACCOUNT NO. 3158/2255 AT&T P.O. Box 360518 Strongsville, OH 44136			May 2007 Telephone Services				70.94

Subtotal▶ \$ 1,426.29

Total▶ \$

12 continuation sheets attached

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Attlee Health Resources P.O. Box 38 Elyria, OH 44036			April 2006 -April 2007 Part A Supplies				5,272.66
ACCOUNT NO. Austin Respiratory P.O. Box 2618 Columbus, OH 43216			October 2006 - May 2007 Oxygen Supplies				1,960.29
ACCOUNT NO. 1380 Ball Chemical 5380 Brookpark Road Cleveland, OH 44134			August 2006 - Dec 2006 Goods Purchased				1,526.84
ACCOUNT NO. 24-3550 Berko Psychological Assoc P.O. Box 391057 Solon, OH 44139-8057			April - May 2007 Physician Services				360.00
ACCOUNT NO. 1439 Bican Plumbing 796 Hanover Road Mayfield Village, OH 44040			May 2007 Maintenance Services				1,900.00
Sheet no. <u>1</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 11,019.79
							Total▶ \$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 126840 Briggs Corporation P.O. Box 1355 DesMoines, IA 50305-1355			March 2007 Office Supplies				131.66
ACCOUNT NO. Charles Kortovich 2645 Trafalgar Square Willoughby, OH 44094			April 2007 Resident Refund				2,359.00
ACCOUNT NO. 3499 City News Ohio, Inc. 4423 Renaissance Pkwy Warrensville Hts., OH 44128			December 2005 June 2006 Transportation				128.80
ACCOUNT NO. 9606307 Cummins Bridgeway P.O. Box 67000 Detroit, MI 48267-2268			March 2006 Maintenance Services				669.36
ACCOUNT NO. Damon Industries, Inc. P.O. Box 2120 Alliance, OH 44601			Nov 2006 - May 2007 Supplies				3,887.22
Subtotal▶							\$ 7,176.04
Total▶							\$

Sheet no. 2 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Cae Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. 077727 DMO 8400 Sweet Valley Drive Cleveland, OH 44125			May 2007 Maintenance Services				269.56	
ACCOUNT NO. 8500026655062 Dominion East Ohio P.O. Box 26785 Richmond, VA 23261-6785			April 2007 - May 2007 Utility Services				6,238.25	
ACCOUNT NO. Dr. Hari Balaji 11201 Shaker Blvd St 240 Cleveland, OH 44104			August 2006 - Dec 2006 Physician Services Medical Director				5,000.00	
ACCOUNT NO. 8042267 Electrical Appliance Repair 5805 Valley Belt Road Cleveland, OH 44131			January 2006 - Dec 2006 Maintenance Services				1,148.35	
ACCOUNT NO. OH1136 Extended Care Information 8700 W. Bryn Mawr Ave Chicago, IL 60631			Nov 2006 - May 2007				1,917.00	
Sheet no. <u>3</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶	\$ 14,573.16
							Total▶	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM																																																							
ACCOUNT NO. 022			April 2007 - May 2007 Pharmacy Services				10,013.67																																																							
Health One Pharmacy 34099 Melinz Parkway St G Eastlake, OH 44095				ACCOUNT NO. 9984				April 2007 - May 2007 Goods Purchased				2,465.98	Home Depot Credit Serv P.O. Box 9055 DesMoines, IA 50368			ACCOUNT NO. 1277182149489			January 2007 May 2007 Copier Lease				984.48	Ikon Financial Services P.O. Box 740541 Atlanta, GA 30374			ACCOUNT NO. 33E803			Dec 2006 - May 2007 Copier Supplies				3,041.18	Ikon Office Solutions P.O. Box 802558 Chicago, IL 60680-2558			ACCOUNT NO. 101029			March 2006 Maintenance Supplies				238.46	Industrial Chem Lab 55-G Brook Avenue Deer Park, NY 11729			Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77						
ACCOUNT NO. 9984			April 2007 - May 2007 Goods Purchased				2,465.98																																																							
Home Depot Credit Serv P.O. Box 9055 DesMoines, IA 50368				ACCOUNT NO. 1277182149489				January 2007 May 2007 Copier Lease				984.48	Ikon Financial Services P.O. Box 740541 Atlanta, GA 30374			ACCOUNT NO. 33E803			Dec 2006 - May 2007 Copier Supplies				3,041.18	Ikon Office Solutions P.O. Box 802558 Chicago, IL 60680-2558			ACCOUNT NO. 101029			March 2006 Maintenance Supplies				238.46	Industrial Chem Lab 55-G Brook Avenue Deer Park, NY 11729			Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77								Total▶ \$									
ACCOUNT NO. 1277182149489			January 2007 May 2007 Copier Lease				984.48																																																							
Ikon Financial Services P.O. Box 740541 Atlanta, GA 30374				ACCOUNT NO. 33E803				Dec 2006 - May 2007 Copier Supplies				3,041.18	Ikon Office Solutions P.O. Box 802558 Chicago, IL 60680-2558			ACCOUNT NO. 101029			March 2006 Maintenance Supplies				238.46	Industrial Chem Lab 55-G Brook Avenue Deer Park, NY 11729			Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77								Total▶ \$																				
ACCOUNT NO. 33E803			Dec 2006 - May 2007 Copier Supplies				3,041.18																																																							
Ikon Office Solutions P.O. Box 802558 Chicago, IL 60680-2558				ACCOUNT NO. 101029				March 2006 Maintenance Supplies				238.46	Industrial Chem Lab 55-G Brook Avenue Deer Park, NY 11729			Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77								Total▶ \$																															
ACCOUNT NO. 101029			March 2006 Maintenance Supplies				238.46																																																							
Industrial Chem Lab 55-G Brook Avenue Deer Park, NY 11729				Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77								Total▶ \$																																											
Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 16,743.77																																																							
							Total▶ \$																																																							

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			August - September 2006				403.03
JA Sexauer P.O. Box 404284 Atlanta, GA 30384-4284							
ACCOUNT NO. 5790			November 2006 Signs				279.61
Karnosh Sign Co P.O. Box 19298 Cleveland, OH 44119							
ACCOUNT NO. 0460001007			January - May 2007 Legal Services				5,590.50
Littler Mendelson 1100 Superior Avenue 20thFl Cleveland, OH 44114							
ACCOUNT NO. 677			January 2007 Membership Dues				75.00
Maple Heights Chamber 20960 Libby Road Maple Heights, OH 44137							
ACCOUNT NO.			Dec 2005 - Dec 2006 Medical Services				165.40
Marymount Hospital P.O. Box 73581 Cleveland, OH 44193							

Sheet no. 5 of 12 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 6,513.54

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO.			September 2006 Therapy Services				124.59	
MBS Envision, Inc. 2707 CR 350 East Mahomet, IL 61853								
ACCOUNT NO. 49945			October 2006-Jan. 2007 Medical Supplies				25,690.39	
McKesson Medical-Surgical P.O. Box 630693 Cincinnati, OH 45274-0693								
ACCOUNT NO. 06-175			September 2006 Supplies				100.25	
Medical Equipment Service 7188 SR #22 and 3 West Clarksville, OH 45113								
ACCOUNT NO. CL0319			January 2007 Supplies				497.68	
Northcoast Business System P.O. Box 73780 Cleveland, OH 44193								
ACCOUNT NO.			Dec 2005 - January 2007				1,040.00	
Northeast Ohio Health Care 2 Berea Commons Suite 1 Berea, OH 44017								
Sheet no. <u>6</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶	\$ 27,452.91
							Total▶	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights ,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Northern OH Medical Service P.O. Box 931695 Cleveland, OH 44193-1107			February 2006 Medical Services				320.90
ACCOUNT NO. Occ Health Concepts 23620 Halburton Road Beachwood, OH 44122			October 2006 Medical Service				450.00
ACCOUNT NO. Ohio Dept of Commerce- 77 S High Street 20th Fl Columbus, OH 43215-3363			July 2007 Unclaimed Funds				53.79
ACCOUNT NO. 2601812 Ohio Dept Job & Family Serv 30 E Broad Street Columbus, OH 43215			Medicaid Settlements due from fiscal years 1999-2007 offset by held June 2007 Medicaid payments				246,669.56
ACCOUNT NO. Ohio Health Care Association L-2564 Columbus, OH 43260-2564			October 2006-May 2007 Membership Dues				2,543.38
Sheet no. <u>7</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 250,037.63
							Total▶ \$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1349 Ohio Refrigeration 3937 W. 23rd Street Cleveland, OH 44109			May 2007 Maintenance Services				1,588.85
ACCOUNT NO. Parma Comm General Hosp P.O. Box 73270-N Cleveland, OH 44193			July 2006 Medical Services				5.49
ACCOUNT NO. Primus Medical 388 McClurg Road, Suite 1 Boardman, OH 44512			August 2006 - May 2007 Medical Supplies				24,518.01
ACCOUNT NO. 8259780 Rentokil Pest Control 801 Sweet Valley Drive Valley View, OH 44125-4209			April 2007 - May 2007 Exterminating Services				570.76
ACCOUNT NO. Residents' Choice 20600 Chargin Blvd St 230 Shaker Hts., OH 44122			June 2006 - April 2007 X-Ray Services				3,806.00

Sheet no. 8 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 30,489.11

Total ▶ \$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Royal Manor P.O. Box 38 Elyria, OH 44036			Related party				794,739.52
ACCOUNT NO. BR34137 Royal Publishing, Inc. 7620 N. Harker Drive Peoria, IL 61615-1849			November 2006 Advertising/Marketing				90.00
ACCOUNT NO. Savarino Lawn Care P.O. Box 46514 Bedford, OH 44146			October 2006 Lawn Services				749.00
ACCOUNT NO. 11431 Secure Care Systems, Inc. 6968 Engle Road Middleburg Hts., OH 44130			April 2006 Alarm/Security Services				10,153.91
ACCOUNT NO. 55250 Sentimental Productions P.O. Box 14716 Cincinnati, OH 45250			February 2006 Subscription				96.00
Sheet no. <u>9</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 805,828.43
							Total ▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

In re Broadway Care Center of Maple Heights,
 Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0016263-IN Service Tech Corp 7589 First Place Cleveland, OH 44146-6711			October 2006 Maintenance Services				410.00
ACCOUNT NO. 676230964 Sherwin Williams 20611 Center Ridge Road Fairview Park, OH 44116			August 2006-Nov 2006 Paint/Supplies				624.37
ACCOUNT NO. 718115 SLS Services LLC 12655 Coit Road Cleveland, OH 44108			December 2006 Outside Light Repair				431.34
ACCOUNT NO. Southgate Lock 21000 Southgate Park Blvd Maple Hts., OH 44137			April 2007 Lock/Supplies				1,408.69
ACCOUNT NO. 1032726 Stericycle, Inc. P.O. Box 9001590 Louisville, KY 40290-1590			October 2006-May2007 Medical Waste Services				2,154.72
Sheet no. <u>10</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 5,029.12
							Total ▶ \$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO.			February 2006				840.00	
SureQuest Systems P.O. Box 741117 Dallas, TX 75274-1117			August 2006 Menu System					
ACCOUNT NO. 17633			August 2006				246.10	
Survoy's Superior Service 5330 Smith Road Brookpark, OH 44142			Maintenance Services					
ACCOUNT NO. 9044			Dec 2005 - Feb 2006				1,040.13	
Swift Maintenance Products 4592 N. Hiatus Road Sunrose, FL 33351			Maintenance Supplies					
ACCOUNT NO. 110021089054			April 2007				4,376.10	
The Illuminating Co P.O. Box 3638 Akron, OH 44309			Utility					
ACCOUNT NO. 75330			December 2006				50.00	
Treasurer State of Ohio 6606 Tussing Road Reynoldsburg, OH 43068			Fire Safety Inspection Fee					
Sheet no. <u>11</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶	\$ 6,552.33
							Total▶	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Broadway Care Center of Maple Heights,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 330814 Treasurer, State of Ohio 6606 TussingRdPO Box4009 Reynoldsburg, OH 43068			January 2007 March 2007 Boiler Inspection Fee				119.00
ACCOUNT NO. UHHS Bedford Medical Ctr P.O. Box 901444 Cleveland, OH 44190			January 2006 Medical Services				131.97
ACCOUNT NO. 140792 Walt Kucharski's Septic Tank 545 Solon Road Bedford, OH 44146			December 2005 June 2006 Grease Trap Cleaning				225.00
ACCOUNT NO. 02424 XO Communications P.O. Box 828618 Philadelphia, PA 19182-8618			May 2007 Telephone Service				250.92
ACCOUNT NO. Yardmaster 1447 North Ridge Road Painesville Twp., OH 44077			January 2006-March 2006 Snow Plowing Service				2,744.98
Sheet no. <u>12</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 3,471.87
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$ 1,186,313.99

In re Broadway Care Center of Maple Heights, LLC
 Debtor

Case No. _____
 (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Orion Care Services, LLC One Easton Oval Suite 300 Columbus, OH 43219	Contract for the sale of all assets comprising the business and operations of debtor and related entities: 138 DYS, LLC 138 Mazal Health Care Ltd
	138 Michael Ltd AMDD, Inc. Austinburg Properties, Ltd Blossom Nursing & Rehabilitation Center, Inc. Brian Family Ltd
	Broadway Care Center of Maple Heights LLC Dani Family Ltd Darlington Nursing & Rehabilitation Center, Ltd Royal Manor Health Care, Inc. Royal Oak Nursing and Rehabilittation Center
	Willow Interests, LLC Willow Park Convalescent Home, Inc. Estimated \$45,000,000

In re Broadway Care Center of Maple ,
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

In re: Broadway Care Center of Maple,
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2008	0	Resident Care
2007	2,314,095	Resident Care
2006	6,032,196	Resident Care

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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Creditor payments were made for all Royal Manor Management affiliates by Benesch Friedlander Copan & Arnoff out of funds held in escrow by Benesch. These aggregate payments noted on Royal Manor Management Chapter 11 Case #08-40521-mss.

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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See attached Schedule
Form 7-4(a)

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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See SFA #9

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Robert Klein and Reuven Dessler 3666 Shannon Cleveland Hts, OH 44118	Spring/Summer2007	All debtors assets loans to debtor

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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See SFA #11

12. Safe deposit boxesNone

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. SetoffsNone

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another personNone

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtorNone

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Pease & Assoc 1422 Euclid Avenue Suite 801 Cleveland, OH 44115	2006-Present
Anna Wildner 3164 Remsen Road Medina, OH 44256	4/15/1996-6/4/2008
Laurie Bruder 3060 Ledgebrook Court Lexington, KY 40241	11/8/2006-5/31/2007
Kevin Rotenberry 11415 Harborview Drive Cleveland, OH 44102	6/1/1999-12/31/2006

None b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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See 19 (a)

- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
See 19 (a)	

- None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
Health Care Financial Group 199 Water St 20th Floor New York, NY 10038	2005/2006

20. Inventories

- None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

- None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

- None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST

- None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
See attached schedule SFA 21 (b)		

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
Royal Manor Health Care 401(k) Retirement Plan	34-1518376

* * * * *

(If completed by an individual or individual and spouse)


I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor _____

Date _____ Signature of Joint Debtor (if any) _____

(If completed on behalf of a partnership or corporation)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date 06/27/2008 Signature 

Print Name and Title Sally Schwartz, Member

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(b) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____

Social Security No. (Required by 11 U.S.C. § 110.) _____

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

Signature of Bankruptcy Petition Preparer _____

Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

**Broadway Care Center of Maple Heights, LLC
Schedule SFA Form 7 - 4 (a)**

<u>Caption of Suit</u>	<u>Case #</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
KeyBank, National Association	CV07628095	Judgment/Execution	Cuyahoga County Court of Common Pleas	Judgment 1/10/2008 on appeal
David B. Hochman, Trustee of the PF Family Trust	CV07632727	Creditor's bill	Cuyahoga County Court of Common Pleas	Disputed Unliquidated
LTC Supply Corporation	2008CVF253	Creditor's bill	Columbiana County	Disputed CASE DISMISSED
Damon	CV07629601	Injunction to stop asset sale	Cuyahoga County Court of Common Pleas	
Martina Butler vs Marsha Ryan - Bureau of Worker's Comp and Broadway Care Center	640077	Notice of Appeal	Cuyahoga County Court of Common Pleas	Disputed
McKesson Medical Surgical	CV0-640087	Creditor's bill	Cuyahoga County Court of Common Pleas	Disputed
Success Advertising	DC00364108	Creditor's bill	Superior Court of New Jersey Law Division, Special Civil Part	Disputed

Broadway Care Center of Maple Heights, LLC
SFA #9

“The Debtor paid substantial sums to Benesch, Friedlander for a wide variety of services to dozens of entities during the year preceding the commencement. We do not know how much was paid for the species of services mentioned in SFA No. 9. No funds were paid or property transferred by the Debtor as to the attorneys who are representing the Debtor in this Chapter 11 case.”

Broadway Care Center of Maple Heights, LLC
Closed Financial Accounts
Schedule SFA #11

<u>Name and Address of Institution</u>	<u>Type of Account Account Number Final Balance</u>	<u>Date of Closing</u>
Fifth Third Bank 600 Superior Avenue Cleveland, OH 44114	General Cash Account xxxxxx9081 -0-	9/17/2007
Fifth Third Bank 600 Superior Avenue Cleveland, OH 44114	Depository Account xxxxxx8037 -0-	08/13/07
Fifth Third Bank 600 Superior Avenue Cleveland, OH 44114	Payroll Account xxxxxx9024 -0-	07/12/07
Fifth Third Bank 600 Superior Avenue Cleveland, OH 44114	Checking Acct/Working Fund xxxxxx8029 -0-	8/2/07

Broadway Care Center of Maple Heights, LLC
Schedule SFA #21 (b)

<u>Name and Address</u>	<u>Title</u>	<u>Nature and Percentage of Stock Ownership</u>
Abraham Schwartz 2500 Blossom Lane Beachwood, OH 44122	Member	50%
Sally Schwartz 2500 Blossom Lane Beachwood, OH 44122	Member	50%

D6 Declaration (Official Form 6 - Declaration) (12/07)

In re Broadway Care Center of Manl,
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:


If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Member (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the Corporation (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 66 sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date 06/27/2008

Signature: /s/ Sally Schwartz 

Sally Schwartz, Member
(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.