

Facility Name & ID Number Meadows Sheltered Care, Inc. # 0021766 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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                                |
|----|------------------------------|-----------|----|------------------------------------|--------------------------|--------------|----------------|--------------|---------------|--------------------------|-----------------------------------|
|    |                              |           |    |                                    |                          | Original     | Balance        |              |               |                          |                                   |
|    | 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 |                                    |                          |              |                |              |               |                          |                                   |
|    | A. Directly Facility Related |           |    |                                    |                          |              |                |              |               |                          |                                   |
|    | Long-Term                    |           |    |                                    |                          |              |                |              |               |                          |                                   |
| 1  |                              |           |    |                                    |                          |              | \$             | \$           |               | -                        | \$                                |
| 2  | HUD                          | X         |    | Debt Refinance / Bldg Construction | Varies                   | Aug-06       | 2,700,000      | 2,621,463    | Sep-46        | 0.0600                   | 157,954                           |
| 3  |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 4  |                              |           |    |                                    |                          |              |                |              |               | Interest Income A        | (37)                              |
| 5  |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
|    | Working Capital              |           |    |                                    |                          |              |                |              |               |                          |                                   |
| 6  |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 7  |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 8  |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 9  | TOTAL Facility Related       |           |    |                                    |                          |              | \$ 2,700,000   | \$ 2,621,463 |               |                          | \$ 157,917                        |
|    | B. Non-Facility Related*     |           |    |                                    |                          |              |                |              |               |                          |                                   |
| 10 |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 11 |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 12 |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 13 |                              |           |    |                                    |                          |              |                |              |               | -                        |                                   |
| 14 | TOTAL Non-Facility Related   |           |    |                                    |                          |              | \$             | \$           |               |                          | \$                                |
| 15 | TOTALS (line 9+line14)       |           |    |                                    |                          |              | \$ 2,700,000   | \$ 2,621,463 |               |                          | \$ 157,917                        |

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 &amp; ID Number Meadows Sheltered Care, Inc.

# 0021766 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

## B. Real Estate Taxes

|   |      |  |         |                  |                                    |    |
|---|------|--|---------|------------------|------------------------------------|----|
| 1. Real Estate Tax accrual used on 2009 report.   |      | Important, please see the next worksheet, "RE Tax". The real estate tax statement and bill must accompany the cost report. |         | \$               | 229,505                            | 1  |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)   |      | \$   | 260,921 |                  |                                    | 2  |
| 3. Under or (over) accrual (line 2 minus line 1).   |      | \$   | 31,416  |                  |                                    | 3  |
| 4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)  |      | \$   | 260,921 |                  |                                    | 4  |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) |      | \$   | 10,130  |                  |                                    | 5  |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)      |      | \$   |         |                  |                                    | 6  |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.   |      | \$   | 302,467 |                  |                                    | 7  |
| Real Estate Tax History:  |      |  |         |                  |                                    |    |
| Real Estate Tax Bill for Calendar Year:   | 2005 | 217,004  | 8       | FOR BHF USE ONLY |                                    |    |
|   | 2006 | 214,214  | 9       | 13               | FROM R. E. TAX STATEMENT FOR 2009  | \$ |
|   | 2007 | 223,540  | 10      | 14               | PLUS APPEAL COST FROM LINE 5       | \$ |
|   | 2008 | 229,505  | 11      | 15               | LESS REFUND FROM LINE 6            | \$ |
|   | 2009 | 260,921  | 12      | 16               | AMOUNT TO USE FOR RATE CALCULATION | \$ |
| Accrual based on current year assessment.   |      |  |         |                  |                                    |    |
| Tax appeal cost resulted in reduced assessment.   |      |  |         |                  |                                    |    |

## NOTES:

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



X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,000 B. General Construction Type: Exterior Brick Frame Concrete Block Number of Stories One

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

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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>52,300</u> | <u>1986</u>   | <u>\$ 25,000</u> | 1 |
| 2        |                     |               |               |                  | 2 |
| 3        | <b>TOTALS</b>       | <u>52,300</u> |               | <u>\$ 25,000</u> | 3 |

Facility Name &amp; ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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  | 98                               |                  | 1986          | 1975             | \$ 1,500,000 | \$                        | 30            | \$                         | \$          | \$ 1,500,000             | 4  |
| 5  |                                  |                  | 1996          | 1996             | 1,478,674    |                           | 39            | 37,915                     | 37,915      | 549,923                  | 5  |
| 6  | 1                                |                  | 1996          | 1996             | 15,000       |                           | 39            | 385                        | 385         | 5,472                    | 6  |
| 7  |                                  |                  |               |                  |              |                           |               |                            |             |                          | 7  |
| 8  |                                  |                  |               |                  |              |                           |               |                            |             |                          | 8  |
|    | Improvement Type**               |                  |               |                  |              |                           |               |                            |             |                          |    |
| 9  | Remodeling                       |                  | 1976          |                  | 3,548        |                           | 10            |                            |             | 3,548                    | 9  |
| 10 |                                  |                  | 1977          |                  | 21,344       |                           | 10            |                            |             | 21,344                   | 10 |
| 11 |                                  |                  | 1979          |                  | 169          |                           | 10            |                            |             | 169                      | 11 |
| 12 |                                  |                  | 1980          |                  | 9,111        |                           | 10            |                            |             | 9,111                    | 12 |
| 13 |                                  |                  | 1981          |                  | 3,203        |                           | 10            |                            |             | 3,203                    | 13 |
| 14 |                                  |                  | 1983          |                  | 7,355        |                           | 10            |                            |             | 7,355                    | 14 |
| 15 |                                  |                  | 1984          |                  | 11,356       |                           | 10            |                            |             | 11,356                   | 15 |
| 16 | Garage                           |                  | 1985          |                  | 3,165        |                           | 10            |                            |             | 3,165                    | 16 |
| 17 | Remodeling                       |                  | 1986          |                  | 2,386        |                           | 10            |                            |             | 2,386                    | 17 |
| 18 | Water Heater & Fire Alarm System |                  | 1987          |                  | 3,199        |                           | 15            |                            |             | 3,199                    | 18 |
| 19 | Roof                             |                  | 1988          |                  | 40,520       |                           | 20            |                            |             | 40,520                   | 19 |
| 20 | Heat Pump                        |                  | 1988          |                  | 1,900        |                           | 15            |                            |             | 1,900                    | 20 |
| 21 | Carpeting                        |                  | 1988          |                  | 10,119       |                           | 5             |                            |             | 10,119                   | 21 |
| 22 | Carpeting                        |                  | 1989          |                  | 4,185        |                           | 5             |                            |             | 4,185                    | 22 |
| 23 | Roof                             |                  | 1990          |                  | 3,527        |                           | 20            |                            |             | 3,527                    | 23 |
| 24 | Kitchen                          |                  | 1990          |                  | 2,319        |                           | 10            |                            |             | 2,319                    | 24 |
| 25 | Heater Repairs                   |                  | 1991          |                  | 840          |                           | 7             |                            |             | 840                      | 25 |
| 26 | Improvements                     |                  | 1993          |                  | 737          | 19                        | 10            |                            | (19)        | 737                      | 26 |
| 27 | Water Heater                     |                  | 1995          |                  | 3,000        |                           | 7             |                            |             | 3,000                    | 27 |
| 28 | Air Conditioners                 |                  | 1995          |                  | 5,627        |                           | 5             |                            |             | 5,627                    | 28 |
| 29 | Unit Heaters                     |                  | 1995          |                  | 737          |                           | 5             |                            |             | 737                      | 29 |
| 30 | Exterior Doors                   |                  | 1995          |                  | 628          | 16                        | 39            | 16                         |             | 250                      | 30 |
| 31 | Garage Door                      |                  | 1996          |                  | 385          |                           | 10            |                            |             | 385                      | 31 |
| 32 | Parking Lot Repair               |                  | 1996          |                  | 6,655        |                           | 20            | 333                        | 333         | 4,830                    | 32 |
| 33 | Driveway                         |                  | 1996          |                  | 22,572       |                           | 20            | 1,129                      | 1,129       | 16,375                   | 33 |
| 34 | Walk-in Freezer & Cooler         |                  | 1996          |                  | 12,333       |                           | 10            |                            |             | 12,333                   | 34 |
| 35 | Air Conditioning Units           |                  | 1996          |                  | 3,554        |                           | 5             |                            |             | 3,554                    | 35 |
| 36 | Draperies                        |                  | 1997          |                  | 16,239       |                           | 39            | 416                        | 416         | 5,618                    | 36 |

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

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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 | Fencing                       | 1997             | \$ 8,090     | \$ 207                    | 39            | \$ 207                     | \$          | \$ 2,796                 |   | 37 |
| 38 | Windows & Doors               | 1997             | 2,128        |                           | 39            | 55                         | 55          | 743                      |   | 38 |
| 39 | New Building Addition         | 1998             | 7,500        |                           | 39            | 192                        | 192         | 2,496                    |   | 39 |
| 40 | Time Clock System             | 1999             | 8,785        |                           | 5             |                            |             | 8,785                    |   | 40 |
| 41 | Air Conditioning Units        | 1999             | 7,589        |                           | 5             |                            |             | 7,589                    |   | 41 |
| 42 | Time Clock System             | 2001             | 1,452        |                           | 5             |                            |             | 1,452                    |   | 42 |
| 43 | Telephone Equipment           | 2001             | 1,850        |                           | 5             |                            |             | 1,850                    |   | 43 |
| 44 | Air Conditioning Units        | 2001             | 4,568        |                           | 39            | 117                        | 117         | 1,118                    |   | 44 |
| 45 | Window Screens                | 2001             | 1,400        |                           | 39            | 36                         | 36          | 343                      |   | 45 |
| 46 | Draperies                     | 2001             | 4,118        |                           | 39            | 106                        | 106         | 1,046                    |   | 46 |
| 47 | Magnetic Door Holders         | 2002             | 1,350        |                           | 7             |                            |             | 1,350                    |   | 47 |
| 48 | 6 Air Conditioner Units       | 2002             | 4,671        |                           | 39            | 120                        | 120         | 849                      |   | 48 |
| 49 | 12 Resident Room Closet Doors | 2002             | 2,346        |                           | 39            | 60                         | 60          | 435                      |   | 49 |
| 50 | Nurse Call System             | 2002             | 38,000       |                           | 5             |                            |             | 38,000                   |   | 50 |
| 51 | Magnetic Door Holders         | 2002             | 3,696        |                           | 5             |                            |             | 3,696                    |   | 51 |
| 52 | Signage                       | 2003             | 1,698        |                           | 7             | 243                        | 243         | 1,458                    |   | 52 |
| 53 | Flooring                      | 2002             | 1,731        |                           | 10            | 173                        | 173         | 1,107                    |   | 53 |
| 54 | Draperies                     | 2003             | 1,052        |                           | 7             | 150                        | 150         | 900                      |   | 54 |
| 55 | Windows                       | 2003             | 710          |                           | 39            | 18                         | 18          | 108                      |   | 55 |
| 56 | HVAC Units                    | 2003             | 3,813        |                           | 5             |                            |             | 3,813                    |   | 56 |
| 57 | Carpeting                     | 2003             | 10,994       |                           | 10            | 1,099                      | 1,099       | 6,594                    |   | 57 |
| 58 | Parking Lot                   | 2004             | 26,879       |                           | 15            | 1,792                      | 1,792       | 10,752                   |   | 58 |
| 59 | HVAC Units                    | 2004             | 5,825        |                           | 5             |                            |             | 5,825                    |   | 59 |
| 60 | Signage                       | 2004             | 318          |                           | 5             |                            |             | 318                      |   | 60 |
| 61 | Security System               | 2004             | 18,600       |                           | 5             |                            |             | 18,600                   |   | 61 |
| 62 | HVAC Units                    | 2005             | 484          |                           | 5             | 8                          | 8           | 484                      |   | 62 |
| 63 | Nurse call system             | 2005             | 6,231        |                           | 5             | 479                        | 479         | 6,231                    |   | 63 |
| 64 | Electrical cabling            | 2005             | 1,450        |                           | 5             | 122                        | 122         | 1,450                    |   | 64 |
| 65 | HVAC Units                    | 2005             | 281          |                           | 5             | 28                         | 28          | 281                      |   | 65 |
| 66 | Air conditioning units        | 2006             | 1,656        | 151                       | 7             | 237                        | 86          | 1,026                    |   | 66 |
| 67 | Security System               | 2006             | 3,590        | 360                       | 7             | 513                        | 153         | 2,136                    |   | 67 |
| 68 | Draperies                     | 2006             | 1,610        |                           | 7             | 230                        | 230         | 1,149                    |   | 68 |
| 69 | Toilets                       | 2006             | 1,295        |                           | 39            | 33                         | 33          | 165                      |   | 69 |
| 70 | TOTAL (lines 4 thru 69)       |                  | \$ 3,380,147 | \$ 753                    |               | \$ 46,212                  | \$ 45,459   | \$ 2,372,032             |   | 70 |

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

Facility Name &amp; ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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                        | 10 |
|----|---------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                    | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | Totals from Page 12A, Carried Forward |                  | \$ 3,380,147 | \$ 753                    |               | \$ 46,212                  | \$ 45,459   | \$ 2,372,032             | 1  |
| 2  | Interior doors                        | 2006             | 2,200        |                           | 39            | 56                         | 56          | 271                      | 2  |
| 3  | Double egress doors                   | 2006             | 5,908        |                           | 39            | 151                        | 151         | 715                      | 3  |
| 4  | Bathroom vanities                     | 2006             | 1,104        |                           | 39            | 28                         | 28          | 129                      | 4  |
| 5  | Payroll time clock                    | 2006             | 6,440        |                           | 7             | 920                        | 920         | 4,078                    | 5  |
| 6  | Telephone system                      | 2006             | 669          |                           | 7             | 96                         | 96          | 418                      | 6  |
| 7  | Air conditioning units                | 2007             | 555          | 72                        | 7             | 79                         | 7           | 276                      | 7  |
| 8  | Generator & electrical panel          | 2008             | 2,500        | 219                       | 7             | 357                        | 138         | 804                      | 8  |
| 9  | Handrails                             | 2008             | 1,864        | 48                        | 39            | 48                         |             | 128                      | 9  |
| 10 | HVAC Units                            | 2008             | 1,096        |                           | 7             | 157                        | 157         | 459                      | 10 |
| 11 | Replacement Doors                     | 2008             | 2,859        |                           | 39            | 73                         | 73          | 201                      | 11 |
| 12 | Fire Alarm System                     | 2008             | 17,084       |                           | 39            | 438                        | 438         | 955                      | 12 |
| 13 | HVAC Units                            | 2008             | 791          |                           | 7             | 113                        | 113         | 231                      | 13 |
| 14 | HVAC Units                            | 2009             | 1,301        |                           | 7             | 186                        | 186         | 354                      | 14 |
| 15 | HVAC Units                            | 2009             | 1,682        |                           | 7             | 240                        | 240         | 370                      | 15 |
| 16 | HVAC Units                            | 2009             | 295          |                           | 7             | 42                         | 42          | 56                       | 16 |
| 17 | HVAC Units                            | 2009             | 931          |                           | 7             | 133                        | 133         | 143                      | 17 |
| 18 | Fire door hinges                      | 2009             | 1,338        |                           | 7             | 191                        | 191         | 361                      | 18 |
| 19 | Fire alarm system                     | 2009             | 6,108        |                           | 39            | 157                        | 157         | 196                      | 19 |
| 20 | Wall guards                           | 2009             | 1,553        |                           | 7             | 222                        | 222         | 253                      | 20 |
| 21 | Driveway repair                       | 2010             | 4,604        | 4,604                     | 15            | 52                         | (4,552)     | 52                       | 21 |
| 22 | Heat/AC units in rooms                | 2010             | 4,453        | 2,545                     | 7             | 582                        | (1,963)     | 582                      | 22 |
| 23 | Kitchen roof exhaust vent             | 2010             | 1,430        | 817                       | 7             | 154                        | (663)       | 154                      | 23 |
| 24 |                                       |                  |              |                           |               |                            |             |                          | 24 |
| 25 |                                       |                  |              |                           |               |                            |             |                          | 25 |
| 26 |                                       |                  |              |                           |               |                            |             |                          | 26 |
| 27 |                                       |                  |              |                           |               |                            |             |                          | 27 |
| 28 |                                       |                  |              |                           |               |                            |             |                          | 28 |
| 29 |                                       |                  |              |                           |               |                            |             |                          | 29 |
| 30 |                                       |                  |              |                           |               |                            |             |                          | 30 |
| 31 |                                       |                  |              |                           |               |                            |             |                          | 31 |
| 32 |                                       |                  |              |                           |               |                            |             |                          | 32 |
| 33 |                                       |                  |              |                           |               |                            |             |                          | 33 |
| 34 | TOTAL (lines 1 thru 33)               |                  | \$ 3,446,912 | \$ 9,058                  |               | \$ 50,687                  | \$ 41,629   | \$ 2,383,218             | 34 |

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

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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<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |   |    |
| 1  | Totals from Page 12B, Carried Forward |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                |   | 1  |
| 2  |                                       |                     |              |                              |                  |                               |             |                             |   | 2  |
| 3  |                                       |                     |              |                              |                  |                               |             |                             |   | 3  |
| 4  |                                       |                     |              |                              |                  |                               |             |                             |   | 4  |
| 5  |                                       |                     |              |                              |                  |                               |             |                             |   | 5  |
| 6  |                                       |                     |              |                              |                  |                               |             |                             |   | 6  |
| 7  |                                       |                     |              |                              |                  |                               |             |                             |   | 7  |
| 8  |                                       |                     |              |                              |                  |                               |             |                             |   | 8  |
| 9  |                                       |                     |              |                              |                  |                               |             |                             |   | 9  |
| 10 |                                       |                     |              |                              |                  |                               |             |                             |   | 10 |
| 11 |                                       |                     |              |                              |                  |                               |             |                             |   | 11 |
| 12 |                                       |                     |              |                              |                  |                               |             |                             |   | 12 |
| 13 |                                       |                     |              |                              |                  |                               |             |                             |   | 13 |
| 14 |                                       |                     |              |                              |                  |                               |             |                             |   | 14 |
| 15 |                                       |                     |              |                              |                  |                               |             |                             |   | 15 |
| 16 |                                       |                     |              |                              |                  |                               |             |                             |   | 16 |
| 17 |                                       |                     |              |                              |                  |                               |             |                             |   | 17 |
| 18 |                                       |                     |              |                              |                  |                               |             |                             |   | 18 |
| 19 |                                       |                     |              |                              |                  |                               |             |                             |   | 19 |
| 20 |                                       |                     |              |                              |                  |                               |             |                             |   | 20 |
| 21 |                                       |                     |              |                              |                  |                               |             |                             |   | 21 |
| 22 |                                       |                     |              |                              |                  |                               |             |                             |   | 22 |
| 23 |                                       |                     |              |                              |                  |                               |             |                             |   | 23 |
| 24 |                                       |                     |              |                              |                  |                               |             |                             |   | 24 |
| 25 |                                       |                     |              |                              |                  |                               |             |                             |   | 25 |
| 26 |                                       |                     |              |                              |                  |                               |             |                             |   | 26 |
| 27 |                                       |                     |              |                              |                  |                               |             |                             |   | 27 |
| 28 |                                       |                     |              |                              |                  |                               |             |                             |   | 28 |
| 29 |                                       |                     |              |                              |                  |                               |             |                             |   | 29 |
| 30 |                                       |                     |              |                              |                  |                               |             |                             |   | 30 |
| 31 |                                       |                     |              |                              |                  |                               |             |                             |   | 31 |
| 32 |                                       |                     |              |                              |                  |                               |             |                             |   | 32 |
| 33 |                                       |                     |              |                              |                  |                               |             |                             |   | 33 |
| 34 | TOTAL (lines 1 thru 33)               |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                |   | 34 |

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

Facility Name & ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

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<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1  | Totals from Page 12C, Carried Forward |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 1  |
| 2  |                                       |                     |              |                              |                  |                               |             |                             | 2  |
| 3  |                                       |                     |              |                              |                  |                               |             |                             | 3  |
| 4  |                                       |                     |              |                              |                  |                               |             |                             | 4  |
| 5  |                                       |                     |              |                              |                  |                               |             |                             | 5  |
| 6  |                                       |                     |              |                              |                  |                               |             |                             | 6  |
| 7  |                                       |                     |              |                              |                  |                               |             |                             | 7  |
| 8  |                                       |                     |              |                              |                  |                               |             |                             | 8  |
| 9  |                                       |                     |              |                              |                  |                               |             |                             | 9  |
| 10 |                                       |                     |              |                              |                  |                               |             |                             | 10 |
| 11 |                                       |                     |              |                              |                  |                               |             |                             | 11 |
| 12 |                                       |                     |              |                              |                  |                               |             |                             | 12 |
| 13 |                                       |                     |              |                              |                  |                               |             |                             | 13 |
| 14 |                                       |                     |              |                              |                  |                               |             |                             | 14 |
| 15 |                                       |                     |              |                              |                  |                               |             |                             | 15 |
| 16 |                                       |                     |              |                              |                  |                               |             |                             | 16 |
| 17 |                                       |                     |              |                              |                  |                               |             |                             | 17 |
| 18 |                                       |                     |              |                              |                  |                               |             |                             | 18 |
| 19 |                                       |                     |              |                              |                  |                               |             |                             | 19 |
| 20 |                                       |                     |              |                              |                  |                               |             |                             | 20 |
| 21 |                                       |                     |              |                              |                  |                               |             |                             | 21 |
| 22 |                                       |                     |              |                              |                  |                               |             |                             | 22 |
| 23 |                                       |                     |              |                              |                  |                               |             |                             | 23 |
| 24 |                                       |                     |              |                              |                  |                               |             |                             | 24 |
| 25 |                                       |                     |              |                              |                  |                               |             |                             | 25 |
| 26 |                                       |                     |              |                              |                  |                               |             |                             | 26 |
| 27 |                                       |                     |              |                              |                  |                               |             |                             | 27 |
| 28 |                                       |                     |              |                              |                  |                               |             |                             | 28 |
| 29 |                                       |                     |              |                              |                  |                               |             |                             | 29 |
| 30 |                                       |                     |              |                              |                  |                               |             |                             | 30 |
| 31 |                                       |                     |              |                              |                  |                               |             |                             | 31 |
| 32 |                                       |                     |              |                              |                  |                               |             |                             | 32 |
| 33 |                                       |                     |              |                              |                  |                               |             |                             | 33 |
| 34 | TOTAL (lines 1 thru 33)               |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 34 |

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

Facility Name & ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

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<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1  | Totals from Page 12D, Carried Forward |   |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 1  |
| 2  |                                       |   |                     |              |                              |                  |                               |             |                             | 2  |
| 3  |                                       |   |                     |              |                              |                  |                               |             |                             | 3  |
| 4  |                                       |   |                     |              |                              |                  |                               |             |                             | 4  |
| 5  |                                       |   |                     |              |                              |                  |                               |             |                             | 5  |
| 6  |                                       |   |                     |              |                              |                  |                               |             |                             | 6  |
| 7  |                                       |   |                     |              |                              |                  |                               |             |                             | 7  |
| 8  |                                       |   |                     |              |                              |                  |                               |             |                             | 8  |
| 9  |                                       |   |                     |              |                              |                  |                               |             |                             | 9  |
| 10 |                                       |   |                     |              |                              |                  |                               |             |                             | 10 |
| 11 |                                       |   |                     |              |                              |                  |                               |             |                             | 11 |
| 12 |                                       |   |                     |              |                              |                  |                               |             |                             | 12 |
| 13 |                                       |   |                     |              |                              |                  |                               |             |                             | 13 |
| 14 |                                       |   |                     |              |                              |                  |                               |             |                             | 14 |
| 15 |                                       |   |                     |              |                              |                  |                               |             |                             | 15 |
| 16 |                                       |   |                     |              |                              |                  |                               |             |                             | 16 |
| 17 |                                       |   |                     |              |                              |                  |                               |             |                             | 17 |
| 18 |                                       |   |                     |              |                              |                  |                               |             |                             | 18 |
| 19 |                                       |   |                     |              |                              |                  |                               |             |                             | 19 |
| 20 |                                       |   |                     |              |                              |                  |                               |             |                             | 20 |
| 21 |                                       |   |                     |              |                              |                  |                               |             |                             | 21 |
| 22 |                                       |   |                     |              |                              |                  |                               |             |                             | 22 |
| 23 |                                       |   |                     |              |                              |                  |                               |             |                             | 23 |
| 24 |                                       |   |                     |              |                              |                  |                               |             |                             | 24 |
| 25 |                                       |   |                     |              |                              |                  |                               |             |                             | 25 |
| 26 |                                       |   |                     |              |                              |                  |                               |             |                             | 26 |
| 27 |                                       |   |                     |              |                              |                  |                               |             |                             | 27 |
| 28 |                                       |   |                     |              |                              |                  |                               |             |                             | 28 |
| 29 |                                       |   |                     |              |                              |                  |                               |             |                             | 29 |
| 30 |                                       |   |                     |              |                              |                  |                               |             |                             | 30 |
| 31 |                                       |   |                     |              |                              |                  |                               |             |                             | 31 |
| 32 |                                       |   |                     |              |                              |                  |                               |             |                             | 32 |
| 33 |                                       |   |                     |              |                              |                  |                               |             |                             | 33 |
| 34 | TOTAL (lines 1 thru 33)               |   |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 34 |

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

Facility Name & ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

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<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1  | Totals from Page 12E, Carried Forward |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 1  |
| 2  |                                       |                     |              |                              |                  |                               |             |                             | 2  |
| 3  |                                       |                     |              |                              |                  |                               |             |                             | 3  |
| 4  |                                       |                     |              |                              |                  |                               |             |                             | 4  |
| 5  |                                       |                     |              |                              |                  |                               |             |                             | 5  |
| 6  |                                       |                     |              |                              |                  |                               |             |                             | 6  |
| 7  |                                       |                     |              |                              |                  |                               |             |                             | 7  |
| 8  |                                       |                     |              |                              |                  |                               |             |                             | 8  |
| 9  |                                       |                     |              |                              |                  |                               |             |                             | 9  |
| 10 |                                       |                     |              |                              |                  |                               |             |                             | 10 |
| 11 |                                       |                     |              |                              |                  |                               |             |                             | 11 |
| 12 |                                       |                     |              |                              |                  |                               |             |                             | 12 |
| 13 |                                       |                     |              |                              |                  |                               |             |                             | 13 |
| 14 |                                       |                     |              |                              |                  |                               |             |                             | 14 |
| 15 |                                       |                     |              |                              |                  |                               |             |                             | 15 |
| 16 |                                       |                     |              |                              |                  |                               |             |                             | 16 |
| 17 |                                       |                     |              |                              |                  |                               |             |                             | 17 |
| 18 |                                       |                     |              |                              |                  |                               |             |                             | 18 |
| 19 |                                       |                     |              |                              |                  |                               |             |                             | 19 |
| 20 |                                       |                     |              |                              |                  |                               |             |                             | 20 |
| 21 |                                       |                     |              |                              |                  |                               |             |                             | 21 |
| 22 |                                       |                     |              |                              |                  |                               |             |                             | 22 |
| 23 |                                       |                     |              |                              |                  |                               |             |                             | 23 |
| 24 |                                       |                     |              |                              |                  |                               |             |                             | 24 |
| 25 |                                       |                     |              |                              |                  |                               |             |                             | 25 |
| 26 |                                       |                     |              |                              |                  |                               |             |                             | 26 |
| 27 |                                       |                     |              |                              |                  |                               |             |                             | 27 |
| 28 |                                       |                     |              |                              |                  |                               |             |                             | 28 |
| 29 |                                       |                     |              |                              |                  |                               |             |                             | 29 |
| 30 |                                       |                     |              |                              |                  |                               |             |                             | 30 |
| 31 |                                       |                     |              |                              |                  |                               |             |                             | 31 |
| 32 |                                       |                     |              |                              |                  |                               |             |                             | 32 |
| 33 |                                       |                     |              |                              |                  |                               |             |                             | 33 |
| 34 | TOTAL (lines 1 thru 33)               |                     | \$ 3,446,912 | \$ 9,058                     |                  | \$ 50,687                     | \$ 41,629   | \$ 2,383,218                | 34 |

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

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

| 1                                     | 2                | 3            | 4                         | 5             | 6                          | 7           | 8                        | 9 | 10 |
|---------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|---|----|
| Improvement Type**                    | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |   |    |
| Totals from Page 12F, Carried Forward |                  | \$ 3,446,912 | \$ 9,058                  |               | \$ 50,687                  | \$ 41,629   | \$ 2,383,218             |   | 1  |
|                                       |                  |              |                           |               |                            |             |                          |   | 2  |
|                                       |                  |              |                           |               |                            |             |                          |   | 3  |
|                                       |                  |              |                           |               |                            |             |                          |   | 4  |
|                                       |                  |              |                           |               |                            |             |                          |   | 5  |
|                                       |                  |              |                           |               |                            |             |                          |   | 6  |
|                                       |                  |              |                           |               |                            |             |                          |   | 7  |
|                                       |                  |              |                           |               |                            |             |                          |   | 8  |
|                                       |                  |              |                           |               |                            |             |                          |   | 9  |
|                                       |                  |              |                           |               |                            |             |                          |   | 10 |
|                                       |                  |              |                           |               |                            |             |                          |   | 11 |
|                                       |                  |              |                           |               |                            |             |                          |   | 12 |
|                                       |                  |              |                           |               |                            |             |                          |   | 13 |
|                                       |                  |              |                           |               |                            |             |                          |   | 14 |
|                                       |                  |              |                           |               |                            |             |                          |   | 15 |
|                                       |                  |              |                           |               |                            |             |                          |   | 16 |
|                                       |                  |              |                           |               |                            |             |                          |   | 17 |
|                                       |                  |              |                           |               |                            |             |                          |   | 18 |
|                                       |                  |              |                           |               |                            |             |                          |   | 19 |
|                                       |                  |              |                           |               |                            |             |                          |   | 20 |
|                                       |                  |              |                           |               |                            |             |                          |   | 21 |
|                                       |                  |              |                           |               |                            |             |                          |   | 22 |
|                                       |                  |              |                           |               |                            |             |                          |   | 23 |
|                                       |                  |              |                           |               |                            |             |                          |   | 24 |
|                                       |                  |              |                           |               |                            |             |                          |   | 25 |
|                                       |                  |              |                           |               |                            |             |                          |   | 26 |
|                                       |                  |              |                           |               |                            |             |                          |   | 27 |
|                                       |                  |              |                           |               |                            |             |                          |   | 28 |
|                                       |                  |              |                           |               |                            |             |                          |   | 29 |
|                                       |                  |              |                           |               |                            |             |                          |   | 30 |
|                                       |                  |              |                           |               |                            |             |                          |   | 31 |
|                                       |                  |              |                           |               |                            |             |                          |   | 32 |
|                                       |                  |              |                           |               |                            |             |                          |   | 33 |
| TOTAL (lines 1 thru 33)               |                  | \$ 3,446,912 | \$ 9,058                  |               | \$ 50,687                  | \$ 41,629   | \$ 2,383,218             |   | 34 |

\*\*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<br>Cost  | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4<br>Adjustments | Component Life 5 | Accumulated Depreciation 6 |    |
|----|--------------------------|------------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 71 | Purchased in Prior Years | \$ 57,155  | \$ 1,243                    | \$ 1,243                     | \$               | Various          | \$ 53,003                  | 71 |
| 72 | Current Year Purchases   | 5,044      | 4,606                       | 4,606                        |                  | Various          | 4,606                      | 72 |
| 73 | Fully Depreciated Assets | 127,143    |                             |                              |                  |                  | 127,143                    | 73 |
| 74 |                          |            |                             |                              |                  |                  |                            | 74 |
| 75 | TOTALS                   | \$ 189,342 | \$ 5,849                    | \$ 5,849                     | \$               |                  | \$ 184,752                 | 75 |

D. Vehicle Depreciation (See instructions.)\*

|    | 1<br>Use | Model, Make and Year 2 | Year Acquired 3 | 4<br>Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7<br>Adjustments | Life in Years 8 | Accumulated Depreciation 9 |    |
|----|----------|------------------------|-----------------|-----------|-----------------------------|------------------------------|------------------|-----------------|----------------------------|----|
| 76 |          |                        |                 | \$        | \$                          | \$                           | \$               |                 | \$                         | 76 |
| 77 |          |                        |                 |           |                             |                              |                  |                 |                            | 77 |
| 78 |          |                        |                 |           |                             |                              |                  |                 |                            | 78 |
| 79 |          |                        |                 |           |                             |                              |                  |                 |                            | 79 |
| 80 | TOTALS   |                        |                 | \$        | \$                          | \$                           | \$               |                 | \$                         | 80 |

E. Summary of Care-Related Assets

|    | 1<br>Reference   | 2<br>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) | \$ 3,661,254 | 81 |
| 82 | Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$ 14,907    | 82 |
| 83 | Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$ 56,536    | 83 |
| 84 | Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$ 41,629    | 84 |
| 85 | Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$ 2,567,970 | 85 |

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 |    |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 86 |                                  | \$        | \$                          | \$                         | 86 |
| 87 |                                  |           |                             |                            | 87 |
| 88 |                                  |           |                             |                            | 88 |
| 89 |                                  |           |                             |                            | 89 |
| 90 |                                  |           |                             |                            | 90 |
| 91 | TOTALS                           | \$        | \$                          | \$                         | 91 |

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.

YES  NO

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

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. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

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: \$ 9,779 Description: Copier: \$7,595; Mailing Machine: \$2,184

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

\* 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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)

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

C. CONTRACTUAL INCOME

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

\$ \_\_\_\_\_

D. NUMBER OF CNAs TRAINED

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

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

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

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

|    | Service  | 1<br>Schedule V<br>Line & Column<br>Reference | 2<br>Staff          |      | 4<br>Outside Practitioner<br>(other than consultant) |           | 6<br>Supplies<br>(Actual or<br>Allocated) | 7<br>Total Units<br>(Column 2 + 4) | 8<br>Total Cost<br>(Col. 3 + 5 + 6) |    |
|----|--|---|---------------------|------|--|-----------|---|------------------------------------|-------------------------------------|----|
|    |  |   | Units of<br>Service | Cost | 5  |           |   |                                    |                                     |    |
|    |  |   |                     |      | Units  | Cost      |   |                                    |                                     |    |
| 1  | Licensed Occupational Therapist  | 10a.3   | hrs                 | \$   |  | \$        | \$  |                                    | \$                                  | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 10a.3   | hrs                 |      | 151  | 6,795     |   | 151                                | 6,795                               | 2  |
| 3  | Licensed Recreational Therapist  |   | hrs                 |      |  |           |   |                                    |                                     | 3  |
| 4  | Licensed Physical Therapist  | 10a.3   | hrs                 |      |  |           |   |                                    |                                     | 4  |
| 5  | Physician Care   | 39.3  | visits              |      | 113  | 11,340    |   | 113                                | 11,340                              | 5  |
| 6  | Dental Care  | 39.3  | visits              |      | 93   | 9,314     |   | 93                                 | 9,314                               | 6  |
| 7  | Work Related Program   |   | hrs                 |      |  |           |   |                                    |                                     | 7  |
| 8  | Habilitation   |   | hrs                 |      |  |           |   |                                    |                                     | 8  |
| 9  | Pharmacy   | 39.2  | # of<br>prescripts  |      |  |           |   |                                    |                                     | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |   | hrs                 |      |  |           |   |                                    |                                     | 10 |
| 11 | Academic Education   |   | hrs                 |      |  |           |   |                                    |                                     | 11 |
| 12 | Other (specify): <u>Exceptional Care</u>                                       | 39.2  |                     |      |  |           |   |                                    |                                     | 12 |
| 13 | Other (specify): <u>Medical Supplies</u>                                       | 39.2  |                     |      |  |           |   |                                    |                                     | 13 |
| 14 | TOTAL  |   |                     | \$   | 357  | \$ 27,449 | \$  | 357                                | \$ 27,449                           | 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.

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

|                            | 1   | 2                    |       |
|----------------------------|---|----------------------|-------|
|                            | Operating   | After Consolidation* |       |
| <b>A. Current Assets</b>   |   |                      |       |
| 1                          | Cash on Hand and in Banks   | \$ 1,096,660         | \$ 1  |
| 2                          | Cash-Patient Deposits   |                      | 2     |
| 3                          | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | (31,234)             | 3     |
| 4                          | Supply Inventory (priced at FIFO )                                | 6,732                | 4     |
| 5                          | Short-Term Investments  |                      | 5     |
| 6                          | Prepaid Insurance   |                      | 6     |
| 7                          | Other Prepaid Expenses  |                      | 7     |
| 8                          | Accounts Receivable (owners or related parties)                   | (50,867)             | 8     |
| 9                          | Other(specify):   |                      | 9     |
| 10                         | TOTAL Current Assets (sum of lines 1 thru 9)                      | \$ 1,021,291         | \$ 10 |
| <b>B. Long-Term Assets</b> |   |                      |       |
| 11                         | Long-Term Notes Receivable  |                      | 11    |
| 12                         | Long-Term Investments   |                      | 12    |
| 13                         | Land  |                      | 13    |
| 14                         | Buildings, at Historical Cost                                     |                      | 14    |
| 15                         | Leasehold Improvements, at Historical Cost                        | 15,923               | 15    |
| 16                         | Equipment, at Historical Cost                                     | 279,228              | 16    |
| 17                         | Accumulated Depreciation (book methods)                           | (233,879)            | 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)                  | \$ 61,272            | \$ 24 |
| 25                         | TOTAL ASSETS (sum of lines 10 and 24)                             | \$ 1,082,563         | \$ 25 |

|                                 | 1   | 2                    |       |
|---------------------------------|---|----------------------|-------|
|                                 | Operating   | After Consolidation* |       |
| <b>C. Current Liabilities</b>   |   |                      |       |
| 26                              | Accounts Payable                                      | \$ 71,592            | \$ 26 |
| 27                              | Officer's Accounts Payable                            |                      | 27    |
| 28                              | Accounts Payable-Patient Deposits                     |                      | 28    |
| 29                              | Short-Term Notes Payable                              |                      | 29    |
| 30                              | Accrued Salaries Payable                              |                      | 30    |
| 31                              | Accrued Taxes Payable (excluding real estate taxes)   |                      | 31    |
| 32                              | Accrued Real Estate Taxes(Sch.IX-B)                   |                      | 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)   | \$ 71,592            | \$ 38 |
| <b>D. Long-Term Liabilities</b> |   |                      |       |
| 39                              | Long-Term Notes Payable                               |                      | 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) | \$                   | \$ 45 |
| 46                              | TOTAL LIABILITIES (sum of lines 38 and 45)            | \$ 71,592            | \$ 46 |
| 47                              | TOTAL EQUITY(page 18, line 24)                        | \$ 1,010,971         | \$ 47 |
| 48                              | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 1,082,563         | \$ 48 |

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

|    |  | I<br>Total   |      |
|----|--|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 1,182,401 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  |  |              | 3    |
| 4  | Prior period adjustments                                     | 18,766       | 4    |
| 5  |  |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 1,201,167 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | 300,023      | 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              | (490,219)    | 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)             | \$ (190,196) | 17   |
|    | B. Transfers (Itemize):                                      |              |      |
| 18 |  |              | 18   |
| 19 |  |              | 19   |
| 20 |  |              | 20   |
| 21 |  |              | 21   |
| 22 |  |              | 22   |
| 23 | TOTAL Transfers (sum of lines 18-22)                         | \$           | 23   |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ 1,010,971 | 24 * |

\* This must agree with page 17, line 47.

STATE OF ILLINOIS

Facility Name & ID Number Meadows Sheltered Care, Inc. # 0021766 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.

| Revenue                                |  | Amount       |     |
|--|--|--------------|-----|
| <b>A. Inpatient Care</b>               |  |              |     |
| 1                                      | Gross Revenue -- All Levels of Care                | \$ 4,525,718 | 1   |
| 2                                      | Discounts and Allowances for all Levels            | ( )          | 2   |
| 3                                      | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$ 4,525,718 | 3   |
| <b>B. Ancillary Revenue</b>            |  |              |     |
| 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   |
| <b>C. Other Operating Revenue</b>      |  |              |     |
| 9                                      | Payments for Education                             |              | 9   |
| 10                                     | Other Government Grants                            |              | 10  |
| 11                                     | CNA Training Reimbursements                        |              | 11  |
| 12                                     | Gift and Coffee Shop                               |              | 12  |
| 13                                     | Barber and Beauty Care                             |              | 13  |
| 14                                     | Non-Patient Meals                                  |              | 14  |
| 15                                     | Telephone, Television and Radio                    |              | 15  |
| 16                                     | Rental of Facility Space                           |              | 16  |
| 17                                     | Sale of Drugs                                      |              | 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) | \$           | 23  |
| <b>D. Non-Operating Revenue</b>        |  |              |     |
| 24                                     | Contributions                                      |              | 24  |
| 25                                     | Interest and Other Investment Income***            | 37           | 25  |
| 26                                     | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$ 37        | 26  |
| <b>E. Other Revenue (specify):****</b> |  |              |     |
| 27                                     | Settlement Income (Insurance, Legal, Etc.)         |              | 27  |
| 28                                     |  |              | 28  |
| 28a                                    | Miscellaneous Income                               | 45,928       | 28a |
| 29                                     | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$ 45,928    | 29  |
| 30                                     | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$ 4,571,683 | 30  |

| Expenses                            |   | Amount       |    |
|-------------------------------------|---|--------------|----|
| <b>A. Operating Expenses</b>        |   |              |    |
| 31                                  | General Services  | 946,975      | 31 |
| 32                                  | Health Care   | 1,520,940    | 32 |
| 33                                  | General Administration                                  | 782,581      | 33 |
| <b>B. Capital Expense</b>           |   |              |    |
| 34                                  | Ownership   | 751,989      | 34 |
| <b>C. Ancillary Expense</b>         |   |              |    |
| 35                                  | Special Cost Centers                                    | 11,378       | 35 |
| 36                                  | Provider Participation Fee                              | 257,797      | 36 |
| <b>D. Other Expenses (specify):</b> |   |              |    |
| 37                                  |   |              | 37 |
| 38                                  |   |              | 38 |
| 39                                  |   |              | 39 |
| 40                                  | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ 4,271,660 | 40 |
| 41                                  | Income before Income Taxes (line 30 minus line 40)**    | 300,023      | 41 |
| 42                                  | Income Taxes  |              | 42 |
| 43                                  | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ 300,023   | 43 |

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? yes 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.

**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           | 1,642                      | 1,760                                  | \$ 65,976           | \$ 37.49 | 1  |
| 2  | Assistant Director of Nursing | -                          | -                                      | -                   | -        | 2  |
| 3  | Registered Nurses             | 2,068                      | 2,211                                  | 68,431              | 30.95    | 3  |
| 4  | Licensed Practical Nurses     | 9,586                      | 9,974                                  | 289,370             | 29.01    | 4  |
| 5  | CNAs & Orderlies              | 46,038                     | 48,465                                 | 679,402             | 14.02    | 5  |
| 6  | CNA Trainees                  | -                          | -                                      | -                   | -        | 6  |
| 7  | Licensed Therapist            | 535                        | 535                                    | 6,360               | 11.89    | 7  |
| 8  | Rehab/Therapy Aides           | 680                        | 696                                    | 13,386              | 19.23    | 8  |
| 9  | Activity Director             | -                          | -                                      | -                   | -        | 9  |
| 10 | Activity Assistants           | 3,564                      | 3,956                                  | 59,271              | 14.98    | 10 |
| 11 | Social Service Workers        | -                          | -                                      | -                   | -        | 11 |
| 12 | Dietician                     | -                          | -                                      | -                   | -        | 12 |
| 13 | Food Service Supervisor       | 1,672                      | 1,760                                  | 34,139              | 19.40    | 13 |
| 14 | Head Cook                     | -                          | -                                      | -                   | -        | 14 |
| 15 | Cook Helpers/Assistants       | 13,230                     | 14,829                                 | 191,705             | 12.93    | 15 |
| 16 | Dishwashers                   | -                          | -                                      | -                   | -        | 16 |
| 17 | Maintenance Workers           | 3,998                      | 4,304                                  | 98,212              | 22.82    | 17 |
| 18 | Housekeepers                  | 7,672                      | 8,383                                  | 98,065              | 11.70    | 18 |
| 19 | Laundry                       | 9,968                      | 11,000                                 | 134,470             | 12.22    | 19 |
| 20 | Administrator                 | 1,920                      | 2,080                                  | 92,228              | 44.34    | 20 |
| 21 | Assistant Administrator       | -                          | -                                      | -                   | -        | 21 |
| 22 | Other Administrative          | -                          | -                                      | -                   | -        | 22 |
| 23 | Office Manager                | -                          | -                                      | -                   | -        | 23 |
| 24 | Clerical                      | 2,841                      | 3,527                                  | 96,548              | 27.37    | 24 |
| 25 | Vocational Instruction        | -                          | -                                      | -                   | -        | 25 |
| 26 | Academic Instruction          | -                          | -                                      | -                   | -        | 26 |
| 27 | Medical Director              | -                          | -                                      | -                   | -        | 27 |
| 28 | Qualified MR Prof. (QMRP)     | 5,205                      | 5,604                                  | 110,574             | 19.73    | 28 |
| 29 | Resident Services Coordinator | 2,142                      | 2,480                                  | 58,229              | 23.48    | 29 |
| 30 | Habilitation Aides (DD Homes) | -                          | -                                      | -                   | -        | 30 |
| 31 | Medical Records               | -                          | -                                      | -                   | -        | 31 |
| 32 | Other Health Care(specify)    | -                          | -                                      | -                   | -        | 32 |
| 33 | Other(specify) Behavior Dev'l | 1,400                      | 1,439                                  | 55,546              | 38.60    | 33 |
| 34 | TOTAL (lines 1 - 33)          | 114,161                    | 123,003                                | \$ 2,151,912 *      | \$ 17.49 | 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                 | 135  | \$ 3,632                           | 1.3   | 35 |
| 36 | Medical Director                   | 49   | 4,860                              | 9.3   | 36 |
| 37 | Medical Records Consultant         | -  | -                                  | 10.3  | 37 |
| 38 | Nurse Consultant                   | 81   | 4,050                              | 10.3  | 38 |
| 39 | Pharmacist Consultant              | 16   | 1,633                              | 10.3  | 39 |
| 40 | Physical Therapy Consultant        | 42   | 2,870                              | 10a.3 | 40 |
| 41 | Occupational Therapy Consultant    | 4  | 284                                | 10a.3 | 41 |
| 42 | Respiratory Therapy Consultant     | -  | -                                  | 10a.3 | 42 |
| 43 | Speech Therapy Consultant          | -  | -                                  | 10a.3 | 43 |
| 44 | Activity Consultant                | 16   | 945                                | 11.3  | 44 |
| 45 | Social Service Consultant          | -  | -                                  | 12.3  | 45 |
| 46 | Other(specify) <u>Psychologist</u> | 16   | 1,483                              | 12.3  | 46 |
| 47 |                                    |  |                                    |       | 47 |
| 48 | <u>Psychiatrist</u>                | 52   | 13,000                             | 12.3  | 48 |
| 49 | TOTAL (lines 35 - 48)              | 410  | \$ 32,757                          |       | 49 |

**C. CONTRACT NURSES**

|    | 1                                | 2                    | 3                                  |      |    |
|----|----------------------------------|----------------------|------------------------------------|------|----|
|    | Number of Hrs. Paid & Accrued    | Total Contract Wages | Schedule V Line & Column Reference |      |    |
| 50 | Registered Nurses                | -                    | \$ -                               | 10.3 | 50 |
| 51 | Licensed Practical Nurses        | -                    | -                                  | 10.3 | 51 |
| 52 | Certified Nurse Assistants/Aides | -                    | -                                  | 10.3 | 52 |
| 53 | TOTAL (lines 50 - 52)            |                      | \$                                 |      | 53 |





Facility Name &amp; ID Number Meadows Sheltered Care, Inc.

# 0021766

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. IARF Membership Dues 5,423
- (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? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? 99
- (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? 7
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \$ 13,608 Line 10.2
- (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 no NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO no 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. \$ 257,797  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100%  
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? yes  
Attach invoices and a summary of services for all architect and appraisal fees.