

Facility Name & ID Number Mount Vernon Countryside Manor

0035998 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	33	Skilled (SNF)	33	12,045	1
2		Skilled Pediatric (SNF/PED)			2
3	68	Intermediate (ICF)	68	24,820	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	101	TOTALS	101	36,865	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,550	884	5,430	7,864	8
9	SNF/PED					9
10	ICF	18,852	4,348		23,200	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,402	5,232	5,430	31,064	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.26%

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

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 05/09/1990

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number

of beds certified 32 and days of care provided 5,430

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	164,740	10,727	8,056	183,523		183,523		183,523		1
2	Food Purchase		134,022		134,022		134,022	(1,821)	132,201		2
3	Housekeeping	63,464	18,036		81,500		81,500	925	82,425		3
4	Laundry	105,489	12,210		117,699		117,699		117,699		4
5	Heat and Other Utilities			98,265	98,265		98,265	(7,040)	91,225		5
6	Maintenance	71,014	83,558	1,093	155,665		155,665	50,531	206,196		6
7	Other (specify):* Sanitation			7,916	7,916		7,916		7,916		7
8	TOTAL General Services	404,707	258,553	115,330	778,590		778,590	42,595	821,185		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,644,676	94,385	4,730	1,743,791		1,743,791		1,743,791		10
10a	Therapy			637,222	637,222		637,222		637,222		10a
11	Activities	36,569	2,912	1,715	41,196		41,196		41,196		11
12	Social Services	60,619			60,619		60,619		60,619		12
13	CNA Training										13
14	Program Transportation		10,846		10,846		10,846		10,846		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,741,864	108,143	649,667	2,499,674		2,499,674		2,499,674		16
	C. General Administration										
17	Administrative	67,603	28,399	758,454	854,456	(17,311)	837,145	(457,059)	380,086		17
18	Directors Fees										18
19	Professional Services			18,146	18,146		18,146	2,380	20,526		19
20	Dues, Fees, Subscriptions & Promotions			13,886	13,886	3,699	17,585	(5,516)	12,069		20
21	Clerical & General Office Expenses	32,681	20,275	25,046	78,002	8,612	86,614	39,678	126,292		21
22	Employee Benefits & Payroll Taxes			297,943	297,943	5,000	302,943	21,294	324,237		22
23	Inservice Training & Education			14,184	14,184		14,184		14,184		23
24	Travel and Seminar			5,888	5,888		5,888	137	6,025		24
25	Other Admin. Staff Transportation							4,062	4,062		25
26	Insurance-Prop.Liab.Malpractice			42,513	42,513		42,513	2,689	45,202		26
27	Other (specify):*										27
28	TOTAL General Administration	100,284	48,674	1,176,060	1,325,018		1,325,018	(392,335)	932,683		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,246,855	415,370	1,941,057	4,603,282		4,603,282	(349,740)	4,253,542		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Mount Vernon Countryside Manor

#0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			161,189	161,189		161,189	13,373	174,562			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			157,810	157,810		157,810	1,035	158,845			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			324,999	324,999		324,999	8,408	333,407			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		197,044	48,960	246,004		246,004		246,004			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			55,980	55,980		55,980		55,980			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		197,044	104,940	301,984		301,984		301,984			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,246,855	612,414	2,370,996	5,230,265		5,230,265	(341,332)	4,888,933			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

Table with columns: 1 NON-ALLOWABLE EXPENSES, 2 Amount, 3 Reference, 4 BHF USE ONLY, 5. Rows include Day Care, Other Care for Outpatients, Governmental Sponsored Special Programs, Non-Patient Meals, Telephone, TV & Radio in Resident Rooms, Rented Facility Space, Sale of Supplies to Non-Patients, Laundry for Non-Patients, Non-Straightline Depreciation, Interest and Other Investment Income, Discounts, Allowances, Rebates & Refunds, Non-Working Officer's or Owner's Salary, Sales Tax, Non-Care Related Interest, Non-Care Related Owner's Transactions, Personal Expenses (Including Transportation), Non-Care Related Fees, Fines and Penalties, Entertainment, Contributions, Owner or Key-Man Insurance, Special Legal Fees & Legal Retainers, Malpractice Insurance for Individuals, Bad Debt, Fund Raising, Advertising and Promotional, Income Taxes and Illinois Personal Property Replacement Tax, CNA Training for Non-Employees, Yellow Page Advertising, Other-Attach Schedule, and SUBTOTAL (A): (Sum of lines 1-29).

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

Table with columns: 1 Amount, 2 Reference, 3. Rows include Non-Paid Workers-Attach Schedule*, Donated Goods-Attach Schedule*, Amortization of Organization & Pre-Operating Expense, Adjustments for Related Organization Costs (Schedule VII), Other- Attach Schedule, SUBTOTAL (B): (sum of lines 31-35), (sum of SUBTOTALS), and TOTAL ADJUSTMENTS (A) and (B).

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

Table with columns: 1 Yes, 2 No, 3 Amount, 4 Reference, 5. Rows include Medically Necessary Transport., Gift and Coffee Shops, Barber and Beauty Shops, Laboratory and Radiology, Prescription Drugs, Other-Attach Schedule, and TOTAL (C): (sum of lines 38-46).

SEE ACCOUNTANTS' COMPILATION REPORT

Table with columns: BHF USE ONLY, 48, 49, 50, 51, 52.

Mount Vernon Countryside Manor

ID# 0035998

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount Reference

	Amount	Reference	Sch. V Line
1 Eliminate Lobbying Portion of 2010 IHCA Dues	\$ (1,722)	20	1
2 Eliminate Marketing Director's Wages	(3,600)	21	2
3 Offset Miscellaneous Reimbursements & Refunds	(85)	17	3
4 Straight Line Depr. On Items Req'd To Be Capitalized	(105)	30	4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49 Total	(5,512)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,821)	0	0	0	0	0	0	0	0	0	0	(1,821)	2
3	Housekeeping	0	925	0	0	0	0	0	0	0	0	0	925	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(7,981)	941	0	0	0	0	0	0	0	0	0	(7,040)	5
6	Maintenance	0	50,531	0	0	0	0	0	0	0	0	0	50,531	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(9,802)	52,397	0	0	0	0	0	0	0	0	0	42,595	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(1,804)	109,695	(564,950)	0	0	0	0	0	0	0	0	(457,059)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,052)	7,095	337	0	0	0	0	0	0	0	0	2,380	19
20	Fees, Subscriptions & Promotions	(5,916)	352	48	0	0	0	0	0	0	0	0	(5,516)	20
21	Clerical & General Office Expenses	(14,400)	54,078	0	0	0	0	0	0	0	0	0	39,678	21
22	Employee Benefits & Payroll Taxes	0	16,096	5,198	0	0	0	0	0	0	0	0	21,294	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	24	113	0	0	0	0	0	0	0	0	137	24
25	Other Admin. Staff Transportation	0	4,062	0	0	0	0	0	0	0	0	0	4,062	25
26	Insurance-Prop.Liab.Malpractice	0	2,689	0	0	0	0	0	0	0	0	0	2,689	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(27,172)	194,091	(559,254)	0	(392,335)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(36,974)	246,488	(559,254)	0	(349,740)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number

Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(105)	13,478	0	0	0	0	0	0	0	0	0	13,373	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	1,035	0	0	0	0	0	0	0	0	0	1,035	33
34	Rent-Facility & Grounds	0	0	(6,000)	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(105)	14,513	(6,000)	0	8,408	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(37,079)	261,001	(565,254)	0	(341,332)	45							

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Jerry & Marilyn King	100.00	Aviston Countryside Manor, Inc.	Aviston	King Management	Nashville	Home Office
				King Management	Bonita Springs, FL	Management Co.
Jerry & Marilyn King	100.00	Taylorville Care Center, Inc.	Taylorville	of SW Florida		
				Residential Living Ctr	Mt. Vernon	Assisted Living
				Taylorville Estates	Taylorville	Assisted Living
				Trenton Village	Trenton	Assisted Living

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	3 See Schedule VIII	\$	King Management Co.	100.00%	\$ 925	\$	925	1
2	V	5 See Schedule VIII		King Management Co.	100.00%	941		941	2
3	V	6 See Schedule VIII		King Management Co.	100.00%	50,531		50,531	3
4	V	17 See Schedule VIII		King Management Co.	100.00%	109,695		109,695	4
5	V	19 See Schedule VIII		King Management Co.	100.00%	7,095		7,095	5
6	V	20 See Schedule VIII		King Management Co.	100.00%	352		352	6
7	V	21 See Schedule VIII		King Management Co.	100.00%	54,078		54,078	7
8	V	22 See Schedule VIII		King Management Co.	100.00%	16,096		16,096	8
9	V	24 See Schedule VIII		King Management Co.	100.00%	24		24	9
10	V	25 See Schedule VIII		King Management Co.	100.00%	4,062		4,062	10
11	V	26 See Schedule VIII		King Management Co.	100.00%	2,689		2,689	11
12	V	30 See Schedule VIII		King Management Co.	100.00%	13,478		13,478	12
13	V	33 See Schedule VIII		King Management Co.	100.00%	1,035		1,035	13
14	Total		\$			\$ 261,001	\$ *	261,001	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	34	Land Lease	\$ 6,000	Jerry King		\$	\$	(6,000)	15
16	V									16
17	V	17	See Schedule VIII	758,454	King Management of SW Florida	100.00%	193,504		(564,950)	17
18	V	19	See Schedule VIII		King Management of SW Florida	100.00%	337		337	18
19	V	20	See Schedule VIII		King Management of SW Florida	100.00%	48		48	19
20	V	22	See Schedule VIII		King Management of SW Florida	100.00%	5,198		5,198	20
21	V	24	See Schedule VIII		King Management of SW Florida	100.00%	113		113	21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total			\$ 764,454			\$ 199,200	\$ *	(565,254)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Mount Vernon Countryside Manor

#

0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jerry King	Owner	Mgmt/Consultant	100.00	343,678	16	32.12	Salary	\$ 191,578	17, 8	1
2	Denise King	Regional Director	Administrative	0.00	192,326	19	32.12	Salary	107,209	17, 8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	79,655	16	32.12	Salary	44,402	6, 8	3
4	Marilyn King	Owner	Mgmt/Consultant	100.00	3,457	1	32.12	Salary	1,927	17, 8	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 345,116		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization King Management Company
 Street Address 935 Mill Street
 City / State / Zip Code Nashville, IL 62263
 Phone Number (618) 327-3064
 Fax Number (618) 327-3083

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	3	Housekeeping	Accumulated Costs	13,922,910	6	\$ 2,881	\$ 4,471,810	\$ 925	1	
2	5	Utilities	Accumulated Costs	13,922,910	6	2,930	4,471,810	941	2	
3	6	Maintenance	Accumulated Costs	13,922,910	6	157,328	138,246	4,471,810	50,531	3
4	17	Administrative	Accumulated Costs	13,922,910	6	341,534	333,793	4,471,810	109,695	4
5	19	Professional Fees	Accumulated Costs	13,922,910	6	22,090	4,471,810	7,095	5	
6	20	Dues, Fees, & Subscriptions	Accumulated Costs	13,922,910	6	1,097	4,471,810	352	6	
7	21	Clerical & Office Expense	Accumulated Costs	13,922,910	6	168,370	149,395	4,471,810	54,078	7
8	22	Employee Benefits	Accumulated Costs	13,922,910	6	50,115	4,471,810	16,096	8	
9	24	Travel & Seminars	Accumulated Costs	13,922,910	6	75	4,471,810	24	9	
10	25	Other Administrative Transp.	Accumulated Costs	13,922,910	6	12,647	4,471,810	4,062	10	
11	26	Insurance	Accumulated Costs	13,922,910	6	8,373	4,471,810	2,689	11	
12	30	Depreciation - Other	Accumulated Costs	13,922,910	6	16,852	4,471,810	5,413	12	
13	30	Depreciation - Vehicles	Accumulated Costs	13,922,910	6	25,109	4,471,810	8,065	13	
14	33	Real Estate Taxes	Accumulated Costs	13,922,910	6	3,221	4,471,810	1,035	14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 812,622	\$ 621,434	\$ 261,001	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization King Management of SW Florida
 Street Address 3440 Riviera Lakes Ct.
 City / State / Zip Code Bonita Springs, FL 34134
 Phone Number ()
 Fax Number ()

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Administrative	Accumulated Costs	13,922,910	6	\$ 602,473	\$ 602,473	4,471,810	\$ 193,504	1
2	19	Professional Fees	Accumulated Costs	13,922,910	6	1,050		4,471,810	337	2
3	20	Dues, Fees, & Subscriptions	Accumulated Costs	13,922,910	6	150		4,471,810	48	3
4	22	Employee Benefits	Accumulated Costs	13,922,910	6	16,185		4,471,810	5,198	4
5	24	Travel & Seminar	Accumulated Costs	13,922,910	6	353		4,471,810	113	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 620,211	\$ 602,473		\$ 199,200	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Schedule Not Applicable						\$	\$		\$	1								
2											2								
3											3								
4											4								
5											5								
Working Capital																			
6											6								
7											7								
8											8								
9	TOTAL Facility Related						\$	\$		\$	9								
B. Non-Facility Related*																			
10											10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related						\$	\$		\$	14								
15	TOTALS (line 9+line14)						\$	\$		\$	15								

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

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number

0035998

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.		\$	109,000	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.)		\$	131,510			2
3. Under or (over) accrual (line 2 minus line 1).		\$	22,510			3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	135,300			4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$				5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$				6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	157,810			7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2005	104,165	8		
		2006	91,875	9		
		2007	93,882	10		
		2008	107,793	11		
		2009	131,510	12		
Line 4: Accrual is based on 2009 taxes paid.						
Line 7: Real Estate Tax Expense \$157,810						
Home Office Allocation 1,035						
Total Real Estate Tax \$158,845						
				FOR BHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2009	\$		13
		14	PLUS APPEAL COST FROM LINE 5	\$		14
		15	LESS REFUND FROM LINE 6	\$		15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mount Vernon Countryside Manor COUNTY Jefferson
 FACILITY IDPH LICENSE NUMBER 0035998
 CONTACT PERSON REGARDING THIS REPORT Linda Peppenhorst
 TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>07-28-376-013</u>	<u>LMC Plaza - Lots 1 thru 5</u>	\$ <u>202,222.04</u>	\$ <u>131,509.61</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>202,222.04</u></u>	\$ <u><u>131,509.61</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

PLEASE NOTE: *Payment information from the Internet* or otherwise is **not considered acceptable tax bill documentation**. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,000 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

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

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

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

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

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

Residential Living Center is a 51 unit, 36,000 square foot retirement center located on the property adjacent to Mount Vernon Countryside Manor.

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1988</u>	<u>\$ 95,254</u>	<u>1</u>
2	<u>Home Office</u>		<u>1989 & 1995</u>	<u>2,020</u>	<u>2</u>
3	TOTALS			\$ 97,274	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998

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	101		1990	1990	\$ 2,725,128	\$ 90,838	30	\$ 90,838	\$	\$ 1,877,197	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Landscaping		1990		26,544		10			26,544	9
10	Parking Lot		1990		26,563		10			26,563	10
11	Door & Screen		1992		1,700		10			1,700	11
12	Vanity & Medicine Cabinet		1992		1,136		10			1,136	12
13	Garage		1993		7,238		15			7,238	13
14	Water Heater		1995		2,960	67	15	67		2,960	14
15	Smoke Detectors		1996		812		10			812	15
16	Air Conditioners (2)		1996		1,342		5			1,342	16
17	Multiflow Furnace/Condensing Unit		1996		1,541		5			1,541	17
18	Storage Building Rook		1996		5,100		10			5,100	18
19	Asphalt East Parking Lot		1996		2,373		10			2,373	19
20	Air Conditioners (2)		1996		1,549		5			1,549	20
21	Entry Control System		1996		1,133		10			1,133	21
22	Vinyl Floor Covering		1996		4,465		10			4,465	22
23	Fire Alarm System		1997		13,564	904	15	904		12,433	23
24	Furnance & Tempering Valve		1997		2,112	141	15	141		1,948	24
25	Air Conditioners (2)		1997		1,502		10			1,502	25
26	Water Heater		1998		3,273	218	15	218		2,836	26
27	Air Freshner System		1998		1,314		10			1,314	27
28	Air Freshner System		1998		1,300		10			1,300	28
29	Gazebo		1998		2,974	198	15	198		2,477	29
30	Water Heater		1999		3,414	227	15	227		2,635	30
31	Water Heater		1999		2,429	162	15	162		1,876	31
32	Carpet		2000		9,666	806	10	806		9,666	32
33	Flooring		2000		18,661	1,711	10	1,711		18,661	33
34	Concrete Pad for Gazebo		2000		4,303		15	287	287	3,038	34
35	Landscaping		2001		7,305	731	10	731		6,940	35
36	Electrical Repairs		2001		6,691	669	10	669		6,579	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998

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 Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Water Heater	2001	\$ 2,745	\$ 183	15	\$ 183	\$	\$ 1,830	37
38	Cabinets	2001	28,181	1,409	20	1,409		13,855	38
39	Office Memodel	2002	5,319	354	15	354		2,984	39
40	Wall Brackets	2002	4,577	458	10	458		4,006	40
41	Shower Room Tile	2002	3,108	311	10	311		2,539	41
42	Air Conditioners (8)	2002	6,164		5			6,164	42
43	Air Conditioners (7)	2003	5,220		5			5,220	43
44	Telephone System	2003	9,538	954	10	954		6,994	44
45	Air Conditioners (5)	2003	4,683		5			4,683	45
46	Water Softener System	2003	6,199	516	12	516		4,088	46
47	HVAC Units (9)	2004	6,493		5			6,493	47
48	HVAC Units (3)	2004	2,164		5			2,164	48
49	HVAC Units (10)	2004	7,214		5			7,214	49
50	Wallcovering	2004	10,456		5			10,456	50
51	Doors & Kickplates	2004	5,262	351	15	351		2,369	51
52	Concrete Driveway	2004	4,257	284	15	284		1,798	52
53	Landscaping	2005	20,005	2,001	10	2,001		10,337	53
54	Lighting - 300 Hall Exit	2005	3,269	327	10	327		1,824	54
55	HVAC Units (3)	2005	2,417	363	5	363		2,417	55
56	Sprinkler Pipe Replacement	2006	36,670	1,467	25	1,467		6,601	56
57	Parking Lot Slab	2006	22,000	1,467	15	1,467		6,357	57
58	Window Treatment	2006	16,296	1,630	10	1,630		6,791	58
59	Painting & Wallpapering	2006	29,844	5,969	5	5,969		24,871	59
60	Flooring	2006	62,193	6,219	10	6,219		25,913	60
61	Heating & Cooling Units (7)	2006	3,731	373	10	373		1,616	61
62	Water Heater	2006	5,525	553	10	553		2,626	62
63	Water Heater	2006	5,153	515	10	515		2,532	63
64	Wallguards	2006	3,478	695	5	695		2,840	64
65	Light Fixtures	2006	1,278	128	10	128		533	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,211,531	\$ 123,199		\$ 123,486	\$ 287	\$ 2,212,973	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998

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		\$ 3,211,531	\$ 123,199		\$ 123,486	\$ 287	\$ 2,212,973	1
2									2
3	Wallguard	2007	2,191	219	10	219		858	3
4	Nurse Station Flooring	2007	10,127	1,012	10	1,012		3,882	4
5	Custom Nurse Station	2007	17,030	1,419	12	1,419		5,440	5
6	Custom Cabinetry and Tops	2007	11,369	947	12	947		3,631	6
7	New Roof	2007	90,380	9,038	10	9,038		33,893	7
8	Blinds	2007	2,019	404	5	404		1,515	8
9	Gutters	2007	6,500	650	10	650		2,383	9
10	Commercial Heater	2007	5,846	585	10	585		2,242	10
11	Iron Fence	2008	21,585	863	25	863		2,374	11
12	Lighted Fountatin	2008	3,331	222	15	222		592	12
13	Doors	2010	1,506	25	15	25		25	13
14	Sprinkler System Heads (53)	2010	8,441	141	25	141		141	14
15	Satellite Dishes	2010	13,900	347	10	347		347	15
16	Interior Doors (161)	2010	94,717	526	15	526		526	16
17									17
18									18
19									19
20									20
21									21
22	Home Office Parking Lot	1989	635		5			635	22
23	Home Office New Building	1995	31,485		25	1,259	1,259	19,101	23
24	Home Office Interior Finishes	1996	1,953		15	130	130	1,888	24
25	Home Office Carpet	1996	683		5			683	25
26	Home Office Cabinets	1996	1,080		20	54	54	783	26
27	Home Office Electrical	1996	374		15	25	25	362	27
28	Home Office Front Door	2002	514		10	51	51	424	28
29	Home Office Wallpaper	2007	294		5	29	29	93	29
30	Home Office Wallpaper	2008	2,410		5	482	482	1,446	30
31	Home Office Carpet	2008	2,969		5	594	594	1,781	31
32	Home Office Tile Flooring	2009	206		10	21	21	41	32
33	Home Office Wallpaper	2009	461		5	92	92	184	33
34	TOTAL (lines 1 thru 33)		\$ 3,543,537	\$ 139,597		\$ 142,621	\$ 3,024	\$ 2,298,243	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 176,789	\$	\$ 19,469	\$ 19,469	3-15 years	\$ 85,727	71
72	Current Year Purchases	38,709		3,999	3,999	3-15 years	3,999	72
73	Fully Depreciated Assets	537,468					537,468	73
74								74
75	TOTALS	\$ 752,966	\$	\$ 23,468	\$ 23,468		\$ 627,194	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	2000 Chevy LS Van w/ Lift	2001	\$ 22,659	\$ 409	\$ 409	\$	4	\$ 22,557	76
77	Facility	2003 Ford Supreme Shuttle Bus	2003	40,750				4	40,750	77
78	Facility	Utility Trailer	2004	1,867				4	1,867	78
79	Home Office Vehicles	Various	Various	45,688		8,064	8,064	4	26,816	79
80	TOTALS			\$ 110,964	\$ 409	\$ 8,473	\$ 8,064		\$ 91,990	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,504,741 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 140,006 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 174,562 83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 34,556 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,017,427 85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Section Not Applicable	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section Not Applicable

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

If NO, see instructions. YES NO

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

**

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

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

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

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

15. Is Movable equipment rental included in building rental?

N/A YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Section N/A</u>		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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?</p> <p><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)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a, 3	hrs	\$	10,806	\$ 230,036	\$	10,806	\$ 230,036	1
2	Licensed Speech and Language Development Therapist	10a, 3	hrs		4,102	164,884		4,102	164,884	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a, 3	hrs		11,635	242,303		11,635	242,303	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39, 2	# of prescripts				197,044		197,044	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>Lab, X-Ray, Ambul.</u>	39, 3				48,960			48,960	13
14	TOTAL			\$	26,543	\$ 686,183	\$ 197,044	26,543	\$ 883,227	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor# 0035998Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 781,688	\$	1
2	Cash-Patient Deposits	1,754		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 35,000)	599,015		3
4	Supply Inventory (priced at Cost)	8,667		4
5	Short-Term Investments			5
6	Prepaid Insurance	24,237		6
7	Other Prepaid Expenses	8,514		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	20,955		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,444,830	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	3,493,334		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	764,468		16
17	Accumulated Depreciation (book methods)	(2,921,212)		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)	\$ 1,336,590	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,781,420	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 366,970	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,754		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	161,064		30
31	Accrued Taxes Payable (excluding real estate taxes)	26,198		31
32	Accrued Real Estate Taxes(Sch.IX-B)	135,300		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due To Management Company</u>	108,454		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 799,740	\$	38
	D. Long-Term Liabilities			
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)	\$ 799,740	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,981,680	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,781,420	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,959,504	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,959,504	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	236,618	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	(214,442)	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)	\$ 22,176	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)	\$ 1,981,680	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,462,419	1
2	Discounts and Allowances for all Levels	(883,106)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,579,313	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	838,267	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 838,267	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	200	13
14	Non-Patient Meals	505	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	46,980	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 47,685	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,533	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,533	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Reimbursements & Refunds</u>	85	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 85	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,466,883	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	778,590	31
32	Health Care	2,499,674	32
33	General Administration	1,325,018	33
B. Capital Expense			
34	Ownership	324,999	34
C. Ancillary Expense			
35	Special Cost Centers	246,004	35
36	Provider Participation Fee	55,980	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,230,265	40
41	Income before Income Taxes (line 30 minus line 40)**	236,618	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 236,618	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

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

Facility Name & ID Number Mount Vernon Countryside Manor

0035998

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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	1,777	2,131	\$ 56,089	\$ 26.32	1
2	Assistant Director of Nursing	1,866	2,139	42,718	19.97	2
3	Registered Nurses	23,346	25,309	490,967	19.40	3
4	Licensed Practical Nurses	12,823	13,809	222,002	16.08	4
5	CNAs & Orderlies	80,597	81,193	810,231	9.98	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,444	3,883	36,569	9.42	10
11	Social Service Workers	4,358	5,008	60,619	12.10	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,644	16,963	164,740	9.71	15
16	Dishwashers					16
17	Maintenance Workers	4,125	4,727	71,014	15.02	17
18	Housekeepers	7,198	7,577	63,464	8.38	18
19	Laundry	12,243	12,623	105,489	8.36	19
20	Administrator	1,825	2,235	67,603	30.25	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,356	2,685	29,081	10.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,808	2,146	22,669	10.56	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing Dir.</u>	216	288	3,600	12.50	33
34	TOTAL (lines 1 - 33)	173,626	182,716	\$ 2,246,855 *	\$ 12.30	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	147	\$ 7,425	1, 3	35
36	Medical Director	Contract	6,000	9, 3	36
37	Medical Records Consultant	26	1,459	10, 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	2,960	10, 3	39
40	Physical Therapy Consultant	Contract	249	10, 3	40
41	Occupational Therapy Consultant	Contract	62	10, 3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,715	11, 3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	197	\$ 19,870		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Marla Howard	Administrator	0	\$ 67,603	Workers' Compensation Insurance	\$ 73,810	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	25,950	Advertising: Employee Recruitment	135		
				FICA Taxes	165,589	Health Care Worker Background Check (Indicate # of checks performed)	1,235		
				Employee Health Insurance	35,472	Patient Background Checks	1,235		
				Employee Meals		IHCA Dues	3,574		
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions	190		
				Employee Relations	392	Miscellaneous Dues & Licenses	3,310		
				Pension Expense	1,636	Home Office Allocation	352		
				Employee Physicals	94	Management Company Allocation	48		
				Home Office Allocation	16,096	Less: Public Relations Expense	()		
				Management Company Allocation	5,198	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
\$ 67,603				\$ 324,237		\$ 12,069			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description	Amount			Description	Line #	Amount	Description	Amount	
Management Fee	\$ 758,454			Section N/A		\$	Out-of-State Travel	\$	
							In-State Travel	2,704	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		3,184
\$ 758,454				\$			Home Office Allocation		24
C. Professional Services							Management Company Allocation		113
Vendor/Payee	Type	Amount					Entertainment Expense		()
C.J. Schlosser & Company	Accounting	\$ 12,130					TOTAL (agree to Sch. V, line 24, col. 8)		\$ 6,025
Greensfelder, Hemker, & Gale	Legal	964							
Mathis, Marifian, Richter, & Grandy	Collections (Unallowable)	5,052							
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL					
\$ 18,146				\$					

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Facility Name & ID Number Mount Vernon Countryside Manor

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

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Schedule Not Applicable	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA Dues \$3,574
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 3-15 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line N/A
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 55,980
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? None
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 505
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? 62%
 - 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

MOUNT VERNON COUNTRYSIDE MANOR
 IDPH# 0035998
 RECLASSIFICATION
 ATTACHMENT TO SCHEDULE V
 12/31/2010

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	3,699
CLERICAL & GENERAL	21	8,612
EMPLOYEE BENEFITS	22	5,000
ADMINISTRATIVE	17	(17,311)
TO RECLASS THE FOLLOWING EXPENSES RECORDED IN MISCELLANEOUS EXPENSE TO THE CORRECT LINES:		
DUES, FEES & LICENSES	\$ 1,039	
SUBSCRIPTIONS	190	
BACKGROUND CHECKS	2,470	
MONTHLY BILLING FEES	8,612	
WORKMEN'S COMP. CLAIM PAYMENT	5,000	
TOTAL	<u>\$ 17,311</u>	

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE XVII
12/31/10

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 236,618
DEPRECIATION ADJUSTMENT	(89,957)
TRAVEL & ENTERTAINMENT ADJUSTMENT	859
ILLINOIS REPLACEMENT TAXES	10,800
CONTRIBUTIONS ADJUSTMENT	833
CONVERSION TO CASH BASIS ADJUSTMENTS	552,364
TAX NET INCOME	<u>\$ 711,517</u>

MT. VERNON COUNTRYSIDE MANOR
ATTACHMENT TO SCHEDULE XIX, SECTION G
12/31/2010

NAME OF EMPLOYEE ATTENDING SEMINAR	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	SEMINAR COST	TRAVEL/ LODGING COST
Erin Wallace	Social Services	1/20/2010	Carlyle	SSD Basic Training Course	Outcome Services of IL	77	
Dana Fults	Dietary Manager	3/10/2010	Springfield	IHCA Conference	IHCA	90	
Dana Fults	Dietary Manager	4/27/2010	Belleville	Food For Thought	IL Pioneer Coalition	39	
Keisha Smith	Care Plan Coordinator	6/25/2010	Fairview Heights	MDS 3.0 - Getting Started	IHCA	165	
Marla Howard	Administrator	6/25/2010	Fairview Heights	MDS 3.0 - Getting Started	IHCA	165	
Jami Strader	Medicare Coordinator	6/25/2010	Fairview Heights	MDS 3.0 - Getting Started	IHCA	165	
Sophia Rudd	R.N. - Restorative Nurse	6/25/2010	Fairview Heights	MDS 3.0 - Getting Started	IHCA	165	
Dana Fults	Dietary Manager	7/13/2010	St. Louis	MDS 3.0 & RUGS IV - Managing Medicare Revenue	Polaris Group	99	
Keisha Smith	Care Plan Coordinator	7/13/2010	St. Louis	MDS 3.0 & RUGS IV - Managing Medicare Revenue	Polaris Group	99	
Jami Strader	Medicare Coordinator	7/13/2010	St. Louis	MDS 3.0 & RUGS IV - Managing Medicare Revenue	Polaris Group	99	
Erin Wallace	Social Services	7/13/2010	St. Louis	MDS 3.0 & RUGS IV - Managing Medicare Revenue	Polaris Group	99	
Sophia Rudd	R.N. - Restorative Nurse	7/13/2010	St. Louis	MDS 3.0 & RUGS IV - Managing Medicare Revenue	Polaris Group	99	
Erin Wallace	Social Services	9/1/2010	Carlyle	MDS 3.0	Outcome Services of IL	85	
Rhonda Moffitt	Activities	9/1/2010	Carlyle	MDS 3.0	Outcome Services of IL	85	
Marla Howard	Administrator	10/12/10 - 10/13/10	Springfield	Summit Meeting	IL Pioneer Coalition	149	77
Chris Wreath	Office Manager	10/12/10 - 10/13/10	Springfield	Summit Meeting	IL Pioneer Coalition	149	77
Gerry Lusby	Medical Records	10/12/10 - 10/13/10	Springfield	Summit Meeting	IL Pioneer Coalition	149	77
Kathy Padlock	Assistant Director of Nursing	10/12/10 - 10/13/10	Springfield	Summit Meeting	IL Pioneer Coalition	149	77
Keisha Smith	Care Plan Coordinator	9/28/2010	Web Seminar	Which Way Do We Go?	IHCA	75	
Marla Howard	Administrator	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	267
Jeanette Mostyn	Director of Nursing	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	267
Sophia Rudd	R.N. - Restorative Nurse	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Keisha Smith	Care Plan Coordinator	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Erin Wallace	Social Services	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Jami Strader	Medicare Coordinator	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Dana Fults	Dietary Manager	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
L. Hutchinson	Activities	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Denise King	Vice President of Operations	9/13/10 - 9/15/10	Peoria	IHCA Convention	IHCA	88	266
Keisha Smith	Care Plan Coordinator	12/9/2010	Effingham	The New RUGS IV	IHCA	95	
Sophia Rudd	R.N. - Restorative Nurse	12/9/2010	Effingham	The New RUGS IV	IHCA	95	
						3,184	2,704
						}	
						5,888	
						Home Office Allocation	24
						Management Co. Allocation	113
						<u>6,025</u>	

MT. VERNON COUNTRYSIDE MANOR
IDPH #0035998
ATTACHMENT TO SCHEDULE XV, LINE 9
12/31/10

OTHER ASSETS:

INVESTMENT IN LTC INSURANCE	\$ 20,705
UTILITY DEPOSIT	250
	<u>\$ 20,955</u>

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/10

OTHER REVENUE:

MISCELLANEOUS REIMBURSEMENTS & REFUNDS	<u>85</u>
	\$ <u><u>85</u></u>

Attachment not necessary this year.

Mt. Vernon Countryside Manor
 IDPH ID # 0035998
 Attachment To Schedule VII C
 Compensation Paid By Other Nursing Homes
 12/31/10

<u>Name</u>	<u>Aviston Countryside Manor</u>	<u>Taylorville Care Center</u>	<u>Total Schedule VII C Column 5</u>
Jerry King	\$ 182,800	\$ 160,879	\$ 343,678
Denise King	102,296	90,029	192,326
Keith King	42,368	37,287	79,655
Marilyn King	1,839	1,618	3,457
Total	<u>\$ 329,302</u>	<u>\$ 289,813</u>	<u>\$ 619,116</u>