

Facility Name & ID Number MEADOW MANOR

0011528 Report Period Beginning: 05/01/09 Ending: 04/30/10

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	48	Skilled (SNF)	48	17,520	1
2		Skilled Pediatric (SNF/PED)			2
3	48	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	96	TOTALS	96	35,040	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	1,340	99	3,552	4,991	8	
9	SNF/PED					9	
10	ICF	18,095	6,885		24,980	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	19,435	6,984	3,552	29,971	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.53%

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

0 (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)

MEALS ON WHEELS

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 1963

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 48 and days of care provided 3,552

Medicare Intermediary NATIONAL GOVERNMENT SERVICES - ILLINOIS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 4/30/10 Fiscal Year: 4/30/10

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

Facility Name & ID Number **MEADOW MANOR** # **0011528** Report Period Beginning: **05/01/09** Ending: **04/30/10**

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	140,084	17,906	9,662	167,652		167,652	(8,336)	159,316		1
2	Food Purchase		213,007		213,007		213,007	(27,897)	185,110		2
3	Housekeeping	55,305	12,359		67,664		67,664		67,664		3
4	Laundry	24,865	15,088		39,953		39,953		39,953		4
5	Heat and Other Utilities			94,462	94,462		94,462	(400)	94,062		5
6	Maintenance	61,468	52,702	70,476	184,646		184,646	17,628	202,274		6
7	Other (specify):* UTILITY WORKER	67,612			67,612		67,612		67,612		7
8	TOTAL General Services	349,334	311,062	174,600	834,996		834,996	(19,005)	815,991		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000	3,292	15,292		9
10	Nursing and Medical Records	1,229,113	338,310	20,705	1,588,128	(188,794)	1,399,334	10,095	1,409,429		10
10a	Therapy	68,127	9,288	403,885	481,300	(403,885)	77,415		77,415		10a
11	Activities	67,867	3,027		70,894		70,894		70,894		11
12	Social Services	35,191		5,341	40,532		40,532		40,532		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,400,298	350,625	441,931	2,192,854	(592,679)	1,600,175	13,387	1,613,562		16
	C. General Administration										
17	Administrative	78,198		16,850	95,048	3,292	98,340	44,098	142,438		17
18	Directors Fees										18
19	Professional Services			214,017	214,017		214,017	(202,025)	11,992		19
20	Dues, Fees, Subscriptions & Promotions			48,504	48,504		48,504	(44,804)	3,700		20
21	Clerical & General Office Expenses	126,886	20,555	6,785	154,226		154,226	64,708	218,934		21
22	Employee Benefits & Payroll Taxes			339,269	339,269		339,269	1,161	340,430		22
23	Inservice Training & Education			4,114	4,114		4,114	1,571	5,685		23
24	Travel and Seminar			7,596	7,596	(4,552)	3,044	1,014	4,058		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			44,289	44,289		44,289	1,186	45,475		26
27	Other (specify):*			67,681	67,681		67,681	(35,862)	31,819		27
28	TOTAL General Administration	205,084	20,555	749,105	974,744	(1,260)	973,484	(168,953)	804,531		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,954,716	682,242	1,365,636	4,002,594	(593,939)	3,408,655	(174,571)	3,234,084		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.

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			28,335	28,335		28,335	13,237	41,572			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			37,242	37,242		37,242	(3,243)	33,999			32
33	Real Estate Taxes			25,517	25,517		25,517		25,517			33
34	Rent-Facility & Grounds							11,547	11,547			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			91,094	91,094		91,094	21,541	112,635			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					593,939	593,939		593,939			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			52,560	52,560	593,939	646,499		646,499			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,954,716	682,242	1,509,290	4,146,248		4,146,248	(153,030)	3,993,218			45

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

MEADOW MANOR

ID# 0011528

Report Period Beginning: 05/01/09

Ending: 04/30/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MEALS ON WHEELS - EXP. REIMB - FOOD	\$ (24,202)	2	1
2	MEALS ON WHEELS - EXP. REIMB - SALARY	(8,336)	1	2
3	VENDING	(947)	2	3
4	DISPOSABLE DIAPERS - SOLD TO PATIENTS	(4,930)	10	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				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	(38,415)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number MEADOW MANOR# 0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(8,336)	0	0	0	0	0	0	0	0	0	0	(8,336)	1
2	Food Purchase	(27,897)	0	0	0	0	0	0	0	0	0	0	(27,897)	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	(400)	0	0	0	0	0	0	0	0	0	0	(400)	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	(36,633)	0	0	0	0	0	0	0	0	0	0	(36,633)	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	(4,930)	0	0	0	0	0	0	0	0	0	0	(4,930)	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	(4,930)	0	0	0	0	0	0	0	0	0	0	(4,930)	16
	C. General Administration													
17	Administrative	0	456	0	0	0	0	0	0	0	0	0	456	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(470)	(201,621)	0	0	0	0	0	0	0	0	0	(202,091)	19
20	Fees, Subscriptions & Promotions	(45,098)	0	0	0	0	0	0	0	0	0	0	(45,098)	20
21	Clerical & General Office Expenses	(1,030)	0	0	0	0	0	0	0	0	0	0	(1,030)	21
22	Employee Benefits & Payroll Taxes	0	(31,819)	0	0	0	0	0	0	0	0	0	(31,819)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	(456)	0	0	0	0	0	0	0	0	0	(456)	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):*	(67,681)	31,819	0	0	0	0	0	0	0	0	0	(35,862)	27
28	TOTAL General Administration	(114,279)	(201,621)	0	(315,900)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(155,842)	(201,621)	0	(357,463)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number MEADOW MANOR# 0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	10,778	0	0	0	0	0	0	0	0	0	0	10,778	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,243)	0	0	0	0	0	0	0	0	0	0	(3,243)	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	7,535	0	0	0	0	0	0	0	0	0	0	7,535	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)	(148,307)	(201,621)	0	0	0	0	0	0	0	0	0	(349,928)	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
SAM KLEIN	95%	HILLTOP NURSING HOME, INC.	CHARLESTON	Nrsg Home Managers	SPRINGFIELD	MANAGEMENT
IGNACIO DELVALLE	5%	JACKSONVILLE CONV. CENTER, INC.	JACKSONVILLE	Meadow Manor West	TAYLORVILLE	RENTAL
		MENARD CONVALESCENT CENTER, INC.	PETERSBURG			
		SUNRISE MANOR OF VIRDEN, INC.	VIRDEN			

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	19 MANAGEMENT FEE	\$ 208,846	NURSING HOME MANAGERS, INC.	95.00%	\$	(208,846)	1
2	V	VAR SEE ATTACHED SCHEDULE		NURSING HOME MANAGERS, INC.	95.00%	196,898	196,898	2
3	V	19 ACCOUNTING		NURSING HOME MANAGERS, INC.-DIRECT ALLOCATION	95.00%	7,225	7,225	3
4	V	24 TRAVEL	456	TO TRANSFER 31% OF HOME OFFICE TRAVEL			(456)	4
5	V	17 ADMINISTRATIVE TRAVEL		TO ADMINISTRATIVE - PER DESK REVIEW		456	456	5
6	V	22 EMPL.BENEFITS& PR TAXES	31,819	TO TRANSFER HOME OFFICE EMPLOYEE BENEFITS			(31,819)	6
7	V	27 OTHER - GENERAL ADMIN.		AND PAYROLL TAXES TO OTHER - PER DESK REVIEW		31,819	31,819	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 241,121			\$ 236,398	\$ * (4,723)	14

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

Facility Name & ID Number

MEADOW MANOR

#

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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	NOT APPLICABLE								\$	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 MEADOW MANOR

0011528

Report Period Beginning:

05/01/09

Ending: 04/30/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization NURSING HOME MANAGERS, INC.
 Street Address 2653 WEST LAWRENCE - SUITE B
 City / State / Zip Code SPRINGFIELD, IL 62704
 Phone Number (217) 787-8530
 Fax Number (217) 787-9840

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

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

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

Facility Name & ID Number

MEADOW MANOR

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1										1									
2										2									
3										3									
4										4									
5										5									
Working Capital																			
6	STOCKHOLDERS	X		WORKING CAPITAL		6/26/00	289,726	574,486	DEMAND	6.0000	37,242	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 289,726	\$ 574,486			\$ 37,242	9							
B. Non-Facility Related*																			
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 289,726	\$ 574,486			\$ 37,242	15							

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

* 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 MEADOW MANOR

0011528 Report Period Beginning:

05/01/09 Ending:

04/30/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,061 B. General Construction Type: Exterior MASONRY Frame STEEL & WOOD Number of Stories 1

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>NURSING HOME</u>	<u>25,061</u>	<u>1963</u>	<u>\$ 3,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	25,061		\$ 3,000	3

Facility Name & ID Number MEADOW MANOR

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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	48	1963	1658	\$ 226,688	\$	25	\$	\$	\$ 226,688	4
5	48		1967	289,148		30			289,148	5
6										6
7										7
8										8
	Improvement Type**									
9	IMPROVEMENT		1979	5,775		15			5,775	9
10	IMPROVEMENT		1980	5,207		VARIOUS			5,207	10
11	IMPROVEMENT		1981	635		10			635	11
12	IMPROVEMENT		1982	36,795		15			36,795	12
13	IMPROVEMENT		1984	44,410		15			44,410	13
14	IMPROVEMENT		1986	13,401		15			13,401	14
15	AIR CONDITIONER		1987	3,749	55	15		(55)	3,749	15
16	IMPROVEMENT		1987	6,721	213	15		(213)	6,721	16
17	IMPROVEMENT		1987	2,539	81	15		(81)	2,539	17
18	SPRINKLER		1989	890	28	15		(28)	890	18
19	IMPROVEMENT		1989	16,132	512	15		(512)	16,132	19
20	IMPROVEMENT		1990	4,004	127	15		(127)	4,004	20
21	IMPROVEMENT		1990	22,907	727	VARIOUS	811	84	18,046	21
22	IMPROVEMENT		1993	2,576	82	VARIOUS		(82)	2,576	22
23	IMPROVEMENT		1994	1,475	47	15		(47)	1,475	23
24	IMPROVEMENT		1995	42,600	1,092	20	2,130	1,038	33,015	24
25	AIR CONDITIONER		1996	6,844	175	15	457	282	6,616	25
26	SMOKE DETECTORS		1996	981	25	15	66	41	948	26
27	SINKS & FAUCETS		1996	2,698	69	15	179	110	2,608	27
28	WINDOWS		1996	3,859	99	15	258	159	3,731	28
29	FIRE DOORS		1996	784	20	15	52	32	758	29
30	NEW DOOR FRAMES		1997	10,035	257	15	669	412	8,362	30
31	SPRINKLER REPAIRS		1997	1,127	29	15	75	46	939	31
32	FIRE DOORS		1998	808	21	15	53	32	620	32
33	AIR CONDITIONER		1988	1,820	47	15	122	75	1,396	33
34	FIRE ALARM SYSTEM		1999	8,250	212	20	412	200	4,744	34
35	WATER HEATER		2000	3,813	98	15	254	156	2,625	35
36	BACKFLOW VALVE		2000	3,998	103	15	266	163	2,688	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 MEADOW MANOR

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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 CONDITIONER	1999	\$ 2,985	\$ 77	15	\$ 199	\$ 122	\$ 2,172	37
38	DOORS	2001	4,450	114	15	296	182	2,695	38
39	5 TON AIR CONDITIONER	2001	1,613	41	10	161	120	1,424	39
40	ROOFTOP A/C & HEAT	2001	3,165	81	15	211	130	1,811	40
41	2 ROOMS & BATHROOMS RENOVATED FOR MEDICARE	2002	56,051	1,437	20	2,802	1,365	20,785	41
42	ROOFTOP A/C & HEAT	2002	3,396	87	10	340	253	2,547	42
43	AIR CONDITIONER	2003	1,985	51	10	198	147	1,356	43
44	SMOKE DETECTORS & EXHAUST SYSTEM	2004	4,838	124	15	323	199	2,001	44
45	ROOF	2004	162,600	4,169	20	8,130	3,961	44,038	45
46	FIRE SUPPRESSION SYSTEM & ELECTRICAL WIRING	2005	6,420	164	20	321	157	1,570	46
47	HEAT EXCHANGER	2005	1,181	30	15	79	49	348	47
48	FLOOR - BEAUTY SHOP	2007	14,365	368	20	718	350	2,095	48
49	PARKING LOT	2008	14,750	701	15	984	283	1,803	49
50	SIDEWALK	2008	2,500	119	15	167	48	292	50
51	5 TON AIR CONDITIONER	2008	8,917	229	10	892	663	1,635	51
52	5 TON AIR CONDITIONER	2009	9,101	224	10	834	610	834	52
53	FIRE SAFETY IMPROVEMENTS	2010	8,755	66	15	146	80	146	53
54	LIGHTING - DIETARY	2009	3,372	54	15	150	96	150	54
55	WATER HEATER	2009	6,246	87	15	243	156	243	55
56	ROOF - LIFE SAFETY	2010	7,055	53	20	117	64	117	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)		\$ 1,094,414	\$ 12,395		\$ 23,115	\$ 10,720	\$ 835,303	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	\$ 159,439	\$ 11,820	\$ 15,163	\$ 3,343	Various	\$ 84,993	71
72	Current Year Purchases	3,890	2,020	252	(1,768)	Various	252	72
73	Fully Depreciated Assets	390,741					390,741	73
74	Assets No Longer in Service (Includes MMWest)	(160,147)					(160,147)	74
75	TOTALS	\$ 393,923	\$ 13,840	\$ 15,415	\$ 1,575		\$ 315,839	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	RESIDENT TRANSPORT	1995 CHEVY VAN	2009	\$ 3,500	\$ 2,100	\$ 583	\$ (1,517)	4	\$ 583	76
77										77
78										78
79										79
80	TOTALS			\$ 3,500	\$ 2,100	\$ 583	\$ (1,517)		\$ 583	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)	\$ 1,494,837	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 28,335	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 39,113	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 10,778	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,151,725	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	MM WEST CLOSED 9/6/01	\$ 310,256	\$	\$	86
87	PER 4/30/04 - DESK REVIEW				87
88					88
89					89
90					90
91	TOTALS	\$ 310,256	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NOT APPLICABLE

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? YES NO

16. Rental Amount for movable equipment: \$ _____ 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			\$	\$	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>/2011</u>	\$ _____
13.	<u>/2012</u>	\$ _____
14.	<u>/2013</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 8	hrs	\$	3,258	\$ 179,489	\$	3,258	\$ 179,489	1
2	Licensed Speech and Language Development Therapist	39 - 8	hrs		470	21,406		470	21,406	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 8	hrs		4,115	202,990		4,115	202,990	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 8	# of prescripts				132,610		132,610	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Labs, X-Rays, Oxygen</u>	39 - 8					33,590		33,590	12
13	Other (specify): <u>Ambulance, Supplies</u>	39 - 8					23,854		23,854	13
14	TOTAL			\$	7,843	\$ 403,885	\$ 190,054	7,843	\$ 593,939	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 **MEADOW MANOR**

0011528

Report Period Beginning: **05/01/09**

Ending: **04/30/10**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **04/30/10**

(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	\$ 31,701	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	556,886		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,431		6
7	Other Prepaid Expenses	175,755		7
8	Accounts Receivable (owners or related parties)	169,183		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 949,956	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,000		13
14	Buildings, at Historical Cost	1,094,414		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	461,706		16
17	Accumulated Depreciation (book methods)	(1,179,768)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 379,352	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,329,308	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 288,304	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,351		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,105		31
32	Accrued Real Estate Taxes(Sch.IX-B)	33,927		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 358,687	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	574,486		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 574,486	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 933,173	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 396,135	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,329,308	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 746,422	1
2	Restatements (describe):		2
3	AMENDED TAX RETURN 4/30/09 - ADJUSTMENT	6,190	3
4	SEE ATTACHED EXPLANATION		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 752,612	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	208,523	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	(565,000)	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)	\$ (356,477)	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)	\$ 396,135	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number MEADOW MANOR# 0011528Report Period Beginning: 05/01/09Ending: 04/30/10

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	\$ 4,552,525	1
2	Discounts and Allowances for all Levels	(375,613)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,176,912	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	111,598	6
7	Oxygen	13,021	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 124,619	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	35,286	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	400	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	6,696	21
22	Laundry	5,423	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 47,805	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,243	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,243	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	VENDING - \$947 ADMIT FEE - \$300 W/A - \$24	1,271	28
28a	BAD DEBT RECOVERY - \$215 OLD CHECKS - \$706	921	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,192	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,354,771	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	834,996	31
32	Health Care	2,192,854	32
33	General Administration	974,744	33
B. Capital Expense			
34	Ownership	91,094	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	52,560	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,146,248	40
41	Income before Income Taxes (line 30 minus line 40)**	208,523	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 208,523	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.

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

Facility Name & ID Number **MEADOW MANOR**

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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	1,966	2,086	\$ 54,863	\$ 26.30	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,317	3,395	80,783	23.79	3
4	Licensed Practical Nurses	26,295	27,803	491,346	17.67	4
5	CNAs & Orderlies	56,149	57,883	602,121	10.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,859	6,274	68,127	10.86	8
9	Activity Director	2,049	2,193	25,286	11.53	9
10	Activity Assistants	4,659	4,929	42,581	8.64	10
11	Social Service Workers	1,927	2,192	35,191	16.05	11
12	Dietician					12
13	Food Service Supervisor	1,921	2,053	26,478	12.90	13
14	Head Cook					14
15	Cook Helpers/Assistants	11,774	11,937	105,270	8.82	15
16	Dishwashers					16
17	Maintenance Workers	5,056	5,286	61,468	11.63	17
18	Housekeepers	6,412	6,626	55,305	8.35	18
19	Laundry	2,457	2,674	24,865	9.30	19
20	Administrator	1,966	2,086	78,198	37.49	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,354	9,720	126,886	13.05	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					31
32	Other Health C: Utility Workers	6,191	6,372	67,612	10.61	32
33	Other(specify) <u>M-O-W Coordinat</u>	575	708	8,336	11.77	33
34	TOTAL (lines 1 - 33)	147,927	154,217	\$ 1,954,716 *	\$ 12.68	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	292	\$ 9,662	1 - 3	35
36	Medical Director	120	12,000	9 - 3	36
37	Medical Records Consultant	16	500	10 - 3	37
38	Nurse Consultant	352	11,588	10 - 3	38
39	Pharmacist Consultant	96	3,117	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				44
45	Social Service Consultant	82	5,341	12 - 3	45
46	Other(specify)				46
47	<u>Psychiatric Consultant</u>	22	5,500	10 - 3	47
48	<u>Administrative Consultant</u>	704	16,850	17 - 3	48
49	TOTAL (lines 35 - 48)	1,684	\$ 64,558		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)		\$ 0	53

Facility Name & ID Number MEADOW MANOR

0011528

Report Period Beginning:

05/01/09

Ending:

04/30/10

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. _____
- (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? _____
- (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? _____
- (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 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,940 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. _____
- (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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 52,560
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? YES If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? YES Indicate the amount. \$ 2,748
- (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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
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? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (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.

DUE TO THE CLOSING OF THE MEADOW MANOR WEST BUILDING (SEPTEMBER 6, 2001) WE ARE NO LONGER COMBINING MEADOW MANOR AND MEADOW MANOR WEST ON COST REPORTS. ADJUSTMENTS TO DEPRECIATION, REAL ESTATE TAXES, ETC. HAVE BEEN NOTED ON THE COST REPORT WHERE APPLICABLE.

PAGE 3 & 4 - SCHEDULE V

LINE 27 - OTHER GENERAL ADMINISTRATION

BAD DEBTS	\$	60,477
SALES TAX		6,954
CONTRIBUTIONS		<u>250</u>
SCHEDULE V - LINE 27 - COLUMN 3	\$	<u>67,681</u>

COLUMN 5 - DETAIL OF RECLASSIFICATIONS

FROM:	AMOUNT	LINE #
MEDICARE X-RAYS	\$ (7,226)	10
MEDICARE AMBULANCE	(21704)	10
MEDICARE IV	(20,590)	10
MEDICARE DRUGS	(112,020)	10
MEDICARE LABS	(9,743)	10
MEDICARE SUPPLIES	(2,150)	10
MEDICARE OXYGEN	(3,600)	10
OXYGEN - PRIVATE & DPA	(13,021)	10
PHYSICAL THERAPY	(202,990)	10A
OCCUPATIONAL THERAPY	(179,489)	10A
SPEECH THERAPY	<u>(21,406)</u>	10A
TO: ANCILLARY SERVICES	\$ <u>593,939</u>	39
TO: ADMINISTRATIVE CONS. MILEAGE	\$ 3,292	17
NURSE CONSULTANT MILEAGE	<u>1,260</u>	10
FROM: TRAVEL	\$ <u>(4,552)</u>	24

PAGE 3 - SCHEDULE V - LINE 23

DETAIL - INSERVICE TRAINING & EDUCATION

FOOD SAFETY / SANITATION COURSE	\$	405
EMPLOYEE TRAINING - ONLINE		1,932
SOCIAL SERVICE & ACTIVITY TRAINING		150
SURVEY WORKSHOPS		440
LEADERSHIP SEMINARS		198
RESTORATIVE & REHAB TRAINING COURSE		600
AGING WORKSHOP		125
HOME OFFICE INSERVICES & MEALS & MATERIALS		135
CPR COURSE		34
CONTINUEING EDUCATION SEMINAR		95
NURSING HOME MANAGERS ALLOCATION		<u>1,571</u>
SCHEDULE V - LINE 23 - COLUMN 8	\$	<u>5,685</u>

PAGE 10A - SECTION A - 2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

THE FOLLOWING ADJUSTMENTS ARE DUE TO THE CLOSING OF MEADOW MANOR WEST ON SEPTEMBER 6, 2001.

MEADOW MANOR PORTION: ALLOWABLE	\$	25,444.88
68% OF THE \$37,418.94 TAX BILL		
MEADOW MANOR WEST PORTION: NON-ALLOWABLE		11,974.06
32% OF THE \$37,418.94 TAX BILL		
TOTAL 2009 REAL ESTATE TAX BILL	\$	<u>37,418.94</u>

PAGE 13 - SCHEDULE XI - SECTION E

RECONCILIATION OF DEPRECIATION

SCHEDULE XI - SECTION E - LINE 83	\$	39,113
NURSING HOME MANAGERS ALLOCATION		<u>2,459</u>
SCHEDULE V - LINE 30 - COLUMN 8	\$	<u>41,572</u>

PAGE 18 - SCHEDULE XVI - LINE 3

AN AMENDED TAX RETURN WAS FILED 4/21/10 FOR THE TAX YEAR ENDED 4/30/09. DEPRECIATION WAS REDUCED BY \$6,190. SINCE DEPRECIATION IS ADJUSTED ON THE ILLINOIS COST REPORT TO STRAIGHT LINE AND THERE WAS NO CHANGE IN ASSETS BEING DEPRECIATED THERE WAS NO CHANGE IN THE 4/30/09 ILLINOIS COST REPORT'S PAGE 3 & 4 COLUMN 8.

PAGE 19 - SCHEDULE XVII

RECONCILIATION OF INCOME

LINE 43 - NET INCOME	\$ 208,523
** INTEREST INCOME	(3,243)
** RENTAL INCOME	(400)
** CONTRIBUTIONS	250
ROUNDING ADJUSTMENT	(1)
TAXABLE INCOME	<u>\$ 205,129</u>

* RELATED PARTY ACCOUNTS PAYABLE NOT ALLOWED FOR TAX PURPOSES ARE INCLUDED HERE FOR CONSISTENCY WITH PRIOR YEAR COST REPORTS AND TO CONFORM WITH ACCRUAL ACCOUNTING METHODS.

** PASSED DIRECTLY THROUGH TO STOCKHOLDERS ON TAX RETURN

PAGE 23 - SCHEDULE XX - QUESTION 12

SALARY COSTS ARE ALLOCATED TO DEPARTMENT BASED UPON HOURS WORKED PER TIME CARDS.

PAGE 21 - SCHEDULE XIX - SECTION F

DUES, FEES, SUBSCRIPTIONS, AND PROMOTIONS

YELLOW PAGES	\$ 2547
INHAA DUES	100
PUBLIC RELATIONS	41,784
FRANCHISE FEES	178
CHAMBER OF COMMERCE	317
KIWANIS	450
COUNTY HEALTH FOOD SERVICE	150
CLIA LAB WAIVER	150
FOOD SERVICE SANITATION CERTIFICATE	175
ADMINISTRATOR LICENSE	<u>100</u>

SCHEDULE XIX - SECTION F \$ 45,951

PAGE 21 - SCHEDULE XIX - SECTION G

SCHEDULE OF TRAVEL & SEMINAR

ADMINISTRATOR MILEAGE	\$ 245
OFFICE & SCREENING MILEAGE	670
ACTIVITY & SOCIAL SERVICE MILEAGE	150
COMMUNITY RELATIONS MILEAGE	835
INHOUSE TRAINING MILEAGE	783
MAINTENANCE MILEAGE	<u>361</u>

SCHEDULE XIX - SECTION G \$ 3,044

CENTRAL OFFICE COST ALLOCATION
 MEADOW MANOR
 SCHEDULE VII PAGE 6 LINE 2

0011528

05/01/09 TO 04/30/10

PAGE 26

CENTRAL OFFICE COST ALLOCATION
 MEADOW MANOR
 2009

	MAY 09	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN 10	FEB	MARCH	APRIL	TOTAL	LINE #
SALARIES-ADMIN	3,209	3,403	3,399	3,226	3,203	3,228	3,166	3,190	2,300	2,268	2,216	2,234	35,043	17
SALARIES-CLERIC	4,402	4,668	4,663	5,083	5,047	5,086	4,988	5,027	5,085	5,016	4,901	4,941	58,909	21
SALARIES-CONTR	1,543	1,636	1,635	(597)	(593)	(597)	(586)	(590)	1,721	1,697	1,658	1,672	8,599	17
SALARIES-NURSE	333	353	353	2,058	2,044	2,060	2,020	2,036	961	948	926	933	15,025	10
ACCOUNTING	111	118	118	(100)	(99)	(100)	(98)	(98)	54	53	52	53	66	19
WORK COMP INS	(43)	(46)	(46)	147	146	147	144	145	144	142	139	140	1,161	22
SUPPLIES	111	117	117	169	168	169	166	167	266	262	256	258	2,226	21
TELEPHONE	308	326	326	361	358	361	354	357	472	465	455	458	4,603	21
EMPL BENEFITS	1,158	1,228	1,227	2,803	2,783	2,805	2,751	2,772	1,294	1,276	1,247	1,257	22,601	22
PAYROLL TAXES	632	671	670	902	895	902	885	892	706	696	680	686	9,218	22
TRAVEL	152	162	161	75	74	75	73	74	159	157	153	154	1,470	24
IN SERVICE	50	53	53	61	61	61	60	60	284	280	273	276	1,571	23
MEDICAL CONSULT	264	280	279	274	272	275	269	271	282	278	272	274	3,292	9
MACHINE RENTAL	1,086	1,151	1,150	1,058	1,050	1,059	1,038	1,046	1,096	1,082	1,057	1,065	12,938	6
OWNERS COMP	-	-	-	-	-	-	-	-	-	-	-	-	-	17
INS-PROP,LIAB,WC	-	-	-	202	201	202	198	200	47	46	45	45	1,186	26
DEPRECIATION	264	280	280	71	70	71	69	70	327	323	315	318	2,459	30
RENT	707	749	749	1,098	1,090	1,098	1,077	1,085	993	980	957	965	11,547	34
MAINTENANCE	470	498	498	403	400	404	396	399	312	307	300	303	4,690	6
FEES & PUBLICAT	4	4	4	43	43	43	42	43	18	17	17	17	294	20
ADVERTISING	-	-	-	-	-	-	-	-	-	-	-	-	-	20
MEDICAL DIRECTOF	-	-	-	-	-	-	-	-	-	-	-	-	-	9
TOTAL	14,760	15,652	15,636	17,338	17,213	17,348	17,015	17,146	16,521	16,296	15,922	16,050	196,898	
FIXED ASSETS	-	-	-	-	-	-	-	-	-	-	-	-	196,898	
EQUIP - PRIOR	17,134	18,170	18,152	17,841	17,712	17,851	17,508	17,643	18,351	18,101	17,686	17,828	17,831	
EQUIP - CURR	353	375	5,771	5,672	5,784	5,829	5,717	5,762	5,993	5,911	5,776	5,822	4,897	
EQUIP - FULLY DEP	6,615	7,015	7,007	6,887	6,838	6,891	6,759	6,811	7,084	6,988	6,828	6,882	6,884	
BLDG - PRIOR	-	-	-	-	-	-	-	-	-	-	-	-	-	
BLDG - CURR	-	-	-	-	-	-	-	-	-	-	-	-	-	
BLDG - FULLY DEP	1,688	1,790	1,788	1,758	1,745	1,759	1,725	1,738	1,808	1,783	1,743	1,757	1,757	

NURSING HOME MANAGERS
COST ALLOCATION
MAY 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1972937	0.2155528	0.2510194	0.1545998	0.1915223	1
SALARIES-ADMIN	-	2,384	2,756	3,209	1,976	2,448	12,781
SALARIES-CLERIC	-	3,284	3,780	4,402	2,711	3,359	17,536
SALARIES-CONTR	-	1,151	1,324	1,543	950	1,177	6,147
SALARIES-NURSE	-	249	286	333	205	254	1,328
ACCOUNTING	-	83	96	111	69	85	443
WORK COMP INS	-	250	280	343	211	253	1,127
SUPPLIES	-	83	95	111	68	84	441
TELEPHONE	-	250	280	343	211	253	1,128
EMPL BENEFITS	-	864	994	1,158	713	883	4,613
PAYROLL TAXES	-	472	543	632	389	482	2,519
TRAVEL	-	131	131	152	92	112	607
INSERVICE	-	37	43	51	31	38	198
MEDICAL CONSULT	-	197	226	264	162	198	1,050
MACHINE RENTAL	-	810	932	1,086	669	828	4,325
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC	-	-	-	-	-	-	-
DEPRECIATION	-	197	227	264	163	202	1,053
RENT	-	527	607	707	435	539	2,815
MAINTENANCE	-	351	404	470	289	359	1,872
FEES & PUBLIC	-	3	3	4	2	3	14
ADVERTISING	-	-	-	-	-	-	-
TOTAL	-	11,012	12,674	14,760	9,090	11,261	58,796

FIXED ASSETS

EQUIP - PRIOR	-	12,784	14,713	17,134	10,552	13,073	68,256
EQUIP - CURR	-	254	303	353	218	270	1,408
EQUIP - FULLY DEP	-	4,595	5,680	6,715	4,074	5,047	26,350
BLDG - PRIOR	-	-	-	-	-	-	-
BLDG - CURR	-	-	-	-	-	-	-
BLDG - FULLY DEP	-	1,260	1,450	1,688	1,040	1,288	6,725

NURSING HOME MANAGERS
COST ALLOCATION
JUNE 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1847113	0.2153532	0.2652079	0.1451457	0.1889819	1
SALARIES-ADMIN	-	2,361	2,753	3,403	1,855	2,410	12,781
SALARIES-CLERIC	-	3,239	3,778	4,468	2,545	3,307	17,536
SALARIES-CONTR	-	1,137	1,324	1,636	892	1,156	6,147
SALARIES-NURSE	-	245	286	333	203	250	1,328
ACCOUNTING	-	82	95	118	64	84	443
WORK COMP INS	-	250	280	340	211	253	1,127
SUPPLIES	-	81	95	117	64	83	441
TELEPHONE	-	250	280	340	211	253	1,128
EMPL BENEFITS	-	852	993	1,228	670	870	4,613
PAYROLL TAXES	-	465	543	637	386	475	2,519
TRAVEL	-	112	131	162	98	114	607
INSERVICE	-	37	43	53	29	37	198
MEDICAL CONSULT	-	197	226	278	165	200	1,050
MACHINE RENTAL	-	799	931	1,151	628	816	4,325
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC	-	-	-	-	-	-	-
DEPRECIATION	-	195	227	280	153	199	1,053
RENT	-	520	606	748	458	571	2,815
MAINTENANCE	-	346	403	498	272	353	1,872
FEES & PUBLIC	-	3	3	4	2	3	14
ADVERTISING	-	-	-	-	-	-	-
TOTAL	-	10,860	12,652	15,652	8,534	11,088	58,796

FIXED ASSETS

EQUIP - PRIOR	-	12,608	14,699	18,170	9,907	12,872	68,256
EQUIP - CURR	-	250	303	375	218	266	1,408
EQUIP - FULLY DEP	-	4,687	5,675	7,015	3,825	4,969	26,350
BLDG - PRIOR	-	-	-	-	-	-	-
BLDG - CURR	-	-	-	-	-	-	-
BLDG - FULLY DEP	-	1,242	1,448	1,790	976	1,268	6,725

NURSING HOME MANAGERS
COST ALLOCATION
JULY 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1838919	0.2164082	0.2659933	0.1510755	0.1826913	1
SALARIES-ADMIN	-	2,350	2,766	3,369	1,831	2,335	12,781
SALARIES-CLERIC	-	3,225	3,795	4,663	2,649	3,304	17,536
SALARIES-CONTR	-	1,130	1,324	1,636	892	1,123	6,147
SALARIES-NURSE	-	244	287	343	201	243	1,328
ACCOUNTING	-	82	96	118	67	81	443
WORK COMP INS	-	250	280	340	211	253	1,127
SUPPLIES	-	81	95	117	67	81	441
TELEPHONE	-	250	280	340	211	253	1,128
EMPL BENEFITS	-	848	998	1,227	697	843	4,613
PAYROLL TAXES	-	463	545	630	381	460	2,519
TRAVEL	-	112	131	162	98	112	607
INSERVICE	-	36	43	53	30	36	198
MEDICAL CONSULT	-	197	227	279	165	200	1,050
MACHINE RENTAL	-	795	936	1,150	653	790	4,325
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC	-	-	-	-	-	-	-
DEPRECIATION	-	194	228	280	159	192	1,053
RENT	-	518	606	748	458	571	2,815
MAINTENANCE	-	344	405	498	283	342	1,872
FEES & PUBLIC	-	3	3	4	2	3	14
ADVERTISING	-	-	-	-	-	-	-
TOTAL	-	10,812	12,724	15,636	8,883	10,742	58,796

FIXED ASSETS

EQUIP - PRIOR	-	12,562	14,771	18,152	10,312	12,470	68,256
EQUIP - CURR	-	250	303	375	218	266	1,408
EQUIP - FULLY DEP	-	4,846	5,702	7,007	3,981	4,814	26,350
BLDG - PRIOR	-	-	-	-	-	-	-
BLDG - CURR	-	-	-	-	-	-	-
BLDG - FULLY DEP	-	1,237	1,455	1,788	1,016	1,229	6,725

NURSING HOME MANAGERS
COST ALLOCATION
AUGUST 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1810013	0.2186236	0.2618065	0.1462427	0.192752	1
SALARIES-ADMIN	-	2,234	2,698	3,228	1,805	2,379	12,343
SALARIES-CLERIC	-	3,520	4,252	5,083	2,844	3,749	19,448
SALARIES-CONTR	-	1,130	1,324	1,636	892	1,123	6,147
SALARIES-NURSE	-	1,425	1,722	2,058	1,152	1,516	7,875
ACCOUNTING	-	89	103	122	67	73	381
WORK COMP INS	-	250	280	340	211	253	1,127
SUPPLIES	-	117	141	169	95	125	647
TELEPHONE	-	250	280	340	211	253	1,128
EMPL BENEFITS	-	1,941	2,345	2,803	1,568	2,067	10,724
PAYROLL TAXES	-	624	754	902	505	665	3,450
TRAVEL	-	52	63	75	42	55	296
INSERVICE	-	42	51	61	34	45	233
MEDICAL CONSULT	-	190	228	274	154	190	1,050
MACHINE RENTAL	-	733	885	1,058	592	790	4,047
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC	-	-	-	-	-	-	-
DEPRECIATION	-	49	59	71	40	52	271
RENT	-	760	918	1,098	614	808	4,199
MAINTENANCE	-	279	337	403	236	297	1,543
FEES & PUBLIC	-	30	36	43	24	32	165
ADVERTISING	-	-	-	-	-	-	-
TOTAL	-	12,007	14,502	17,338	9,701	12,786	66,334

FIXED ASSETS

EQUIP - PRIOR	-	12,354	14,922	17,841	9,982	13,156	68,256
EQUIP - CURR	-	3,520	4,252	5,083	3,174	4,183	21,202
EQUIP - FULLY DEP	-	4,769	5,761	6,987	3,653	5,079	26,350
BLDG - PRIOR	-	-	-	-	-	-	-
BLDG - CURR	-	-	-	-	-	-	-
BLDG - FULLY DEP	-	1,217	1,470	1,758	983	1,296	6,725

NURSING HOME MANAGERS
COST ALLOCATION
SEPTEMBER 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1713011	0.2268106	0.2594937	0.1480598	0.1943349	1
SALARIES-ADMIN	-	2,114	2,800	3,203	1,829	2,399	12,343
SALARIES-CLERIC	-	3,331	4,411	5,047	2,879	3,779	19,448
SALARIES-CONTR	-	1,091	1,310	1,609	859	1,109	6,147
SALARIES-NURSE	-	1,389	1,786	2,044	1,156	1,535	7,875
ACCOUNTING	-	89	103	122	67	73	381
WORK COMP INS	-	250	280	340	211	253	1,127
SUPPLIES	-	117	147	168	96	128	647
TELEPHONE	-	250	280	340	211	253	1,128
EMPL BENEFITS	-	1,837	2,432	2,783	1,588	2,084	10,724
PAYROLL TAXES	-	591	783	985	511	670	3,450
TRAVEL	-	49	62	74	42	55	296
INSERVICE	-	40	53	61	35	45	233
MEDICAL CONSULT	-	189	228	272	150	190	1,050
MACHINE RENTAL	-	693	918	1,059	599	797	4,047
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC	-	-	-	-	-	-	-
DEPRECIATION	-	46	61	70	40	53	271
RENT	-	719	944	1,098	618	811	4,199
MAINTENANCE	-	264	350	400	228	300	1,543
FEES & PUBLIC	-	28	37	43	24	32	165
ADVERTISING	-	-	-	-	-	-	-
TOTAL	-	11,383	15,045	17,213	9,821	12,891	66,334

FIXED ASSETS

EQUIP - PRIOR	-	11,892	15,481	17,712	10,108	13,265	68,256
EQUIP - CURR	-	3,818	5,056	5,784	3,300	4,332	22,290
EQUIP - FULLY DEP	-	4,514	5,976	6,838	3,901	5,121	26,350
BLDG - PRIOR	-	-	-	-	-	-	-
BLDG - CURR	-	-	-	-	-	-	-
BLDG - FULLY DEP	-	1,152	1,525	1,745	996	1,307	6,725

NURSING HOME MANAGERS
COST ALLOCATION
OCTOBER 2009

ALLO PERCENT	DADR	H LTP	JVILLE	MEAD M	MEMARO	SUNRISE	TOTAL
	0	0.1737758	0.2247786	0.2616291	0.1466965	0.19322	1
SALARIES-ADMIN	-	2,145	2,774	3,228	1,811	2,385	12,343
SALARIES-CLERIC	-	3,380	4,371	5,086	2,853	3,798	19,448
SALARIES-CONTR	-	1,097	1,310	1,609	859	1,109	6,147
SALARIES-NURSE	-	1,389	1,770	2,060	1,155	1,522	7,875
ACCOUNTING	-	89	103	122	67	73	381
WORK COMP INS	-	250	280	340	211	253	1,127
SUPPLIES	-	112	145	169	95	125	647
TELEPHONE	-	250	280	340	211	253	1,128
EMPL BENEFITS	-	1,884	2,411	2,805	1,573	2,072	10,724
PAYROLL TAXES	-	600	776	902	506	667	3,450
TRAVEL	-	49	64	75	42	55	296
INSERVICE	-	41	52	61	34	45	233
MEDICAL CONSULT	-	188	228	275	150	190	1,050
MACHINE RENTAL	-	703	910	1,059	594	792	4,047
OWNERS COMP	-	-	-	-	-	-	-
INS-PROPLIABWC							

OCCUPIED DAYS 2009	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1861	2413	2389		1630	1859	10152
FEBRUARY	1752	2160	2088		1341	1588	8929
MARCH	1882	2368	2469		1567	1841	10127
APRIL	1701	2113	2469		1466	1768	9517
MAY	1816	2090	2434		1499	1857	9696
JUNE	1718	2003	2476		1350	1754	9301
JULY	1838	2163	2658		1510	1826	9995
AUGUST	1833	2214	2647		1481	1952	10127
SEPTEMBER	1651	2186	2501		1427	1873	9638
OCTOBER	1707	2208	2569		1441	1898	9823
NOVEMBER	1597	2165	2407		1414	1801	9384
DECEMBER	1572	2197	2468		1503	1808	9548
TOTAL	20928	26280	29575	0	17629	21825	116237 116237

OCCUPIED DAYS 2010	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1593	2173	2620		1497	1862	9745
FEBRUARY	1481	1909	2317		1369	1661	8737
MARCH	1720	2126	2479		1442	1800	9567
APRIL	1700	1979	2386		1321	1749	9135
MAY	1689	2084	2388		1463	1892	9516
JUNE	1598	2026	2292		1268	1705	8889
JULY	1633	2138	2475		1446	1711	9403
AUGUST	1597	2178	2451		1441	1724	9391
SEPTEMBER							0
OCTOBER							0
NOVEMBER							0
DECEMBER							0
TOTAL	13011	16613	19408	0	11247	14104	74383 74383

ALLOCATION PERCENTAGE 2009	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	0.183314	0.237687	0.235323	0.160559	0.183117	1
FEBRUARY	0.196215	0.241908	0.233845	0.150185	0.177847	1
MARCH	0.18584	0.23383	0.243804	0.154735	0.181791	1
APRIL	0.178733	0.222024	0.25943	0.15404	0.185773	1
MAY	0.187294	0.215553	0.251031	0.1546	0.191522	1
JUNE	0.184711	0.215353	0.266208	0.145146	0.188582	1
JULY	0.183892	0.216408	0.265933	0.151076	0.182691	1
AUGUST	0.181001	0.218623	0.26138	0.146243	0.192752	1
SEPTEMBER	0.171301	0.226811	0.259494	0.14806	0.194335	1
OCTOBER	0.173776	0.224779	0.261529	0.146697	0.19322	1
NOVEMBER	0.170183	0.230712	0.2565	0.150682	0.191922	1
DECEMBER	0.164642	0.230101	0.258483	0.157415	0.189359	1

ALLOCATION PERCENTAGE 2010	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	0.163468	0.222986	0.268856	0.153617	0.191072	1
FEBRUARY	0.169509	0.218496	0.265194	0.15669	0.190111	1
MARCH	0.179785	0.222222	0.25912	0.150726	0.188147	1
APRIL	0.186097	0.216639	0.261193	0.144609	0.191461	1
MAY	0.177491	0.219	0.250946	0.153741	0.198823	1
JUNE	0.179773	0.227922	0.257847	0.142648	0.19181	1
JULY	0.173668	0.227374	0.263214	0.153781	0.181963	1
AUGUST	0.170056	0.231924	0.260995	0.153445	0.18358	1