



Facility Name & ID Number Concord Extended Care

# 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>134</u>	Skilled (SNF)	<u>134</u>	<u>49,044</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>134</u>	TOTALS	<u>134</u>	<u>49,044</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>33,197</u>	<u>6,801</u>	<u>4,375</u>	<u>44,373</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>33,197</u>	<u>6,801</u>	<u>4,375</u>	<u>44,373</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.48%

D. How many bed-hold days during this year were paid by the Department?

55 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 1962

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 1962 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 134 and days of care provided 3,780

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	215,156	62,724	11,816	289,696		289,696	(6,446)	283,250			1
2	Food Purchase		227,809		227,809		227,809	(637)	227,172			2
3	Housekeeping	193,909	40,088		233,997		233,997	(2,926)	231,071			3
4	Laundry	89,928	12,074		102,002		102,002		102,002			4
5	Heat and Other Utilities			147,095	147,095		147,095	2,928	150,023			5
6	Maintenance	87,422		149,707	237,129		237,129	36,453	273,582			6
7	Other (specify):*							6,839	6,839			7
8	<b>TOTAL General Services</b>	<b>586,415</b>	<b>342,695</b>	<b>308,618</b>	<b>1,237,728</b>		<b>1,237,728</b>	<b>36,211</b>	<b>1,273,939</b>			<b>8</b>
	<b>B. Health Care and Programs</b>											
9	Medical Director			19,000	19,000		19,000		19,000			9
10	Nursing and Medical Records	2,303,284	92,313	10,381	2,405,978		2,405,978	10,419	2,416,397			10
10a	Therapy	131,956			131,956		131,956	2,009	133,965			10a
11	Activities	84,257	7,297	200	91,754		91,754		91,754			11
12	Social Services	120,954		1,264	122,218		122,218	11,753	133,971			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							5,564	5,564			15
16	<b>TOTAL Health Care and Programs</b>	<b>2,640,451</b>	<b>99,610</b>	<b>30,845</b>	<b>2,770,906</b>		<b>2,770,906</b>	<b>29,745</b>	<b>2,800,651</b>			<b>16</b>
	<b>C. General Administration</b>											
17	Administrative	72,146		48,034	120,180		120,180	51,027	171,207			17
18	Directors Fees											18
19	Professional Services			334,062	334,062	(3,500)	330,562	(268,173)	62,389			19
20	Dues, Fees, Subscriptions & Promotions			38,311	38,311		38,311	(11,688)	26,623			20
21	Clerical & General Office Expenses	123,532	22,239	172,670	318,441		318,441	24,882	343,323			21
22	Employee Benefits & Payroll Taxes			502,898	502,898		502,898	(6,519)	496,379			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,743	5,743		5,743	1,215	6,958			24
25	Other Admin. Staff Transportation			4,371	4,371		4,371	1,636	6,007			25
26	Insurance-Prop.Liab.Malpractice			136,038	136,038		136,038	11,046	147,084			26
27	Other (specify):*							26,629	26,629			27
28	<b>TOTAL General Administration</b>	<b>195,678</b>	<b>22,239</b>	<b>1,242,127</b>	<b>1,460,044</b>	<b>(3,500)</b>	<b>1,456,544</b>	<b>(169,945)</b>	<b>1,286,599</b>			<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,422,544</b>	<b>464,544</b>	<b>1,581,590</b>	<b>5,468,678</b>	<b>(3,500)</b>	<b>5,465,178</b>	<b>(103,989)</b>	<b>5,361,189</b>			<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care #0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			167,716	167,716		167,716	120,346	288,062		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			57,271	57,271		57,271	273,468	330,739		32
33	Real Estate Taxes					3,500	3,500	163,523	167,023		33
34	Rent-Facility & Grounds			528,060	528,060		528,060	(523,369)	4,691		34
35	Rent-Equipment & Vehicles			3,549	3,549		3,549	1,085	4,634		35
36	Other (specify):*							19,254	19,254		36
37	<b>TOTAL Ownership</b>			756,596	756,596	3,500	760,096	54,307	814,403		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		308,383	270,747	579,130		579,130	(23,386)	555,744		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			73,566	73,566		73,566		73,566		42
43	Other (specify):*			648	648		648	(648)			43
44	<b>TOTAL Special Cost Centers</b>		308,383	344,961	653,344		653,344	(24,034)	629,310		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,422,544	772,927	2,683,147	6,878,618		6,878,618	(73,716)	6,804,902		45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,876	30		9
10	Interest and Other Investment Income	(13,386)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(349)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(100)	21		18
19	Entertainment				19
20	Contributions	(1,399)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(86,974)	21		24
25	Fund Raising, Advertising and Promotional	(9,444)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,321)	20		28
29	Other-Attach Schedule	(57,027)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (155,124)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	81,408		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 81,408		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (73,716)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

## Concord Extended Care

ID# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Jury Duty Income	\$ (66)	10	1
2	Computer Service Refund	(304)	21	2
3	Patient Clothing	(122)	10	3
4	Collections Expense	(819)	21	4
5	Veterans Expense	(5,589)	10	5
6	COPE Dues	(4,788)	20	6
7	Prior Period Vendor License Refund	(225)	02	7
8	Prior Period Computer Services	(13,596)	21	8
9	Prior Period Adjustment to Fixed Assets	(11)	06	9
10	Building Co. - Audit Fees	(9,300)	19	10
11	Building Co. - Bank Fees	(27)	21	11
12	Building Co. - Repairs & Maintenance	(6,152)	06	12
13	Building Co. - Amortization	(2,245)	36	13
14	Building Co. - Licenses & Fees	(250)	20	14
15	Non-Allowable Tuition Reimbursement	(660)	10	15
16	Public Relations	(648)	43	16
17	Non-Allowable Expense	(12,035)	21	17
18	Non-Allowable Seminar	(190)	24	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(57,027)		49

Concord Extended Care

ID# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

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

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary			375		2,754	(9,575)						(6,446)	1
2	Food Purchase	(574)		373			(436)						(637)	2
3	Housekeeping			374		41		(3,341)					(2,926)	3
4	Laundry													4
5	Heat and Other Utilities			2,256		94	578						2,928	5
6	Maintenance	(6,163)	6,152	2,848	32,283	12	99			1,222			36,453	6
7	Other (specify):*				6,483	356							6,839	7
8	<b>TOTAL General Services</b>	<b>(6,737)</b>	<b>6,152</b>	<b>6,226</b>	<b>38,766</b>	<b>3,257</b>	<b>(9,334)</b>	<b>(3,341)</b>		<b>1,222</b>			<b>36,211</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(6,437)				23,609		(6,753)					10,419	10
10a	Therapy					2,009							2,009	10a
11	Activities													11
12	Social Services					11,753							11,753	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					5,564							5,564	15
16	<b>TOTAL Health Care and Programs</b>	<b>(6,437)</b>				<b>42,935</b>		<b>(6,753)</b>					<b>29,745</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			1,792	6,695	34,254	8,286						51,027	17
18	Directors Fees													18
19	Professional Services	(9,300)	9,300	(192,912)		(75,578)	317						(268,173)	19
20	Fees, Subscriptions & Promotions	(17,202)	250	4,977		6	281						(11,688)	20
21	Clerical & General Office Expenses	(113,855)	27	21,749	104,163	11,639	9,827			(8,668)			24,882	21
22	Employee Benefits & Payroll Taxes				(5,461)	(740)		(318)					(6,519)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(190)		1,262		143							1,215	24
25	Other Admin. Staff Transportation			1,085		544				7			1,636	25
26	Insurance-Prop.Liab.Malpractice		9,559	777		12	673			25			11,046	26
27	Other (specify):*				18,442	5,898	2,289						26,629	27
28	<b>TOTAL General Administration</b>	<b>(140,547)</b>	<b>19,136</b>	<b>(161,270)</b>	<b>123,839</b>	<b>(24,366)</b>	<b>22,217</b>	<b>(318)</b>		<b>(8,636)</b>			<b>(169,945)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(153,721)</b>	<b>25,288</b>	<b>(155,044)</b>	<b>162,605</b>	<b>21,826</b>	<b>12,883</b>	<b>(10,412)</b>		<b>(7,414)</b>			<b>(103,989)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

Summary B

12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	14,876	83,349	10,760		677	614			10,070			120,346	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(13,386)	249,447	28,219		5,221	1,886			2,081			273,468	32
33	Real Estate Taxes		159,882	3,489		152							163,523	33
34	Rent-Facility & Grounds		(528,000)	2,646			1,985						(523,369)	34
35	Rent-Equipment & Vehicles			894			191						1,085	35
36	Other (specify):*	(2,245)	21,499										19,254	36
37	<b>TOTAL Ownership</b>	<b>(755)</b>	<b>(13,823)</b>	<b>46,008</b>		<b>6,050</b>	<b>4,676</b>			<b>12,151</b>			<b>54,307</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(5,614)	(7,482)		(10,290)			(23,386)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(648)											(648)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(648)</b>					<b>(5,614)</b>	<b>(7,482)</b>		<b>(10,290)</b>			<b>(24,034)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(155,124)</b>	<b>11,465</b>	<b>(109,036)</b>	<b>162,605</b>	<b>27,876</b>	<b>11,945</b>	<b>(17,893)</b>		<b>(5,553)</b>			<b>(73,716)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Concord Health Care Properties LLC		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 528,000	Concord Health Care Properties, LLC	100.00%	\$	\$ (528,000)	1
2	V	32 Interest	126	Concord Health Care Properties, LLC	100.00%	249,573	249,447	2
3	V	19 Audit Fee		Concord Health Care Properties, LLC	100.00%	9,300	9,300	3
4	V	21 Bank Fees		Concord Health Care Properties, LLC	100.00%	27	27	4
5	V	06 Repairs & Maintenance		Concord Health Care Properties, LLC	100.00%	6,152	6,152	5
6	V	36 Amortization		Concord Health Care Properties, LLC	100.00%	2,245	2,245	6
7	V	33 Real Estate Taxes		Concord Health Care Properties, LLC	100.00%	159,882	159,882	7
8	V	26 Insurance		Concord Health Care Properties, LLC	100.00%	9,559	9,559	8
9	V	20 Licenses & Fees		Concord Health Care Properties, LLC	100.00%	250	250	9
10	V	36 MIP Expense		Concord Health Care Properties, LLC	100.00%	19,254	19,254	10
11	V	30 Depreciation		Concord Health Care Properties, LLC	100.00%	83,349	83,349	11
12	V							12
13	V							13
14	Total		\$ 528,126			\$ 539,591	\$ * 11,465	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	\$ 375	\$ 375	15	
16	V	02	Food		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	373	373	16	
17	V	03	Housekeeping		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	374	374	17	
18	V	05	Utilities		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,256	2,256	18	
19	V	06	Maintenance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,848	2,848	19	
20	V	17	Administrative		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,792	1,792	20	
21	V	19	Professional Fees	206,316	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	13,404	(192,912)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,977	4,977	22	
23	V	21	Office and Clerical		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	21,749	21,749	23	
24	V	24	Seminar and Travel		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,262	1,262	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,085	1,085	25	
26	V	26	Insurance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	777	777	26	
27	V	30	Depreciation		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	10,760	10,760	27	
28	V	32	Interest		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	28,219	28,219	28	
29	V	33	Real Estate Taxes		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,489	3,489	29	
30	V	34	Rent - Building		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,646	2,646	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	894	894	31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 206,316			\$ 97,280	\$ * (109,036)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	06 Maintenance (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	5,498	\$ 5,498	15
16	V	06 Maintenance (Direct)	7,901	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	34,686	26,785	16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,706	1,706	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,777	4,777	18
19	V	17 Administrative (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	6,695	6,695	19
20	V	21 Office and Clerical (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	104,055	104,055	20
21	V	21 Office and Clerical (Direct)	15,278	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	15,386	108	21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	16,522	16,522	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,920	1,920	23
24	V	22 Employee Benefits	5,461	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%		(5,461)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 28,640			\$ 191,245	\$ * 162,605	39

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

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	\$ 41	\$ 41	15
16	V	05	Utilities		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	94	94	16
17	V	06	Maintenance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	12	12	17
18	V	19	Professional Fees	76,619	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,041	(75,578)	18
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	6	6	19
20	V	21	Office & Clerical		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	178	178	20
21	V	24	Travel and Seminar		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	143	143	21
22	V	26	Insurance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	12	12	22
23	V	30	Depreciation		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	677	677	23
24	V	32	Interest		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5,221	5,221	24
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	152	152	25
26	V	01	Dietary Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	2,754	2,754	26
27	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	356	356	27
28	V	10	Nursing Salary	6,781	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	30,390	23,609	28
29	V	10a	Rehab Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	2,009	2,009	29
30	V	12	Social Service Salary	1,044	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	12,797	11,753	30
31	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5,564	5,564	31
32	V	17	Administration Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	34,254	34,254	32
33	V	21	Office Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	11,461	11,461	33
34	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5,898	5,898	34
35	V	22	Employee Benefits	740	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%		(740)	35
36	V								36
37	V								37
38	V								38
39	Total			\$ 85,184			\$ 113,060	\$ * 27,876	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 5,129	\$ 5,129	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	578	578	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	99	99	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	317	317	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	281	281	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	1,260	1,260	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	544	544	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	673	673	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	614	614	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	1,886	1,886	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%			26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	1,985	1,985	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	191	191	28
29	V	01 Dietary	23,295	Care Centers Health Systems, Inc.	100.00%	8,591	(14,704)	29
30	V	02 Food	690	Care Centers Health Systems, Inc.	100.00%	254	(436)	30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	8,894	Care Centers Health Systems, Inc.	100.00%	3,280	(5,614)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	8,286	8,286	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	8,567	8,567	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	2,289	2,289	38
39	Total		\$ 32,879			\$ 44,824	\$ * 11,945	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	37,720	Xcel Supply, LLC	100.00%	34,379	(3,341)	16
17	V	4 Laundry		Xcel Supply, LLC	100.00%			17
18	V	6 Repairs & Maintenance		Xcel Supply, LLC	100.00%			18
19	V	10 Nursing	76,240	Xcel Supply, LLC	100.00%	69,487	(6,753)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	3,585	Xcel Supply, LLC	100.00%	3,267	(318)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	84,463	Xcel Supply, LLC	100.00%	76,982	(7,482)	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 202,007			\$ 184,114	\$ * (17,893)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 107,221	\$ 107,221	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	107,221	CCS Employee Benefits Group	100.00%		(107,221)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 107,221			\$ 107,221	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	06 Repairs	\$	Vent Lease, LLC.	100.00%	\$ 1,222	\$ 1,222	15
16	V	21 Office and Clerical		Vent Lease, LLC.	100.00%	137	137	16
17	V	25 Auto Expense / Travel		Vent Lease, LLC.	100.00%	7	7	17
18	V	26 Insurance		Vent Lease, LLC.	100.00%	25	25	18
19	V	30 Depreciation		Vent Lease, LLC.	100.00%	4,063	4,063	19
20	V	32 Interest		Vent Lease, LLC.	100.00%	685	685	20
21	V	30 Depreciation - Matrix		Vent Lease, LLC.	100.00%	6,007	6,007	21
22	V	32 Interest - Matrix		Vent Lease, LLC.	100.00%	1,396	1,396	22
23	V	21 Office and Clerical	8,805	Vent Lease, LLC.	100.00%		(8,805)	23
24	V	39 Ancillary	10,290	Vent Lease, LLC.	100.00%		(10,290)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 19,095			\$ 13,542	\$ * (5,553)	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Owner	Administrative	33.33%	See Attached	0.90	1.95%	Mgmt. Fees	\$ 18,000	17-3	1
2	Mark Steinberg	Relative	Administrative	0.00%	See Attached	1.49	2.70%	Alloc. Salary	4,149	17-7	2
3	Noah Wolff	Owner	Administrative	16.67%	See Attached	8.00	28.57%	Mgmt. Fees	30,035	17-3	3
4	Adam Vales	Relative	Clerical	0.00%	See Attached	0.82	2.05%	Alloc. Salary	1,476	22-7	4
5	Kim Rudolph	Relative	Clerical	0.00%	See Attached	0.34	2.03%	Alloc. Salary	300	22-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 53,960		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	1,635,146	31	\$ 13,778	\$ 44,373	\$ 375	1
2	02	Food	Patient Days	1,635,146	31	13,971	44,373	373	2
3	03	Housekeeping	Patient Days	1,635,146	31	13,659	44,373	374	3
4	05	Utilities	Patient Days	1,635,146	31	83,022	44,373	2,256	4
5	06	Maintenance	Patient Days	1,635,146	31	104,857	44,373	2,848	5
6	17	Administrative	Patient Days	1,635,146	31	66,000	44,373	1,792	6
7	19	Professional Fees	Patient Days	1,635,146	31	491,332	44,373	13,404	7
8	20	Dues and Subscriptions	Patient Days	1,635,146	31	182,607	44,373	4,977	8
9	21	Office and Clerical	Patient Days	1,635,146	31	797,040	44,373	21,749	9
10	24	Seminar and Travel	Patient Days	1,635,146	31	46,589	44,373	1,262	10
11	25	Other Staff Admin. Trans.	Patient Days	1,635,146	31	39,698	44,373	1,085	11
12	26	Insurance	Patient Days	1,635,146	31	28,827	44,373	777	12
13	30	Depreciation	Patient Days	1,635,146	31	505,348	44,373	10,760	13
14	32	Interest	Patient Days	1,635,146	31	1,031,834	44,373	28,219	14
15	33	Real Estate Taxes	Patient Days	1,635,146	31	128,276	44,373	3,489	15
16	34	Rent - Building	Patient Days	1,635,146	31	97,438	44,373	2,646	16
17	35	Rent - Equipment & Auto	Patient Days	1,635,146	31	32,530	44,373	894	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,676,806	\$	\$ 97,280	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	06	Maintenance (Pooled)	Patient Days	1,635,146	31	202,448	202,448	44,373	5,498	1
2	06	Maintenance (Direct)	Direct		31	422,013	422,013		34,686	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,635,146	31	63,663		44,373	1,706	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		31	53,015			4,777	4
5	17	Administrative (Pooled)	Patient Days	1,635,146	31	246,132	246,132	44,373	6,695	5
6	21	Office and Clerical (Pooled)	Patient Days	1,635,146	31	3,830,025	3,830,025	44,373	104,055	6
7	21	Office and Clerical (Direct)	Direct		31	695,305	695,305		15,386	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,635,146	31	608,507		44,373	16,522	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		31	90,171			1,920	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 6,211,280	\$ 5,395,924		\$ 191,245	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	03	Housekeeping	Patient Days	1,635,146	31	\$ 1,505	\$ 44,373	\$ 41	1	
2	05	Utilities	Patient Days	1,635,146	31	3,449	44,373	94	2	
3	06	Maintenance	Patient Days	1,635,146	31	431	44,373	12	3	
4	19	Professional Fees	Patient Days	1,635,146	31	39,159	44,373	1,041	4	
5	20	Dues and Subscriptions	Patient Days	1,635,146	31	244	44,373	6	5	
6	21	Office & Clerical	Patient Days	1,635,146	31	6,594	44,373	178	6	
7	24	Travel and Seminar	Patient Days	1,635,146	31	5,327	44,373	143	7	
8	26	Insurance	Patient Days	1,635,146	31	465	44,373	12	8	
9	30	Depreciation	Patient Days	1,635,146	31	25,565	44,373	677	9	
10	32	Interest	Patient Days	1,635,146	31	191,164	44,373	5,221	10	
11	33	Real Estate Taxes	Patient Days	1,635,146	31	5,595	44,373	152	11	
12	01	Dietary Salary	Patient Days	1,635,146	31	101,177	101,177	44,373	2,754	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,635,146	31	13,096	44,373	356	13	
14	10	Nursing Salary	Patient Days	1,635,146	31	867,390	867,390	44,373	23,609	14
15	10a	Rehab Salary	Patient Days	1,635,146	31	74,072	74,072	44,373	2,009	15
16	12	Social Service Salary	Patient Days	1,635,146	31	430,372	430,372	44,373	11,753	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,635,146	31	177,415	44,373	4,824	17	
18	17	Administration Salary	Patient Days	1,635,146	31	1,257,059	1,257,059	44,373	34,254	18
19	21	Office Salary	Patient Days	1,635,146	31	420,417	420,417	44,373	11,461	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,635,146	31	216,825	44,373	5,898	20	
21	10	Nursing Salary	Direct Allocation			401,447	401,447		6,781	21
22	12	Social Service Salary	Direct Allocation			61,016	61,016		1,044	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			51,816			740	23
24										24
25	TOTALS					\$ 4,351,600	\$ 3,612,950	\$ 113,060		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Gross Billable Income	31	111,096		178,543	5,129	1
2	03	Housekeeping	Gross Billable Income	31			178,543		2
3	05	Heat and Other Utilities	Gross Billable Income	31	12,529		178,543	578	3
4	06	Maintenance	Gross Billable Income	31	2,136		178,543	99	4
5	19	Professional Fees	Gross Billable Income	31	6,873		178,543	317	5
6	20	Dues, Fees, Subscriptions	Gross Billable Income	31	6,095		178,543	281	6
7	21	Clerical and General Office	Gross Billable Income	31	27,280		178,543	1,260	7
8	25	Other Admin. Staff Transport.	Gross Billable Income	31	11,773		178,543	544	8
9	26	Insurance	Gross Billable Income	31	14,568		178,543	673	9
10	30	Depreciation	Gross Billable Income	31	13,298		178,543	614	10
11	32	Interest	Gross Billable Income	31	40,850		178,543	1,886	11
12	33	Real Estate Taxes	Gross Billable Income	31			178,543		12
13	34	Rent - Building	Gross Billable Income	31	43,000		178,543	1,985	13
14	35	Rent - Equipment	Gross Billable Income	31	4,135		178,543	191	14
15	01	Dietary	Direct Billable Income	31	102,965		23,295	8,591	15
16	02	Food	Direct Billable Income	31	1,612		690	254	16
17	03	Housekeeping	Direct Billable Income	31					17
18	10	Nursing	Direct Billable Income	31					18
19	21	Clerical and General Office	Direct Billable Income	31					19
20	25	Other Admin. Staff Transport.	Direct Billable Income	31					20
21	39	Ancillary	Direct Billable Income	31	1,321,550		8,894	3,280	21
22	17	Administrative	Gross Billable Income	31	179,474	179,474	178,543	8,286	22
23	21	Clerical and General Office	Gross Billable Income	31	185,549	185,549	178,543	8,567	23
24	27	Employee Benefits	Gross Billable Income	31	49,573		178,543	2,289	24
25	TOTALS				\$ 2,134,357	\$ 365,023		\$ 44,824	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary			\$	\$		\$	1
2	3	Housekeeping						34,379	2
3	4	Laundry							3
4	6	Repairs & Maintenance							4
5	10	Nursing						69,487	5
6	11	Activities							6
7	12	Social Service							7
8	20	Dues, Fees And Subscriptions							8
9	21	Office And Clerical							9
10	22	Employee Benefits						3,267	10
11	24	Seminars & Education							11
12	39	Ancillary						76,982	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	184,114

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 107,221	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 107,221	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Repairs	Direct Billing	669,310	26	\$ 79,460	\$ 10,290	\$ 1,222	1
2	21	Office and Clerical	Direct Billing	669,310	26	8,933	10,290	137	2
3	25	Auto Expense / Travel	Direct Billing	669,310	26	473	10,290	7	3
4	26	Insurance	Direct Billing	669,310	26	1,630	10,290	25	4
5	30	Depreciation	Direct Billing	669,310	26	264,263	10,290	4,063	5
6	32	Interest	Direct Billing	669,310	26	44,568	10,290	685	6
7	30	Depreciation - Matrix	Patient Days	1,635,146	31	221,356	44,373	6,007	7
8	32	Interest - Matrix	Patient Days	1,635,146	31	51,456	44,373	1,396	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 672,138	\$	\$ 13,542	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	HUD Mortgage		X	Mortgage Loan			\$	\$ 3,820,547		\$ 249,573	1									
2											2									
3											3									
4											4									
5	See Supplemental Schedule										5									
<b>Working Capital</b>																				
6	Diawa Loan		X	Working Capital				815,487		57,271	6									
7											7									
8	See Supplemental Schedule										8									
9	<b>TOTAL Facility Related</b>						\$	\$ 4,636,034		\$ 306,844	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X							(13,386)	10									
11	Interest Income - Bldg. Co.		X							(126)	11									
12	Allocated from CCI/ECC									28,219	12									
13	See Supplemental Schedule									9,188	13									
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$ 23,895	14									
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 4,636,034		\$ 330,739	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 19,254 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

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

	1	2		3	4	5	6		7	8	9	10							
		Name of Lender	Related**				Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
			YES											NO	Original				Balance
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
6												6							
7	<b>TOTAL Long-Term</b>											7							
<b>Working Capital</b>																			
8							\$	\$			\$	8							
9												9							
10												10							
11												11							
12												12							
13												13							
14	<b>TOTAL Working Capital</b>											14							
<b>B. Non-Facility Related*</b>																			
15	Allocated from CC/EC Clinical		X				\$	\$			\$	5,221	15						
16	Allocated from CC Health Sys.		X									1,886	16						
17	Allocated from Vent Lease		X									2,081	17						
18													18						
19													19						
20	<b>TOTAL Non-Facility Related</b>											9,188	20						

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

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



**IMPORTANT NOTICE**

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

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

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

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

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Concord Extended Care COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026914

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>24-05-302-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>156,982.32</u>	\$ <u>156,982.32</u>
2. <u>See Attached</u>	<u>2201 Main, LLC Allocation</u>	\$ <u>122,122.75</u>	\$ <u>1,484.11</u>
3. <u>See Attached</u>	<u>Care Centers Building Allocation</u>	\$ <u>43,667.89</u>	\$ <u>790.39</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>322,772.96</u>	\$ <u>159,256.82</u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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

**IMPORTANT NOTICE**

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

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

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

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

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Concord Extended Care COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026914

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

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

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

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number Concord Extended Care

# 0026914 Report Period Beginning:

01/01/08 Ending:

12/31/08

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 43,133 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 1

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

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

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>56,110</u>	<u>1962</u>	<u>\$ 27,417</u>	1
2	<u>Allocated from CCI/ECC</u>			<u>11,598</u>	2
3	<b>TOTALS</b>	<b>56,110</b>		<b>\$ 39,015</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various			1974	1,435		20			1,435	9
10	Various			1976	4,663		20			4,663	10
11	Various			1977	2,336		20			2,336	11
12	Various			1978	765		20			765	12
13	Various			1980	33,145		20			33,145	13
14	Various			1982	2,378		20			2,292	14
15	Various			1983	45,375		20	1,664	1,664	45,265	15
16	Various			1985	21,344		20			34,699	16
17	Various			1986	31,133		20			31,065	17
18	Various			1988	41,219		20	1,177	1,177	33,931	18
19	Various			1989	3,324		20	166	166	3,208	19
20	Various			1990	8,400		20	420	420	7,595	20
21	Various			1991	34,006		20	1,702	1,702	30,265	21
22	Various			1992	8,695		20	435	435	7,112	22
23	Various			1993	11,679		20	585	585	9,169	23
24	Various			1994	29,410		20	1,472	1,472	21,408	24
25	Various			1995	118,494		20	5,927	5,927	78,876	25
26	Various			1996	68,945		20	3,449	3,449	42,173	26
27	Various			1997	54,013		20	2,701	2,701	30,925	27
28	Various			1998	158,651		20	7,933	7,933	83,174	28
29	Various			1999	40,891		20	2,045	2,045	20,184	29
30	Various			2000	123,534		20	6,179	6,179	51,840	30
31	Various			2001	17,052		20	777	777	5,335	31
32	Various			2002	17,598		20	1,804	1,804	13,553	32
33	Various			2003	24,512		20	2,185	2,185	12,019	33
34	Various			2004	81,602		20	8,329	8,329	38,677	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		2,115,488	83,349		59,195	(24,154)	1,498,929	67
68		64,817	3,420		3,420		22,341	68
69			167,713			(167,713)		69
70		\$ 3,164,904	\$ 254,482		\$ 111,565	\$ (142,917)	\$ 2,166,379	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,164,904	\$ 254,482		\$ 111,565	\$ (142,917)	\$ 2,166,379	1
2	5/04 Payment	2005	(4,475)		20	(448)	(448)	(1,715)	2
3	Electrical	2005	2,125		20	106	106	363	3
4	Door Frames	2005	2,178		20	109	109	336	4
5	Duct Work	2005	1,995		20	100	100	324	5
6	Guardian Air Units	2006	6,750		20	675	675	2,025	6
7	Line Location Proposal	2006	675		20	68	68	191	7
8	Lovitt & Sons	2006	3,133		20	209	209	444	8
9	35' Interior Drain Tile Installation	2007	7,248		20	725	725	1,329	9
10	Painting (Transfer Expense From Home Office)	2007	56,787		20	52,055	52,055	56,787	10
11	Corridors	2007	2,506		20	251	251	271	11
12	Baseboard Covers	2007	5,445		20	545	545	590	12
13	5 Ton Ac Unit	2007	9,500		20	950	950	1,029	13
14	Painting (Transfer Expense From Home Office)	2007	14,359		20	13,162	13,162	14,359	14
15	Paint	2008	3,003		20	2,753	2,753	2,753	15
16	Painting (Transfer Expense From Home Office)	2008	16,247		20	14,893	14,893	14,893	16
17	Painting (Transfer Expense From Home Office)	2008	15,894		20	13,245	13,245	13,245	17
18	Telephone Cabling	2008	3,380		20	282	282	282	18
19	Bedroom Signs	2008	2,688		20	224	224	224	19
20	Telephone Cabling	2008	4,380		20	365	365	365	20
21	Laundry Room	2008	5,900		20	344	344	344	21
22	Code Issues	2008	5,200		20	130	130	130	22
23	Seal & Coat Parking Lot	2008	2,600		20	152	152	152	23
24	Phone Wiring	2008	2,500		20	83	83	83	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12J, Carried Forward</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12M, Carried Forward</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12P, Carried Forward</b>	\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 3,334,922	\$ 254,482		\$ 212,543	\$ (41,939)	\$ 2,275,183	34	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	134		1962	1962	\$ 371,832	\$	39	\$	\$	\$ 371,832	4
5			1964	1988	1,529,289		39	48,540	48,540	973,011	5
6			1962	1962	112,250		39			112,250	6
7											7
8											8
	<b>Improvement Type**</b>										
9	Concord Health Care Properties			2004	63,738		20	7,675	7,675	34,402	9
10	Concord Health Care Properties			2005	6,103		20	611	611	2,226	10
11	Concord Health Care Properties			2006	17,302		20	1,574	1,574	4,123	11
12	Concord Health Care Properties - Generator Repair			2007	4,875		20	290	290	580	12
13	Light Fixtures			2008	3,085		20	154	154	154	13
14	Telephone Cabling			2008	3,868		20	193	193	193	14
15	Telephone Cabling			2008	3,146		20	157	157	157	15
16											
17	Concord Health Care Properties Current Book Depreciation					83,349			(83,349)		17
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 2,115,488	\$ 83,349	\$ 59,195	\$ (24,154)	\$ 1,498,929	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from EC/CC Clinical, Inc.		2002	2002	\$ 1,329	\$ 34	39	\$ 34		\$ 214	4
5	Allocated from CCI/ECC - CCI Building			1996	21,511	552	39	552		6,642	5
6	Allocated from CCI/Extended Care Consulting, LLC		2002	2002	12,978	333	39	333		2,094	6
7											7
8											8
	Improvement Type**										
9	Allocated from CCI/Extended Care Consulting, LLC			2002	10,721	980	20	980		4,908	9
10	Allocated from CCI/Extended Care Consulting, LLC			2003	12,634	1,155	20	1,155		5,784	10
11	Allocated from CCI/Extended Care Consulting, LLC			2005	628	67	20	67		160	11
12	Allocated from CCI/Extended Care Consulting, LLC			2007	131	7	20	7		15	12
13											13
14	Allocated from CCI/ECC- CCI Building			1996	363	-	20	-		363	14
15	Allocated from CCI/ECC- CCI Building			1997	2,066	67	20	67		1,050	15
16											16
17	Allocated from CC/EC Clinical, Inc.			2002	1,098	100	20	100		503	17
18	Allocated from CC/EC Clinical, Inc.			2003	1,294	118	20	118		592	18
19	Allocated from CC/EC Clinical, Inc.			2005	64	7	20	7		16	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning:

01/01/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9			
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation			
37		\$	\$		\$	\$	\$	37		
38								38		
39								39		
40								40		
41								41		
42								42		
43								43		
44								44		
45								45		
46								46		
47								47		
48								48		
49								49		
50								50		
51								51		
52								52		
53								53		
54								54		
55								55		
56								56		
57								57		
58								58		
59								59		
60								60		
61								61		
62								62		
63								63		
64								64		
65								65		
66								66		
67								67		
68								68		
69								69		
70	<b>TOTAL (lines 4 thru 69)</b>	\$	64,817	\$	3,420	\$	3,420	\$	22,341	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Concord Extended Care # 0026914 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 587,924	\$ 16,614	\$ 53,797	\$ 37,183	10	\$ 487,094	71
72	Current Year Purchases	24,663	60	19,692	19,632	10	19,692	72
73	Fully Depreciated Assets	465,451				10	465,451	73
74								74
75	TOTALS	\$ 1,078,038	\$ 16,674	\$ 73,489	\$ 56,815		\$ 972,237	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from CCC/EC Clinical	2008	\$ 1,904	\$ 381	\$ 381	\$	5	\$ 741	76
77		Allocated from CCI/ECC	2008	24,648	1,532	1,532		5	21,191	77
78		Allocated from CC Health Sys	2008	583	117	117		5	136	78
79										79
80	TOTALS			\$ 27,135	\$ 2,030	\$ 2,030	\$		\$ 22,068	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)		\$ 4,479,110	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 273,186	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 288,062	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 14,876	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 3,269,488	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions	<u>Storage Rental</u>			<u>60</u>			4
5		<u>Allocated from CCI/ECC</u>			<u>2,646</u>			5
6		<u>Allocated from CC Health Sys.</u>			<u>1,985</u>			6
7	<b>TOTAL</b>				\$ <b>4,691</b>			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	<u>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 4,634 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

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

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 132,237	\$		\$ 132,237	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			30,443			30,443	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			108,067			108,067	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				145,116		145,116	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>						163,267		163,267	13
14	TOTAL			\$		\$ 270,747	\$ 308,383		\$ 579,130	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Concord Extended Care# 0026914Report Period Beginning: 01/01/08

Ending:

12/31/08

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 23,517	\$ 45,693	1
2	Cash-Patient Deposits	60,053	60,053	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,103,948	1,103,948	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,213	176,860	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(28,257)	(30,643)	8
9	Other(specify): <u>See Attached Schedule</u>	150,760	268,495	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,466,234	\$ 1,624,406	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		27,417	13
14	Buildings, at Historical Cost		2,069,821	14
15	Leasehold Improvements, at Historical Cost	1,041,952	1,118,994	15
16	Equipment, at Historical Cost	965,608	1,107,997	16
17	Accumulated Depreciation (book methods)	(1,789,566)	(3,294,694)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		63,994	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 217,994	\$ 1,093,529	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,684,228	\$ 2,717,935	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,668,750	\$ 1,693,401	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	56,761	56,761	28
29	Short-Term Notes Payable	815,487	815,487	29
30	Accrued Salaries Payable	156,783	156,783	30
31	Accrued Taxes Payable (excluding real estate taxes)	8,294	8,294	31
32	Accrued Real Estate Taxes(Sch.IX-B)		164,800	32
33	Accrued Interest Payable		20,631	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	359	359	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,706,434	\$ 2,916,516	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,820,547	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 3,820,547	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,706,434	\$ 6,737,063	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,022,206)	\$ (4,019,128)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,684,228	\$ 2,717,935	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (796,199)	1
2	Restatements (describe):		2
3	Pension Expense	(1,771)	3
4	Rounding	(5)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (797,975)	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(224,231)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (224,231)	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,022,206)	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending: 12/31/08

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,568,631	1
2	Discounts and Allowances for all Levels	(1,309,167)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,259,464	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	954,286	6
7	Oxygen	20,115	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 974,401	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	149,290	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,533	19
20	Radiology and X-Ray	2,231	20
21	Other Medical Services	235,453	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 406,507	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	13,386	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 13,386	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	629	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 629	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,654,387	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,237,728	31
32	Health Care	2,770,906	32
33	General Administration	1,460,044	33
<b>B. Capital Expense</b>			
34	Ownership	756,596	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	579,778	35
36	Provider Participation Fee	73,566	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 6,878,618	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(224,231)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (224,231)	43

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

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

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

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

Facility Name & ID Number Concord Extended Care

# 0026914

Report Period Beginning: 01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,767	1,954	\$ 76,307	\$ 39.05	1
2	Assistant Director of Nursing	1,640	1,928	64,269	33.33	2
3	Registered Nurses	12,495	13,859	351,285	25.35	3
4	Licensed Practical Nurses	33,472	36,751	910,315	24.77	4
5	CNAs & Orderlies	75,176	81,101	838,370	10.34	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,704	9,356	131,956	14.10	8
9	Activity Director	1,840	2,056	25,805	12.55	9
10	Activity Assistants	6,699	7,321	58,452	7.98	10
11	Social Service Workers	6,120	6,594	120,954	18.34	11
12	Dietician					12
13	Food Service Supervisor	1,842	2,129	39,401	18.51	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,940	5,257	52,834	10.05	15
16	Dishwashers	12,892	13,874	122,921	8.86	16
17	Maintenance Workers	3,755	4,255	87,422	20.55	17
18	Housekeepers	18,023	19,633	193,909	9.88	18
19	Laundry	7,852	8,581	89,928	10.48	19
20	Administrator	2,044	2,106	72,146	34.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,864	8,648	123,532	14.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,824	2,061	28,584	13.87	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,947	2,036	34,154	16.78	33
34	<b>TOTAL (lines 1 - 33)</b>	<b>210,896</b>	<b>229,500</b>	<b>\$ 3,422,544 *</b>	<b>\$ 14.91</b>	<b>34</b>

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	262	\$ 11,816	01-03	35
36	Medical Director	Monthly	19,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,866	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	200	11-03	44
45	Social Service Consultant	4	220	12-03	45
46	Other(specify)				46
47	<u>See Attached - Care Centers Allocation</u>		6,781	10-03	47
48	<u>See Attached - Care Centers Allocation</u>		1,044	12-03	48
49	<b>TOTAL (lines 35 - 48)</b>	<b>270</b>	<b>\$ 40,927</b>		<b>49</b>

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	37	\$ 1,734	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	<b>TOTAL (lines 50 - 52)</b>	<b>37</b>	<b>\$ 1,734</b>		<b>53</b>

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Concord Extended Care

Report Period Beginning: 01/01/08 Ending:

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Concord Extended Care

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ILCLTC - \$9,303
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,393 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 73,566  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? None  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT