

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193 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>101</u>	Skilled (SNF)	<u>101</u>	<u>36,966</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>101</u>	TOTALS	<u>101</u>	<u>36,966</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>21,404</u>	<u>5,708</u>	<u>5,564</u>	<u>32,676</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>21,404</u>	<u>5,708</u>	<u>5,564</u>	<u>32,676</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.39%

D. How many bed-hold days during this year were paid by the Department? 11 (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 02/01/2003

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/2003 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 101 and days of care provided 5,274

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 Ridgeland Nursing & Rehab Center # 0046193 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
	A. General Services										
1	Dietary	262,801	25,815	11,859	300,475		300,475	1,739	302,214		1
2	Food Purchase		169,534		169,534		169,534	(11)	169,523		2
3	Housekeeping	105,795	23,390	2,921	132,106		132,106	(1,771)	130,335		3
4	Laundry	64,320	17,897	429	82,646		82,646		82,646		4
5	Heat and Other Utilities			124,403	124,403		124,403	1,767	126,170		5
6	Maintenance	77,479		139,203	216,682		216,682	17,430	234,112		6
7	Other (specify):*							3,932	3,932		7
8	TOTAL General Services	510,395	236,636	278,815	1,025,846		1,025,846	23,086	1,048,932		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	1,888,163	90,425	7,911	1,986,499		1,986,499	10,853	1,997,352		10
10a	Therapy	122,541		510	123,051		123,051	916	123,967		10a
11	Activities	99,056	13,623	200	112,879		112,879		112,879		11
12	Social Services	123,824		2,528	126,352		126,352	8,609	134,961		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							4,259	4,259		15
16	TOTAL Health Care and Programs	2,233,584	104,048	29,149	2,366,781		2,366,781	24,637	2,391,418		16
	C. General Administration										
17	Administrative	73,635			73,635		73,635	34,034	107,669		17
18	Directors Fees										18
19	Professional Services			300,467	300,467		300,467	(246,581)	53,886		19
20	Dues, Fees, Subscriptions & Promotions			40,821	40,821		40,821	(7,441)	33,380		20
21	Clerical & General Office Expenses	120,147	23,569	189,932	333,648		333,648	(24,840)	308,808		21
22	Employee Benefits & Payroll Taxes			474,539	474,539		474,539	(4,721)	469,818		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,468	6,468		6,468	1,037	7,505		24
25	Other Admin. Staff Transportation			3,816	3,816		3,816	977	4,793		25
26	Insurance-Prop.Liab.Malpractice			95,851	95,851		95,851	831	96,682		26
27	Other (specify):*							19,483	19,483		27
28	TOTAL General Administration	193,782	23,569	1,111,894	1,329,245		1,329,245	(227,221)	1,102,024		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,937,761	364,253	1,419,858	4,721,872		4,721,872	(179,498)	4,542,374		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center #0046193 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
	D. Ownership										
30	Depreciation			23,134	23,134		23,134	63,727	86,861		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			101,698	101,698		101,698	82,383	184,081		32
33	Real Estate Taxes			195,782	195,782		195,782	2,677	198,459		33
34	Rent-Facility & Grounds			343,549	343,549		343,549	(329,201)	14,348		34
35	Rent-Equipment & Vehicles			4,676	4,676		4,676	713	5,389		35
36	Other (specify):*							10,704	10,704		36
37	TOTAL Ownership			668,839	668,839		668,839	(168,997)	499,842		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		299,893	479,066	778,959		778,959	(23,951)	755,008		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			55,449	55,449		55,449		55,449		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		299,893	534,515	834,408		834,408	(23,951)	810,457		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,937,761	664,146	2,623,212	6,225,119		6,225,119	(372,447)	5,852,672		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 Ridgeland Nursing & Rehab Center

0046193

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	(37,153)	30		9
10	Interest and Other Investment Income	(224)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(290)	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	(3,286)	21		18
19	Entertainment				19
20	Contributions	(500)	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	(70,591)	21		24
25	Fund Raising, Advertising and Promotional	(8,755)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(535)	20		28
29	Other-Attach Schedule	(53,468)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (174,802)		\$	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)	(197,644)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (197,644)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (372,447)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

SEE ACCOUNTANTS' COMPILATION REPORT

Ridgeland Nursing & Rehab Center

ID# 0046193

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Jury Duty	\$ (96)	10	1
2	Theft Loss	(231)	21	2
3	Collection Expense	(412)	21	3
4	Omnicare	(71)	10	4
5	Medicare Record Copies	(160)	10	5
6	SW Industrial Care	(564)	10A	6
7	Exelon - Electric	(146)	05	7
8	Public Relations	(648)	20	8
9	Management Fees	(50,000)	21	9
10	Charitable Contribution	(389)	21	10
11	Prior Period - Dues & Subscriptions	(500)	20	11
12	Annual Fee	(250)	20	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(53,468)		49

Ridgeland Nursing & Rehab Center

ID# 0046193

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193

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)	
	A. General Services													
1	Dietary			276		2,023	(560)						1,739	1
2	Food Purchase	(290)		279									(11)	2
3	Housekeeping			273		30		(2,074)					(1,771)	3
4	Laundry													4
5	Heat and Other Utilities	(146)		1,659		69	185						1,767	5
6	Maintenance			2,095	14,086	8	32	(277)		1,486			17,430	6
7	Other (specify):*				3,670	262							3,932	7
8	TOTAL General Services	(436)		4,582	17,756	2,392	(343)	(2,351)		1,486			23,086	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(327)				17,342		(6,162)					10,853	10
10a	Therapy	(564)				1,480							916	10a
11	Activities													11
12	Social Services					8,609							8,609	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					4,259							4,259	15
16	TOTAL Health Care and Programs	(891)				31,690		(6,162)					24,637	16
	C. General Administration													
17	Administrative			1,319	4,920	25,138	2,657						34,034	17
18	Directors Fees													18
19	Professional Services			(192,428)		(54,255)	102						(246,581)	19
20	Fees, Subscriptions & Promotions	(11,188)		3,652		5	90						(7,441)	20
21	Clerical & General Office Expenses	(124,909)		15,943	78,754	8,539	3,151			(6,317)			(24,840)	21
22	Employee Benefits & Payroll Taxes				(4,539)			(182)					(4,721)	22
23	Inservice Training & Education													23
24	Travel and Seminar			931		106							1,037	24
25	Other Admin. Staff Transportation			794			174			9			977	25
26	Insurance-Prop.Liab.Malpractice			576		9	216			30			831	26
27	Other (specify):*				14,414	4,335	734						19,483	27
28	TOTAL General Administration	(136,097)		(169,213)	93,549	(16,123)	7,124	(182)		(6,278)			(227,221)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(137,425)		(164,631)	111,305	17,959	6,781	(8,695)		(4,792)			(179,498)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Ridgeland Nursing & Rehab Center # 0046193 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

	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	(37,153)	83,198	7,610		509	197			9,366			63,727	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(224)	55,670	20,646		3,824	605			1,862			82,383	32
33	Real Estate Taxes			2,565		112							2,677	33
34	Rent-Facility & Grounds		(331,785)	1,947			637						(329,201)	34
35	Rent-Equipment & Vehicles			652			61						713	35
36	Other (specify):*		10,704										10,704	36
37	TOTAL Ownership	(37,377)	(182,213)	33,420		4,445	1,500			11,228			(168,997)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(5,159)	(6,272)		(12,520)			(23,951)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers						(5,159)	(6,272)		(12,520)			(23,951)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(174,802)	(182,213)	(131,211)	111,305	22,404	3,122	(14,967)		(6,084)			(372,447)	45

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		
				Ridgeland Property, LLC		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 331,785	Ridgeland Property, LLC	100.00%	\$	\$ (331,785)	1
2	V	33 Real Estate Tax	195,782	Ridgeland Property, LLC		195,782		2
3	V	32 Interest	173,393	Ridgeland Property, LLC		229,063	55,670	3
4	V	36 Amortization		Ridgeland Property, LLC		10,704	10,704	4
5	V	30 Depreciation		Ridgeland Property, LLC		83,198	83,198	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 700,960			\$ 518,747	\$ * (182,213)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/08Ending: 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%	\$ 276	\$ 276	15	
16	V	02	Food		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	279	279	16	
17	V	03	Housekeeping		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	273	273	17	
18	V	05	Utilities		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,659	1,659	18	
19	V	06	Maintenance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,095	2,095	19	
20	V	17	Administrative		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,319	1,319	20	
21	V	19	Professional Fees	202,255	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	9,827	(192,428)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,652	3,652	22	
23	V	21	Office and Clerical		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	15,943	15,943	23	
24	V	24	Seminar and Travel		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	931	931	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	794	794	25	
26	V	26	Insurance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	576	576	26	
27	V	30	Depreciation		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	7,610	7,610	27	
28	V	32	Interest		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	20,646	20,646	28	
29	V	33	Real Estate Taxes		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,565	2,565	29	
30	V	34	Rent - Building		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,947	1,947	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	652	652	31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 202,255			\$ 71,044	\$ * (131,211)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center # 0046193 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	06 Maintenance (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,046	\$ 4,046	15
16	V	06 Maintenance (Direct)	4,697	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	14,737	10,040	16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,269	1,269	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,401	2,401	18
19	V	17 Administrative (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,920	4,920	19
20	V	21 Office and Clerical (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	76,552	76,552	20
21	V	21 Office and Clerical (Direct)	9,560	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	11,762	2,202	21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	12,161	12,161	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,253	2,253	23
24	V	22 Emp. Ben. - Gen. Admin. (Direct)	4,539				(4,539)	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		\$ 18,796			\$ 130,101	\$ * 111,305	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/08Ending: 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	03	Housekeeping	\$	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	\$ 30	\$ 30	15	
16	V	05	Utilities		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	69	69	16	
17	V	06	Maintenance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	8	8	17	
18	V	19	Professional Fees	55,035	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	780	(54,255)	18	
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5	5	19	
20	V	21	Office & Clerical		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	131	131	20	
21	V	24	Travel and Seminar		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	106	106	21	
22	V	26	Insurance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	9	9	22	
23	V	30	Depreciation		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	509	509	23	
24	V	32	Interest		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	3,824	3,824	24	
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	112	112	25	
26	V	01	Dietary Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	2,023	2,023	26	
27	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	262	262	27	
28	V	10	Nursing Salary	6,396	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	23,738	17,342	28	
29	V	10a	Rehab Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,480	1,480	29	
30	V	12	Social Service Salary	2,042	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	10,651	8,609	30	
31	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	4,259	4,259	31	
32	V	17	Administration Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	25,138	25,138	32	
33	V	21	Office Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	8,408	8,408	33	
34	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	4,335	4,335	34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 63,473			\$ 85,877	\$ * 22,404	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/08Ending: 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%	\$ 1,645	\$ 1,645	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%	185	185	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	32	32	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	102	102	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	90	90	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	404	404	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	174	174	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	216	216	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	197	197	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	605	605	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%	637	637	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	61	61	28
29	V	01 Dietary	3,493	Care Centers Health Systems, Inc.	100.00%	1,288	(2,205)	29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	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	8,173	Care Centers Health Systems, Inc.	100.00%	3,014	(5,159)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	2,657	2,657	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	2,747	2,747	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	734	734	38
39	Total		\$ 11,666			\$ 14,788	\$ * 3,122	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	23,417	Xcel Supply, LLC	100.00%	21,343	(2,074)	16
17	V	4 Laundry		Xcel Supply, LLC	100.00%			17
18	V	6 Repairs & Maintenance	3,128	Xcel Supply, LLC	100.00%	2,851	(277)	18
19	V	10 Nursing	69,564	Xcel Supply, LLC	100.00%	63,402	(6,162)	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	2,055	Xcel Supply, LLC	100.00%	1,873	(182)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	70,807	Xcel Supply, LLC	100.00%	64,535	(6,272)	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		\$ 168,970			\$ 154,003	\$ * (14,967)	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	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 138,849	\$ 138,849	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	138,849	CCS Employee Benefits Group	100.00%		(138,849)	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			\$ 138,849			\$ 138,849	\$ *	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%	\$ 1,486	\$ 1,486	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	167	167	16
17	V	25	Auto Expense / Travel		Vent Lease, LLC.	100.00%	9	9	17
18	V	26	Insurance		Vent Lease, LLC.	100.00%	30	30	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	4,943	4,943	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	834	834	20
21	V	30	Depreciation - Matrix		Vent Lease, LLC.	100.00%	4,423	4,423	21
22	V	32	Interest - Matrix		Vent Lease, LLC.	100.00%	1,028	1,028	22
23	V	21	Office and Clerical	6,484	Vent Lease, LLC.	100.00%		(6,484)	23
24	V	39	Ancillary	12,520	Vent Lease, LLC.	100.00%		(12,520)	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		\$ 19,004				\$ 12,920	\$ * (6,084)	39

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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			\$			\$		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

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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			\$			\$		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

Facility Name & ID Number Ridgeland Nursing & Rehab Center # 0046193 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	1.00	See Attached	0.67	1.45%		\$		1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.10	2.00%	Alloc Salary	3,054	17-7	2
3	Adam Vales	Relative	Clerical	N/A	See Attached	1.06	2.65%	Alloc Salary	1,911	22-7	3
4	Kim Rudolph	Relative	Clerical	N/A	See Attached	0.44	2.64%	Alloc Salary	388	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,353		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 Ridgeland Nursing & Rehab Center

0046193

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 Ridgeland Nursing & Rehab Center

0046193

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	\$ 32,676	\$ 276	1
2	02	Food	Patient Days	1,635,146	31	13,971	32,676	279	2
3	03	Housekeeping	Patient Days	1,635,146	31	13,659	32,676	273	3
4	05	Utilities	Patient Days	1,635,146	31	83,022	32,676	1,659	4
5	06	Maintenance	Patient Days	1,635,146	31	104,857	32,676	2,095	5
6	17	Administrative	Patient Days	1,635,146	31	66,000	32,676	1,319	6
7	19	Professional Fees	Patient Days	1,635,146	31	491,332	32,676	9,827	7
8	20	Dues and Subscriptions	Patient Days	1,635,146	31	182,607	32,676	3,652	8
9	21	Office and Clerical	Patient Days	1,635,146	31	797,040	32,676	15,943	9
10	24	Seminar and Travel	Patient Days	1,635,146	31	46,589	32,676	931	10
11	25	Other Staff Admin. Trans.	Patient Days	1,635,146	31	39,698	32,676	794	11
12	26	Insurance	Patient Days	1,635,146	31	28,827	32,676	576	12
13	30	Depreciation	Patient Days	1,635,146	31	505,348	32,676	7,610	13
14	32	Interest	Patient Days	1,635,146	31	1,031,834	32,676	20,646	14
15	33	Real Estate Taxes	Patient Days	1,635,146	31	128,276	32,676	2,565	15
16	34	Rent - Building	Patient Days	1,635,146	31	97,438	32,676	1,947	16
17	35	Rent - Equipment & Auto	Patient Days	1,635,146	31	32,530	32,676	652	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,676,806	\$	\$ 71,044	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	32,676	4,046	1
2	06	Maintenance (Direct)	Direct		31	422,013	422,013		14,737	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,635,146	31	63,663		32,676	1,269	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		31	53,015			2,401	4
5	17	Administrative (Pooled)	Patient Days	1,635,146	31	246,132	246,132	32,676	4,920	5
6	21	Office and Clerical (Pooled)	Patient Days	1,635,146	31	3,830,025	3,830,025	32,676	76,552	6
7	21	Office and Clerical (Direct)	Direct		31	695,305	695,305		11,762	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,635,146	31	608,507		32,676	12,161	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		31	90,171			2,253	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		\$ 130,101	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	\$ 32,676	\$ 30	1	
2	05	Utilities	Patient Days	1,635,146	31	3,449	32,676	69	2	
3	06	Maintenance	Patient Days	1,635,146	31	431	32,676	8	3	
4	19	Professional Fees	Patient Days	1,635,146	31	39,159	32,676	780	4	
5	20	Dues and Subscriptions	Patient Days	1,635,146	31	244	32,676	5	5	
6	21	Office & Clerical	Patient Days	1,635,146	31	6,594	32,676	131	6	
7	24	Travel and Seminar	Patient Days	1,635,146	31	5,327	32,676	106	7	
8	26	Insurance	Patient Days	1,635,146	31	465	32,676	9	8	
9	30	Depreciation	Patient Days	1,635,146	31	25,565	32,676	509	9	
10	32	Interest	Patient Days	1,635,146	31	191,164	32,676	3,824	10	
11	33	Real Estate Taxes	Patient Days	1,635,146	31	5,595	32,676	112	11	
12	01	Dietary Salary	Patient Days	1,635,146	31	101,177	101,177	32,676	2,023	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,635,146	31	13,096	32,676	262	13	
14	10	Nursing Salary	Patient Days	1,635,146	31	867,390	867,390	32,676	17,342	14
15	10a	Rehab Salary	Patient Days	1,635,146	31	74,072	74,072	32,676	1,480	15
16	12	Social Service Salary	Patient Days	1,635,146	31	430,372	430,372	32,676	8,609	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,635,146	31	177,415	32,676	3,547	17	
18	17	Administration Salary	Patient Days	1,635,146	31	1,257,059	1,257,059	32,676	25,138	18
19	21	Office Salary	Patient Days	1,635,146	31	420,417	420,417	32,676	8,408	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,635,146	31	216,825	32,676	4,335	20	
21	10	Nursing Salary	Direct Allocation			401,447	401,447		6,396	21
22	12	Social Service Salary	Direct Allocation			61,016	61,016		2,042	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			51,816			712	23
24										24
25	TOTALS					\$ 4,351,600	\$ 3,612,950	\$ 85,877		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	3,867,056	31	111,096	57,249	1,645	1	
2	03	Housekeeping	Gross Billable Income	3,867,056	31		57,249		2	
3	05	Heat and Other Utilities	Gross Billable Income	3,867,056	31	12,529	57,249	185	3	
4	06	Maintenance	Gross Billable Income	3,867,056	31	2,136	57,249	32	4	
5	19	Professional Fees	Gross Billable Income	3,867,056	31	6,873	57,249	102	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	3,867,056	31	6,095	57,249	90	6	
7	21	Clerical and General Office	Gross Billable Income	3,867,056	31	27,280	57,249	404	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	3,867,056	31	11,773	57,249	174	8	
9	26	Insurance	Gross Billable Income	3,867,056	31	14,568	57,249	216	9	
10	30	Depreciation	Gross Billable Income	3,867,056	31	13,298	57,249	197	10	
11	32	Interest	Gross Billable Income	3,867,056	31	40,850	57,249	605	11	
12	33	Real Estate Taxes	Gross Billable Income	3,867,056	31		57,249		12	
13	34	Rent - Building	Gross Billable Income	3,867,056	31	43,000	57,249	637	13	
14	35	Rent - Equipment	Gross Billable Income	3,867,056	31	4,135	57,249	61	14	
15	01	Dietary	Direct Billable Income	279,198	31	102,965	3,493	1,288	15	
16	02	Food	Direct Billable Income	4,372	31	1,612			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	3,583,486	31	1,321,550	8,173	3,014	21	
22	17	Administrative	Gross Billable Income	3,867,056	31	179,474	179,474	57,249	2,657	22
23	21	Clerical and General Office	Gross Billable Income	3,867,056	31	185,549	185,549	57,249	2,747	23
24	27	Employee Benefits	Gross Billable Income	3,867,056	31	49,573	57,249	734	24	
25	TOTALS					\$ 2,134,357	\$ 365,023	\$ 14,788	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	Direct Allocation		\$	\$		\$	1
2	3	Housekeeping	Direct Allocation					21,343	2
3	4	Laundry	Direct Allocation						3
4	6	Repairs & Maintenance	Direct Allocation					2,851	4
5	10	Nursing	Direct Allocation					63,402	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					1,873	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					64,535	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				\$	\$		\$ 154,003	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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		\$	\$		138,849	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				\$	\$		138,849	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	\$ 12,520	\$ 1,486	1
2	21	Office and Clerical	Direct Billing	669,310	26	8,933	12,520	167	2
3	25	Auto Expense / Travel	Direct Billing	669,310	26	473	12,520	9	3
4	26	Insurance	Direct Billing	669,310	26	1,630	12,520	30	4
5	30	Depreciation	Direct Billing	669,310	26	264,263	12,520	4,943	5
6	32	Interest	Direct Billing	669,310	26	44,568	12,520	834	6
7	30	Depreciation - Matrix	Patient Days	1,635,146	31	221,356	32,676	4,423	7
8	32	Interest - Matrix	Patient Days	1,635,146	31	51,456	32,676	1,028	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	\$	\$ 12,920	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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 Ridgeland Nursing & Rehab Center

0046193

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			
A. Directly Facility Related																				
Long-Term																				
1	National City		X	Mortgage			\$	2,738,600		\$	53,034	1								
2	La Salle Bank		X	Construction Loan							117,302	2								
3	Business Partners		X	Construction Loan							58,727	3								
4												4								
5	See Supplemental Schedule											5								
Working Capital																				
6	La Salle Bank		X	Line of Credit				1,818,556			101,698	6								
7	Allocated from CCI/ECC		x								20,646	7								
8	See Supplemental Schedule										6,291	8								
9	TOTAL Facility Related						\$	4,557,156		\$	357,698	9								
B. Non-Facility Related*																				
10	Interest Income		X								(224)	10								
11	Interest Income		X								(173,393)	11								
12												12								
13	See Supplemental Schedule											13								
14	TOTAL Non-Facility Related						\$			\$	(173,617)	14								
15	TOTALS (line 9+line14)						\$	4,557,156		\$	184,081	15								

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

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

** 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 Ridgeland Nursing & Rehab Center # 0046193 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	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
6												6						
7	TOTAL Long-Term											7						
Working Capital																		
8	Allocated from CC/EC Clinical		X				\$	\$			\$	3,824						
9	Allocated from CC Health Sys.		X									605						
10	Allocated from Vent Lease		X									1,862						
11												11						
12												12						
13												13						
14	TOTAL Working Capital											6,291						
B. Non-Facility Related*																		
15							\$	\$			\$	15						
16												16						
17												17						
18												18						
19												19						
20	TOTAL Non-Facility Related											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.)

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2007 report.		\$ 192,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 94,113	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (97,887)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 296,346	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 198,459	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	159,986	8
	2004	166,852	9
	2005	176,464	10
	2006	182,874	11
	2007	91,436	12
Allocated from: CCI / ECC \$2,565, CC / EC Clinical \$112			
FOR BHF USE ONLY			
	13	FROM R. E. TAX STATEMENT FOR 2007 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

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 Ridgeland Nursing & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046193

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>24-30-404-033-0000</u>	<u>Long Term Care Property</u>	\$ <u>187,752.62</u>	\$ <u>187,752.62</u>
2. <u>See Attached</u>	<u>2201 Main, LLC Allocation</u>	\$ <u>122,122.75</u>	\$ <u>1,092.36</u>
3. <u>See Attached</u>	<u>Care Centers Building Allocation</u>	\$ <u>43,667.89</u>	\$ <u>581.76</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>353,543.26</u>	\$ <u>189,426.74</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 Ridgeland Nursing & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046193

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. _____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

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 Ridgeland Nursing & Rehab Center# 0046193 Report Period Beginning:01/01/08 Ending:12/31/08**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: 24,446 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1C. 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).

NoneF. 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>2003</u>	\$ <u>174,831</u>	1
2	<u>Allocated From CCI/ECC</u>			<u>8,246</u>	2
3	TOTALS			\$ 183,077	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

	1 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
		Improvement Type**									
9	Various		2003		42,541		20	2,164	2,164	26,285	9
10	Various		2004		21,103		20	2,545	2,545	11,607	10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		1,998,654	83,198		51,248	(31,950)	918,618	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		46,010	2,429		2,429		15,859	68
69	Financial Statement Depreciation			23,134			(23,134)		69
70	TOTAL (lines 4 thru 69)		\$ 2,108,308	\$ 108,761		\$ 58,386	\$ (50,375)	\$ 972,369	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

01/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,108,308	\$ 108,761		\$ 58,386	\$ (50,375)	\$ 972,369	1
2	Suburban Sealcoat	2005	3,135		20	157	157	627	2
3	Gas Piping	2005	2,846		20	142	142	557	3
4	Wallpaper & Plastering	2005	2,550		20	128	128	499	4
5	Seco Refrigeration - Replaced Heat Exchanger	2006	7,680		20	512	512	1,408	5
6	Simplex Grinnell - Nurse Call	2006	9,234		20	462	462	1,193	6
7	Sg Supply Co. Inv S1780868 - Water Heater	2006	7,269		20	606	606	1,464	7
8	Sun Ray Heating Invoice 6908 - Labor & Material To Install Guard	2006	3,000		20	250	250	563	8
9	Remodel Shower Room	2007	3,500		20	175	175	350	9
10	Remodel Shower Room	2007	9,500		20	475	475	910	10
11	Removed Old Wallpaper	2007	5,250		20	875	875	5,250	11
12	Fire Service	2007	3,378		20	483	483	684	12
13	Beauty Shop Cabinets	2007	7,900		20	395	395	461	13
14	Remodel Shower Rooms	2008	8,750		20	438	438	438	14
15	Painting (Transfer From Home Office)	2008	8,157		20	272	272	272	15
16	Painting (Transfer From Home Office)	2008	6,534		20	191	191	191	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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

01/01/08

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

01/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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16									16
17									17
18									18
19									19
20									20
21									21
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

01/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12E, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

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Report Period Beginning:

01/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12G, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	Totals from Page 12J, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	Totals from Page 12L, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	Totals from Page 12M, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	Totals from Page 12O, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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 12P, Carried Forward		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	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)		\$ 2,196,991	\$ 108,761		\$ 63,947	\$ (44,814)	\$ 987,236	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	101		2003	1985	\$ 1,998,654	\$ 83,198	39	\$ 51,248	\$ (31,950)	\$ 918,618	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	TOTAL (lines 4 thru 69)	\$	1,998,654	\$	83,198	\$	51,248	\$	(31,950)	\$	918,618	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Ridgeland Nursing & Rehab Center**

0046193

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	
	FOR OHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
	Bed* [*]	Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
4	Allocated from EC/CC Clinical, Inc.	2002	2002	\$ 999	\$ 26	39	\$ 26	\$	\$ 161	4
5	Allocated from CCI/ECC - CCI Building	1996	1996	15,214	390	39	390		4,697	5
6	Allocated from CCI/Extended Care Consulting, LLC	2002	2002	9,179	235	39	235		1,481	6
7										7
8										8
	Improvement Type**									
9	Allocated from CCI/Extended Care Consulting, LLC		2002	7,582	693	20	693		3,471	9
10	Allocated from CCI/Extended Care Consulting, LLC		2003	8,936	817	20	817		4,091	10
11	Allocated from CCI/Extended Care Consulting, LLC		2005	444	47	20	47		113	11
12	Allocated from CCI/Extended Care Consulting, LLC		2007	93	5	20	5		11	12
13										13
14	Allocated from CCI/ECC- CCI Building		1996	257	-	20	-		257	14
15	Allocated from CCI/ECC- CCI Building		1997	1,461	47	20	47		742	15
16										16
17	Allocated from CC/EC Clinical, Inc.		2002	825	75	20	75		378	17
18	Allocated from CC/EC Clinical, Inc.		2003	972	89	20	89		445	18
19	Allocated from CC/EC Clinical, Inc.		2005	48	5	20	5		12	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 Ridgeland Nursing & Rehab Center

0046193

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	TOTAL (lines 4 thru 69)	\$	46,010	\$	2,429	\$	2,429	\$	15,859	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center # 0046193 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	\$ 261,490	\$ 13,824	\$ 21,130	\$ 7,306	10	\$ 239,954	71
72	Current Year Purchases	4,589	23	378	355	10	378	72
73	Fully Depreciated Assets	1,512				10	1,512	73
74								74
75	TOTALS	\$ 267,591	\$ 13,847	\$ 21,508	\$ 7,661		\$ 241,844	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	\$ 1,431	\$ 286	\$ 286	\$	5	\$ 557	76
77		Allocated from CCI/ECC	2008	17,432	1,083	1,083		5	14,987	77
78		Allocated from CC Health Sys	2008	187	37	37		5	44	78
79										79
80	TOTALS			\$ 19,050	\$ 1,406	\$ 1,406	\$		\$ 15,588	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)	\$ 2,666,709	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 124,014	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 86,861	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (37,153)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,244,668	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/Parking Lot</u>		<u>11,764</u>			4
5			<u>Allocated from CCI/ECC</u>		<u>1,947</u>			5
6			<u>Allocated from CC Health Sys.</u>		<u>637</u>			6
7	TOTAL				\$ <u>14,348</u>			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 N/A.

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 5,389 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	\$		\$ 207,233	\$		\$ 207,233	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			49,306			49,306	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			209,981			209,981	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				200,688		200,688	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					12,546	99,205		111,751	13
14	TOTAL			\$		\$ 479,066	\$ 299,893		\$ 778,959	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 Ridgeland Nursing & Rehab Center# 0046193Report 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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 500	\$ 127,863	1
2	Cash-Patient Deposits	18,570	18,570	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	816,140	816,140	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,470	15,470	6
7	Other Prepaid Expenses	4,076	4,076	7
8	Accounts Receivable (owners or related parties)	253,068	3,157,343	8
9	Other(specify): <u>See Attached Schedule</u>	294,833	422,491	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,402,657	\$ 4,561,953	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		174,831	13
14	Buildings, at Historical Cost		2,132,583	14
15	Leasehold Improvements, at Historical Cost	130,233	130,233	15
16	Equipment, at Historical Cost	88,403	88,403	16
17	Accumulated Depreciation (book methods)	(108,558)	(1,027,176)	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>		32,856	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 110,078	\$ 1,531,730	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,512,735	\$ 6,093,683	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 762,134	\$ 762,133	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	20,070	20,070	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,555	72,555	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,730	24,730	31
32	Accrued Real Estate Taxes(Sch.IX-B)	296,346	296,346	32
33	Accrued Interest Payable		13,094	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	149,923	1,698,460	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,325,758	\$ 2,887,388	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,818,556	1,818,556	39
40	Mortgage Payable		2,738,600	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,818,556	\$ 4,557,156	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,144,314	\$ 7,444,544	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,631,579)	\$ (1,350,861)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,512,735	\$ 6,093,683	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,395,821)	1
2	Restatements (describe):		2
3	Pension Expense	(2,847)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,398,668)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	7,938	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	(240,849)	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)	\$ (232,911)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,631,579)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/08Ending: 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,110,608	1
2	Discounts and Allowances for all Levels	(1,997,862)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,112,746	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,798,705	6
7	Oxygen	3,819	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,802,524	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	202,343	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	25,088	19
20	Radiology and X-Ray	1,505	20
21	Other Medical Services	124,345	21
22	Laundry	2,115	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 355,396	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	224	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 224	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(37,833)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (37,833)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,233,057	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,025,846	31
32	Health Care	2,366,781	32
33	General Administration	1,329,245	33
B. Capital Expense			
34	Ownership	668,839	34
C. Ancillary Expense			
35	Special Cost Centers	778,959	35
36	Provider Participation Fee	55,449	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,225,119	40
41	Income before Income Taxes (line 30 minus line 40)**	7,938	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 7,938	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 Ridgeland Nursing & Rehab Center

0046193

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	1,838	2,116	\$ 83,801	\$ 39.60	1
2	Assistant Director of Nursing	1,098	1,352	42,219	31.23	2
3	Registered Nurses	9,351	10,435	320,380	30.70	3
4	Licensed Practical Nurses	25,955	28,355	680,402	24.00	4
5	CNAs & Orderlies	60,083	65,543	732,639	11.18	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,813	9,393	122,541	13.05	8
9	Activity Director	1,767	1,988	25,849	13.00	9
10	Activity Assistants	7,756	8,431	73,207	8.68	10
11	Social Service Workers	6,586	7,342	123,824	16.87	11
12	Dietician					12
13	Food Service Supervisor	1,765	1,875	46,689	24.90	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,105	5,727	93,414	16.31	15
16	Dishwashers	11,608	12,537	122,698	9.79	16
17	Maintenance Workers	4,192	4,581	77,479	16.91	17
18	Housekeepers	11,857	12,333	105,795	8.58	18
19	Laundry	6,891	7,389	64,320	8.70	19
20	Administrator	1,978	2,170	73,635	33.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,074	8,727	120,147	13.77	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,069	2,315	28,722	12.41	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	176,786	192,609	\$ 2,937,761 *	\$ 15.25	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	46	\$ 11,859	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant	Monthly			37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,515	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	9	486	12-03	45
46	Other(specify) <u>Therapy Service</u>	10	510		46
47					47
48	<u>See Attached</u>		8,438		48
49	TOTAL (lines 35 - 48)	69	\$ 41,008		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

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													
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14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

