

Facility Name & ID Number Moore House

0030593 Report Period Beginning: 07/01/08 Ending: 06/30/09

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 _____

	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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6	15	ICF/DD 16 or Less	15	5,475	6
7	15	TOTALS	15	5,475	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,377			5,377	13
14	TOTALS	5,377			5,377	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.21%

D. How many bed-hold days during this year were paid by the Department? 86 (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)
N/A

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 11/30/86

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/86 NO

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: N/A Fiscal Year: 06/30/09

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

Facility Name & ID Number Moore House # 0030593 Report Period Beginning: 07/01/08 Ending: 06/30/09

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	23,434	2,297	3,789	29,520		29,520		29,520		1
2	Food Purchase		33,239		33,239		33,239		33,239		2
3	Housekeeping	23,643	585		24,228		24,228		24,228		3
4	Laundry		3,322		3,322		3,322		3,322		4
5	Heat and Other Utilities			14,941	14,941		14,941		14,941		5
6	Maintenance	14,406	2,701	13,592	30,699		30,699		30,699		6
7	Other (specify):*			2,151	2,151		2,151		2,151		7
8	TOTAL General Services	61,483	42,144	34,473	138,100		138,100		138,100		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	159,108	5,549	2,944	167,601		167,601	(2,119)	165,482		10
10a	Therapy			18,507	18,507		18,507		18,507		10a
11	Activities		262	4,728	4,990		4,990		4,990		11
12	Social Services	12,999			12,999		12,999		12,999		12
13	CNA Training		416	481	897		897		897		13
14	Program Transportation			1,503	1,503		1,503		1,503		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	172,107	6,227	30,563	208,897		208,897	(2,119)	206,778		16
	C. General Administration										
17	Administrative	86,068		60,880	146,948		146,948		146,948		17
18	Directors Fees										18
19	Professional Services			7,300	7,300		7,300		7,300		19
20	Dues, Fees, Subscriptions & Promotions			3,582	3,582		3,582		3,582		20
21	Clerical & General Office Expenses	10,331	6,439	13,442	30,212		30,212		30,212		21
22	Employee Benefits & Payroll Taxes			89,511	89,511		89,511		89,511		22
23	Inservice Training & Education			1,344	1,344		1,344		1,344		23
24	Travel and Seminar			3,146	3,146		3,146	(1,209)	1,937		24
25	Other Admin. Staff Transportation			7,159	7,159		7,159		7,159		25
26	Insurance-Prop.Liab.Malpractice			4,464	4,464		4,464		4,464		26
27	Other (specify):*	185		1,875	2,060		2,060	(1,565)	495		27
28	TOTAL General Administration	96,584	6,439	192,703	295,726		295,726	(2,774)	292,952		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	330,174	54,810	257,739	642,723		642,723	(4,893)	637,830		29

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

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

Facility Name & ID Number Moore House

#0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			23,392	23,392		23,392	(2,245)	21,147			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,461	24,461		24,461		24,461			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			13,015	13,015		13,015		13,015			34
35	Rent-Equipment & Vehicles			7,980	7,980		7,980		7,980			35
36	Other (specify):*											36
37	TOTAL Ownership			68,848	68,848		68,848	(2,245)	66,603			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			37,944	37,944		37,944		37,944			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			37,944	37,944		37,944		37,944			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	330,174	54,810	364,531	749,515		749,515	(7,138)	742,377			45

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

Moore House

ID# 0030593

Report Period Beginning: 07/01/08

Ending: 06/30/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12	Medical & Dental Service Payments	(2,119)	10	12
13	Out-of-Town Travel	(1,209)	24	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,328)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	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	(2,119)	0	0	0	0	0	0	0	0	0	0	(2,119)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	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	(2,119)	0	(2,119)	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,209)	0	0	0	0	0	0	0	0	0	0	(1,209)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(1,565)	0	0	0	0	0	0	0	0	0	0	(1,565)	27
28	TOTAL General Administration	(2,774)	0	(2,774)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,893)	0	(4,893)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Moore House# 0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	(2,245)	0	0	0	0	0	0	0	0	0	0	(2,245)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(2,245)	0	0	0	0	0	0	0	0	0	0	(2,245)	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)	(7,138)	0	0	0	0	0	0	0	0	0	0	(7,138)	45

Facility Name & ID Number Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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
		Hammond House	Chicago, IL	Ada S. Mckinley	Chicago, IL	Voluntary Health
		Davis House	Chicago, IL	Ada S. Mckinley	Chicago, IL	and Welfare
		Knight House	Chicago, IL	Ada S. Mckinley	Chicago, IL	Agency
		Danforth House	Chicago, IL	Ada S. Mckinley	Chicago, IL	

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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	N/A								\$	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	\$	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

Facility Name & ID Number Moore House

0030593

Report Period Beginning:

07/01/08

Ending: 06/30/09

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 Ada S. McKinley Community Services, Inc.
 Street Address 725 S. Wells St.
 City / State / Zip Code Chicago, IL
 Phone Number (312) 385-2000
 Fax Number (312) 554-8161

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	Ln. 17	Central Administration Exp.	Direct Cost	36,235,713	97	\$ 3,235,426	\$ 1,759,032	665,243	\$ 59,398	1
2	Ln. 17	Central Administration Exp.	Direct Cost	36,235,713	97	80,747		665,243	1,482	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					\$ 3,316,173	\$ 1,759,032		\$ 60,880	25

Facility Name & ID Number

Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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											
										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	H.U.D.		X	Mortgage	\$2,657.00	12/01/86	\$ 334,060	\$ 260,360	12/1/2027	0.0925	\$ 24,461	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$2,657.00		\$ 334,060	\$ 260,360			\$ 24,461	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 334,060	\$ 260,360			\$ 24,461	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.)

** 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 Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 4,680 B. General Construction Type: Exterior Brick Frame _____ Number of Stories One (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).

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>ICF/DD</u>		<u>1982</u>	<u>\$ 14,846</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 14,846	3

Facility Name & ID Number Moore House

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	15	1986	1986	\$ 328,040	\$ 13,122	25	\$ 10,935	\$ (2,187)	\$ 290,863	4
5			1988	8,618	345	25	287	(58)	7,468	5
6			1999	13,000	650	10	650		13,000	6
7			2000	2,125	177	12	177		1,682	7
8			2002	10,460	1,046	10	1,046		7,496	8
Improvement Type**										
9	Janitrol 70,000 BTU furnace		2002	3,200		5			3,200	9
10	Brick tuckpointing, washroom, laundry room, & kitchen repair		2004	14,975	1,497	5	1,497		8,049	10
11	5-ton Janitrol condensing unit		2008	1,600	320	5	320		600	11
12	Bathroom renovations		2008	21,151	2,115	10	2,115		3,789	12
13	Bathroom renovations - additional		2008	1,994	199	10	199		241	13
14	Luxaire upflow furnace		2008	1,800	360	5	360		615	14
15	Luxaire upflow furnace		2008	1,800	360	5	360		615	15
16	AO Smith 100 gal. hot water tank		2008	4,200	840	5	840		1,295	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

Facility Name & ID Number Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 412,963	\$ 21,031		\$ 18,786	\$ (2,245)	\$ 338,913	70

**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	\$ 9,762	\$ 1,505	\$ 1,505	\$	5 Years	\$ 6,897	71
72	Current Year Purchases	5,652	856	856		5 Years	856	72
73	Fully Depreciated Assets	43,550				5 Years	43,550	73
74								74
75	TOTALS	\$ 58,964	\$ 2,361	\$ 2,361	\$		\$ 51,303	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	N/A			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 486,773	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 23,392	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 21,147	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (2,245)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 390,216	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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: Samaritas, Inc. - Division Office Allocated Rent

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:			\$ 13,015			3
4	Additions						4
5							5
6							6
7	TOTAL			\$ 13,015			7

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 3,849 Description: _____
 (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	Staff transportation	2006 Toyota Sienna	\$ 344.28	\$ 4,131	17
18					18
19					19
20					20
21	TOTAL		\$ 344.28	\$ 4,131	21

10. Effective dates of current rental agreement:

Beginning 07/01/08

Ending 06/30/09

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

Fiscal Year Ending Annual Rent

12. /2010 \$ _____

13. /2011 \$ _____

14. /2012 \$ _____

* 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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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		416		416
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		481		481
8	CNA Competency Tests				
9	TOTALS	\$	\$ 897	\$	\$ 897
10	SUM OF line 9, col. 1 and 2 (e)	\$	897		

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

- (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.

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	N/A	hrs	\$		\$	\$									1
2	Licensed Speech and Language Development Therapist		hrs													2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist		hrs													4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy		# of prescripts													9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): _____															12
13	Other (specify): _____															13
14	TOTAL			\$		\$	\$		\$		\$		\$			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.

Facility Name & ID Number Moore House# 0030593Report Period Beginning: 07/01/08Ending: 06/30/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/09

(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	\$	\$ 1,428,504	1
2	Cash-Patient Deposits		170,752	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>275,362</u>)		6,626,092	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		85,669	6
7	Other Prepaid Expenses		79,198	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$	\$ 8,390,215	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable		343,471	11
12	Long-Term Investments			12
13	Land		955,499	13
14	Buildings, at Historical Cost		7,528,685	14
15	Leasehold Improvements, at Historical Cost		2,082,363	15
16	Equipment, at Historical Cost		4,492,048	16
17	Accumulated Depreciation (book methods)		(10,590,417)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		216,911	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Bond Issue Costs, Security Deposits</u>		91,904	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 5,120,464	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$	\$ 13,510,679	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 2,803,096	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits		173,022	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable		1,632,065	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		14,322	33
34	Deferred Compensation			34
35	Federal and State Income Taxes		86,692	35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$	\$ 4,709,197	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,785,781	40
41	Bonds Payable		1,200,000	41
42	Deferred Compensation		11,055	42
	Other Long-Term Liabilities(specify):			
43	<u>Pension Benefit Liability</u>		3,232,691	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,229,527	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$	\$ 10,938,724	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,571,955	\$ 2,571,955	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,571,955	\$ 13,510,679	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (154,455)	1
2	Restatements (describe):		2
3	Beginning Balance - Other Operating Units	1,855,209	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,700,754	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	72,604	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	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Operating Income-Other Operating Units	798,597	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 871,201	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)	\$ 2,571,955	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Moore House

0030593

Report Period Beginning: 07/01/08

Ending: 06/30/09

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	\$ 714,691	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 714,691	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants	105,258	10
11	CNA Training Reimbursements	1,976	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 107,234	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28		194	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 194	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 822,119	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	138,100	31
32	Health Care	208,897	32
33	General Administration	295,726	33
B. Capital Expense			
34	Ownership	68,848	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	37,944	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 749,515	40
41	Income before Income Taxes (line 30 minus line 40)**	72,604	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 72,604	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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.

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

Facility Name & ID Number Moore House

0030593

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	
2	Assistant Director of Nursing				2	
3	Registered Nurses	537	605	14,907	24.64	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	365	416	12,999	31.25	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,824	2,080	23,434	11.27	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	752	854	14,406	16.87	17
18	Housekeepers	1,824	2,080	23,643	11.37	18
19	Laundry					19
20	Administrator	286	327	13,932	42.61	20
21	Assistant Administrator	1,824	2,080	53,730	25.83	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	755	832	10,331	12.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	921	1,042	18,405	17.66	29
30	Habilitation Aides (DD Homes)	12,918	14,382	144,202	10.03	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Security Guard</u>	19	19	185	9.74	33
34	TOTAL (lines 1 - 33)	22,025	24,717	\$ 330,174 *	\$ 13.36	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	83	\$ 3,789	Ln.1,Col.3	35
36	Medical Director	24	2,400	Ln.9,Col.3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	9	825	Ln.10,Col.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	57	2,562	Ln.10a,Col.3	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	135	8,775	Ln.10a,Col.3	46
47	<u>Psychiatrist</u>	72	7,170	Ln.10a,Col.3	47
48	<u>Dental</u>	57	2,119	Ln.10,Col.3	48
49	TOTAL (lines 35 - 48)	437	\$ 27,640		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

Facility Name & ID Number Moore House

0030593

Report Period Beginning: 07/01/08

Ending: 06/30/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 480 Line 27
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 37,944
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? N/A
- (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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$ N/A
- (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? 17%
- 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? Yes
- 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? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ None
- (17) Has an audit been performed by an independent certified public accounting firm? On-going
Firm Name: Washington, Pittman & McKeever, LLC
- (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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

ADA S. MCKINLEY COMMUNITY SERVICES, INC.
 SCHEDULE V - COLUMN 3, LINE 7 - OTHERS - GENERAL SERVICES
 FISCAL YEAR 2009 COST REPORT

MOORE HOUSE

Trx Date	Jrnl No.	Orig. Audit Trail	Dist. Reference	Vendor	Amount
10/09/08	255,639	PMTRX00005423	ACCT. #2808	LUX SECURITY SYSTEMS, CO.	354.00
07/03/08	244,398	PMTRX00005121	ACCT. #2808	LUX SECURITY SYSTEMS, CO.	354.00
07/30/08	247,675	PMTRX00005205	ACCT. #2808	LUX SECURITY SYSTEMS, CO.	700.00
11/13/08	258,885	PMTRX00005497	ACCT. #2808	LUX SECURITY SYSTEMS, CO.	354.00
04/24/09	275,090	PMTRX00005858	ACCT. #2942	LUX SECURITY SYSTEMS, CO.	354.00
06/30/09	285,511	GLTRX00028581	Allocate RSD expenses	LUX SECURITY SYSTEMS, CO.	35.38
					\$ 2,151.38

ADA S. MCKINLEY COMMUNITY SERVICES, INC.
SCHEDULE V - LINE 23 - INSERVICE TRAINING AND EDUCATION
FISCAL YEAR 2009 COST REPORT

MOORE HOUSE

Trx Date	Jrnl No.	Orig. Audit Trail	Dist. Ref.	Vendor	Amount
08/12/08	249,100	PMTRX00005242	PTY.CSH. F/08/08	JOCELYN NICHOLS - PETTY CASH	\$ 10.02
11/30/08	260,941	PMTRX00005547	PTY.CSH.F/11/08	JOCELYN NICHOLS - PETTY CASH	69.85
12/29/08	69,661	GLTRX00026379	Variable Allocation - 12/08	Variable Allocation	779.37
12/31/08	265,722	GLTRX00026405	Exp ck107347-Hyatt Regency	Hyatt Regency	39.72
01/29/09	69,661	GLTRX00026686	Variable Allocation - 01/09	Variable Allocation	(11.61)
01/31/09	268,009	GLTRX00026699	Floral Arr/Holiday Staff Party	Floral Arrangement	17.42
02/28/09	69,661	GLTRX00026987	Variable Allocation - 02/09	Variable Allocation	(16.66)
03/25/09	272,032	PMTRX00005779	PTY. CSH. F/03/09	JOCELYN NICHOLS - PETTY CASH	8.01
07/15/08	246,048	PMTRX00005160	PTY. CSH. F/07/08	MICHELLE PRESSLEY-PETTY CASH	21.60
07/31/08	247,766	PMTRX00005209	PTY.CSH F/07/08	MICHELLE PRESSLEY-PETTY CASH	8.58
08/21/08	249,966	PMTRX00005271	PTY.CSH. F/08/08	MICHELLE PRESSLEY-PETTY CASH	17.48
09/30/08	255,236	GLTRX00025463	EXP CK#111244 - AMEX 07/08	AMEX	0.69
09/30/08	255,236	GLTRX00025463	EXP CK#111244 - AMEX 07/08	AMEX	2.92
09/30/08	255,236	GLTRX00025463	EXP CK#111244 - AMEX 07/08	AMEX	4.37
09/30/08	255,236	GLTRX00025463	EXP CK#111244 - AMEX 07/08	AMEX	3.83
09/30/08	255,236	GLTRX00025463	EXP CK#111244 - AMEX 07/08	AMEX	4.75
09/30/08	255,705	GLTRX00025467	EXP CK#111244 - AMEX 08/08	AMEX	4.76
09/30/08	255,705	GLTRX00025467	EXP CK#111244 - AMEX 08/08	AMEX	3.74
09/30/08	255,705	GLTRX00025467	EXP CK#111244 - AMEX 08/08	AMEX	5.72
10/31/08	258,486	PMTRX00005490	PTY. CSH. F/11/08	MICHELLE PRESSLEY-PETTY CASH	11.78
11/25/08	260,319	PMTRX00005531	LUNCH FOR IN-SERVICE	PAULETTE STALLWORTH	50.71
12/29/08	69,661	GLTRX00026379	Variable Allocation - 12/08	Variable Allocation	52.06
12/31/08	263,654	GLTRX00026350	EXP CK#112104 - AMEX 09/08	AMEX	4.35
12/31/08	263,654	GLTRX00026350	EXP CK#112104 - AMEX 09/08	AMEX	4.47
12/31/08	265,722	GLTRX00026405	Exp ck107347-Hyatt Regency	Hyatt Regency	2.65
01/29/09	69,661	GLTRX00026686	Variable Allocation - 01/09	Variable Allocation	(0.80)
01/31/09	267,489	PMTRX00005686	PTY.CSH.F/01/09	JOAN ROWE	15.75
01/31/09	268,009	GLTRX00026699	Floral Arr/Holiday Staff Party	Floral Arrangement	1.20
02/28/09	69,661	GLTRX00026987	Variable Allocation - 02/09	Variable Allocation	(1.17)
02/28/09	271,246	PMTRX00005751	E.E.A F/02/09	ALBERT CUELLER III	2.73
03/31/09	274,250	GLTRX00027317	EXP CK#114390 - AMEX 12/08	AMEX	4.71
03/31/09	274,251	GLTRX00027315	EXP CK#115086 - AMEX 01/09	AMEX	3.74
03/31/09	274,251	GLTRX00027315	EXP CK#115086 - AMEX 01/09	AMEX	17.33
03/31/09	274,251	GLTRX00027315	EXP CK#115086 - AMEX 01/09	AMEX	5.23
04/28/09	275,245	PMTRX00005866	PTY. CSH. F/04/09	JOAN ROWE	23.89
04/30/09	276,005	GLTRX00027576	EXP CK#115803 - AMEX 02/09	AMEX	6.90
04/30/09	276,005	GLTRX00027576	EXP CK#115803 - AMEX 02/09	AMEX	12.28
04/30/09	276,005	GLTRX00027576	EXP CK#115803 - AMEX 02/09	AMEX	8.51
04/30/09	277,392	GLTRX00027701	EXP CK#116671 - AMEX 03/09	AMEX	9.30
04/30/09	277,392	GLTRX00027701	EXP CK#116671 - AMEX 03/09	AMEX	4.31
04/30/09	277,392	GLTRX00027701	EXP CK#116671 - AMEX 03/09	AMEX	4.27
04/30/09	277,524	GLTRX00027731	Transfer CILA 8 Expenses to DO	Variable Allocation	8.66
06/30/09	284,683	GLTRX00028513	EXP CK#117521 - AMEX 04/09	AMEX	2.03
06/30/09	284,683	GLTRX00028513	EXP CK#117521 - AMEX 04/09	AMEX	5.79
06/30/09	284,683	GLTRX00028513	EXP CK#117521 - AMEX 04/09	AMEX	3.01
06/30/09	284,683	GLTRX00028513	EXP CK#117521 - AMEX 04/09	AMEX	12.40
06/30/09	284,782	GLTRX00028515	EXP CK#117995 - AMEX 05/09	AMEX	3.61
06/30/09	285,512	GLTRX00028584	EXP CK# 118862 - AMEX 06/09	AMEX	10.17
06/30/09	285,512	GLTRX00028584	EXP CK# 118862 - AMEX 06/09	AMEX	5.35
06/30/09	285,512	GLTRX00028584	EXP CK# 118862 - AMEX 06/09	AMEX	9.91
11/30/08	261,653	PMTRX00005566	E.E.A.F/11/08	NERLENE DOSSOUS	6.67
12/29/08	69,661	GLTRX00026379	Variable Allocation - 12/08	Variable Allocation	52.14
12/31/08	265,722	GLTRX00026405	Exp ck107347-Hyatt Regency	Hyatt Regency	2.66
01/29/09	69,661	GLTRX00026686	Variable Allocation - 01/09	Variable Allocation	(0.79)
01/31/09	267,473	PMTRX00005686	E.E.A.F/01/09	NERLENE DOSSOUS	3.04
01/31/09	268,009	GLTRX00026699	Floral Arr/Holiday Staff Party	Floral Arrangement	1.19
02/28/09	69,661	GLTRX00026987	Variable Allocation - 02/09	Variable Allocation	(1.15)
					\$1,343.45

ADA S. MCKINLEY COMMUNITY SERVICES, INC.
 SCHEDULE XIX-G (Page 21) - ANALYSIS OF IN-STATE TRAVEL AND SEMINAR - Account 3310
 FOR THE FISCAL YEAR ENDED JUNE 30, 2009

MOORE HOUSE

DATE	JE No.	Check No.	PAYEE	CONFERENCE NAME	LOCATION	EMPLOYEE	JOB TITLE	DATE OF SEMINAR	SPONSOR	ACCOUNT 3310				Account	In-State	
										15177080	15178880	15000031	Total	3330	Travel & Seminar	
											Amount	Amount	Amount		Amount	Seminar
09/30/08	255,236	111244	AMEX 07/08	EXP CK#11244 - AMEX 07/08	SAC Conference	Springfield, IL	Albert Cueller III	Division Director	July 22-24, 2008	SAC				24.27		24.27
09/30/08	250,904	111151	EMBASSY SUITES HOTEL	HOTEL F/ IARF CONFERENCE	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF	321.90			321.90		321.90
11/26/08	260,491	113475	I.C.A.N., INC.	CUST NO.00-ASM	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF	20.00			20.00		20.00
09/30/08	252,177	111151	EMBASSY SUITES HOTEL	Corr Ck.111151-Embassy Suites	IARF CONFERENCE	East Peoria, IL	Paulette Stallworth	Director - Habilitation Services	October 15-17, 2008	IARF	64.38			64.38		64.38
09/30/08	250,904	111151	HOTEL F/ IARF CONFERENCE	EMBASSY SUITES HOTEL	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF		18.35	32.19	50.54		50.54
09/30/08	250,905	111165	I.C.A.N., INC.	IARF CONFERENCE	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF	289.00			289.00		289.00
09/30/08	252,176	111165	I.C.A.N., INC.	Corr cdg Ck.111165 - ICAN	IARF CONFERENCE	East Peoria, IL	Paulette Stallworth	Director - Habilitation Services	October 15-17, 2008	IARF	61.80			61.80		61.80
09/30/08	250,905	111165	IARF CONFERENCE	I.C.A.N., INC.	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF		16.47	28.90	45.37		45.37
06/30/09	287,189	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF	28.20			28.20		28.20
06/30/09	287,189	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Paulette Stallworth	Director - Habilitation Services	October 15-17, 2008	IARF	5.64			5.64		5.64
06/30/09	287,189	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF		1.61	2.82	4.43		4.43
06/30/09	287,190	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF	55.03			55.03		55.03
06/30/09	287,190	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Paulette Stallworth	Director - Habilitation Services	October 15-17, 2008	IARF	11.01			11.01		11.01
06/30/09	287,190	112880	AMEX 10/08	EXP AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF		3.14	5.50	8.64		8.64
12/31/08	263,655	112880	AMEX 10/08	EXP CK#112880 - AMEX 10/08	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF	10.76	18.88	29.64		29.64	
11/30/08	261,652	113666	E.E.A.F/10/08	ALBERT CUELLER III		Normal, IL	Albert Cueller III	Division Director	November 13, 2008			0.27	0.47	0.74		0.74
01/22/09	265,972	114740	ARC OF ILLINOIS	REGISTRATION FEE	QMRP Leadership	Frankfort, IL	Jocelyn Peterson	Center Director	January 27, 2009	ARC OF ILLINOIS	120.00			120.00		120.00
04/20/09	274,569	116886	IL ASSOC SERV COORD CONF HOTEL	HOTEL PERE MARQUETTE	Illinois Assoc. of Service Coordinators Conf.	Peoria, IL	G. Ellis, Pamela Halliburton	Service Coordinator	May 5-8, 2009	Illinois Assoc. of Service Coordinators	143.74			143.74		143.74
04/20/09	274,568	116890	IL ASSOC SERV COORD CONFERENCE	ILLINOIS ASSOC. OF SERVICE COORDINATORS	Illinois Assoc. of Service Coordinators Conf.	Peoria, IL	G. Ellis, Pamela Halliburton	Service Coordinator	May 5-8, 2009	Illinois Assoc. of Service Coordinators	72.00			72.00		72.00
04/30/09	275,443	117143	IL ASSOC SERV COORD CONF EX ACC	GWENDOLYN ELLIS	Illinois Assoc. of Service Coordinators Conf.	Peoria, IL	Gwendolyn Ellis	Service Coordinator	May 5-8, 2009	Illinois Assoc. of Service Coordinators	25.95			25.95		25.95
04/30/09	275,444	117147	IL ASSOC SERV COORD CONF EXP ACC	PAMELA HALLIBURTON	Illinois Assoc. of Service Coordinators Conf.	Peoria, IL	Pamela Halliburton	Service Coordinator	May 5-8, 2009	Illinois Assoc. of Service Coordinators	28.31			28.31		28.31
05/27/09	278,216	117777	JOAN ROWE	PTY. CSH. F/05/09	In-service	Chicago, IL	Joan Rowe	Secretary II	May 4-6, 2009	Ada S. McKinley Community Services, Inc.			23.00	23.00		23.00
05/27/09	278,226	117792	BARBARA A. WEINER	SEMINAR F/LEGAL & ETHICAL ISSU	Legal & Ethical Issues in Providing Behavioral Health Svcs.	Normal, IL	Albert Cueller III	Division Director	June 16, 2009	Ada S. McKinley Community Services, Inc.	3.71		20.62	24.33		24.33
06/30/09	285,512	118862	AMEX 06/09	AMEX 06/09	Legal & Ethical Issues in Providing Behavioral Health Svcs.	Normal, IL	Albert Cueller III	Division Director	June 16, 2009	Ada S. McKinley Community Services, Inc.	2.75		4.82	7.57		7.57
06/30/09	285,512	118862	AMEX 06/09	AMEX 06/09	Legal & Ethical Issues in Providing Behavioral Health Svcs.	Normal, IL	Albert Cueller III	Division Director	June 16, 2009	Ada S. McKinley Community Services, Inc.	4.60		8.06	12.66		12.66
06/30/09	285,512	118862	AMEX 06/09	AMEX 06/09	Legal & Ethical Issues in Providing Behavioral Health Svcs.	Normal, IL	Albert Cueller III	Division Director	June 16, 2009	Ada S. McKinley Community Services, Inc.	0.55		0.96	1.51		1.51
03/31/09	274,250	114390	AMEX 12/08	EXP CK#114390 - AMEX 12/08	Fred Pryor Seminars				December 1, 2008	Ada S. McKinley Community Services, Inc.			19.80	19.80		19.80
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Chesapeake Seafood	SAC Conference	Springfield, IL	Albert Cueller III	Division Director	July 22-24, 2008	SAC				4.21		4.21
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Smokey Bones	SAC Conference	Springfield, IL	Albert Cueller III	Division Director	July 22-24, 2008	SAC				2.68		2.68
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Mario's Pizza	SAC Conference	Springfield, IL	Albert Cueller III	Division Director	July 22-24, 2008	SAC				7.90		7.90
10/31/08	259,029	113100	E.E.A.F/10/08	JOCELYN NICHOLS	IARF CONFERENCE	East Peoria, IL	Jocelyn Peterson	Center Director	October 15-17, 2008	IARF				22.36		22.36
10/31/08	258,518	112910	E.E.A.F/10/08	ALBERT CUELLER III	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				3.10		3.10
10/31/08	258,518	112910	E.E.A.F/10/08	ALBERT CUELLER III	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				1.77		1.77
11/30/08	262,526	113940	E.E.A.F/11/08	PAULETTE STALLWORTH	IARF CONFERENCE	East Peoria, IL	Paulette Stallworth	Director - Habilitation Services	October 15-17, 2008	IARF				3.80		3.80
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Smokey Bones	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				5.96		5.96
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Chesapeake Seafood	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				1.69		1.69
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Blackie's	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				4.87		4.87
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Smokey Bones	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				4.93		4.93
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Monical's Gliman	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				3.61		3.61
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	El Xocomico	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				1.21		1.21
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Longhorn	IARF CONFERENCE	East Peoria, IL	Albert Cueller III	Division Director	October 15-17, 2008	IARF				6.69		6.69
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Grace O'Malley's	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	June 30, 2008	Ada S. McKinley Community Services, Inc.				10.65		10.65
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Blackie's	Lunch during housing appointment	Chicago, IL	Albert Cueller III	Division Director	July 7, 2008	Ada S. McKinley Community Services, Inc.				6.49		6.49
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Mickey's Casual Dining	Lunch during housing appointment	Chicago, IL	Albert Cueller III	Division Director	July 9, 2008	Ada S. McKinley Community Services, Inc.				1.15		1.15
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Chant	Lunch with housing consultant	Chicago, IL	Albert Cueller III	Division Director	July 10, 2008	Ada S. McKinley Community Services, Inc.				3.17		3.17
09/30/08	255,236	111244	EXP CK#11244 - AMEX 07/08	Weather Mark Tavern	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	July 21, 2008	Ada S. McKinley Community Services, Inc.				9.46		9.46
09/30/08	255,705	111244	EXP CK#11244 - AMEX 08/08	Morgan's	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	August 15, 2008	Ada S. McKinley Community Services, Inc.				8.31		8.31
09/30/08	255,705	111244	EXP CK#11244 - AMEX 08/08	La Cantina	Lunch with staff	Chicago, IL	Albert Cueller III	Division Director	August 27, 2008	Ada S. McKinley Community Services, Inc.				8.73		8.73
12/31/08	263,654	112104	EXP CK#112104 - AMEX 09/08	La Cantina Grill	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	September 8, 2008	Ada S. McKinley Community Services, Inc.				8.68		8.68
12/31/08	263,654	112104	EXP CK#112104 - AMEX 09/08	Olive Garden	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	September 10, 2008	Ada S. McKinley Community Services, Inc.				19.91		19.91
12/31/08	263,654	112104	EXP CK#112104 - AMEX 09/08	Bar Louie	Business lunch with HUD staff	Chicago, IL	Albert Cueller III	Division Director	September 25, 2008	Ada S. McKinley Community Services, Inc.				10.09		10.09
12/31/08	263,655	112880	EXP CK#112880 - AMEX 10/08	Cheesecake Factory	Business lunch with 3 HUD staff	Chicago, IL	Albert Cueller III	Division Director	October 14, 2008	Ada S. McKinley Community Services, Inc.				16.28		16.28
03/31/09	274,249	113645	EXP CK#113645 - AMEX 11/08	Giordano's	Business lunch	Chicago, IL	Albert Cueller III	Division Director	October 27, 2008	Ada S. McKinley Community Services, Inc.				4.10		4.10
03/31/09	274,249	113645	EXP CK#113645 - AMEX 11/08	Tin Fish	Business lunch	Chicago, IL	Albert Cueller III	Division Director	October 28, 2008	Ada S. McKinley Community Services, Inc.				7.02		7.02
03/31/09	274,249	113645	EXP CK#113645 - AMEX 11/08	Logan's	Business lunch	Chicago, IL	Albert Cueller III	Division Director	November 13, 2008	Ada S. McKinley Community Services, Inc.				4.96		4.96
03/31/09	274,249	113645	EXP CK#113645 - AMEX 11/08	Manny's Coffee Shop	Business lunch	Chicago, IL	Albert Cueller III	Division Director	November 17, 2008	Ada S. McKinley Community Services, Inc.				5.04		5.04
03/31/09	274,249	113645	EXP CK#113645 - AMEX 11/08	La Cantina Grill	Business lunch	Chicago, IL	Albert Cueller III	Division Director	November 21, 2008	Ada S. McKinley Community Services, Inc.				9.40		9.40
03/31/09	274,250	114390	EXP CK#114390 - AMEX 12/08	La Cantina Grill	Business lunch	Chicago, IL	Albert Cueller III	Division Director	December 9, 2008	Ada S. McKinley Community Services, Inc.				7.69		7.69
03/31/09	274,250	114390	EXP CK#114390 - AMEX 12/08	Leona's	Business lunch	Chicago, IL	Albert Cueller III	Division Director	December 17, 2008	Ada S. McKinley Community Services, Inc.				15.73		15.73
03/31/09	274,251	115086	EXP CK#115086 - AMEX 01/09	Harvest Table	Travel food	Springfield, IL	Albert Cueller III	Division Director	January 21, 2009	Ada S. McKinley Community Services, Inc.				1.80		1.80
03/31/09	274,251	115086	EXP CK#115086 - AMEX 01/09	Smokey Bones Barbecue	Travel food	Springfield, IL	Albert Cueller III	Division Director	January 21, 2009	Ada S. McKinley Community Services, Inc.				4.93		4.93
03/31/09	274,251	115086	EXP CK#115086 - AMEX 01/09	Texas Roadhouse	Travel food	Springfield, IL	Albert Cueller III	Division Director	January 22, 2009	Ada S. McKinley Community Services, Inc.				5.57		5.57
04/30/09	276,005	115803	EXP CK#115803 - AMEX 02/09	Chi Tung	Business lunch with vendor	Chicago, IL	Albert Cueller III	Division Director	February 13, 2009	Ada S. McKinley Community Services, Inc.				4.36		

**ADA S. MCKINLEY COMMUNITY SERVICES, INC.
SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION
FISCAL YEAR 2009 COST REPORT**

DESCRIPTION	MOORE
Mileage and auto rental	\$ 5,290
Gasoline and vehicle repairs	1,215
Automobile insurance	654
	\$ 7,159

**ADA S. MCKINLEY COMMUNITY SERVICES, INC.
 SCHEDULE V - LINE 27 - OTHERS - GENERAL ADMINISTRATION
 FISCAL YEAR 2009 COST REPORT**

DESCRIPTION	MOORE
Other Staff Expenses	\$ 186
Client Benefits - Accident Insurance	67
Clothing & Personal Needs	1,565
Miscellaneous	57
	\$ 1,875