

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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 _____

	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	101	Skilled (SNF)	101	36,865	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	101	TOTALS	101	36,865	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	339	188	5,424	5,951	8
9	SNF/PED					9
10	ICF	15,213	14,041	90	29,344	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,552	14,229	5,514	35,295	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.74%

D. How many bed-hold days during this year were paid by the Department? None (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)

Outpatient Therapy

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 04/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES Date 04/01/1994 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 101 and days of care provided 5,419

Medicare Intermediary Pinnacle Medicare Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center # 0039339 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	223,813	30,355	7,457	261,625		261,625		261,625		1
2	Food Purchase		218,217		218,217		218,217	(1,324)	216,893		2
3	Housekeeping	112,127	19,208		131,335		131,335		131,335		3
4	Laundry	100,049	19,768		119,817		119,817		119,817		4
5	Heat and Other Utilities			129,803	129,803		129,803		129,803		5
6	Maintenance	57,135	19,230	26,077	102,442		102,442	553	102,995		6
7	Other (specify):* Waste Removal			6,732	6,732		6,732	(236)	6,496		7
8	TOTAL General Services	493,124	306,778	170,069	969,971		969,971	(1,007)	968,964		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600		9,600		9
10	Nursing and Medical Records	1,561,937	128,079	47,356	1,737,372	(3,325)	1,734,047	(74)	1,733,973		10
10a	Therapy	21,321	6,367	747,632	775,320		775,320	(26,920)	748,400		10a
11	Activities	55,696	4,532	5,068	65,296	396	65,692		65,692		11
12	Social Services	62,385	104	1,383	63,872		63,872		63,872		12
13	CNA Training			3,190	3,190	2,928	6,118	(300)	5,818		13
14	Program Transportation		6,279		6,279		6,279		6,279		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,701,339	145,361	814,229	2,660,929	(1)	2,660,928	(27,294)	2,633,634		16
	C. General Administration										
17	Administrative	94,669	7,930	554,933	657,532	(1,640)	655,892	(364,727)	291,165		17
18	Directors Fees			60,000	60,000		60,000	(60,000)			18
19	Professional Services			110,031	110,031	1,454	111,485	(72,039)	39,446		19
20	Dues, Fees, Subscriptions & Promotions			36,085	36,085		36,085	(17,347)	18,738		20
21	Clerical & General Office Expenses	48,020	22,015	55,636	125,671	18	125,689	37,313	163,002		21
22	Employee Benefits & Payroll Taxes			313,296	313,296		313,296	11,260	324,556		22
23	Inservice Training & Education										23
24	Travel and Seminar			23,027	23,027	169	23,196	(2,124)	21,072		24
25	Other Admin. Staff Transportation							1,077	1,077		25
26	Insurance-Prop.Liab.Malpractice			56,296	56,296		56,296	1,508	57,804		26
27	Other (specify):*										27
28	TOTAL General Administration	142,689	29,945	1,209,304	1,381,938	1	1,381,939	(465,079)	916,860		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,337,152	482,084	2,193,602	5,012,838		5,012,838	(493,380)	4,519,458		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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			220,278	220,278		220,278	4,776	225,054			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			213,096	213,096		213,096	(7,095)	206,001			32
33	Real Estate Taxes			55,479	55,479		55,479		55,479			33
34	Rent-Facility & Grounds							12,517	12,517			34
35	Rent-Equipment & Vehicles			5,361	5,361		5,361	2,211	7,572			35
36	Other (specify):* Mortgage Ins.			18,144	18,144		18,144		18,144			36
37	TOTAL Ownership			512,358	512,358		512,358	12,409	524,767			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			951	951		951		951			38
39	Ancillary Service Centers		209,189	25,578	234,767		234,767		234,767			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):*											43
44	TOTAL Special Cost Centers		209,189	81,827	291,016		291,016		291,016			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,337,152	691,273	2,787,787	5,816,212		5,816,212	(480,971)	5,335,241			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,324)	2		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				9
10	Interest and Other Investment Income	(7,105)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,146)	20		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				18
19	Entertainment	(6,343)	24		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				24
25	Fund Raising, Advertising and Promotional	(16,001)	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	(24,182)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (57,101)		\$	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)	(423,870)	VAR	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (423,870)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (480,971)		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.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		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

Jerseyville Nursing & Rehabilitation Center

ID# 0039339

Report Period Beginning: 01/01/2009

Ending: 12/31/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Offset C.N.A. Book Reimbursement	\$ (300)	13	1
2	Offset Lease Reimbursement	(50)	35	2
3	Offset Employee Cell Phone Reimbursement	(260)	21	3
4	Offset Reimbursement for medical waste removal	(236)	7	4
5	Offset Employee Relations Reimbursements	(944)	22	5
6	Offset Reimbursement for copies of medical records	(74)	10	6
7	Offset Reimbursement for fence repairs	(177)	6	7
8	Offset reimbursement for therapy supplies	(116)	10a	8
9	Offset consultant fees reimbursement	(8,346)	17	9
10	Eliminate PAC dues, including lobbying portion	(2,089)	20	10
11	Eliminate additional meals and entertainment	(332)	17	11
12	Add 2009 IDPH license paid in 2008	995	20	12
13	Eliminate non-allowable dues	(675)	20	13
14	Eliminate duplicate legal fees	(5,513)	19	14
15	Eliminate out-of state travel	(494)	24	15
16	Eliminate legal fees for collections	(5,571)	19	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	(24,182)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center# 0039339

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,324)	0	0	0	0	0	0	0	0	0	0	(1,324)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(177)	730	0	0	0	0	0	0	0	0	0	553	6
7	Other (specify):*	(236)	0	0	0	0	0	0	0	0	0	0	(236)	7
8	TOTAL General Services	(1,737)	730	0	0	0	0	0	0	0	0	0	(1,007)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(74)	0	0	0	0	0	0	0	0	0	0	(74)	10
10a	Therapy	(116)	0	(26,804)	0	0	0	0	0	0	0	0	(26,920)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	(300)	0	0	0	0	0	0	0	0	0	0	(300)	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(490)	0	(26,804)	0	(27,294)	16							
	C. General Administration													
17	Administrative	(8,678)	76,329	(432,378)	0	0	0	0	0	0	0	0	(364,727)	17
18	Directors Fees	0	0	(60,000)	0	0	0	0	0	0	0	0	(60,000)	18
19	Professional Services	(11,084)	4,248	(65,203)	0	0	0	0	0	0	0	0	(72,039)	19
20	Fees, Subscriptions & Promotions	(19,916)	2,569	0	0	0	0	0	0	0	0	0	(17,347)	20
21	Clerical & General Office Expenses	(260)	37,573	0	0	0	0	0	0	0	0	0	37,313	21
22	Employee Benefits & Payroll Taxes	(944)	12,204	0	0	0	0	0	0	0	0	0	11,260	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(6,837)	4,713	0	0	0	0	0	0	0	0	0	(2,124)	24
25	Other Admin. Staff Transportation	0	1,077	0	0	0	0	0	0	0	0	0	1,077	25
26	Insurance-Prop.Liab.Malpractice	0	1,508	0	0	0	0	0	0	0	0	0	1,508	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(47,719)	140,221	(557,581)	0	(465,079)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(49,946)	140,951	(584,385)	0	(493,380)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center# 0039339

Report Period Beginning:

01/01/2009 Ending:

12/31/2009

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	0	4,776	0	0	0	0	0	0	0	0	0	4,776	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,105)	10	0	0	0	0	0	0	0	0	0	(7,095)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	12,517	0	0	0	0	0	0	0	0	0	12,517	34
35	Rent-Equipment & Vehicles	(50)	2,261	0	0	0	0	0	0	0	0	0	2,211	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,155)	19,564	0	12,409	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(57,101)	160,515	(584,385)	0	0	0	0	0	0	0	0	(480,971)	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
John H. Rothert	60.00	Montgomery Nursing & Rehabilitation Center	Hillsboro, IL	Wellington Mgt. Co.	Chesterfield, MO	Management Co.
David L. Kamler	20.00	Westwood Hills Health Care Center	Poplar Bluff, MO	Health Care Fin.	Alton, IL	Management Co.
J. Terry Dooling	20.00	Spanish Lake Nursing & Rehabilitation Center	Florissant, MO	C.J. Schlosser & Co.	Alton, IL	Public Accountants
				NW Rehab, L.L.C.	Alton, IL	Therapy Co.
				Three Amigos, L.L.C.	Alton, IL	Real Estate Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	35 See Schedule VIII	\$	Wellington Management Co.	60.00%	\$ 2,261	\$ 2,261	1
2	V	6 See Schedule VIII		Wellington Management Co.	60.00%	730	730	2
3	V	17 See Schedule VIII		Wellington Management Co.	60.00%	76,329	76,329	3
4	V	19 See Schedule VIII		Wellington Management Co.	60.00%	4,248	4,248	4
5	V	20 See Schedule VIII		Wellington Management Co.	60.00%	2,569	2,569	5
6	V	21 See Schedule VIII		Wellington Management Co.	60.00%	37,573	37,573	6
7	V	22 See Schedule VIII		Wellington Management Co.	60.00%	12,204	12,204	7
8	V	24 See Schedule VIII		Wellington Management Co.	60.00%	4,713	4,713	8
9	V	25 See Schedule VIII		Wellington Management Co.	60.00%	1,077	1,077	9
10	V	26 See Schedule VIII		Wellington Management Co.	60.00%	1,508	1,508	10
11	V	30 See Schedule VIII		Wellington Management Co.	60.00%	4,776	4,776	11
12	V	32 See Schedule VIII		Wellington Management Co.	60.00%	10	10	12
13	V	34 See Schedule VIII		Wellington Management Co.	60.00%	12,517	12,517	13
14	Total		\$			\$ 160,515	\$ *	160,515 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	17 Management Fees	\$ 369,956	Wellington Management Co.	60.00%	\$	\$ (369,956)
16	V	17 Management Fees	184,978	Health Care Financial, LLC	40.00%	122,556	(62,422)
17	V	19 Professional Services	65,203	C.J. Schlosser & Company, LLC	40.00%		(65,203)
18	V	10a Therapy Services	747,633	NW Rehab, LLC	100.00%	720,829	(26,804)
19	V	10 Nurse Consultant	26,877	Wellington Management Co.	60.00%	26,877	
20	V	18 Director's Fees	36,000	John H. Rothert	60.00%		(36,000)
21	V	18 Director's Fees	12,000	J. Terry Dooling	20.00%		(12,000)
22	V	18 Director's Fees	12,000	David L. Kamler	20.00%		(12,000)
23	V	21 Clerical	16,383	Wellington Management Co.	60.00%	16,383	
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,471,030			\$ 886,645	\$ * (584,385)

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center # 0039339 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	John H. Rothert	President	Administrative	60.00	283,671	8.33	21.20	Salary	\$ 76,329	17, 8	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 76,329		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 Jerseyville Nursing & Rehabilitation Center # 0039339 Report Period Beginning: 01/01/2009 Ending: 2/31/2009

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Wellington Management Corporation
 Street Address 707 Spirit 40 Park Drive
 City / State / Zip Code Chesterfield, MO 63005
 Phone Number (618) 537-8447
 Fax Number (618) 537-8446

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	5	Heat and Other Utilities	Accumulated Costs	21,275,824	6	\$	\$ 4,510,998	\$ 0	1
2	6	Maintenance	Accumulated Costs	21,275,824	6	3,443	4,510,998	730	2
3	17	Administrative	Accumulated Costs	21,275,824	6	360,000	360,000	4,510,998	76,329
4	19	Professional Services	Accumulated Costs	21,275,824	6	20,037	4,510,998	4,248	4
5	20	Dues, Fees, Subs, & Promos	Accumulated Costs	21,275,824	6	12,116	4,510,998	2,569	5
6	21	Clerical & General Office Exp.	Accumulated Costs	21,275,824	6	177,210	98,595	4,510,998	37,573
7	22	Employee Benefits & PR Taxes	Accumulated Costs	21,275,824	6	57,558	4,510,998	12,204	7
8	24	Travel & Seminar	Accumulated Costs	21,275,824	6	22,228	4,510,998	4,713	8
9	25	Other Admin Staff Transport	Accumulated Costs	21,275,824	6	5,079	4,510,998	1,077	9
10	26	Insurance - Prop, Liab, Malprac	Accumulated Costs	21,275,824	6	7,113	4,510,998	1,508	10
11	30	Depreciation	Accumulated Costs	21,275,824	6	22,528	4,510,998	4,776	11
12	32	Interest Expense	Accumulated Costs	21,275,824	6	49	4,510,998	10	12
13	34	Rent - Facility and Grounds	Accumulated Costs	21,275,824	6	59,034	4,510,998	12,517	13
14	35	Vehicle Lease	Accumulated Costs	21,275,824	6	10,664	4,510,998	2,261	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 757,059	\$ 458,595	\$ 160,515	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Capmark Finance, Inc.		X	Refinance Loan	\$20,841.58	10/31/06	\$ 3,720,700	\$ 3,608,150	10/31/41	5.8500	\$ 210,326	1								
2	First National Bank of St. Louis		X	Van Loan	\$1,221.44	2/21/07	39,507	941	2/21/10	7.0000	622	2								
3									Interest Income		(7,105)	3								
4									Loan Cost Amortization		1,926	4								
5									Home Office Allocation		10	5								
Working Capital																				
6	Shareholders (Conduit	X		Working Capital	N/A	4/8/09	100,000		4/8/2010	min. 4%	222	6								
7	Loan thru Southwest Bank)											7								
8												8								
9	TOTAL Facility Related				\$22,063.02		\$ 3,860,207	\$ 3,609,091			\$ 206,001	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 3,860,207	\$ 3,609,091			\$ 206,001	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 18,144 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009 Ending:

12/31/2009

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,948 B. General Construction Type: Exterior Brick & Siding Frame Steel & Brick Number of Stories One

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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>158,994</u>	<u>1994</u>	<u>\$ 71,664</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	158,994		\$ 71,664	3

SEE ACCOUNTANTS' COMPILATION REPORT

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	101		1994		\$ 1,180,668	\$ 47,227	25	\$ 47,227	\$	\$ 743,821	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Parking Lot		1994		26,304		5-10 yrs			26,304	9
10	Exterior Remodeling		1994		10,000	278	15	278		10,000	10
11	Flooring		1994		29,698		10			29,698	11
12	Electrical		1994		11,690	585	20	585		8,911	12
13	Air Conditioners		1994		25,830		10			25,830	13
14	Interior Remodeling		1994		40,265	1,030	5-20 yrs	1,030		40,080	14
15	Hearla Shed		1994		3,267		10			3,267	15
16	Nurses Station		1994		6,055	303	20	303		4,718	16
17	Painting		1995		7,392		5			7,392	17
18	Electrical Work		1995		3,382		10			3,382	18
19	Call Lights		1995		1,564	104	15	104		1,486	19
20	Storage Building		1996		3,500		10			3,500	20
21	Boiler		1996		7,400	370	20	370		5,149	21
22	Roof Repairs		1996		3,619		10			3,619	22
23	Ceiling Tiles and End Caps		1996		3,506		12			3,506	23
24	Storage Building		1997		3,356		10			3,356	24
25	Alarm System		1997		1,750		10			1,750	25
26	Wallpaper		1997		6,355		5			6,355	26
27	Ceiling Tiles		1997		1,485	62	12	62		1,485	27
28	3 Windows & Sills & 1 Door Replaced		1997		4,108	274	15	274		3,378	28
29	Baseboards Remodeled		1997		1,167		10			1,167	29
30	Air Conditioners		1997		2,185		10			2,185	30
31	Concrete Patio & Sidewalk		1997		1,842	123	15	123		1,514	31
32	Rock		1997		502		5			502	32
33	Landscaping		1997		1,075		10			1,075	33
34	Roofing		1998		2,592		10			2,592	34
35	Shower Room Remodeling		1998		1,437		10			1,437	35
36	Baseboard Remodeling		1998		1,919		10			1,919	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
37	Air Conditioners	1998	\$ 13,420	\$ 71	10-20yrs	\$ 71	\$	\$ 12,901	37
38	Wallcovering	1998	1,495		10			1,495	38
39	Air Conditioners	1999	2,841	166	10	166		2,841	39
40	New Roof	1999	35,386	885	10	885		35,386	40
41	Air Conditioners	2000	2,118	212	10	212		1,995	41
42	Wallcoverings	2000	2,231		5			2,231	42
43	Chair Rails	2000	6,267	418	15	418		3,792	43
44	Cove Base	2000	1,797	180	10	180		1,617	44
45	Constr. Of 400 Wing - Design, Architecture & Engineering	2001	67,723	2,709	25	2,709		23,026	45
46	Constr. Of 400 Wing - Contractor Costs	2001	943,708	37,748	25	37,748		320,861	46
47	Constr. Of 400 Wing - Drawing, Surety Bond, & Misc.	2001	11,223	449	25	449		3,816	47
48	Constr. Of 400 Wing - Interest & Mortgage Ins. Premium	2001	89,316	3,573	25	3,573		30,367	48
49	400 Wing - Nurse Call System	2001	10,104	674	15	674		5,726	49
50	400 Wing Cable TV System Cabling	2001	1,962	196	10	196		1,668	50
51	400 Wing - Fire Alarm System	2001	14,696	980	15	980		8,328	51
52	400 Wing - Telecommunication System	2001	4,025	402	10	402		3,421	52
53	400 Wing - Door Monitoring System	2001	2,640	264	10	264		2,244	53
54	400 Wing - TV Wall Mounts	2001	6,030	603	10	603		5,126	54
55	400 Wing - Signage	2001	1,161		5			1,161	55
56	400 Wing - Handrails and Wall Guards	2001	2,319	154	15	154		1,314	56
57	400 Wing - Chair Rail	2001	4,208		5			4,208	57
58	400 Wing - Door Guards	2001	607		5			607	58
59	400 Wing Cubicle Tracks, Curtains, Window Treatments	2001	15,188	358	5-20 yrs	358		11,066	59
60	Landscaping, Shrubs, Trees, Grass	2001	11,744	1,174	10	1,174		10,276	60
61	Fencing	2001	4,200	175	8	175		4,200	61
62	Wallpaper	2001	55,671		5			55,671	62
63	Storage Building	2001	3,268	327	10	327		2,887	63
64	Carpet	2001	2,687		5			2,687	64
65	Nurse Call System Upgrades	2001	3,700	247	15	247		2,117	65
66	Fire Alarm System Control Panel	2001	3,903	260	15	260		2,342	66
67	Air Conditioners	2001	3,656		5			3,656	67
68	Door Guards	2001	1,979		5			1,979	68
69	400 Wing - Vinyl Flooring	2001	11,615	1,162	10	1,162		9,873	69
70	TOTAL (lines 4 thru 69)		\$ 2,736,801	\$ 103,743		\$ 103,743	\$	\$ 1,530,263	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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		\$ 2,736,801	\$ 103,743		\$ 103,743	\$	\$ 1,530,263	1
2	Overbed Lights	2001	1,625	163	10	163		1,368	2
3	Painting	2001	8,932		5			8,932	3
4	2P 50 Amp Disconnect	2001	955	48	20	48		402	4
5	Mini Blinds	2001	14,744		5			14,744	5
6	Asphalt Paving of Parking Lot	2001	14,193	1,419	10	1,419		12,301	6
7	Air Conditioners	2001	3,424	342	10	342		2,926	7
8	Overbed Lights	2002	3,055	306	10	306		2,396	8
9	Cubicle Curtains	2002	6,155		5			6,155	9
10	Air Conditioners	2002	1,398	140	10	140		1,071	10
11	Security Camera System	2002	1,010		5			1,010	11
12	Fire Doors	2002	1,543	103	15	103		771	12
13	Roofing - North Entrance	2002	1,680	168	10	168		1,204	13
14	Wall Guard and End Caps	2002	1,497	100	15	100		715	14
15	Door Canopy	2003	3,800	253	15	253		1,773	15
16	Landscaping	2002	1,729	173	10	173		1,254	16
17	Home Office Light Fixtures	2002			10	5	5		17
18	Landscaping	2003	18,903	1,891	10	1,891		12,120	18
19	Air Conditioners	2003	5,551	555	10	555		3,627	19
20	Home Office - Cabinets	2003	885		10	89	89	575	20
21	Landscaping, Plants, Trees	2004	4,371	437	10	437		2,441	21
22	100 Amp Transfer Switch to Generator	2004	11,865	791	15	791		4,548	22
23	Smoke Detectors	2004	1,600	160	10	160		907	23
24	Extend Activities Wall/Replace Doors	2004	2,002	133	15	133		756	24
25	Air Conditioners	2004	1,814	181	10	181		998	25
26	Cove Base	2004	2,188	219	10	219		1,204	26
27	Hollow Metal Double Door	2004	8,520	426	20	426		2,166	27
28	New Wall/Flooring - Kitchen	2004	2,983	298	10	298		1,492	28
29	Lanscaping, Mulch	2005	1,142	114	10	114		533	29
30	Cubicle Curtains	2005	289	58	5	58		275	30
31	Generator Control Panel	2005	3,689	307	12	307		1,306	31
32	Resident Room Doors	2005	19,393	1,293	15	1,293		5,569	32
33	Fire Doors	2005	4,955	492	5-15 yrs	492		2,441	33
34	TOTAL (lines 1 thru 33)		\$ 2,892,691	\$ 114,313		\$ 114,407	\$ 94	\$ 1,628,243	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,892,691	\$ 114,313		\$ 114,407	\$ 94	\$ 1,628,243	1
2	Water Heater	2005	4,000	400	10	400		1,833	2
3	Replace Generator	2005	5,690	474	12	474		1,936	3
4	Air Conditioners	2005	1,753	175	10	175		701	4
5	Electrical Wiring	2005	4,862	243	20	243		1,013	5
6	Dishwasher Booster Heater	2005	1,766	177	10	177		706	6
7	Kitchen & Laundry Flooring	2005	2,556	256	10	256		1,044	7
8	4-Door Monitor System	2006	2,696	270	10	270		921	8
9	2 Door Awnings - Side & Back Entrance	2006	1,671	111	15	111		371	9
10	Built-In Waterfall	2006	3,499	350	10	350		1,254	10
11	Drywall	2006	1,234	82	15	82		281	11
12	Wallpaper	2006	5,219	1,044	5	1,044		3,346	12
13	Lobby Remodeling	2006	17,774	1,185	15	1,185		3,752	13
14	4-Ton Heat Pump	2006	5,580	558	10	558		1,720	14
15	Glass Doors	2006	47,653	3,285	10-15 yrs	3,285		11,481	15
16	Air Conditioners	2006	9,474	824	10-15 yrs	824		2,793	16
17	Vinyl Flooring	2006	6,924	692	10	692		2,500	17
18	Kitchen Tile	2006	4,411	467	8-10 yrs	467		1,462	18
19	Sprinkler System Improvements	2006	5,025	201	25	201		744	19
20	Carpet	2006	3,419	684	5	684		2,219	20
21	Electrical Wiring	2006	15,869	793	20	793		2,504	21
22	Smoke Damper Motor	2006	1,793	90	20	90		344	22
23	Vinyl Fencing	2006	12,359	1,236	10	1,236		3,914	23
24	Concrete Patio & Sidewalk	2006	10,744	716	15	716		2,268	24
25	Lanscaping, Rock, Mulch	2006	4,325	433	10	433		1,658	25
26	Wallpaper	2007	12,135	2,427	5	2,427		5,183	26
27	Air Conditioners	2007	16,341	1,617	5-15 yrs	1,617		3,884	27
28	Flooring	2007	31,280	3,128	10	3,128		7,172	28
29	Alarm System	2007	4,732	516	7-10 yrs	516		1,390	29
30	Handrails	2007	11,039	1,259	5-15 yrs	1,259		2,575	30
31	Exhaust Duct	2007	2,000	100	20	100		267	31
32	Roof	2007	5,700	273	20-25 yrs	273		621	32
33	Satellite System	2007	16,581	829	20	829		1,934	33
34	TOTAL (lines 1 thru 33)		\$ 3,172,795	\$ 139,208		\$ 139,302	\$ 94	\$ 1,702,034	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,172,795	\$ 139,208		\$ 139,302	\$ 94	\$ 1,702,034	1
2	Electrical for HVAC Unit	2007	3,964	198	20	198		479	2
3	Home Office - New Carpet	2007			10	33	33		3
4	Courtyard Landscaping	2007	3,800	380	10	380		982	4
5	Courtyard Pavilion Constructed	2007	9,870	658	15	658		1,590	5
6	Asphalt, Seal, Stripe Parking Lot	2007	13,500	1,688	8	1,688		3,656	6
7	Water Recirculation Line	2007	2,475	124	20	124		299	7
8	Stainless Steel Backsplash	2007	2,523	126	20	126		284	8
9	Drywall	2007	3,790	253	15	253		632	9
10	Air Conditioners	2008	23,598	2,241	10-20 yrs	2,241		2,876	10
11	Wallpaper	2008	31,055	6,211	5	6,211		9,432	11
12	Hot Water Heaters	2008	14,000	1,400	10	1,400		1,867	12
13	Network Cabling	2008	3,709	185	20	185		313	13
14	Front Porch Entrance	2008	63,826	3,191	20	3,191		5,053	14
15	Sprinkler System	2008	16,900	676	25	676		1,127	15
16	Door	2008	887	59	15	59		98	16
17	Electric Installation on Trailer	2008	3,236	162	20	162		310	17
18	Handrail	2008	1,294	86	15	86		158	18
19	Air Conditioners/Heater	2008	1,422	284	5	284		450	19
20	Nurse Call System	2008	871	87	10	87		174	20
21	Facility Signage	2008	3,212	642	5	642		910	21
22	Corner Guards & Handrails	2008	2,042	136	15	136		170	22
23	Landscaping	2008	5,700	570	10	570		665	23
24	Outdoor Lighting & Trees	2008	1,057	70	15	70		82	24
25	Flooring	2009	71,018	2,921	10-20 yrs	2,921		2,921	25
26	300 KW Cummins Generator - Whole Bldg	2009	104,540	2,614	20	2,614		2,614	26
27	Needler Remodeling - Wallpaper & Paint	2009	12,345	1,440	5	1,440		1,440	27
28	Replace 2" Drain Line	2009	4,111	151	25	151		151	28
29	Roofing	2009	3,000	225	10	225		225	29
30	Wireless Network Access	2009	810	27	20	27		27	30
31	4 A/C Heat Units	2009	2,171	289	5	289		289	31
32	Wi-Fi Access Installed	2009	725	9	20	9		9	32
33	Vinyl Fencing Labor/Materials	2009	1,400	34	10	34		34	33
34	TOTAL (lines 1 thru 33)		\$ 3,585,646	\$ 166,345		\$ 166,472	\$ 127	\$ 1,741,351	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	Totals from Page 12D, Carried Forward		\$ 3,585,646	\$ 166,345		\$ 166,472	\$ 127	\$ 1,741,351	1
2	Home Office - Shelving	2009	101		15	5	5	5	2
3	Home Office - New Carpet	2009	794		5	133	133	133	3
4	Home Office - Suite 140 Labor & Tenant Finish	2009	4,218		20	158	158	158	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,590,759	\$ 166,345		\$ 166,768	\$ 423	\$ 1,741,647	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 317,798	\$ 27,621	\$ 28,890	\$ 1,269	3-20 yrs	\$ 168,771	71
72	Current Year Purchases	19,291	468	1,039	571	3-20 yrs	1,039	72
73	Fully Depreciated Assets	369,762	1,088	1,087	(1)	5-10 yrs	369,762	73
74								74
75	TOTALS	\$ 706,851	\$ 29,177	\$ 31,016	\$ 1,839		\$ 539,572	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	Facility Use	2006 Ford Wheelchair Van	2007	\$ 52,471	\$ 13,118	\$ 13,118		4	\$ 37,167	76
77	Facility Use	2007 Hyundai Vera Cruz	2007	29,106	7,276	7,276		4	17,585	77
78	Facility Use	2010 Ford E450 Wheelchair Van	2009	52,340		4,361	4,361	4	4,361	78
79	See Attached Schedule			12,366		2,515	2,515	4	7,482	79
80	TOTALS			\$ 146,283	\$ 20,394	\$ 27,270	\$ 6,876		\$ 66,595	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,515,557	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 215,916	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 225,054	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,138	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,347,814	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	Section N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Construction In Progress	\$ 1,402,433	92
93			93
94			94
95		\$ 1,402,433	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: Section N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

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

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

15. Is Movable equipment rental included in building rental? N/A YES NO

16. Rental Amount for movable equipment: \$ 7,572 Description: Postage Machine \$1,403; Copier \$3,411; Water Cooler \$113, Storage \$434, H.O. Veh. Lease \$2,211

(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	<u>Section N/A</u>		\$	\$	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.	<u>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

* 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		1,643		1,643
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		2,928		2,928
6	Transportation		167		167
7	Contractual Payments				
8	CNA Competency Tests		1,080		1,080
9	TOTALS	\$	\$ 5,818	\$	\$ 5,818
10	SUM OF line 9, col. 1 and 2 (e)	\$	5,818		

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	9
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	9

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-8	10032 hrs	\$ 348,036		\$	63	10,032	\$ 348,099	1
2	Licensed Speech and Language Development Therapist	10a-8	3039 hrs	154,799			1,302	3,039	156,101	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-8	6788 hrs	217,994			4,885	6,788	222,879	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescripts				200,916		200,916	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Laboratory Fees _____ Other (specify): <u>X-Ray & Spec. Mattres</u>	39-3 39-3; 39,2				20,303 5,275	8,273		20,303 13,548	13
14	TOTAL			\$ 720,829		\$ 25,578	\$ 215,439	19,859	\$ 961,846	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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 299,709	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,103,334		3
4	Supply Inventory (priced at)	14,090		4
5	Short-Term Investments			5
6	Prepaid Insurance	44,080		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	371,179		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,832,392	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	20,200		12
13	Land	220,423		13
14	Buildings, at Historical Cost	4,838,433		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	824,859		16
17	Accumulated Depreciation (book methods)	(2,334,790)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	182,634		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Costs</u>	152,713		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,904,472	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,736,864	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 809,308	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	134,631		30
31	Accrued Taxes Payable (excluding real estate taxes)	10,285		31
32	Accrued Real Estate Taxes(Sch.IX-B)	54,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Expenses</u>	(1,943)		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,006,281	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	941		39
40	Mortgage Payable	4,507,413		40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>B. Powell Memorial Donation</u>	18,812		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,527,166	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,533,447	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 203,417	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,736,864	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 281,647	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 281,647	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	431,770	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	(510,000)	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)	\$ (78,230)	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)	\$ 203,417	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning: 01/01/2009

Ending: 12/31/2009

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,110,049	1
2	Discounts and Allowances for all Levels	(904,036)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,206,013	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	21,343	5
6	Therapy	971,821	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 993,164	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	25	13
14	Non-Patient Meals	1,288	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,188	19
20	Radiology and X-Ray	3,728	20
21	Other Medical Services	2,209	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 26,438	23
D. Non-Operating Revenue			
24	Contributions	1,188	24
25	Interest and Other Investment Income***	7,105	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,293	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	12,391	28
28a	<u>Vending Machine</u>	1,683	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 14,074	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,247,982	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	969,971	31
32	Health Care	2,660,929	32
33	General Administration	1,381,938	33
B. Capital Expense			
34	Ownership	512,358	34
C. Ancillary Expense			
35	Special Cost Centers	235,718	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)*	\$ 5,816,212	40
41	Income before Income Taxes (line 30 minus line 40)**	431,770	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 431,770	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No 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 Jerseyville Nursing & Rehabilitation Center

0039339

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,109	2,218	\$ 62,919	\$ 28.37	1
2	Assistant Director of Nursing	1,972	2,164	53,610	24.77	2
3	Registered Nurses	7,561	8,005	175,676	21.95	3
4	Licensed Practical Nurses	21,001	22,412	414,258	18.48	4
5	CNAs & Orderlies	81,783	86,665	827,402	9.55	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,823	2,063	21,321	10.33	8
9	Activity Director					9
10	Activity Assistants	5,266	5,758	55,696	9.67	10
11	Social Service Workers	3,865	4,099	62,385	15.22	11
12	Dietician	25,006	26,065	223,813	8.59	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	4,254	4,491	57,135	12.72	17
18	Housekeepers	12,147	12,951	112,128	8.66	18
19	Laundry	10,489	11,100	100,049	9.01	19
20	Administrator	2,160	2,248	94,669	42.11	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,947	4,203	48,020	11.43	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	1,880	2,113	28,071	13.28	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	185,263	196,555	\$ 2,337,152 *	\$ 11.89	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	192	\$ 7,457	1,3	35
36	Medical Director	Contract	9,600	9,3	36
37	Medical Records Consultant	16	796	10,3	37
38	Nurse Consultant	N/A	26,877	10,3	38
39	Pharmacist Consultant	Contract	1,500	10,3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	26	1,383	11,3	44
45	Social Service Consultant	26	1,383	12,3	45
46	Other(specify)				46
47	Clerical	N/A	16,383	21,3	47
48	Quality Assurance Doctor	N/A	1,800	10,3	48
49	TOTAL (lines 35 - 48)	260	\$ 67,179		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ Section N/A		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			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function				Description	Amount	Description	Amount	
Terrie Weible	Administrator		\$ 94,669	Workers' Compensation Insurance	\$ 60,678	IDPH License Fee	\$ 995		
				Unemployment Compensation Insurance	17,150	Advertising: Employee Recruitment	3,720		
				FICA Taxes	173,740	Health Care Worker Background Check			
				Employee Health Insurance	44,607	(Indicate # of checks performed <u>147</u>)	2,352		
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Fees	1,140		
				Employee Disability Insurance	747	Dues & Subscriptions	2,284		
				Staff Relations	14,031	IHCA Dues	3,486		
				Employee Dental Insurance	1,194	Bank Service Charges	2,192		
				Home Office Employee Benefits	12,204	Home Office Dues & Subscriptions	2,569		
				Employee Physicals	205	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 94,669	TOTAL (agree to Schedule V, line 22, col.8)		\$ 324,556	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 18,738
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	
Wellington Management Co., LLC			\$ 369,956	Section N/A			Out-of-State Travel	\$	
Health Care Financial, L.L.C.			184,977						
							In-State Travel	8,025	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 554,933				Seminar Expense	8,334	
							Home Office Travel & Seminar	4,713	
C. Professional Services									
Vendor/Payee	Type		Amount						
C.J. Schlosser & Co., LLC	Accounting Services		\$ 65,203						
May, Cocagne, & King	Audit Fees		11,500						
Droege & Associates	Audit Fees		1,351						
McMahon, Berger, P.C.	Legal Fees		260						
Sandberg, Phoenix, & von Gontard,	Legal Fees		5,145						
Duane Morris LLP	Legal Fees-recl./elim.\$5,614		19,244						
Strang & Parish, LTD	Legal Fees-eliminated \$5,571		7,328						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 110,031	TOTAL		\$	Entertainment Expense (agree to Sch. V, line 24, col. 8)		()
							TOTAL		\$ 21,072

* 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	Schedule N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
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20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Healthcare Association \$3,486
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 15,573 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES No NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 55,298
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? None
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,288
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? 29.21%
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: May, Cocagne, & King
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

JERSEYVILLE NURSING AND REHABILITATION CENTER
MISCELLANEOUS INCOME
ATTACHMENT TO SCHEDULE XVII, PAGE 19, LINE 28
12/31/2009

Miscellaneous Income	1,593
CNA Book Reimbursement	300
Lease Reimbursement	50
Employee Cell Phone Reimbursement	260
Reimbursement for MNRC Medical Waste Remov	236
Reimb for PNC Gift Cards & NWR T-Shirts	944
Reimb for copies of medical records	74
Reimb for fence repairs	177
Farmer Brothers growth incentive	36
Therapy Supplies reimbursement	116
Spanish Lake consultant fees - T. Weible	8,346
Gain on sale of fixed assets	259
	<u>12,391</u>

Jerseyville Nursing and Rehabilitation Center
Attachment to Sch. XVII
December 31, 2009

BOOK TO TAX NET INCOME RECONCILIATION:

BOOK NET INCOME (LOSS)	431,770.00
CONVERSION TO CASH BASIS ADJUSTMENTS	<u>506,433.00</u>
SUBTOTAL	938,203.00
TAX GAIN ON ASSET SALE	27,573.00
DEPRECIATION ADJUSTMENT	(110,912.00)
MISC. NON-DEDUCTIBLE EXPENSES	13,309.00
TAX NET INCOME (LOSS), PER FEDERAL RETURN	<u><u>868,173.00</u></u>

Jerseyville Nursing & Rehabilitation Center
 Attachment to Sch. XI, Part D
 December 31, 2009

Detail of Line 79: Home Office Admin Vehicles

<u>Model, Make & Year</u>	<u>Year</u> <u>Acquired</u>	<u>Cost</u>	<u>Current Book</u> <u>Depreciation</u>	<u>Straight Line</u> <u>Depreciation</u>	<u>Adjustments</u>	<u>Life In</u> <u>Years</u>	<u>Accumulated</u> <u>Depreciation</u>
2000 Taurus	2000	5,050	-	-	-	4	5,050
2004 Jaguar	2007	-	-	686	686	4	-
2008 Hyundai Sonata	2008	3,603	-	901	901	4	1,426
2003 Infiniti I-35	2008	3,713	-	928	928	4	1,006
		<u>12,366</u>	-	<u>2,515</u>	<u>2,515</u>		<u>7,482</u>

JERSEYVILLE NURSING AND REHABILITATION CENTER
RECLASSES
ATTACHMENT TO SCHEDULE V
12/31/2009

<u>DESCRIPTION</u>	<u>LINE #</u>	<u>INCREASE (DECREASE)</u>
ADMINISTRATIVE	17	(2,066)
ACTIVITIES	11	396
NURSING & MEDICAL RECORDS	10	97
PROFESSIONAL SERVICES	19	1,555
CLERICAL & GENERAL OFFICE EXPENSE	21	18
To reclass various expenses to proper lines		
NURSE AIDE TRAINING	13	2,928
NURSING & MEDICAL RECORDS	10	(2,928)
To reclass CNA trainer wages		
TRAVEL & SEMINAR	24	(325)
ADMINISTRATIVE	17	325
To reclass meeting expenses to the proper line		
TRAVEL & SEMINAR	24	494
NURSING & MEDICAL RECORDS	10	(494)
PROFESSIONAL SERVICES	19	(101)
ADMINISTRATIVE	17	101

JERSEYVILLE NURSING AND REHABILITATION CENTER, INC.
 TRAVEL AND SEMINAR SCHEDULE
 ATTACHMENT TO SCHEDULE XIX PART G
 12/31/2009

<u>SEMINAR PARTICIPANT</u>	<u>JOB TITLE</u>	<u>DATE(S)</u>	<u>CITY</u>	<u>TITLE OF SEMINAR</u>	<u>SPONSOR</u>	<u>COST</u>	<u>SEMINAR LODGING/ TRAVEL/MEALS</u>
Various	Various	4/1/2009	Fairview Heights, IL	Transporting Passengers with Special Needs	MPIC - NHRMA	255	
Marcy Ballard, Lisa Yates, Erin Welch, Renee Dille	DON, LPN, LPN, COTA	8/11/2009	Springfield, IL	MDS Medicaid Audit Seminar - "What's Needed, What's Missing?"	Illinois Health Care Association	380	
Various	Various	9/14/2009	Springfield, IL	Illinois Health Care Assoc. Annual Convention & Trade Show	Illinois Health Care Association	795	1,469
Kathy McElroy	RN	10/9/2009	St. Louis, MO	How to Become a Better Communicator	Computer Master - HRC	74	
Marcy Ballard	Director of Nursing	2/18/2009	Springfield, IL	What it Means for Providers & What they can do about it	Starpower	150	
Terrie Weible, Jenny Stewart	Administrator, Social Services Director	7/14/2009	Springfield, IL	Revisions to LTC Surveyors Guidance Specific Workshop	Illinois Health Care Association	190	
Marcia Turner	Marketing/Admissions Director	10/1/2009	Chicago, IL	How to Design	Career Track	74	
Terrie Weible	Administrator	Various	Online Course	Class Tuition - History 104	University of North Dakota	660	
Terrie Weible	Administrator	2/2/2009	Jefferson City, MO	League for Nursing	Westwood Hills	195	
Terrie Weible, Marcia Turner	Administrator, Marketing/Admissions Director	10/4 - 10/7/09	Chicago, IL	Annual NCAL Convention	American Health Care Association	874	2238
Kurt Weaver	Maintenance Supervisor	4/27-4/28/09	St. Louis, MO	Air Conditioning/Refrigeration Seminar	American Trainco, Inc.	980	
Total Seminars						<u>4,627</u>	<u>3,707</u>
Total Seminar Lodging/Travel/Meals						3,707	
Other Travel Expense <\$250 each						8,025	
Home Office Travel & Seminar						4,713	
Total Travel and Seminar, Line 24						<u>21,072</u>	