

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177 Report Period Beginning: 01/01/09 Ending: 12/31/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,750	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	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	33,404	7,959	8,006	49,369	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	33,404	7,959	8,006	49,369	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.17%

D. How many bed-hold days during this year were paid by the Department? 3 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 02/01/2003

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 7,226

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

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

Facility Name & ID Number Chateau Nursing & Rehab Center # 0046177 Report Period Beginning: 01/01/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	341,845	61,286	14,561	417,692		417,692	3,560	421,252		1
2	Food Purchase		267,775		267,775		267,775	(1,669)	266,106		2
3	Housekeeping	153,723	46,185		199,908		199,908	(3,809)	196,099		3
4	Laundry	53,474	24,464		77,938		77,938	(657)	77,281		4
5	Heat and Other Utilities			250,391	250,391		250,391	2,337	252,728		5
6	Maintenance	137,853		180,628	318,481		318,481	10,973	329,454		6
7	Other (specify):*							1,989	1,989		7
8	TOTAL General Services	686,895	399,710	445,580	1,532,185		1,532,185	12,724	1,544,909		8
	B. Health Care and Programs										
9	Medical Director			48,000	48,000		48,000		48,000		9
10	Nursing and Medical Records	3,270,568	169,148	44,490	3,484,206		3,484,206	16,236	3,500,442		10
10a	Therapy	183,717			183,717		183,717	23,655	207,372		10a
11	Activities	157,134	30,635		187,769		187,769		187,769		11
12	Social Services	209,920	25	7,274	217,219		217,219	8,876	226,095		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							8,650	8,650		15
16	TOTAL Health Care and Programs	3,821,339	199,808	99,764	4,120,911		4,120,911	57,417	4,178,328		16
	C. General Administration										
17	Administrative	141,645			141,645		141,645	52,325	193,970		17
18	Directors Fees										18
19	Professional Services			446,343	446,343		446,343	(374,804)	71,539		19
20	Dues, Fees, Subscriptions & Promotions			52,223	52,223		52,223	(16,536)	35,687		20
21	Clerical & General Office Expenses	117,784	35,171	311,816	464,771		464,771	(90,337)	374,434		21
22	Employee Benefits & Payroll Taxes			689,308	689,308		689,308	(12,968)	676,340		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,378	8,378		8,378	1,035	9,413		24
25	Other Admin. Staff Transportation			8,687	8,687		8,687	497	9,184		25
26	Insurance-Prop.Liab.Malpractice			153,841	153,841		153,841	1,323	155,164		26
27	Other (specify):*							32,341	32,341		27
28	TOTAL General Administration	259,429	35,171	1,670,596	1,965,196		1,965,196	(407,125)	1,558,071		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,767,663	634,689	2,215,940	7,618,292		7,618,292	(336,984)	7,281,308		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 Chateau Nursing & Rehab Center

#0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			71,790	71,790		71,790	88,695	160,485			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			391	391		391	388,487	388,878			32
33	Real Estate Taxes			59,964	59,964		59,964	2,216	62,180			33
34	Rent-Facility & Grounds			492,750	492,750		492,750	(487,997)	4,753			34
35	Rent-Equipment & Vehicles			30,968	30,968		30,968	2,462	33,430			35
36	Other (specify):*							22,095	22,095			36
37	TOTAL Ownership			655,863	655,863		655,863	15,958	671,821			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		648,530	647,788	1,296,318		1,296,318	(6,466)	1,289,852			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			82,125	82,125		82,125		82,125			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		648,530	729,913	1,378,443		1,378,443	(6,466)	1,371,977			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,767,663	1,283,219	3,601,716	9,652,598		9,652,598	(327,491)	9,325,107			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

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	(1,777)	02		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	(18,584)	30		9
10	Interest and Other Investment Income	(67,008)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(432)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,250)	21		18
19	Entertainment				19
20	Contributions		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	(103,235)	21		24
25	Fund Raising, Advertising and Promotional	(18,210)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(100)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(139,045)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (351,640)		\$	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)	24,149		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 24,149		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (327,491)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

Chateau Nursing & Rehab Center

ID# 0046177

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty Income	\$ (17)	10	1
2	Miscellaneous Income	(449)	21	2
3	Patien Clothing	(2,049)	10	3
4	Theft Loss	(1,522)	21	4
5	Collection Expenses	(204)	21	5
6	Capitalized R&M	(3,256)	06	6
7	Annual Report	(250)	20	7
8	Non-allowable Legal Expenses	(2,453)	19	8
9	Non-allowable expense	(127,479)	21	9
10	Bldg. Co. - Bank Charges	(529)	21	10
11	Public Relations	(171)	20	11
12	Non-allowable PY Legal Expenses	(665)	19	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(139,045)		49

Chateau Nursing & Rehab Center

ID# 0046177

Report Period Beginning: 01/01/09

Ending: 12/31/09

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Chateau Nursing & Rehab Center# 0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary			243		4,216	(39)				(860)		3,560	1
2	Food Purchase	(2,209)		540									(1,669)	2
3	Housekeeping			504		56	(4,369)						(3,809)	3
4	Laundry						(657)						(657)	4
5	Heat and Other Utilities			2,068		132					137		2,337	5
6	Maintenance	(3,256)		3,210	7,863	17	(189)		3,223		105		10,973	6
7	Other (specify):*				1,378	611							1,989	7
8	TOTAL General Services	(5,465)		6,565	9,241	5,032	(5,254)		3,223		(618)		12,724	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(2,066)				28,698	(10,397)						16,236	10
10a	Therapy					1,650				22,005			23,655	10a
11	Activities													11
12	Social Services					8,876							8,876	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					8,650							8,650	15
16	TOTAL Health Care and Programs	(2,066)				47,874	(10,397)			22,005			57,417	16
	C. General Administration													
17	Administrative			2,368	8,586	37,433					3,938		52,325	17
18	Directors Fees													18
19	Professional Services	(3,118)		(290,359)		(81,651)			177		147		(374,804)	19
20	Fees, Subscriptions & Promotions	(18,631)		2,027		8					60		(16,536)	20
21	Clerical & General Office Expenses	(236,768)	529	16,586	129,130	8,394			(12,975)		4,767		(90,337)	21
22	Employee Benefits & Payroll Taxes				(3,666)	(8,881)	(421)						(12,968)	22
23	Inservice Training & Education													23
24	Travel and Seminar			63		972							1,035	24
25	Other Admin. Staff Transportation			370					14		113		497	25
26	Insurance-Prop.Liab.Malpractice			813		48			182		280		1,323	26
27	Other (specify):*				24,119	6,503					1,719		32,341	27
28	TOTAL General Administration	(258,518)	529	(268,132)	158,169	(37,174)	(421)		(12,602)		11,024		(407,125)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(266,048)	529	(261,567)	167,410	15,732	(16,071)		(9,379)	22,005	10,406		(336,984)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Chateau Nursing & Rehab Center# 0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Capital Expense	PAGES 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)	
30	D. Ownership													
	Depreciation	(18,584)	82,756	4,146		918			19,171		288		88,695	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(67,008)	380,105	60,937		11,091			3,362				388,487	32
33	Real Estate Taxes			1,999		217							2,216	33
34	Rent-Facility & Grounds		(492,750)	3,467							1,286		(487,997)	34
35	Rent-Equipment & Vehicles			2,448							14		2,462	35
36	Other (specify):*		22,095										22,095	36
37	TOTAL Ownership	(85,592)	(7,794)	72,997		12,226			22,533		1,588		15,958	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(8,670)		(32,755)	40,264	(5,305)		(6,466)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers						(8,670)		(32,755)	40,264	(5,305)		(6,466)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(351,640)	(7,265)	(188,570)	167,410	27,958	(24,741)		(19,601)	62,269	6,689		(327,491)	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		
				Chateau Willowbrook 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	\$ 492,750	Chateau Willowbrook Property, LLC		\$	(492,750)	1
2	V	32 Interest	112,175	Chateau Willowbrook Property, LLC		492,280	380,105	2
3	V	33 RE Taxes	59,965	Chateau Willowbrook Property, LLC		59,965		3
4	V	36 Amortization		Chateau Willowbrook Property, LLC		22,095	22,095	4
5	V	30 Depreciation		Chateau Willowbrook Property, LLC		82,756	82,756	5
6	V	21 Bank Charges		Chateau Willowbrook Property, LLC		529	529	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 664,890			\$ 657,625	\$ * (7,265)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 243	\$	243	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	540		540	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	504		504	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	2,068		2,068	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	3,210		3,210	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	2,368		2,368	20
21	V	19 Professional Fees	300,601	Extended Care Consulting, LLC	100.00%	10,242		(290,359)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	2,027		2,027	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	16,586		16,586	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	63		63	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	370		370	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	813		813	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	4,146		4,146	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	60,937		60,937	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	1,999		1,999	29
30	V	34 Rent - Building		Extended Care Consulting, LLC	100.00%	3,467		3,467	30
31	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	2,448		2,448	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 300,601			\$ 112,031	\$ *	(188,570)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06 Maintenance (Pooled)		Extended Care Consulting, LLC	100.00%	7,863	\$	7,863	15
16	V	06 Maintenance (Direct)	240	Extended Care Consulting, LLC	100.00%	240			16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	1,345		1,345	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	33		33	18
19	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	8,586		8,586	19
20	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	129,130		129,130	20
21	V	21 Office and Clerical (Direct)	14,906	Extended Care Consulting, LLC	100.00%	14,906			21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	22,094		22,094	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	2,025		2,025	23
24	V	22 Employee Benefits	3,666	Extended Care Consulting, LLC	100.00%			(3,666)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 18,812			\$ 186,222	\$ *	167,410	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	03 Housekeeping	\$	Extended Care Clinical, LLC	100.00%	\$ 56	\$	56	15
16	V	05 Utilities		Extended Care Clinical, LLC	100.00%	132		132	16
17	V	06 Maintenance		Extended Care Clinical, LLC	100.00%	17		17	17
18	V	19 Professional Fees	82,803	Extended Care Clinical, LLC	100.00%	1,152		(81,651)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	8		8	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC	100.00%	979		979	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC	100.00%	972		972	21
22	V	26 Insurance		Extended Care Clinical, LLC	100.00%	48		48	22
23	V	30 Depreciation		Extended Care Clinical, LLC	100.00%	918		918	23
24	V	32 Interest		Extended Care Clinical, LLC	100.00%	11,091		11,091	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC	100.00%	217		217	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC	100.00%	4,216		4,216	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	611		611	27
28	V	10 Nursing Salary	40,316	Extended Care Clinical, LLC	100.00%	61,762		28,698	28
29	V	10a Rehab Salary		Extended Care Clinical, LLC	100.00%	1,650		1,650	29
30	V	12 Social Service Salary	7,274	Extended Care Clinical, LLC	100.00%	16,150		8,876	30
31	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	8,650		8,650	31
32	V	17 Administration Salary		Extended Care Clinical, LLC	100.00%	44,686		37,433	32
33	V	21 Office Salary		Extended Care Clinical, LLC	100.00%	7,415		7,415	33
34	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	7,370		6,503	34
35	V	22 Employee Benefits	8,881	Extended Care Clinical, LLC	100.00%			(8,881)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 139,274			\$ 168,100	\$ *	27,958	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary	\$ 426	Xcel Supply, LLC	100.00%	\$ 387	\$ (39)
16	V	3 Housekeeping	47,579	Xcel Supply, LLC	100.00%	43,210	(4,369)
17	V	4 Laundry	7,152	Xcel Supply, LLC	100.00%	6,495	(657)
18	V	6 Repairs & Maintenance	2,053	Xcel Supply, LLC	100.00%	1,865	(189)
19	V	10 Nursing	113,214	Xcel Supply, LLC	100.00%	102,817	(10,397)
20	V	11 Activities		Xcel Supply, LLC	100.00%		
21	V	12 Social Service		Xcel Supply, LLC	100.00%		
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%		
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%		
24	V	22 Employee Benefits	4,584	Xcel Supply, LLC	100.00%	4,163	(421)
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%		
26	V	39 Ancillary	94,406	Xcel Supply, LLC	100.00%	85,737	(8,670)
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 269,414			\$ 244,673	\$ * (24,741)

* 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%	\$ 200,399	\$ 200,399	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	200,399	CCS Employee Benefits Group	100.00%		(200,399)	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		\$ 200,399			\$ 200,399	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	06 Repairs	\$	Vent Lease, LLC.	100.00%	\$ 3,223	\$ 3,223
16	V	19 Professional Fees		Vent Lease, LLC.	100.00%	177	177
17	V	21 Office and Clerical		Vent Lease, LLC.	100.00%	273	273
18	V	25 Auto Expense / Travel		Vent Lease, LLC.	100.00%	14	14
19	V	26 Insurance		Vent Lease, LLC.	100.00%	182	182
20	V	30 Depreciation		Vent Lease, LLC.	100.00%	8,388	8,388
21	V	32 Interest		Vent Lease, LLC.	100.00%	1,413	1,413
22	V	30 Depreciation - Matrix		Vent Lease, LLC.	100.00%	10,783	10,783
23	V	32 Interest - Matrix		Vent Lease, LLC.	100.00%	1,949	1,949
24	V	21 Office and Clerical	13,248	Vent Lease, LLC.	100.00%		(13,248)
25	V	39 Ancillary	32,755	Vent Lease, LLC.	100.00%		(32,755)
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 46,003			\$ 26,402	\$ * (19,601)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 THERAPY	\$ 563,764	TRICARE REHAB		\$ 604,028	\$ 40,264	15
16	V	10A REHAB		TRICARE REHAB		22,005	22,005	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		\$ 563,764			\$ 626,033	\$ *	62,269 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 1,813	\$ 1,813	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%	137	137	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	105	105	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	147	147	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	60	60	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	746	746	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	113	113	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	280	280	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	288	288	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%			25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%			26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	1,286	1,286	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	14	14	28
29	V	01 Dietary	4,449	Care Centers Health Systems, Inc.	100.00%	1,776	(2,673)	29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	22 Employee Benefits		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	8,830	Care Centers Health Systems, Inc.	100.00%	3,525	(5,305)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	3,938	3,938	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	4,021	4,021	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	1,719	1,719	38
39	Total		\$ 13,279			\$ 19,968	\$ * 6,689	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number

Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Shareholder	Administrative	1.00%	See Attached	1.08	3.60%		\$		1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.97	3.58%	Alloc. Salary	5,975	17-7	2
3	Adam Vales	Relative	Clerical	N/A	See Attached	1.17	2.93%	Alloc. Salary	2,102	22-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 8,077		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 Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	30	\$ 6,770	\$	49,369	\$ 243	1
2	02	Food	Patient Days	30	15,058		49,369	540	2
3	03	Housekeeping	Patient Days	30	14,059		49,369	504	3
4	05	Utilities	Patient Days	30	57,646		49,369	2,068	4
5	06	Maintenance	Patient Days	30	89,465		49,369	3,210	5
6	17	Administrative	Patient Days	30	66,000		49,369	2,368	6
7	19	Professional Fees	Patient Days	30	285,482		49,369	10,242	7
8	20	Dues and Subscriptions	Patient Days	30	56,488		49,369	2,027	8
9	21	Office and Clerical	Patient Days	30	462,313		49,369	16,586	9
10	24	Seminar and Travel	Patient Days	30	1,768		49,369	63	10
11	25	Other Staff Admin. Trans.	Patient Days	30	10,309		49,369	370	11
12	26	Insurance	Patient Days	30	22,668		49,369	813	12
13	30	Depreciation	Patient Days	30	115,549		49,369	4,146	13
14	32	Interest	Patient Days	30	1,698,489		49,369	60,937	14
15	33	Real Estate Taxes	Patient Days	30	55,709		49,369	1,999	15
16	34	Rent - Building	Patient Days	30	96,636		49,369	3,467	16
17	35	Rent - Equipment & Auto	Patient Days	30	68,244		49,369	2,448	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,122,653	\$		\$ 112,031	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	06	Maintenance (Pooled)	Patient Days	1,376,056	30	219,177	219,177	49,369	7,863	1
2	06	Maintenance (Direct)	Direct		30	82,905	82,905		240	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,376,056	30	37,501		49,369	1,345	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		30	8,464	8,464		33	4
5	17	Administrative (Pooled)	Patient Days	1,376,056	30	239,303	239,303	49,369	8,586	5
6	21	Office and Clerical (Pooled)	Patient Days	1,376,056	30	3,599,211	3,599,211	49,369	129,130	6
7	21	Office and Clerical (Direct)	Direct		30	654,174			14,906	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,376,056	30	615,819	615,819	49,369	22,094	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		30	73,650	73,650	49,369	2,025	9
10	22	Employee Benefits								10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,530,203	\$ 4,838,529		\$ 186,222	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	03	Housekeeping	Patient Days	1,376,056	30	\$ 1,549	\$ 49,369	\$ 56	1
2	05	Utilities	Patient Days	1,376,056	30	3,693	49,369	132	2
3	06	Maintenance	Patient Days	1,376,056	30	477	49,369	17	3
4	19	Professional Fees	Patient Days	1,376,056	30	32,105	49,369	1,152	4
5	20	Dues and Subscriptions	Patient Days	1,376,056	30	213	49,369	8	5
6	21	Office & Clerical	Patient Days	1,376,056	30	27,296	49,369	979	6
7	24	Travel and Seminar	Patient Days	1,376,056	30	27,079	49,369	972	7
8	26	Insurance	Patient Days	1,376,056	30	1,342	49,369	48	8
9	30	Depreciation	Patient Days	1,376,056	30	25,586	49,369	918	9
10	32	Interest	Patient Days	1,376,056	30	309,136	49,369	11,091	10
11	33	Real Estate Taxes	Patient Days	1,376,056	30	6,053	49,369	217	11
12	01	Dietary Salary	Patient Days	1,376,056	30	117,506	49,369	4,216	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,376,056	30	17,040	49,369	611	13
14	10	Nursing Salary	Patient Days	1,376,056	30	799,889	49,369	28,698	14
15	10a	Rehab Salary	Patient Days	1,376,056	30	45,993	49,369	1,650	15
16	12	Social Service Salary	Patient Days	1,376,056	30	247,396	49,369	8,876	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,376,056	30	158,537	49,369	5,688	17
18	17	Administration Salary	Patient Days	1,376,056	30	1,043,375	49,369	37,433	18
19	21	Office Salary	Patient Days	1,376,056	30	206,680	49,369	7,415	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,376,056	30	181,271	49,369	6,503	20
21	10	Nursing Salary	Direct Allocation			494,488	49,369	33,064	21
22	12	Social Service Salary	Direct Allocation			196,033	49,369	7,274	22
23	15, 27	Emp. Ben. - Healthcare, Admin	Direct Allocation			83,427		3,829	23
24	17	Administration Salary	Direct Allocation			7,253		7,253	24
25	TOTALS					\$ 4,033,416	\$ 3,151,360	\$ 168,100	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation		\$	\$		\$ 387	1
2	3	Housekeeping	Direct Allocation					43,210	2
3	4	Laundry	Direct Allocation					6,495	3
4	6	Repairs & Maintenance	Direct Allocation					1,865	4
5	10	Nursing	Direct Allocation					102,817	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					4,163	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					85,737	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				\$	\$		\$ 244,673	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 200,399	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				\$	\$		\$ 200,399	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Repairs	Direct Billing	821,185	26	\$ 80,807	\$ 32,755	\$ 3,223	1
2	19	Professional Fees	Direct Billing	821,185	26	4,427	32,755	177	2
3	21	Office and Clerical	Direct Billing	821,185	26	6,852	32,755	273	3
4	25	Auto Expense / Travel	Direct Billing	821,185	26	356	32,755	14	4
5	26	Insurance	Direct Billing	821,185	26	4,573	32,755	182	5
6	30	Depreciation	Direct Billing	821,185	26	218,810	32,755	8,388	6
7	32	Interest	Direct Billing	821,185	26	35,420	32,755	1,413	7
8	30	Depreciation - Matrix	Patient Days	1,376,056	30	300,546	49,369	10,783	8
9	32	Interest - Matrix	Patient Days	1,376,056	30	54,323	49,369	1,949	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 706,114	\$	\$ 26,402	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	THERAPY	DIRECT ALLOCATION		\$	\$		\$ 604,028	1
2	10A	REHAB	DIRECT ALLOCATION					22,005	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				\$	\$		\$ 626,033	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	01	Dietary	Gross Billable Income	3,421,940	26	72,652	85,412	1,813	1	
2	03	Housekeeping	Gross Billable Income	3,421,940	26		85,412		2	
3	05	Heat and Other Utilities	Gross Billable Income	3,421,940	26	5,507	85,412	137	3	
4	06	Maintenance	Gross Billable Income	3,421,940	26	4,211	85,412	105	4	
5	19	Professional Fees	Gross Billable Income	3,421,940	26	5,880	85,412	147	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	3,421,940	26	2,401	85,412	60	6	
7	21	Clerical and General Office	Gross Billable Income	3,421,940	26	29,869	85,412	746	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	3,421,940	26	4,509	85,412	113	8	
9	26	Insurance	Gross Billable Income	3,421,940	26	11,210	85,412	280	9	
10	30	Depreciation	Gross Billable Income	3,421,940	26	11,528	85,412	288	10	
11	32	Interest	Gross Billable Income	3,421,940	26		85,412		11	
12	33	Real Estate Taxes	Gross Billable Income	3,421,940	26		85,412		12	
13	34	Rent - Building	Gross Billable Income	3,421,940	26	51,522	85,412	1,286	13	
14	35	Rent - Equipment	Gross Billable Income	3,421,940	26	547	85,412	14	14	
15	01	Dietary	Direct Billable Income	206,522	26	82,445	4,449	1,776	15	
16	02	Food	Direct Billable Income	2,784	26	1,111			16	
17	03	Housekeeping	Direct Billable Income		26				17	
18	10	Nursing	Direct Billable Income	5,466	26	2,182			18	
19	22	Employee Benefits	Direct Billable Income	411	26	164			19	
20	25	Other Admin. Staff Transport.	Direct Billable Income		26				20	
21	39	Ancillary	Direct Billable Income	3,206,757	26	1,280,152	8,830	3,525	21	
22	17	Administrative	Gross Billable Income	3,421,940	26	157,769	157,769	85,412	3,938	22
23	21	Clerical and General Office	Gross Billable Income	3,421,940	26	161,081	161,081	85,412	4,021	23
24	27	Employee Benefits	Gross Billable Income	3,421,940	26	68,860	85,412	1,719	24	
25	TOTALS					\$ 1,953,599	\$ 318,850	\$ 19,968	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Business Partners (Net)		X	Mortgage			\$	4,881,421		\$	492,280	1							
2												2							
3												3							
4												4							
5	See Supplemental Schedule											5							
Working Capital																			
6	DAIWA LOC		X	LOC							391	6							
7												7							
8	See Supplemental Schedule										75,390	8							
9	TOTAL Facility Related						\$	4,881,421		\$	568,061	9							
B. Non-Facility Related*																			
10	Interest Income										(67,008)	10							
11	Interest Income (Bldg Co.)										(112,175)	11							
12												12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$			\$	(179,183)	14							
15	TOTALS (line 9+line14)						\$	4,881,421		\$	388,878	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

Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

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

	1	2	3	4	5	6		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1						\$	\$			\$	1								
2											2								
3											3								
4											4								
5											5								
6											6								
7	TOTAL Long-Term																		
	Working Capital																		
8	Alloc from Ext Care Cnsult		X			\$	\$			\$	60,937	8							
9	Alloc from Ext Care Clinical		X								11,091	9							
10	Alloc from Vent Lease		X								3,362	10							
11												11							
12												12							
13												13							
14	TOTAL Working Capital																		
	B. Non-Facility Related*																		
15						\$	\$			\$		15							
16												16							
17												17							
18												18							
19												19							
20	TOTAL Non-Facility Related																		

* 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 Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,447 B. General Construction Type: Exterior Brick Frame Masonry & Steel Number of Stories 1

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>273,121</u>	<u>2003</u>	<u>\$ 295,367</u>	<u>1</u>
2	<u>Allocated From CCI/ECC</u>			<u>13,167</u>	<u>2</u>
3	TOTALS	273,121		\$ 308,534	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2003	51,953		20	4,365	4,365	28,754	9
10	Various		2004	98,685		20	5,249	5,249	31,598	10
11	Various		2005	69,862		20	3,493	3,493	14,671	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	2,896,943	82,756		80,094	(2,662)	1,107,296	67
68	Related Party Allocations (Pages 12H & 12I)	52,099	3,558		3,558		21,675	68
69	Financial Statement Depreciation		71,789			(71,789)		69
70	TOTAL (lines 4 thru 69)	\$ 3,169,542	\$ 158,103		\$ 96,759	\$ (61,344)	\$ 1,203,994	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,169,542	\$ 158,103		\$ 96,759	\$ (61,344)	\$ 1,203,994	1
2	Landmark Construction Serv. - Thatcher Oaks (Awning)	2006	18,631		20	932	932	3,338	2
3	Landmark Construction Service	2006	17,643		20	882	882	3,382	3
4	Targin Sign Systems - Monument Sign	2006	4,455		20	446	446	1,485	4
5	Targin Sign Systems Invoice 85075 - Custom Id Sign	2006	4,698		20	470	470	1,488	5
6	Aquatic Services - Sunburst 1Hp	2006	4,972		20	497	497	1,533	6
7	Tile For 2Nd Floor	2007	30,108		20	1,505	1,505	4,265	7
8	Air Conditioners	2007	6,284		20	524	524	1,440	8
9	New Doors	2007	11,675		20	584	584	1,508	9
10	Tiles - Shower	2007	10,725		20	715	715	1,847	10
11	Door Installation	2007	9,500		20	475	475	1,227	11
12	Elevator Repairs	2007	37,450		20	1,873	1,873	4,837	12
13	Pot Hole Patching, Sealcoating	2007	6,510		20	326	326	732	13
14	Install 7 New Actuators	2007	5,297		20	265	265	574	14
15	Sprinkler System Repair	2007	2,890		20	145	145	313	15
16	Landscaping	2007	6,290		20	315	315	655	16
17	Filter Replacement	2008	4,113		20	206	206	411	17
18	Parking Lot Repair	2008	16,571		20	1,105	1,105	1,841	18
19	Power Lines For Washer/Dryer	2008	4,900		20	245	245	368	19
20	Generator Maint	2008	3,246		20	162	162	243	20
21	Adj #207 - Refund	2008	(2,675)		20	(134)	(134)	(268)	21
22	Replace Self Priming Sewage Ejector	2008	4,389		20	219	219	293	22
23	Painting (Transfer From Home Office)	2008	7,129		20	5,347	5,347	7,129	23
24	Painting (Transfer From Home Office)	2008	1,426		20	1,070	1,070	1,426	24
25	Water Heater	2009	6,710		20	783	783	783	25
26	Flooring	2009	15,616		20	65	65	65	26
27	Generator	2009	3,256		20	163	163	163	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 3,411,351	\$ 158,103		\$ 115,943	\$ (42,160)	\$ 1,245,071

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3	Chateau Willowbrook Property, LLC	1987	2,658,301		39	68,162	68,162	1,059,938	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Life Safety Code Improvements (Net of Settlement)	2005	231,242		20	11,562	11,562	46,248	9
10	Professional Fees-Architect	2007	7,400		20	370	370	1,110	10
11	Book Depreciation Expense			82,756			(82,756)		11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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	Building Company Information Continued		\$	\$		\$	\$	\$	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 (12F & 12G lines 1 thru 33)		\$ 2,896,943	\$ 82,756		\$ 80,094	\$ (2,662)	\$ 1,107,296	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from Extended Care Clinical, 2201 Main LLC	2002	1,801	46	39	46		337	3
4	Allocated from Extended Care Consulting, 2201 Main LLC	2002	16,344	419	39	419		3,056	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Extended Care Consulting, 2201 Main LLC	2002	13,502	1,234	20	1,234		7,415	9
10	Allocated from Extended Care Consulting, 2201 Main LLC	2003	15,911	1,454	20	1,454		8,739	10
11	Allocated from Extended Care Consulting, 2201 Main LLC	2005	791	84	20	84		285	11
12	Allocated from Extended Care Consulting, 2201 Main LLC	2009	143	7	20	7		7	12
13									13
14									14
15	Allocated from Extended Care Consulting, LLC	2007	165	3	20	3		19	15
16	Allocated from Extended Care Consulting, LLC	2009	99	5	20	5		5	16
17									17
18									18
19	Allocated from Extended Care Clinical, Inc. 2201 Main LLC	2002	1,487	136	20	136		817	19
20	Allocated from Extended Care Clinical, Inc. 2201 Main LLC	2003	1,753	160	20	160		963	20
21	Allocated from Extended Care Clinical, Inc. 2201 Main LLC	2005	87	9	20	9		31	21
22	Allocated from Extended Care Clinical, Inc. 2201 Main LLC	2009	16	1	20	1		1	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 52,099	\$ 3,558		\$ 3,558	\$	\$ 21,675	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 144,152	\$ 19,825	\$ 20,213	\$ 388	10	\$ 100,828	71
72	Current Year Purchases	11,968	298	859	561	10	859	72
73	Fully Depreciated Assets	443,708		18,347	18,347	10	443,708	73
74								74
75	TOTALS	\$ 599,828	\$ 20,123	\$ 39,419	\$ 19,296		\$ 545,395	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		2003 FORD ECONO VAN	2003	\$ 33,833	\$	\$ 4,147	\$ 4,147	5	\$ 31,587	76
77		TRUCK REPAIR	2004	1,083		133	133	5	884	77
78		Alloc. From EC Clinical	2009	2,579	516	516		5	1,519	78
79		Alloc. From ECC & Health System	2009	12,268	326	326		5	11,216	79
80	TOTALS			\$ 49,763	\$ 842	\$ 5,122	\$ 4,280		\$ 45,206	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,369,476	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 179,068	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 160,484	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (18,584)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,835,672	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	<u>Alloc from Ext Care Consulting, LLC</u>			<u>3,467</u>			5
6	<u>Alloc from Care Centers Health Systems</u>			<u>1,288</u>			6
7	TOTAL			\$ <u>4,755</u>			7

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 33,431 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2009 \$ _____

13. _____/2010 \$ _____

14. _____/2011 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	229,347	\$		\$	229,347	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				78,611				78,611	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				326,098				326,098	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					397,988			397,988	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						13,732	250,542			264,274	13
14	TOTAL			\$		\$	647,788	\$	648,530	\$	1,296,318	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 Chateau Nursing & Rehab Center

0046177

Report Period Beginning: 01/01/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 51,634	\$ 2,252,180	1
2	Cash-Patient Deposits	52,613	52,613	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	492,128	492,128	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,098	156,098	6
7	Other Prepaid Expenses	4,980	4,980	7
8	Accounts Receivable (owners or related parties)	828,096	297,942	8
9	Other(specify): <u>See Attached Schedule</u>	996,594	996,594	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,582,143	\$ 4,252,535	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		295,366	13
14	Buildings, at Historical Cost		3,805,411	14
15	Leasehold Improvements, at Historical Cost	395,269	395,269	15
16	Equipment, at Historical Cost	231,069	231,069	16
17	Accumulated Depreciation (book methods)	(315,612)	(1,888,520)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		1,839	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 310,726	\$ 2,840,434	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,892,869	\$ 7,092,969	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 750,629	\$ 750,628	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,377	37,377	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	253,850	253,850	30
31	Accrued Taxes Payable (excluding real estate taxes)	12,472	12,472	31
32	Accrued Real Estate Taxes(Sch.IX-B)	60,333	60,333	32
33	Accrued Interest Payable		40,579	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,114,661	\$ 1,155,239	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,881,421	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)	\$	\$ 4,881,421	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,114,661	\$ 6,036,660	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,778,208	\$ 1,056,309	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,892,869	\$ 7,092,969	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,826,364	1
2	Restatements (describe):		2
3	Pension Expense	50	3
4	Rounding Error	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,826,413	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	236,630	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	(284,835)	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)	\$ (48,205)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,778,208	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning: 01/01/09

Ending: 12/31/09

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,635,358	1
2	Discounts and Allowances for all Levels	(2,690,541)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,944,817	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,247,590	6
7	Oxygen	3,621	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,251,211	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	3,548	13
14	Non-Patient Meals	1,777	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	403,353	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	47,976	19
20	Radiology and X-Ray	4,380	20
21	Other Medical Services	164,507	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 625,541	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	67,008	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 67,008	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	651	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 651	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,889,228	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,532,185	31
32	Health Care	4,120,911	32
33	General Administration	1,965,196	33
B. Capital Expense			
34	Ownership	655,863	34
C. Ancillary Expense			
35	Special Cost Centers	1,296,318	35
36	Provider Participation Fee	82,125	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,652,598	40
41	Income before Income Taxes (line 30 minus line 40)**	236,630	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 236,630	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 **Chateau Nursing & Rehab Center**

0046177

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,195	1,331	\$ 56,663	\$ 42.57	1
2	Assistant Director of Nursing	1,914	2,118	76,632	36.18	2
3	Registered Nurses	19,431	21,099	660,909	31.32	3
4	Licensed Practical Nurses	41,187	46,046	1,211,259	26.31	4
5	CNAs & Orderlies	93,095	102,290	1,225,780	11.98	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,174	11,145	183,717	16.48	8
9	Activity Director	1,872	2,068	33,570	16.23	9
10	Activity Assistants	10,257	11,522	123,564	10.72	10
11	Social Service Workers	9,653	10,449	209,920	20.09	11
12	Dietician	1,727	1,946	31,302	16.09	12
13	Food Service Supervisor	2,256	2,618	50,920	19.45	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,938	6,417	80,638	12.57	15
16	Dishwashers	18,441	20,025	178,985	8.94	16
17	Maintenance Workers	7,773	8,535	137,853	16.15	17
18	Housekeepers	15,514	16,973	153,723	9.06	18
19	Laundry	5,310	5,915	53,474	9.04	19
20	Administrator	2,060	2,220	83,340	37.54	20
21	Assistant Administrator	2,313	2,486	58,305	23.45	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,676	8,482	117,784	13.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,182	2,387	39,325	16.47	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	259,968	286,072	\$ 4,767,663 *	\$ 16.67	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	295	\$ 14,561	01-03	35
36	Medical Director	Monthly	48,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	43	1,924	10-03	38
39	Pharmacist Consultant	Monthly	2,250	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>See Attached</u>		7,274	12-03	47
48	<u>See Attached</u>		40,316	10-03	48
49	TOTAL (lines 35 - 48)	338	\$ 114,326		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Rafi Zimmerman	Administrator		\$ 83,340	Workers' Compensation Insurance	\$ 99,437	IDPH License Fee	\$		
Sandra Erickson	Asst. Administrator		48,324	Unemployment Compensation Insurance	71,621	Advertising: Employee Recruitment	21,771		
Teneshia Austin	Asst. Administrator		9,981	FICA Taxes	363,579	Health Care Worker Background Check			
				Employee Health Insurance	121,608	(Indicate # of checks performed <u>441</u>)	6,263		
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,113		
				Employee Physicals	14,523	Licenses & Fees	1,445		
				Other Employee Benefits	3,539	Alloc from Ext Care Consult.	2,027		
				Holiday Expenses	2,033	Alloc from Ext Care Clinical	8		
						See Supplemental Schedule	60		
						Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 141,645			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 35,687		
(List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)	\$ 676,341				
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Seminar Expense	2,263	
(Attach a copy of any management service agreement)							Inservice Expenses	6,115	
C. Professional Services				TOTAL			Alloc from Ext Care Consult		63
Vendor/Payee	Type		Amount				See Supplemental Schedule	972	
Frost, Ruttenberg & Rothblatt	Accounting		\$ 19,600				Entertainment Expense	()	
Personnel Planners	Unemployment Consultant		3,440				(agree to Sch. V, line 24, col. 8)		
See Attached	Legal		12,395				TOTAL	\$ 9,413	
Extended Care Consult	Home Office Expenses		291,851						
Extended Care Clinical	Home Office Expenses		82,803						
ADP	Payroll Services		2,034						
Paycor	Payroll Services		12,254						
Ehealth Data Solutions	Computer Services		3,180						
National Datacare Corporation	Data Processing		1,775						
Marietta Brennan	Typing Services		695						
Chad Courneya	Medicare Consultant		119						
See Supplemental Schedule			16,197						
TOTAL (agree to Schedule V, line 19, column 3)			\$ 446,343						
(If total legal fees exceed \$5,000, attach copy of invoices.)									

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nursing & Rehab Center

0046177

Report Period Beginning: 01/01/09

Ending: 12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 68,101 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 82,125
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.