

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193 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	<u>101</u>	Skilled (SNF)	<u>101</u>	<u>36,865</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>101</u>	TOTALS	<u>101</u>	<u>36,865</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>20,835</u>	<u>6,180</u>	<u>5,071</u>	<u>32,086</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>20,835</u>	<u>6,180</u>	<u>5,071</u>	<u>32,086</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.04%

D. How many bed-hold days during this year were paid by the Department? 43 (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 2/01/2003

J. Was the facility purchased or leased after January 1, 1978?
YES Date 2/01/2003 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 101 and days of care provided 4,709

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: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center # 0046193 Report Period Beginning: 01/01/09 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	267,499	32,220	11,937	311,656		311,656	(2,755)	308,901		1
2	Food Purchase		177,985		177,985		177,985	(3,827)	174,158		2
3	Housekeeping	98,912	32,326		131,238		131,238	(2,215)	129,023		3
4	Laundry	64,433	17,589		82,022		82,022	(338)	81,684		4
5	Heat and Other Utilities			115,442	115,442		115,442	1,492	116,934		5
6	Maintenance	108,368		132,117	240,485		240,485	9,446	249,931		6
7	Other (specify):*							1,308	1,308		7
8	TOTAL General Services	539,212	260,120	259,496	1,058,828		1,058,828	3,111	1,061,939		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	1,828,068	131,551	7,667	1,967,286		1,967,286	9,967	1,977,253		10
10a	Therapy	147,804		4,320	152,124		152,124	1,072	153,196		10a
11	Activities	126,376	13,654		140,030		140,030		140,030		11
12	Social Services	103,976	315	4,616	108,907		108,907	5,769	114,676		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							4,739	4,739		15
16	TOTAL Health Care and Programs	2,206,224	145,520	34,603	2,386,347		2,386,347	21,547	2,407,894		16
	C. General Administration										
17	Administrative	80,532			80,532		80,532	33,236	113,768		17
18	Directors Fees										18
19	Professional Services			306,617	306,617		306,617	(251,821)	54,796		19
20	Dues, Fees, Subscriptions & Promotions			22,760	22,760		22,760	(9,653)	13,107		20
21	Clerical & General Office Expenses	108,684	18,448	242,127	369,259		369,259	(75,320)	293,939		21
22	Employee Benefits & Payroll Taxes			506,227	506,227		506,227	(5,055)	501,172		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,684	6,684		6,684	672	7,356		24
25	Other Admin. Staff Transportation			4,309	4,309		4,309	297	4,606		25
26	Insurance-Prop.Liab.Malpractice			100,460	100,460		100,460	768	101,228		26
27	Other (specify):*							19,813	19,813		27
28	TOTAL General Administration	189,216	18,448	1,189,184	1,396,848		1,396,848	(287,063)	1,109,785		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,934,652	424,088	1,483,283	4,842,023		4,842,023	(262,406)	4,579,617		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			44,844	44,844		44,844	50,434	95,278			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			65,703	65,703		65,703	96,186	161,889			32
33	Real Estate Taxes			244,822	244,822		244,822	1,440	246,262			33
34	Rent-Facility & Grounds			344,266	344,266		344,266	(328,948)	15,318			34
35	Rent-Equipment & Vehicles			6,399	6,399		6,399	1,597	7,996			35
36	Other (specify):*											36
37	TOTAL Ownership			706,034	706,034		706,034	(179,291)	526,743			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		276,098	510,839	786,937		786,937	(22,936)	764,001			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			55,298	55,298		55,298		55,298			42
43	Other (specify):*			171	171		171	(171)	(0)			43
44	TOTAL Special Cost Centers		276,098	566,308	842,406		842,406	(23,107)	819,299			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,934,652	700,186	2,755,625	6,390,463		6,390,463	(464,804)	5,925,659			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				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	(10,197)	30		9
10	Interest and Other Investment Income	(9,856)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(338)	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	(3,333)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(55,082)	21		24
25	Fund Raising, Advertising and Promotional	(10,752)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(134,961)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (224,519)		\$	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)	(240,285)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (240,285)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (464,804)		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

Ridgeland Nursing & Rehab Center

ID# 0046193

Report Period Beginning: 01/01/09

Ending: 12/31/09

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Jury Duty	\$ (52)	10	1
2	Theft Loss	(321)	21	2
3	Collections Expense	(1,156)	21	3
4	Non Allowable Professional Fees	(171)	43	4
5	Secretary of State - Annual Report	(250)	20	5
6	Prior Period Food	(3,840)	02	6
7	Building Co. - Office Expenses	(624)	21	7
8	Building Co. - Accounting Fees	(900)	19	8
9	Builing Co. - Amortization	(16,697)	36	9
10	Non Allowable Legal Expenses	(2,453)	19	10
11	Additional R&M	767	06	11
12	Other Income - Copying Costs	(149)	21	12
13	Non-Allowable Consulting Fees	(85,836)	21	13
14	Real Estate Tax Penalty	(23,278)	21	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	(134,961)		49

Ridgeland Nursing & Rehab Center

ID# 0046193

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 Ridgeland Nursing & Rehab Center# 0046193

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			158		2,740	(5)			(5,648)			(2,755)	1
2	Food Purchase	(4,178)		351									(3,827)	2
3	Housekeeping			328		36	(2,579)						(2,215)	3
4	Laundry						(338)						(338)	4
5	Heat and Other Utilities			1,344		86				62			1,492	5
6	Maintenance	767		2,086	5,111	11			1,423	48			9,446	6
7	Other (specify):*				911	397							1,308	7
8	TOTAL General Services	(3,411)		4,267	6,022	3,270	(2,922)		1,423	(5,538)			3,111	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(52)				18,651	(8,632)						9,967	10
10a	Therapy					1,072							1,072	10a
11	Activities													11
12	Social Services					5,769							5,769	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					4,739							4,739	15
16	TOTAL Health Care and Programs	(52)				30,231	(8,632)						21,547	16
	C. General Administration													
17	Administrative			1,539	5,580	24,329				1,788			33,236	17
18	Directors Fees													18
19	Professional Services	(3,353)	900	(194,508)		(55,005)			78	67			(251,821)	19
20	Fees, Subscriptions & Promotions	(11,002)		1,317		5				27			(9,653)	20
21	Clerical & General Office Expenses	(169,779)	624	10,780	83,924	5,455			(8,489)	2,165			(75,320)	21
22	Employee Benefits & Payroll Taxes				(2,686)	(2,131)	(238)						(5,055)	22
23	Inservice Training & Education													23
24	Travel and Seminar			41		631							672	24
25	Other Admin. Staff Transportation			240					6	51			297	25
26	Insurance-Prop.Liab.Malpractice			529		31			81	127			768	26
27	Other (specify):*				14,806	4,227				780			19,813	27
28	TOTAL General Administration	(184,134)	1,524	(180,062)	101,624	(22,458)	(238)		(8,324)	5,005			(287,063)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(187,598)	1,524	(175,795)	107,646	11,043	(11,792)		(6,901)	(533)			(262,406)	29

STATE OF ILLINOIS

Summary B

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

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)	
	D. Ownership													
30	Depreciation	(10,197)	46,497	2,694		597			10,712	131			50,434	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(9,856)	57,339	39,604		7,208			1,891				96,186	32
33	Real Estate Taxes			1,299		141							1,440	33
34	Rent-Facility & Grounds		(331,785)	2,253						584			(328,948)	34
35	Rent-Equipment & Vehicles			1,591						6			1,597	35
36	Other (specify):*	(16,697)	16,697											36
37	TOTAL Ownership	(36,750)	(211,252)	47,441		7,946			12,603	721			(179,291)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(6,416)		(14,465)	(2,055)			(22,936)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(171)											(171)	43
44	TOTAL Special Cost Centers	(171)					(6,416)		(14,465)	(2,055)			(23,107)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(224,519)	(209,728)	(128,354)	107,646	18,989	(18,208)		(8,763)	(1,867)			(464,804)	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		
				Ridgeland Property, LLC		Building Company

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 331,785	Ridgeland Property, LLC	100.00%	\$	\$	(331,785) 1
2	V	32 Interest Income-Lakewood	191,017					(191,017) 2
3	V	32 Interest Expense-LaSalle				248,356		248,356 3
4	V	19 Accounting Fees				900		900 4
5	V	21 Bank Charges				274		274 5
6	V	21 Filing Fees				250		250 6
7	V	21 State Replacement Tax				100		100 7
8	V	30 Depreciation				46,497		46,497 8
9	V	36 Amortization				16,697		16,697 9
10	V							
11	V							
12	V							
13	V							
14	Total		\$ 522,802			\$ 313,074	\$ *	(209,728) 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%	\$ 158	\$	158	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	351		351	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	328		328	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	1,344		1,344	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	2,086		2,086	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	1,539		1,539	20
21	V	19 Professional Fees	201,165	Extended Care Consulting, LLC	100.00%	6,657		(194,508)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	1,317		1,317	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	10,780		10,780	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	41		41	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	240		240	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	529		529	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	2,694		2,694	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	39,604		39,604	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	1,299		1,299	29
30	V	34 Rent - Building		Extended Care Consulting, LLC	100.00%	2,253		2,253	30
31	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	1,591		1,591	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 201,165			\$ 72,811	\$ *	(128,354)	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%	5,111	\$	5,111	15
16	V	06 Maintenance (Direct)	1,034	Extended Care Consulting, LLC	100.00%	1,034			16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	874		874	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	37		37	18
19	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	5,580		5,580	19
20	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	83,924		83,924	20
21	V	21 Office and Clerical (Direct)	12,397	Extended Care Consulting, LLC	100.00%	12,397			21
22	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	14,359		14,359	22
23	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	447		447	23
24	V	22 Employee Benefits	2,686	Extended Care Consulting, LLC	100.00%			(2,686)	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		\$ 16,117			\$ 123,763	\$ *	107,646	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%	\$ 36	\$	36	15
16	V	05 Utilities		Extended Care Clinical, LLC	100.00%	86		86	16
17	V	06 Maintenance		Extended Care Clinical, LLC	100.00%	11		11	17
18	V	19 Professional Fees	55,754	Extended Care Clinical, LLC	100.00%	749		(55,005)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	5		5	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC	100.00%	636		636	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC	100.00%	631		631	21
22	V	26 Insurance		Extended Care Clinical, LLC	100.00%	31		31	22
23	V	30 Depreciation		Extended Care Clinical, LLC	100.00%	597		597	23
24	V	32 Interest		Extended Care Clinical, LLC	100.00%	7,208		7,208	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC	100.00%	141		141	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC	100.00%	2,740		2,740	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	397		397	27
28	V	10 Nursing Salary	6,040	Extended Care Clinical, LLC	100.00%	24,691		18,651	28
29	V	10a Rehab Salary		Extended Care Clinical, LLC	100.00%	1,072		1,072	29
30	V	12 Social Service Salary	4,616	Extended Care Clinical, LLC	100.00%	10,385		5,769	30
31	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	4,739		4,739	31
32	V	17 Administration Salary		Extended Care Clinical, LLC	100.00%	24,329		24,329	32
33	V	21 Office Salary		Extended Care Clinical, LLC	100.00%	4,819		4,819	33
34	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	4,227		4,227	34
35	V	22 Employee Benefits	2,131	Extended Care Clinical, LLC	100.00%			(2,131)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 68,541			\$ 87,530	\$ *	18,989	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	\$ 57	Xcel Supply, LLC	100.00%	\$ 51	\$ (5)
16	V	3 Housekeeping	28,083	Xcel Supply, LLC	100.00%	25,504	(2,579)
17	V	4 Laundry	3,680	Xcel Supply, LLC	100.00%	3,342	(338)
18	V	6 Repairs & Maintenance		Xcel Supply, LLC	100.00%		
19	V	10 Nursing	94,000	Xcel Supply, LLC	100.00%	85,368	(8,632)
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	2,592	Xcel Supply, LLC	100.00%	2,354	(238)
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%		
26	V	39 Ancillary	69,865	Xcel Supply, LLC	100.00%	63,449	(6,416)
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		\$ 198,278			\$ 180,069	\$ * (18,208)

* 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%	\$ 154,624	\$ 154,624	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	154,624	CCS Employee Benefits Group	100.00%		(154,624)	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		\$ 154,624			\$ 154,624	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06 Repairs	\$	Vent Lease, LLC.	100.00%	\$ 1,423	\$	1,423	15
16	V	19 Professional Fees		Vent Lease, LLC.	100.00%	78		78	16
17	V	21 Office and Clerical		Vent Lease, LLC.	100.00%	121		121	17
18	V	25 Auto Expense / Travel		Vent Lease, LLC.	100.00%	6		6	18
19	V	26 Insurance		Vent Lease, LLC.	100.00%	81		81	19
20	V	30 Depreciation		Vent Lease, LLC.	100.00%	3,704		3,704	20
21	V	32 Interest		Vent Lease, LLC.	100.00%	624		624	21
22	V	30 Depreciation - Matrix		Vent Lease, LLC.	100.00%	7,008		7,008	22
23	V	32 Interest - Matrix		Vent Lease, LLC.	100.00%	1,267		1,267	23
24	V	21 Office and Clerical	8,610	Vent Lease, LLC.	100.00%			(8,610)	24
25	V	39 Ancillary	14,465	Vent Lease, LLC.	100.00%			(14,465)	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		\$ 23,075			\$ 14,312	\$ *	(8,763)	39

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/09 Ending: 12/31/09

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%	\$ 823	\$	823	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%	62		62	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	48		48	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	67		67	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	27		27	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	339		339	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	51		51	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	127		127	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	131		131	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%	584		584	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	6		6	28
29	V	01 Dietary	10,770	Care Centers Health Systems, Inc.	100.00%	4,299		(6,471)	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	3,420	Care Centers Health Systems, Inc.	100.00%	1,365		(2,055)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	1,788		1,788	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	1,826		1,826	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	780		780	38
39	Total		\$ 14,190			\$ 12,323	\$ *	(1,867)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

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

Ridgeland Nursing & Rehab Center

0046193

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	Owner	Administrative	1.00%	See Attached	0.70	2.33%		\$		1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.28	2.33%	Alloc. Salary	3,883	17-7	2
3	Adam Vales	Relative	Clerical	N/A	See Attached	0.90	2.25%	Alloc. Salary	1,622	22-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,505		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

Report Period Beginning:

01/01/09

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 Ridgeland Nursing & Rehab Center

0046193

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	\$	32,086	\$ 158	1
2	02	Food	Patient Days	30	15,058		32,086	351	2
3	03	Housekeeping	Patient Days	30	14,059		32,086	328	3
4	05	Utilities	Patient Days	30	57,646		32,086	1,344	4
5	06	Maintenance	Patient Days	30	89,465		32,086	2,086	5
6	17	Administrative	Patient Days	30	66,000		32,086	1,539	6
7	19	Professional Fees	Patient Days	30	285,482		32,086	6,657	7
8	20	Dues and Subscriptions	Patient Days	30	56,488		32,086	1,317	8
9	21	Office and Clerical	Patient Days	30	462,313		32,086	10,780	9
10	24	Seminar and Travel	Patient Days	30	1,768		32,086	41	10
11	25	Other Staff Admin. Trans.	Patient Days	30	10,309		32,086	240	11
12	26	Insurance	Patient Days	30	22,668		32,086	529	12
13	30	Depreciation	Patient Days	30	115,549		32,086	2,694	13
14	32	Interest	Patient Days	30	1,698,489		32,086	39,604	14
15	33	Real Estate Taxes	Patient Days	30	55,709		32,086	1,299	15
16	34	Rent - Building	Patient Days	30	96,636		32,086	2,253	16
17	35	Rent - Equipment & Auto	Patient Days	30	68,244		32,086	1,591	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,122,653	\$		\$ 72,811	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	30	219,177	219,177	32,086	5,111	1
2	06	Maintenance (Direct)	Direct	30	82,905	82,905		1,034	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	30	37,501		32,086	874	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct	30	8,464	8,464		37	4
5	17	Administrative (Pooled)	Patient Days	30	239,303	239,303	32,086	5,580	5
6	21	Office and Clerical (Pooled)	Patient Days	30	3,599,211	3,599,211	32,086	83,924	6
7	21	Office and Clerical (Direct)	Direct	30	654,174			12,397	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	30	615,819	615,819	32,086	14,359	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct	30	73,650	73,650	32,086	447	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		\$ 123,763	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	\$ 32,086	\$ 36	1
2	05	Utilities	Patient Days	1,376,056	30	3,693	32,086	86	2
3	06	Maintenance	Patient Days	1,376,056	30	477	32,086	11	3
4	19	Professional Fees	Patient Days	1,376,056	30	32,105	32,086	749	4
5	20	Dues and Subscriptions	Patient Days	1,376,056	30	213	32,086	5	5
6	21	Office & Clerical	Patient Days	1,376,056	30	27,296	32,086	636	6
7	24	Travel and Seminar	Patient Days	1,376,056	30	27,079	32,086	631	7
8	26	Insurance	Patient Days	1,376,056	30	1,342	32,086	31	8
9	30	Depreciation	Patient Days	1,376,056	30	25,586	32,086	597	9
10	32	Interest	Patient Days	1,376,056	30	309,136	32,086	7,208	10
11	33	Real Estate Taxes	Patient Days	1,376,056	30	6,053	32,086	141	11
12	01	Dietary Salary	Patient Days	1,376,056	30	117,506	32,086	2,740	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,376,056	30	17,040	32,086	397	13
14	10	Nursing Salary	Patient Days	1,376,056	30	799,889	32,086	18,651	14
15	10a	Rehab Salary	Patient Days	1,376,056	30	45,993	32,086	1,072	15
16	12	Social Service Salary	Patient Days	1,376,056	30	247,396	32,086	5,769	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,376,056	30	158,537	32,086	3,697	17
18	17	Administration Salary	Patient Days	1,376,056	30	1,043,375	32,086	24,329	18
19	21	Office Salary	Patient Days	1,376,056	30	206,680	32,086	4,819	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,376,056	30	181,271	32,086	4,227	20
21	10	Nursing Salary	Direct Allocation			494,488	32,086	6,040	21
22	12	Social Service Salary	Direct Allocation			196,033		4,616	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			82,560		1,042	23
24									24
25	TOTALS					\$ 4,025,296	\$ 3,151,360	\$ 87,530	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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	1	Dietary	Direct Allocation		\$	\$		\$ 51	1
2	3	Housekeeping	Direct Allocation					25,504	2
3	4	Laundry	Direct Allocation					3,342	3
4	6	Repairs & Maintenance	Direct Allocation						4
5	10	Nursing	Direct Allocation					85,368	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					2,354	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					63,449	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				\$	\$		\$ 180,069	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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		\$	\$		\$ 154,624	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				\$	\$		\$ 154,624	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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	\$ 14,465	\$ 1,423	1
2	19	Professional Fees	Direct Billing	821,185	26	4,427	14,465	78	2
3	21	Office and Clerical	Direct Billing	821,185	26	6,852	14,465	121	3
4	25	Auto Expense / Travel	Direct Billing	821,185	26	356	14,465	6	4
5	26	Insurance	Direct Billing	821,185	26	4,573	14,465	81	5
6	30	Depreciation	Direct Billing	821,185	26	218,810	14,465	3,704	6
7	32	Interest	Direct Billing	821,185	26	35,420	14,465	624	7
8	30	Depreciation - Matrix	Patient Days	1,376,056	30	300,546	32,086	7,008	8
9	32	Interest - Matrix	Patient Days	1,376,056	30	54,323	32,086	1,267	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	\$	\$ 14,312	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1		Dietary	Gross Billable Income	3,421,940	26	72,652	38,785	823	1	
2	03	Housekeeping	Gross Billable Income	3,421,940	26		38,785		2	
3	05	Heat and Other Utilities	Gross Billable Income	3,421,940	26	5,507	38,785	62	3	
4	06	Maintenance	Gross Billable Income	3,421,940	26	4,211	38,785	48	4	
5	19	Professional Fees	Gross Billable Income	3,421,940	26	5,880	38,785	67	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	3,421,940	26	2,401	38,785	27	6	
7	21	Clerical and General Office	Gross Billable Income	3,421,940	26	29,869	38,785	339	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	3,421,940	26	4,509	38,785	51	8	
9	26	Insurance	Gross Billable Income	3,421,940	26	11,210	38,785	127	9	
10	30	Depreciation	Gross Billable Income	3,421,940	26	11,528	38,785	131	10	
11	32	Interest	Gross Billable Income	3,421,940	26		38,785		11	
12	33	Real Estate Taxes	Gross Billable Income	3,421,940	26		38,785		12	
13	34	Rent - Building	Gross Billable Income	3,421,940	26	51,522	38,785	584	13	
14	35	Rent - Equipment	Gross Billable Income	3,421,940	26	547	38,785	6	14	
15	01	Dietary	Direct Billable Income	206,522	26	82,445	10,770	4,299	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	3,420	1,365	21	
22	17	Administrative	Gross Billable Income	3,421,940	26	157,769	157,769	38,785	1,788	22
23	21	Clerical and General Office	Gross Billable Income	3,421,940	26	161,081	161,081	38,785	1,826	23
24	27	Employee Benefits	Gross Billable Income	3,421,940	26	68,860	38,785	780	24	
25	TOTALS					\$ 1,953,599	\$ 318,850	\$ 12,323	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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 Ridgeland Nursing & Rehab Center

0046193

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

Ridgeland Nursing & Rehab Center

0046193

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										1									
2	National City	X	Mortgage			2,696,282			248,356	2									
3										3									
4										4									
5	See Supplemental Schedule									5									
Working Capital																			
6	La Salle Bank	X	Line of Credit			1,481,298			65,703	6									
7	Allocated from ECC	X							39,604	7									
8	See Supplemental Schedule								9,099	8									
9	TOTAL Facility Related					\$ 4,177,580			\$ 362,762	9									
B. Non-Facility Related*																			
10	Interest Income	X							(9,856)	10									
11	Interest Income - Bldg. Co.	X							(191,017)	11									
12										12									
13	See Supplemental Schedule									13									
14	TOTAL Non-Facility Related					\$	\$		\$ (200,873)	14									
15	TOTALS (line 9+line14)					\$ 4,177,580			\$ 161,889	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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

Ridgeland Nursing & Rehab Center

0046193

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	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1										1									
2										2									
3										3									
4										4									
5										5									
6										6									
7	TOTAL Long-Term									7									
Working Capital																			
8	Allocated from CC Clinical		X							\$ 7,208									
9	Allocated from Vent Lease		X							\$ 1,891									
10										10									
11										11									
12										12									
13										13									
14	TOTAL Working Capital									\$ 9,099									
B. Non-Facility Related*																			
15										15									
16										16									
17										17									
18										18									
19										19									
20	TOTAL Non-Facility Related									20									

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

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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	197,141	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	217,032	2
3. Under or (over) accrual (line 2 minus line 1).		\$	19,891	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	226,371	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	246,262	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2004	166,852	8	
	2005	176,464	9	
	2006	182,874	10	
	2007	187,752	11	
	2008	215,592	12	
2009 Accrual: \$215,591 x 1.05 = \$226,371				
Beginning Accrual was adjusted for the payment of the 2nd installment of 2007 taxes paid in 2009.				
Allocated from Extended Care Consulting = \$1,299				
Allocated from Extended Care Clinical = \$141				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 24,446 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2003</u>	<u>\$ 174,831</u>	<u>1</u>
2	<u>Allocated from EC Consult 2201/Clinical 2201</u>			<u>8,557</u>	<u>2</u>
3	TOTALS			\$ 183,388	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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		42,541		20	2,164	2,164	28,448	9
10	Various		2004		21,103		20	1,387	1,387	12,993	10
11	Various		2005		8,531		20	427	427	2,111	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)	1,998,654	46,497		51,248	4,751	965,115	67
68	Related Party Allocations (Pages 12H & 12I)	33,859	2,313		2,313		14,087	68
69	Financial Statement Depreciation		40,208			(40,208)		69
70	TOTAL (lines 4 thru 69)	\$ 2,104,688	\$ 89,018		\$ 57,539	\$ (31,479)	\$ 1,022,754	70

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,104,688	\$ 89,018		\$ 57,539	\$ (31,479)	\$ 1,022,754	1
2	<u>Seco Refrigeration - Replaced Heat Exchanger</u>	2006	7,680		20	512	512	1,920	2
3	<u>Simplex Grinnell - Nurse Call</u>	2006	9,234		20	462	462	1,654	3
4	<u>Sg Supply Co. Inv S1780868 - Water Heater</u>	2006	7,269		20	606	606	2,070	4
5	<u>Sun Ray Heating Invoice 6908 - Labor & Material To Install Guar</u>	2006	3,000		20	250	250	813	5
6	<u>Remodel Shower Room</u>	2007	3,500		20	175	175	525	6
7	<u>Remodel Shower Room</u>	2007	9,500		20	475	475	1,385	7
8	<u>Removed Old Wallpaper</u>	2007	5,250		20			5,250	8
9	<u>Fire Service</u>	2007	3,378		20	483	483	1,166	9
10	<u>Beauty Shop Cabinets</u>	2007	7,900		20	395	395	856	10
11	<u>Remodel Shower Rooms</u>	2008	8,750		20	438	438	875	11
12	<u>Painting (Transfer From Home Office)</u>	2008	8,157		20	408	408	680	12
13	<u>Painting (Transfer From Home Office)</u>	2008	6,534		20	327	327	517	13
14	<u>Mixing Valve</u>	2009	2,726		20	500	500	500	14
15	<u>Painting</u>	2009	8,389		20	6,292	6,292	6,292	15
16	<u>Painting</u>	2009	27,224		20	8,352	8,352	8,352	16
17	<u>Tile Flooring</u>	2009	30,427		20	507	507	507	17
18	<u>Painting</u>	2009	2,826		20	141	141	141	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	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	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		\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	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	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		\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	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	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		\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 2,256,432	\$ 89,018		\$ 77,862	\$ (11,156)	\$ 1,056,257	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								1
2	Buildings:								2
3		1985	1,998,654	46,497	39	51,248	4,751	965,115	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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									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)		\$ 1,998,654	\$ 46,497		\$ 51,248	\$ 4,751	\$ 965,115	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	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	Related Party Information		\$	\$		\$	\$		1
2	Buildings:								2
3	<u>Allocated from Extended Care Consulting 2201 Main LLC</u>	2002	10,622	272	39	272		1,986	3
4	<u>Allocated from Extended Care Clinical 2201 Main LLC</u>	2002	1,170	30	39	30		219	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Extended Care Consulting</u>	2007	107	2	20	2		13	9
10	<u>Allocated from Extended Care Consulting</u>	2009	64	3	20	3		3	10
11	<u>Allocated from Extended Care Consulting 2201 Main LLC</u>	2002	8,775	802	20	802		4,819	11
12	<u>Allocated from Extended Care Consulting 2201 Main LLC</u>	2003	10,341	945	20	945		5,679	12
13	<u>Allocated from Extended Care Consulting 2201 Main LLC</u>	2005	514	55	20	55		185	13
14	<u>Allocated from Extended Care Consulting 2201 Main LLC</u>	2009	93	5	20	5		5	14
15	<u>Allocated from Extended Care Clinical 2201 Main LLC</u>	2002	967	88	20	88		531	15
16	<u>Allocated from Extended Care Clinical 2201 Main LLC</u>	2003	1,139	104	20	104		626	16
17	<u>Allocated from Extended Care Clinical 2201 Main LLC</u>	2005	57	6	20	6		20	17
18	<u>Allocated from Extended Care Clinical 2201 Main LLC</u>	2009	10	1	20	1		1	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.

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

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)		\$ 33,859	\$ 2,313		\$ 2,313	\$ 14,087	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Ridgeland Nursing & Rehab Center

0046193

Report Period Beginning:

01/01/09

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	\$ 192,352	\$ 14,917	\$ 15,908	\$ 991	10	\$ 174,816	71
72	Current Year Purchases	9,881	1,021	989	(32)	10	989	72
73	Fully Depreciated Assets	84,322				10	84,322	73
74								74
75	TOTALS	\$ 286,555	\$ 15,938	\$ 16,897	\$ 959		\$ 260,127	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Extended Care Cc	2009	\$ 7,497	\$ 117	\$ 117	\$	5	\$ 234	76
77		Allocated from Extended Care Cl	2009	1,676	335	335		5	987	77
78		Allocated from Care Centers Hea	2009	332	67	67		5	100	78
79										79
80	TOTALS			\$ 9,505	\$ 519	\$ 519	\$		\$ 1,321	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,735,880	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 105,475	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 95,278	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (10,197)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,317,705	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			\$			3
4	Additions	<u>Storage Rental/Parking Lot</u>		<u>12,481</u>			4
5		<u>Allocated from Extended Care Consulting</u>		<u>2,253</u>			5
6		<u>Allocated from Care Centers Health Systems, Inc.</u>		<u>584</u>			6
7	TOTAL			\$ <u>15,318</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 N/A.

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 7,996 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				\$ 212,243				\$ 212,243	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				81,651				81,651	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				191,620				191,620	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					170,170			170,170	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						25,325	105,928			131,253	13
14	TOTAL				\$		\$ 510,839	\$ 276,098			\$ 786,937	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

0046193

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	\$ 22,230	\$ 45,865	1
2	Cash-Patient Deposits	38,251	38,251	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	172,893	172,893	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	84,886	84,886	6
7	Other Prepaid Expenses	5,925	5,925	7
8	Accounts Receivable (owners or related parties)	203,068	3,090,174	8
9	Other(specify): See Attached Schedule	6,583	6,583	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 533,836	\$ 3,444,577	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		174,831	13
14	Buildings, at Historical Cost		2,132,583	14
15	Leasehold Improvements, at Historical Cost	199,099	199,099	15
16	Equipment, at Historical Cost	99,843	99,843	16
17	Accumulated Depreciation (book methods)	(153,402)	(1,118,517)	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): See Attached Schedule		16,159	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 145,540	\$ 1,503,998	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 679,376	\$ 4,948,575	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 360,867	\$ 360,866	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,095	28,095	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	82,887	82,887	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,348	3,348	31
32	Accrued Real Estate Taxes(Sch.IX-B)	226,371	226,371	32
33	Accrued Interest Payable		7,778	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	112,446	1,187,141	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 814,014	\$ 1,896,486	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,481,298	1,481,298	39
40	Mortgage Payable		2,696,282	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,481,298	\$ 4,177,580	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,295,312	\$ 6,074,066	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,615,936)	\$ (1,125,491)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 679,376	\$ 4,948,575	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,631,579)	1
2	Restatements (describe):		2
3	Dividends	240,849	3
4	Consulting Fees/Revenue Adjustment	101,596	4
5	Pension Expense/Rounding	427	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,288,707)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(135,440)	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	(191,789)	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)	\$ (327,229)	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)	\$ (1,615,936)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Ridgeland Nursing & Rehab Center# 0046193Report Period Beginning: 01/01/09Ending: 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	\$ 6,105,147	1
2	Discounts and Allowances for all Levels	(1,944,611)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,160,536	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,827,954	6
7	Oxygen	1,384	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,829,338	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	175,754	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	26,775	19
20	Radiology and X-Ray	1,080	20
21	Other Medical Services	49,593	21
22	Laundry	1,890	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 255,092	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,856	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,856	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	201	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 201	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,255,023	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,058,828	31
32	Health Care	2,386,347	32
33	General Administration	1,396,848	33
B. Capital Expense			
34	Ownership	706,034	34
C. Ancillary Expense			
35	Special Cost Centers	787,108	35
36	Provider Participation Fee	55,298	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,390,463	40
41	Income before Income Taxes (line 30 minus line 40)**	(135,440)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (135,440)	43

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

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

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

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

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

0046193

Report Period Beginning:

01/01/09

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	1,842	2,102	\$ 83,345	\$ 39.65	1
2	Assistant Director of Nursing	1,574	1,836	58,791	32.02	2
3	Registered Nurses	5,932	6,774	197,111	29.10	3
4	Licensed Practical Nurses	27,399	30,320	715,512	23.60	4
5	CNAs & Orderlies	61,251	66,892	745,869	11.15	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,748	10,351	147,804	14.28	8
9	Activity Director	1,535	1,751	24,810	14.17	9
10	Activity Assistants	10,053	11,324	101,566	8.97	10
11	Social Service Workers	4,881	5,449	103,976	19.08	11
12	Dietician					12
13	Food Service Supervisor	1,971	2,241	45,341	20.23	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,586	6,287	101,573	16.16	15
16	Dishwashers	11,012	12,064	120,585	10.00	16
17	Maintenance Workers	5,894	6,504	108,368	16.66	17
18	Housekeepers	10,930	12,011	98,912	8.24	18
19	Laundry	3,467	3,805	64,433	16.93	19
20	Administrator	1,942	2,160	80,532	37.28	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,123	7,509	108,684	14.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,971	2,182	27,440	12.58	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	174,111	191,562	\$ 2,934,652 *	\$ 15.32	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	259	\$ 11,937	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,389	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) <u>Therapy Service</u>	85	4,320	10a-03	46
47	<u>Dental Consultant</u>	Monthly	238	10-03	47
48	<u>See Attached</u>				48
49	TOTAL (lines 35 - 48)	344	\$ 35,884		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	
Daniel Elkaim	Administrator		\$ 80,532	Workers' Compensation Insurance	\$ 121,262	IDPH License Fee	\$	
				Unemployment Compensation Insurance	55,910	Advertising: Employee Recruitment	6,667	
				FICA Taxes	224,484	Health Care Worker Background Check		
				Employee Health Insurance	83,955	(Indicate # of checks performed <u>110</u>)	2,429	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		License & Fees	1,866	
				Employee Physicals	8,766	Dues & Subscriptions	796	
				Holiday Expense	1,534	Advertising & Promotion	10,752	
				Other Employee Welfare	5,262	Alloc. from Extended Care Consulting	1,317	
						See Supplemental Schedule	32	
						Less: Public Relations Expense	()	
						Non-allowable advertising	(10,752)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 80,532	TOTAL (agree to Schedule V, line 22, col.8)	\$ 501,172	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 13,107	
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) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Seminar Expense	6,684
							Alloc. From Extended Care Consulting	41
							Alloc. From Extended Care Clinical	631
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 306,616				TOTAL	\$ 7,356

* 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
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
FY2006					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
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18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

