

Facility Name & ID Number Washington Heights Nursing Home# 0042044 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 bedsN/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>228</u>	Skilled (SNF)	<u>228</u>	<u>83,448</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>228</u>	TOTALS	<u>228</u>	<u>83,448</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>60,084</u>	<u>2,029</u>	<u>7,453</u>	<u>69,566</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>60,084</u>	<u>2,029</u>	<u>7,453</u>	<u>69,566</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 83.36%

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

45 (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)

NoneF. Does the facility maintain a daily midnight census? YesG. 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 10/24/1996

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

YES Date 10/24/1996 NO

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

YES NO If YES, enter number
of beds certified 228 and days of care provided 4,726Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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	423,561	99,271	20,555	543,387		543,387	(20,790)	522,597			1
2	Food Purchase		352,078		352,078		352,078	493	352,571			2
3	Housekeeping	288,050	54,235	1,152	343,437		343,437	(3,563)	339,874			3
4	Laundry	75,254	21,679		96,933		96,933		96,933			4
5	Heat and Other Utilities			315,498	315,498		315,498	4,514	320,012			5
6	Maintenance	98,469		188,775	287,244		287,244	(24,314)	262,930			6
7	Other (specify):*							3,331	3,331			7
8	TOTAL General Services	885,334	527,263	525,980	1,938,577		1,938,577	(40,329)	1,898,248			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	3,451,817	221,774	13,913	3,687,504		3,687,504	21,421	3,708,925			10
10a	Therapy	202,918			202,918		202,918	3,148	206,066			10a
11	Activities	195,347	10,099	200	205,646		205,646		205,646			11
12	Social Services	168,125	29	1,333	169,487		169,487	18,292	187,779			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							9,531	9,531			15
16	TOTAL Health Care and Programs	4,018,207	231,902	27,446	4,277,555		4,277,555	52,392	4,329,947			16
	C. General Administration											
17	Administrative	191,548			191,548		191,548	88,547	280,095			17
18	Directors Fees											18
19	Professional Services			484,054	484,054		484,054	(408,702)	75,352			19
20	Dues, Fees, Subscriptions & Promotions			57,101	57,101		57,101	(16,317)	40,784			20
21	Clerical & General Office Expenses	150,234	34,423	580,374	765,031		765,031	(279,167)	485,864			21
22	Employee Benefits & Payroll Taxes			847,600	847,600		847,600	(5,155)	842,445			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,887	7,887		7,887	3,080	10,967			24
25	Other Admin. Staff Transportation			8,033	8,033		8,033	2,483	10,516			25
26	Insurance-Prop.Liab.Malpractice			550,523	550,523		550,523	3,342	553,865			26
27	Other (specify):*							41,401	41,401			27
28	TOTAL General Administration	341,782	34,423	2,535,572	2,911,777		2,911,777	(570,488)	2,341,289			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,245,323	793,588	3,088,998	9,127,909		9,127,909	(558,425)	8,569,484			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 Washington Heights Nursing Home #0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			104,251	104,251	104,251	285,971	390,222			30
31	Amortization of Pre-Op. & Org.										31
32	Interest			64,031	64,031	64,031	638,534	702,565			32
33	Real Estate Taxes			333,845	333,845	333,845	5,690	339,535			33
34	Rent-Facility & Grounds			1,080,000	1,080,000	1,080,000	(1,072,978)	7,022			34
35	Rent-Equipment & Vehicles			6,330	6,330	6,330	3,088	9,418			35
36	Other (specify):*						32,222	32,222			36
37	TOTAL Ownership			1,588,457	1,588,457	1,588,457	(107,473)	1,480,984			37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		481,509	376,580	858,089	858,089	(86,594)	771,495			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			125,172	125,172	125,172		125,172			42
43	Other (specify):*			648	648	648	38,364	39,012			43
44	TOTAL Special Cost Centers		481,509	502,400	983,909	983,909	(48,230)	935,679			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,245,323	1,275,097	5,179,855	11,700,275	11,700,275	(714,128)	10,986,147			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 Washington Heights Nursing Home

0042044

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	11,405	30		9
10	Interest and Other Investment Income	(89,459)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(101)	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	(4,978)	21		18
19	Entertainment				19
20	Contributions	(1,684)	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	(265,396)	21		24
25	Fund Raising, Advertising and Promotional	(13,287)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(283,759)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (647,259)		\$	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)	(66,869)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (66,869)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (714,128)		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

Washington Heights Nursing Home

ID# 0042044

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Patient Clothing	\$ (251)	10	1
2	Theft Loss	(727)	21	2
3	Collections Expense	(1,035)	21	3
4	Jury Duty Income	(103)	21	4
5	Marketing	(1,520)	20	5
6	Annual Report	(250)	20	6
7	Filing Fees- Building Co.	(250)	20	7
8	Capitalized R&M	(38,581)	06	8
9	Marketing	(648)	43	9
10	Non-Allowance Expense	(204,000)	21	10
11	COPE Dues	(8,147)	20	11
12	Prior Period Expense	(22,430)	21	12
13	Non-Allowable and Prior Period Legal Fees	(5,817)	19	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	(283,759)		49

Washington Heights Nursing Home

ID# 0042044

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 Washington Heights Nursing Home

0042044

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			586		4,300	(25,676)						(20,790)	1
2	Food Purchase	(101)		594									493	2
3	Housekeeping			581		64		(4,208)					(3,563)	3
4	Laundry													4
5	Heat and Other Utilities			3,528		147	839						4,514	5
6	Maintenance	(38,581)		4,457	8,605	18	143	(12)		1,056			(24,314)	6
7	Other (specify):*				2,774	557							3,331	7
8	TOTAL General Services	(38,682)		9,746	11,379	5,086	(24,694)	(4,220)		1,056			(40,329)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(251)				36,868		(15,196)					21,421	10
10a	Therapy					3,148							3,148	10a
11	Activities													11
12	Social Services					18,292							18,292	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					9,531							9,531	15
16	TOTAL Health Care and Programs	(251)				67,839		(15,196)					52,392	16
	C. General Administration													
17	Administrative			2,806	10,461	53,429	12,021				9,830		88,547	17
18	Directors Fees													18
19	Professional Services	(5,817)		(283,716)		(124,196)	460			4,567			(408,702)	19
20	Fees, Subscriptions & Promotions	(25,138)	250	7,761		10	408				392		(16,317)	20
21	Clerical & General Office Expenses	(498,669)		33,877	163,378	18,150	14,254			(13,673)	3,516		(279,167)	21
22	Employee Benefits & Payroll Taxes				(2,834)	(1,990)		(331)					(5,155)	22
23	Inservice Training & Education													23
24	Travel and Seminar			1,981		226					873		3,080	24
25	Other Admin. Staff Transportation			1,688			789			6			2,483	25
26	Insurance-Prop.Liab.Malpractice			1,225		20	976			22	1,099		3,342	26
27	Other (specify):*				27,703	9,216	3,320				1,162		41,401	27
28	TOTAL General Administration	(529,624)	250	(234,378)	198,708	(45,135)	32,228	(331)		(13,645)	21,439		(570,488)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(568,557)	250	(224,632)	210,087	27,790	7,534	(19,748)		(12,589)	21,439		(558,425)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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	11,405	242,970	16,048		1,087	891			12,921	649		285,971	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(89,459)	665,570	43,855		8,125	2,736			2,779	4,928		638,534	32
33	Real Estate Taxes			5,452		238							5,690	33
34	Rent-Facility & Grounds		(1,080,000)	4,142			2,880						(1,072,978)	34
35	Rent-Equipment & Vehicles			1,382			277				1,429		3,088	35
36	Other (specify):*		32,222										32,222	36
37	TOTAL Ownership	(78,054)	(139,238)	70,879		9,450	6,784			15,700	7,006		(107,473)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(4,650)	(8,137)		(8,895)	(64,912)		(86,594)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(648)									39,012		38,364	43
44	TOTAL Special Cost Centers	(648)					(4,650)	(8,137)		(8,895)	(25,900)		(48,230)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(647,259)	(138,988)	(153,753)	210,087	37,240	9,668	(27,884)		(5,784)	2,545		(714,128)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Washington Heights Property LLC		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	\$ 1,080,000	Washington Heights, LLC	100.00%	\$	\$ (1,080,000)	1
2	V	32 Interest	62,450	Washington Heights, LLC		728,020	665,570	2
3	V	36 Amortization		Washington Heights, LLC		32,222	32,222	3
4	V	20 Filing Fees		Washington Heights, LLC		250	250	4
5	V	30 Depreciation		Washington Heights, LLC		242,970	242,970	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		\$ 1,142,450			\$ 1,003,462	\$ * (138,988)	14

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

Facility Name & ID Number Washington Heights Nursing Home # 0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	\$ 586	\$ 586	15	
16	V	02	Food		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	594	594	16	
17	V	03	Housekeeping		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	581	581	17	
18	V	05	Utilities		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,528	3,528	18	
19	V	06	Maintenance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,457	4,457	19	
20	V	17	Administrative		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,806	2,806	20	
21	V	19	Professional Fees	304,599	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	20,883	(283,716)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	7,761	7,761	22	
23	V	21	Office and Clerical		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	33,877	33,877	23	
24	V	24	Seminar and Travel		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,981	1,981	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,688	1,688	25	
26	V	26	Insurance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,225	1,225	26	
27	V	30	Depreciation		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	16,048	16,048	27	
28	V	32	Interest		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	43,855	43,855	28	
29	V	33	Real Estate Taxes		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	5,452	5,452	29	
30	V	34	Rent - Building		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,142	4,142	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,382	1,382	31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 304,599			\$ 150,846	\$ * (153,753)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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%	8,605	\$	8,605	15
16	V	06 Maintenance (Direct)	413	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	413			16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,707		2,707	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	67		67	18
19	V	17 Administrative (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	10,461		10,461	19
20	V	21 Office and Clerical (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	162,792		162,792	20
21	V	21 Office and Clerical (Direct)	11,242	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	11,828		586	21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	25,864		25,864	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,839		1,839	23
24	V								24
25	V	22 Employee Benefits	2,834	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%			(2,834)	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		\$ 14,489			\$ 224,576	\$ *	210,087	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	\$ 64	\$ 64	15	
16	V	05	Utilities		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	147	147	16	
17	V	06	Maintenance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	18	18	17	
18	V	19	Professional Fees	125,861	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,665	(124,196)	18	
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	10	10	19	
20	V	21	Office & Clerical		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	281	281	20	
21	V	24	Travel and Seminar		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	226	226	21	
22	V	26	Insurance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	20	20	22	
23	V	30	Depreciation		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,087	1,087	23	
24	V	32	Interest		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	8,125	8,125	24	
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	238	238	25	
26	V	01	Dietary Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	4,300	4,300	26	
27	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	557	557	27	
28	V	10	Nursing Salary	11,134	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	48,002	36,868	28	
29	V	10a	Rehab Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	3,148	3,148	29	
30	V	12	Social Service Salary	1,333	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	19,625	18,292	30	
31	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	9,531	9,531	31	
32	V	17	Administration Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	53,429	53,429	32	
33	V	21	Office Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	17,869	17,869	33	
34	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	9,216	9,216	34	
35	V								35	
36	V	22	Emp. Ben. - Healthcare	1,990	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%		(1,990)	36	
37	V								37	
38	V								38	
39	Total			\$ 140,318			\$ 177,558	\$ * 37,240	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 7,441	\$ 7,441	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%	839	839	17	
18	V	06	Maintenance		Care Centers Health Systems, Inc.	100.00%	143	143	18	
19	V	19	Professional Fees		Care Centers Health Systems, Inc.	100.00%	460	460	19	
20	V	20	Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	408	408	20	
21	V	21	Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	1,827	1,827	21	
22	V	25	Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	789	789	22	
23	V	26	Insurance		Care Centers Health Systems, Inc.	100.00%	976	976	23	
24	V	30	Depreciation		Care Centers Health Systems, Inc.	100.00%	891	891	24	
25	V	32	Interest		Care Centers Health Systems, Inc.	100.00%	2,736	2,736	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%	2,880	2,880	27	
28	V	35	Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	277	277	28	
29	V	01	Dietary	52,466	Care Centers Health Systems, Inc.	100.00%	19,349	(33,117)	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	7,367	Care Centers Health Systems, Inc.	100.00%	2,717	(4,650)	35	
36	V	17	Administrative		Care Centers Health Systems, Inc.	100.00%	12,021	12,021	36	
37	V	21	Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	12,427	12,427	37	
38	V	27	Employee Benefits		Care Centers Health Systems, Inc.	100.00%	3,320	3,320	38	
39	Total			\$ 59,833			\$ 69,501	\$ *	9,668	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	47,505	Xcel Supply, LLC	100.00%	43,297	(4,208)	16
17	V	4 Laundry		Xcel Supply, LLC	100.00%			17
18	V	6 Repairs & Maintenance	133	Xcel Supply, LLC	100.00%	121	(12)	18
19	V	10 Nursing	171,562	Xcel Supply, LLC	100.00%	156,365	(15,196)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	3,742	Xcel Supply, LLC	100.00%	3,410	(331)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	91,861	Xcel Supply, LLC	100.00%	83,725	(8,137)	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		\$ 314,803			\$ 286,918	\$ * (27,884)	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%	\$ 76,907	\$ 76,907	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	76,907	CCS Employee Benefits Group	100.00%		(76,907)	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			\$ 76,907			\$ 76,907	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home# 0042044Report 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		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 1,056	\$ 1,056	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	119	119	16
17	V	25	Auto Expense / Travel		Vent Lease, LLC.	100.00%	6	6	17
18	V	26	Insurance		Vent Lease, LLC.	100.00%	22	22	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	3,512	3,512	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	592	592	20
21	V	30	Depreciation - Matrix		Vent Lease, LLC.	100.00%	9,409	9,409	21
22	V	32	Interest - Matrix		Vent Lease, LLC.	100.00%	2,187	2,187	22
23	V	21	Office and Clerical	13,792	Vent Lease, LLC.	100.00%		(13,792)	23
24	V	39	Ancillary	8,895	Vent Lease, LLC.	100.00%		(8,895)	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			\$ 22,687			\$ 16,903	\$ * (5,784)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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	17 Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 1,041	\$ 1,041	15
16	V	19 Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	4,567	4,567	16
17	V	20 Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	392	392	17
18	V	21 Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	3,516	3,516	18
19	V	24 Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	873	873	19
20	V	26 Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	1,099	1,099	20
21	V	30 Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	649	649	21
22	V	32 Interest		Therapy Works Rehabilitation Services, LLC	100.00%	4,928	4,928	22
23	V	35 Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	1,429	1,429	23
24	V	39 Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	30	30	24
25	V	39 Ancillary (Direct)		Therapy Works Rehabilitation Services, LLC	100.00%			25
26	V	17 Administrative Salaries		Therapy Works Rehabilitation Services, LLC	100.00%	8,789	8,789	26
27	V	27 Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	1,162	1,162	27
28	V	39 Ancillary Salaries	359,906	Therapy Works Rehabilitation Services, LLC	100.00%	294,964	(64,942)	28
29	V	43 Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	39,012	39,012	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		\$ 359,906			\$ 362,451	\$ * 2,545	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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	Relative	Administrative	0.00%	See Attached	1.42	3.08%		\$		1
2	Adam Vales	Owner	Clerical	5.75%	See Attached	0.59	1.48%	Alloc. Salary	1,059	22-7	2
3	Kim Rudolph	Relative	Clerical	0%	See Attached	0.25	1.50%	Alloc. Salary	215	22-7	3
4	Mark Steinberg	Relative	Administrative	0%	See Attached	2.34	4.25%	Alloc. Salary	6,495	17-7	4
5	David Aronin	Owner	Administrative	0.88%	See Attached	0.25	1.49%	Alloc. Salary	215	17-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 7,984		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 Washington Heights Nursing Home

0042044

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 Washington Heights Nursing Home

0042044

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	\$ 69,501	\$ 586	1
2	02	Food	Patient Days	1,635,146	31	13,971	69,501	594	2
3	03	Housekeeping	Patient Days	1,635,146	31	13,659	69,501	581	3
4	05	Utilities	Patient Days	1,635,146	31	83,022	69,501	3,528	4
5	06	Maintenance	Patient Days	1,635,146	31	104,857	69,501	4,457	5
6	17	Administrative	Patient Days	1,635,146	31	66,000	69,501	2,806	6
7	19	Professional Fees	Patient Days	1,635,146	31	491,332	69,501	20,883	7
8	20	Dues and Subscriptions	Patient Days	1,635,146	31	182,607	69,501	7,761	8
9	21	Office and Clerical	Patient Days	1,635,146	31	797,040	69,501	33,877	9
10	24	Seminar and Travel	Patient Days	1,635,146	31	46,589	69,501	1,981	10
11	25	Other Staff Admin. Trans.	Patient Days	1,635,146	31	39,698	69,501	1,688	11
12	26	Insurance	Patient Days	1,635,146	31	28,827	69,501	1,225	12
13	30	Depreciation	Patient Days	1,635,146	31	505,348	69,501	16,048	13
14	32	Interest	Patient Days	1,635,146	31	1,031,834	69,501	43,855	14
15	33	Real Estate Taxes	Patient Days	1,635,146	31	128,276	69,501	5,452	15
16	34	Rent - Building	Patient Days	1,635,146	31	97,438	69,501	4,142	16
17	35	Rent - Equipment & Auto	Patient Days	1,635,146	31	32,530	69,501	1,382	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,676,806	\$	\$ 150,846	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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	69,501	8,605	1
2	06	Maintenance (Direct)	Direct		31	422,013	422,013		413	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,635,146	31	63,663		69,501	2,707	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		31	53,015			67	4
5	17	Administrative (Pooled)	Patient Days	1,635,146	31	246,132	246,132	69,501	10,461	5
6	21	Office and Clerical (Pooled)	Patient Days	1,635,146	31	3,830,025	3,830,025	69,501	162,792	6
7	21	Office and Clerical (Direct)	Direct		31	695,305	695,305		11,828	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,635,146	31	608,507		69,501	25,864	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		31	90,171			1,839	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		\$ 224,576	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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	\$ 69,501	\$ 64	1
2	05	Utilities	Patient Days	1,635,146	31	3,449	69,501	147	2
3	06	Maintenance	Patient Days	1,635,146	31	431	69,501	18	3
4	19	Professional Fees	Patient Days	1,635,146	31	39,159	69,501	1,665	4
5	20	Dues and Subscriptions	Patient Days	1,635,146	31	244	69,501	10	5
6	21	Office & Clerical	Patient Days	1,635,146	31	6,594	69,501	281	6
7	24	Travel and Seminar	Patient Days	1,635,146	31	5,327	69,501	226	7
8	26	Insurance	Patient Days	1,635,146	31	465	69,501	20	8
9	30	Depreciation	Patient Days	1,635,146	31	25,565	69,501	1,087	9
10	32	Interest	Patient Days	1,635,146	31	191,164	69,501	8,125	10
11	33	Real Estate Taxes	Patient Days	1,635,146	31	5,595	69,501	238	11
12	01	Dietary Salary	Patient Days	1,635,146	31	101,177	101,177	4,300	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,635,146	31	13,096	69,501	557	13
14	10	Nursing Salary	Patient Days	1,635,146	31	867,390	867,390	36,868	14
15	10a	Rehab Salary	Patient Days	1,635,146	31	74,072	74,072	3,148	15
16	12	Social Service Salary	Patient Days	1,635,146	31	430,372	430,372	18,292	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,635,146	31	177,415	69,501	7,541	17
18	17	Administration Salary	Patient Days	1,635,146	31	1,257,059	1,257,059	53,429	18
19	21	Office Salary	Patient Days	1,635,146	31	420,417	420,417	17,869	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,635,146	31	216,825	69,501	9,216	20
21	10	Nursing Salary	Direct Allocation			401,447	401,447	11,134	21
22	12	Social Service Salary	Direct Allocation			61,016	61,016	1,333	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			51,816		1,990	23
24									24
25	TOTALS					\$ 4,351,600	\$ 3,612,950	\$ 177,558	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 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

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	259,002	7,441	1	
2	03	Housekeeping	Gross Billable Income	3,867,056	31		259,002		2	
3	05	Heat and Other Utilities	Gross Billable Income	3,867,056	31	12,529	259,002	839	3	
4	06	Maintenance	Gross Billable Income	3,867,056	31	2,136	259,002	143	4	
5	19	Professional Fees	Gross Billable Income	3,867,056	31	6,873	259,002	460	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	3,867,056	31	6,095	259,002	408	6	
7	21	Clerical and General Office	Gross Billable Income	3,867,056	31	27,280	259,002	1,827	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	3,867,056	31	11,773	259,002	789	8	
9	26	Insurance	Gross Billable Income	3,867,056	31	14,568	259,002	976	9	
10	30	Depreciation	Gross Billable Income	3,867,056	31	13,298	259,002	891	10	
11	32	Interest	Gross Billable Income	3,867,056	31	40,850	259,002	2,736	11	
12	33	Real Estate Taxes	Gross Billable Income	3,867,056	31		259,002		12	
13	34	Rent - Building	Gross Billable Income	3,867,056	31	43,000	259,002	2,880	13	
14	35	Rent - Equipment	Gross Billable Income	3,867,056	31	4,135	259,002	277	14	
15	01	Dietary	Direct Billable Income	279,198	31	102,965	52,466	19,349	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	7,367	2,717	21	
22	17	Administrative	Gross Billable Income	3,867,056	31	179,474	179,474	259,002	12,021	22
23	21	Clerical and General Office	Gross Billable Income	3,867,056	31	185,549	185,549	259,002	12,427	23
24	27	Employee Benefits	Gross Billable Income	3,867,056	31	49,573	259,002	3,320	24	
25	TOTALS					\$ 2,134,357	\$ 365,023	\$ 69,501	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary			\$	\$		\$	1
2	3	Housekeeping						43,297	2
3	4	Laundry							3
4	6	Repairs & Maintenance						121	4
5	10	Nursing						156,365	5
6	11	Activities							6
7	12	Social Service							7
8	20	Dues, Fees And Subscriptions							8
9	21	Office And Clerical							9
10	22	Employee Benefits						3,410	10
11	24	Seminars & Education							11
12	39	Ancillary						83,725	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				\$	\$		\$ 286,918	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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		\$	\$		\$ 76,907	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				\$	\$		\$ 76,907	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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	\$ 8,895	\$ 1,056	1
2	21	Office and Clerical	Direct Billing	669,310	26	8,933	8,895	119	2
3	25	Auto Expense / Travel	Direct Billing	669,310	26	473	8,895	6	3
4	26	Insurance	Direct Billing	669,310	26	1,630	8,895	22	4
5	30	Depreciation	Direct Billing	669,310	26	264,263	8,895	3,512	5
6	32	Interest	Direct Billing	669,310	26	44,568	8,895	592	6
7	30	Depreciation - Matrix	Patient Days	1,635,146	31	221,356	69,501	9,409	7
8	32	Interest - Matrix	Patient Days	1,635,146	31	51,456	69,501	2,187	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	\$	\$ 16,903	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 Therapy Works Rehabilitation Services, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 922-0702
 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	17	Administration	Billable Income	(4,665,397)	14	\$ 13,500	\$ (359,906)	\$ 1,041	1	
2	19	Professional Fees	Billable Income	(4,665,397)	14	59,199	(359,906)	4,567	2	
3	20	Dues and Subscriptions	Billable Income	(4,665,397)	14	5,081	(359,906)	392	3	
4	21	Office & Clerical	Billable Income	(4,665,397)	14	45,575	(359,906)	3,516	4	
5	24	Travel and Seminar	Billable Income	(4,665,397)	14	11,318	(359,906)	873	5	
6	26	Insurance	Billable Income	(4,665,397)	14	14,252	(359,906)	1,099	6	
7	30	Depreciation	Billable Income	(4,665,397)	14	8,410	(359,906)	649	7	
8	32	Interest	Billable Income	(4,665,397)	14	63,875	(359,906)	4,928	8	
9	35	Rent - Equipment	Billable Income	(4,665,397)	14	18,528	(359,906)	1,429	9	
10	39	Ancillary	Billable Income	(4,665,397)	14	389	(359,906)	30	10	
11	39	Ancillary (Direct)	Direct			143,969			11	
12	17	Administrative Salaries	Billable Income	(4,665,397)	14	113,937	113,937	(359,906)	8,789	12
13	27	Emp. Ben. - Gen. Admin.	Billable Income	(4,665,397)	14	15,069	(359,906)	1,162	13	
14	39	Ancillary Salaries	Billable Income	(4,665,397)	14	3,823,568	3,823,568	(359,906)	294,964	14
15	43	Emp. Ben. - Other	Billable Income	(4,665,397)	14	505,700	(359,906)	39,012	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,842,370	\$ 3,937,504	\$ 362,451	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 Washington Heights Nursing Home # 0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense		
		YES	NO				Original	Balance					
		A. Directly Facility Related											
Long-Term													
1	Business Partners, LLC		X	Mortgage			\$	9,562,738			\$	646,732	1
2													2
3													3
4													4
5	See Supplemental Schedule												5
Working Capital													
6	Shareholder Loan	X						50,000					6
7	DIAWA		X	Line of Credit				539,193				64,031	7
8	See Supplemental Schedule											62,423	8
9	TOTAL Facility Related						\$	10,151,931			\$	773,186	9
B. Non-Facility Related*													
10	South Shore Property	X						1,198,648				81,288	10
11	Interest Income		X									(89,459)	11
12	Interest Income- Building Co.											(62,450)	12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$	1,198,648			\$	(70,621)	14
15	TOTALS (line 9+line14)						\$	11,350,579			\$	702,565	15

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home # 0042044 Report Period Beginning: 01/01/08 Ending: 12/31/08

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

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

	1	2	3	4	5	6		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						\$	\$			\$	1								
2											2								
3											3								
4											4								
5											5								
6											6								
7	TOTAL Long-Term										7								
Working Capital																			
8	Allocated from CCC/ECC					\$	\$			\$ 8,125	8								
9	Allocated from CC Health Systems									2,736	9								
10	Allocated from CCI/ECC									43,855	10								
11	Allocated from Therapy Works									4,928	11								
12	Allocated from Vent Lease, LLC									2,779	12								
13											13								
14	TOTAL Working Capital									62,423	14								
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.)

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 Washington Heights Nursing Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042044

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>25-05-423-001-0000</u>	<u>Long Term Care property</u>	\$ <u>1,811.55</u>	\$ <u>1,811.55</u>
2. <u>25-05-423-002-0000</u>	<u>Long Term Care property</u>	\$ <u>2,061.10</u>	\$ <u>2,061.10</u>
3. <u>25-05-423-003-0000</u>	<u>Long Term Care property</u>	\$ <u>2,425.70</u>	\$ <u>2,425.70</u>
4. <u>25-05-423-004-0000</u>	<u>Long Term Care property</u>	\$ <u>2,576.55</u>	\$ <u>2,576.55</u>
5. <u>25-05-423-005-0000</u>	<u>Long Term Care property</u>	\$ <u>9,121.50</u>	\$ <u>9,121.50</u>
6. <u>25-05-423-006-0000</u>	<u>Long Term Care property</u>	\$ <u>41,463.05</u>	\$ <u>41,463.05</u>
7. <u>25-05-423-007-0000</u>	<u>Long Term Care property</u>	\$ <u>49,893.40</u>	\$ <u>49,893.40</u>
8. <u>25-05-423-008-0000</u>	<u>Long Term Care property</u>	\$ <u>126,354.75</u>	\$ <u>126,354.75</u>
9. <u>25-05-423-009-0000</u>	<u>Long Term Care property</u>	\$ <u>102,004.70</u>	\$ <u>102,004.70</u>
10. <u>See attached</u>	<u>2201 Main, LLC Allocation</u>	\$ <u>122,122.75</u>	\$ <u>2,323.20</u>
	TOTALS	\$ <u>459,835.05</u>	\$ <u>340,035.50</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 Washington Heights Nursing Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042044

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. <u>See Attached</u>	<u>Care Centers Building, Allocation</u>	\$ <u>29,109.02</u>	\$ <u>918.55</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>29,109.02</u>	\$ <u>918.55</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Washington Heights Nursing Home

0042044 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 90,255 B. General Construction Type: Exterior Brick Frame Masonry/Steel Number of Stories 3

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>85,244</u>	<u>1994</u>	<u>\$ 251,898</u>	1
2	<u>Allocated From CCI/ECC</u>			<u>17,407</u>	2
3	TOTALS	85,244		\$ 269,305	3

SEE ACCOUNTANTS' COMPILATION REPORT

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			1996	21,522		20	1,077	1,077	13,407	9
10	Various			1997	179,381		20	8,971	8,971	102,733	10
11	Various			1998	71,893		20	3,596	3,596	37,842	11
12	Various			1999	54,109		20	2,705	2,705	25,551	12
13	Various			2000	102,147		20	5,618	5,618	48,651	13
14	Various			2001	61,238		20	3,063	3,063	24,039	14
15	Various			2002	93,299		20	7,797	7,797	65,991	15
16	Various			2003	4,294		20	371	371	2,067	16
17	Various			2004	62,444		20	7,325	7,325	32,439	17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
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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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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
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53								53
54								54
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57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		10,226,094	242,970		254,542	11,572	3,064,542	67
68		97,103	5,129		5,129		33,473	68
69			104,250			(104,250)		69
70		\$ 10,973,524	\$ 352,349		\$ 300,194	\$ (52,155)	\$ 3,450,735	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 12A, Carried Forward		\$ 10,973,524	\$ 352,349		\$ 300,194	\$ (52,155)	\$ 3,450,735	1
2	Generator Repair	2005	5,667		20	1,133	1,133	4,250	2
3	5 Oak Doors	2005	3,440		20	688	688	2,523	3
4	Plumbing For Catch Basin	2005	5,437		20	544	544	1,948	4
5	Hvac Repair	2005	1,519		20	76	76	259	5
6	Plumbing	2005	2,124		20	106	106	345	6
7	Midwest Mech Repairs To Laundry Exhaust	2006	7,125		20	713	713	2,078	7
8	Midwest Mech Repairs To Boiler	2006	2,962		20	296	296	864	8
9	Home Office Pr-Painting	2006	1,241		20	124	124	331	9
10	Home Office Pr-Painting	2006	14,602		20	1,460	1,460	3,772	10
11	Home Office Pr-Painting	2006	7,947		20	795	795	1,987	11
12	Palatine Bldrs	2006	2,741		20	274	274	685	12
13	Inpro.Corp.	2006	3,531		20	353	353	824	13
14	Home Office Pr - Painting	2006	2,070		20	207	207	466	14
15	Vinyl Sheets - Dividers Corners	2006	3,743		20	374	374	842	15
16	Home Office Pr - Painting	2006	12,605		20	1,261	1,261	2,731	16
17	Painting (Transfer Expense From Home Office)	2007	2,443		20			2,443	17
18	New Phone System	2007	15,944		20	1,594	1,594	3,189	18
19	Repairs To Catch Basin	2007	3,690		20	369	369	738	19
20	Repairs To Boiler	2007	4,815		20	401	401	803	20
21	New Flooring	2007	9,341		20	623	623	1,194	21
22	Smoke Detector In Elevator	2007	4,149		20	593	593	1,087	22
23	2 Boilers	2007	91,000		20	7,583	7,583	13,271	23
24	Repair Heating & A/C Unit	2007	4,551		20	379	379	600	24
25	Painting (Transfer Expense From Home Office)	2007	17,419		20	7,258	7,258	17,419	25
26	Hatco Booster Heater	2007	3,212		20	642	642	1,017	26
27	Install 2 Halide Floodlights	2007	4,900		20	490	490	735	27
28	Blinds	2007	3,526		20	353	353	500	28
29	Painting (Transfer Payment From Home Office)	2007	3,165		20	1,583	1,583	3,165	29
30	Supply & Install Premium Tile	2007	13,042		20	869	869	1,014	30
31	New Coils In Make-Up Air Unit	2007	5,000		20				31
32	New Water Heater & Storage Tank	2008	64,223		20	4,817	4,817	4,817	32
33	New Floor Covering	2008	16,455		20	1,097	1,097	1,097	33
34	TOTAL (lines 1 thru 33)		\$ 11,317,153	\$ 352,349		\$ 337,249	\$ (15,100)	\$ 3,527,729	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,317,153	\$ 352,349		\$ 337,249	\$ (15,100)	\$ 3,527,729	1
2	Remote Alarm For Make-Up Air Unit	2008	3,622		20	211	211	211	2
3	Rebuild Water Pumps	2008	3,870		20	226	226	226	3
4	Repair Landscape Lighting	2008	4,360		20	218	218	218	4
5	Repair To Chiller	2008	44,140		20	4,414	4,414	4,414	5
6	Fire Alarm System/Sprinkler	2008	38,581		20	1,929	1,929	1,929	6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	1
2									2
3									3
4									4
5									5
6									6
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 12E, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	1
2									2
3									3
4									4
5									5
6									6
7									7
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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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	1
2									2
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4									4
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 12J, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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 12M, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

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		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	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)		\$ 11,411,726	\$ 352,349		\$ 344,247	\$ (8,102)	\$ 3,534,727	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	228		1996	1996	\$ 10,226,094	\$ 242,970	19	\$ 254,542	\$ 11,572	\$ 3,064,542	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 Washington Heights Nursing Home

0042044

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)	\$ 10,226,094	\$ 242,970		\$ 254,542	\$ 11,572	\$ 3,064,542	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home

0042044

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from EC/CC Clinical, Inc.		2002	2002	\$ 2,134	\$ 55	39	\$ 55		\$ 344	4
5	Allocated from CCI/ECC - CCI Building			1996	32,083	823	39	823		9,906	5
6	Allocated from CCI/Extended Care Consulting, LLC		2002	2002	19,357	496	39	496		3,123	6
7											7
8											8
	Improvement Type**										
9	Allocated from CCI/Extended Care Consulting, LLC			2002	15,990	1,461	20	1,461		7,321	9
10	Allocated from CCI/Extended Care Consulting, LLC			2003	18,844	1,722	20	1,722		8,627	10
11	Allocated from CCI/Extended Care Consulting, LLC			2005	936	100	20	100		238	11
12	Allocated from CCI/Extended Care Consulting, LLC			2007	195	10	20	10		23	12
13											13
14	Allocated from CCI/ECC- CCI Building			1996	541	-	20	-		541	14
15	Allocated from CCI/ECC- CCI Building			1997	3,081	100	20	100		1,566	15
16											16
17	Allocated from CC/EC Clinical, Inc.			2002	1,762	161	20	161		807	17
18	Allocated from CC/EC Clinical, Inc.			2003	2,077	190	20	190		951	18
19	Allocated from CC/EC Clinical, Inc.			2005	103	11	20	11		26	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 Washington Heights Nursing Home

0042044

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)	\$	97,103	\$	5,129	\$	5,129	\$	33,473	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Washington Heights Nursing Home # 0042044 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	\$ 387,725	\$ 23,316	\$ 40,760	\$ 17,444	10	\$ 316,523	71
72	Current Year Purchases	18,276	88	2,151	2,063	10	2,151	72
73	Fully Depreciated Assets	760,655				10	760,655	73
74								74
75	TOTALS	\$ 1,166,656	\$ 23,404	\$ 42,911	\$ 19,507		\$ 1,079,329	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	\$ 3,056	\$ 611	\$ 611	\$	5	\$ 1,189	76
77		Allocated from CCI/ECC	2008	36,762	2,284	2,284		5	31,606	77
78		Allocated from CC Health Sys	2008	846	169	169		5	197	78
79										79
80	TOTALS			\$ 40,664	\$ 3,064	\$ 3,064	\$		\$ 32,992	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)		\$ 12,888,351	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 378,817	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 390,222	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 11,405	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 4,647,048	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							4
5	Alloc.- CCC/ECC				2,880			5
6	Alloc.- CCI/ECC				4,142			6
7	TOTAL				\$ 7,022			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

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

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 9,418 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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

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	\$		\$ 178,729	\$		\$ 178,729	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			7,292			7,292	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			175,357			175,357	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 03	# of prescripts			1,174	266,277		267,451	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					14,028	215,232		229,260	13
14	TOTAL			\$		\$ 376,580	\$ 481,509		\$ 858,089	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 Washington Heights Nursing Home# 0042044Report 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	\$ 1,500	\$ 281,077	1
2	Cash-Patient Deposits	85,063	85,063	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,338,919	2,693,517	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	915,868	915,868	6
7	Other Prepaid Expenses	2,370	2,370	7
8	Accounts Receivable (owners or related parties)		15,170	8
9	Other(specify): <u>See Attached Schedule</u>	321,170	342,254	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,664,890	\$ 4,335,319	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,898	13
14	Buildings, at Historical Cost		8,473,923	14
15	Leasehold Improvements, at Historical Cost	844,405	1,279,469	15
16	Equipment, at Historical Cost	550,402	2,535,829	16
17	Accumulated Depreciation (book methods)	(888,811)	(5,880,918)	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>		53,699	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 505,996	\$ 6,713,900	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,170,886	\$ 11,049,219	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,802,224	\$ 2,156,821	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	65,251	65,251	28
29	Short-Term Notes Payable	1,812,813	589,193	29
30	Accrued Salaries Payable	247,151	247,151	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,096	11,096	31
32	Accrued Real Estate Taxes(Sch.IX-B)	354,600	354,600	32
33	Accrued Interest Payable		53,113	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	392,326	573,522	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,685,461	\$ 4,050,747	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		10,761,386	39
40	Mortgage Payable			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)	\$	\$ 10,761,386	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,685,461	\$ 14,812,133	46
47	TOTAL EQUITY(page 18, line 24)	\$ (514,575)	\$ (3,762,914)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,170,886	\$ 11,049,219	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 770,453	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(4,027)	3
4	Retained Earnings Prior Period Adjustment	34,500	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 800,926	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,212,301)	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	(103,200)	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)	\$ (1,315,501)	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)	\$ (514,575)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Washington Heights Nursing Home# 0042044Report 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	\$ 10,351,821	1
2	Discounts and Allowances for all Levels	(1,601,247)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,750,574	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,266,217	6
7	Oxygen	1,437	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,267,654	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	254,027	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	27,228	19
20	Radiology and X-Ray	6,410	20
21	Other Medical Services	92,519	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 380,184	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	89,459	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 89,459	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	103	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 103	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,487,974	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,938,577	31
32	Health Care	4,277,555	32
33	General Administration	2,911,777	33
B. Capital Expense			
34	Ownership	1,588,457	34
C. Ancillary Expense			
35	Special Cost Centers	858,737	35
36	Provider Participation Fee	125,172	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,700,275	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,212,301)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,212,301)	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 Washington Heights Nursing Home

0042044

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	2,058	2,793	\$ 110,376	\$ 39.52	1
2	Assistant Director of Nursing	1,432	1,763	56,849	32.25	2
3	Registered Nurses	11,484	12,837	376,594	29.34	3
4	Licensed Practical Nurses	59,911	65,488	1,597,586	24.40	4
5	CNAs & Orderlies	109,875	122,634	1,245,784	10.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,286	11,438	202,918	17.74	8
9	Activity Director	1,950	2,227	38,714	17.38	9
10	Activity Assistants	13,527	15,491	156,633	10.11	10
11	Social Service Workers	9,403	10,802	168,125	15.56	11
12	Dietician	1,724	1,880	25,328	13.47	12
13	Food Service Supervisor	1,781	2,089	38,682	18.52	13
14	Head Cook					14
15	Cook Helpers/Assistants	3,172	3,848	44,474	11.56	15
16	Dishwashers	29,923	33,045	315,077	9.53	16
17	Maintenance Workers	5,051	5,553	98,469	17.73	17
18	Housekeepers	28,750	31,692	288,050	9.09	18
19	Laundry	6,992	7,773	75,254	9.68	19
20	Administrator	1,742	2,005	100,813	50.28	20
21	Assistant Administrator	3,768	4,425	90,735	20.51	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,296	11,432	150,234	13.14	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,905	2,354	33,491	14.23	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,947	2,126	31,137	14.65	33
34	TOTAL (lines 1 - 33)	316,977	353,695	\$ 5,245,323 *	\$ 14.83	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	459	\$ 20,555	01-03	35
36	Medical Director	Monthly	12,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,779	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				45
46	Other(specify)				46
47	<u>Care Centers Allocation- See Attached</u>		11,134	10-03	47
48	<u>Care Centers Allocation- See Attached</u>		1,333	12-03	48
49	TOTAL (lines 35 - 48)	463	\$ 48,001		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 Washington Heights Nursing Home

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

SEE ACCOUNTANTS' COMPILATION REPORT

