

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841 Report Period Beginning: 8/1/09 Ending: 7/31/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	41	Skilled (SNF)	41	14,965	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	Private Pay	4 Other	Total		
8	SNF	3,875	1,864	2,776	8,515	8	
9	SNF/PED					9	
10	ICF	6,668	6,538		13,206	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	10,543	8,402	2,776	21,721	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.11%

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 10/1/1980

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 41 and days of care provided 2,776

Medicare Intermediary NATIONAL GOVERNMENT SERVICES OF KENTUCKY

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 7/31/10 Fiscal Year: 7/31/10

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

Facility Name & ID Number **SUNRISE MANOR OF VIRDEN** # **0025841** Report Period Beginning: **8/1/09** Ending: **7/31/10**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	135,736	24,351	7,539	167,626		167,626		167,626		1
2	Food Purchase		145,409		145,409		145,409	(1,703)	143,706		2
3	Housekeeping	56,768	19,492		76,260		76,260		76,260		3
4	Laundry	28,025	7,495		35,520		35,520		35,520		4
5	Heat and Other Utilities			113,531	113,531		113,531		113,531		5
6	Maintenance	48,604	32,341	71,610	152,555		152,555	12,359	164,914		6
7	Other (specify):* Utility Workers	40,417			40,417		40,417		40,417		7
8	TOTAL General Services	309,550	229,088	192,680	731,318		731,318	10,656	741,974		8
	B. Health Care and Programs										
9	Medical Director			11,400	11,400		11,400	2,410	13,810		9
10	Nursing and Medical Records	1,092,351	263,600	155,023	1,510,974	(154,728)	1,356,246	12,338	1,368,584		10
10a	Therapy	57,247	7,927	318,171	383,345	(318,171)	65,174		65,174		10a
11	Activities	67,762	3,316		71,078		71,078		71,078		11
12	Social Services	65,884		5,238	71,122		71,122		71,122		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,283,244	274,843	489,832	2,047,919	(472,899)	1,575,020	14,748	1,589,768		16
	C. General Administration										
17	Administrative	65,921		15,900	81,821	2,971	84,792	29,942	114,734		17
18	Directors Fees										18
19	Professional Services			174,076	174,076		174,076	(163,030)	11,046		19
20	Dues, Fees, Subscriptions & Promotions			49,021	49,021		49,021	(34,242)	14,779		20
21	Clerical & General Office Expenses	81,833	19,499	7,552	108,884		108,884	48,819	157,703		21
22	Employee Benefits & Payroll Taxes			316,588	316,588		316,588	1,257	317,845		22
23	Inservice Training & Education			4,375	4,375		4,375	1,632	6,007		23
24	Travel and Seminar			8,776	8,776	(3,871)	4,905	733	5,638		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			39,386	39,386		39,386	975	40,361		26
27	Other (specify):*			83,127	83,127		83,127	(59,578)	23,549		27
28	TOTAL General Administration	147,754	19,499	698,801	866,054	(900)	865,154	(173,492)	691,662		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,740,548	523,430	1,381,313	3,645,291	(473,799)	3,171,492	(148,088)	3,023,404		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			30,538	30,538		30,538	43,948	74,486			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,858	35,858		35,858	(35,858)				32
33	Real Estate Taxes			27,937	27,937		27,937		27,937			33
34	Rent-Facility & Grounds			60,000	60,000		60,000	(51,037)	8,963			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			154,333	154,333		154,333	(42,947)	111,386			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					473,799	473,799		473,799			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			54,203	54,203	473,799	528,002		528,002			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,740,548	523,430	1,589,849	3,853,827		3,853,827	(191,035)	3,662,792			45

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

SUNRISE MANOR OF VIRDEN

ID# 0025841

Report Period Beginning: 8/1/09

Ending: 7/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			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	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number SUNRISE MANOR OF VIRDEN# 0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,386)	0	0	0	0	0	0	0	0	0	0	(1,386)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,386)	0	0	0	0	0	0	0	0	0	0	(1,386)	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	0	330	0	0	0	0	0	0	0	0	0	330	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(680)	(162,252)	0	0	0	0	0	0	0	0	0	(162,932)	19
20	Fees, Subscriptions & Promotions	(34,488)	0	0	0	0	0	0	0	0	0	0	(34,488)	20
21	Clerical & General Office Expenses	(711)	0	0	0	0	0	0	0	0	0	0	(711)	21
22	Employee Benefits & Payroll Taxes	0	(23,549)	0	0	0	0	0	0	0	0	0	(23,549)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	(330)	0	0	0	0	0	0	0	0	0	(330)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(83,127)	23,549	0	0	0	0	0	0	0	0	0	(59,578)	27
28	TOTAL General Administration	(119,006)	(162,252)	0	(281,258)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(120,392)	(162,252)	0	(282,644)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number SUNRISE MANOR OF VIRDEN# 0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	41,944	121	0	0	0	0	0	0	0	0	0	42,065	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(322)	(35,536)	0	0	0	0	0	0	0	0	0	(35,858)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(60,000)	0	0	0	0	0	0	0	0	0	(60,000)	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	41,622	(95,415)	0	(53,793)	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(78,770)	(257,667)	0	0	0	0	0	0	0	0	0	(336,437)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>SAM KLEIN</u>	<u>91.0</u>	<u>HILLTOP NURSING HOME, INC</u>	<u>CHARLESTON</u>	<u>Nursing Home Mngrs</u>	<u>SPRINGFIELD</u>	<u>MANAGEMENT</u>
<u>DAVID KLEIN</u>	<u>4.5</u>	<u>JACKSONVILLE CONVALESCENT CENTER, INC</u>	<u>JACKSONVILLE</u>	<u>Sunrise Property</u>	<u>SPRINGFIELD</u>	<u>LEASOR</u>
<u>PAULA K. JENNINGS</u>	<u>4.5</u>	<u>MEADOW MANOR, INC</u>	<u>TAYLORVILLE</u>			
		<u>MENARD CONVALESCENT CENTER, INC</u>	<u>PETERSBURG</u>			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	<u>34 RENT</u>	<u>\$ 60,000</u>	<u>SUNRISE PROPERTY</u>	<u>100.00%</u>	<u>\$</u>	<u>\$</u>	<u>(60,000)</u> 1
2	V	<u>30 DEPRECIATION</u>		<u>SUNRISE PROPERTY</u>	<u>100.00%</u>	<u>121</u>	<u>121</u>	<u>121</u> 2
3	V	<u>32 INTEREST</u>		<u>SUNRISE PROPERTY</u>	<u>100.00%</u>	<u>333</u>	<u>333</u>	<u>333</u> 3
4	V	<u>32 INTEREST INCOME</u>		<u>SUNRISE PROPERTY</u>	<u>100.00%</u>	<u>(35,869)</u>	<u>(35,869)</u>	<u>(35,869)</u> 4
5	V							
6	V	<u>19 MANAGEMENT FEE</u>	<u>168,448</u>	<u>NURSING HOME MANAGERS, INC.</u>	<u>91.00%</u>			<u>(168,448)</u> 6
7	V	<u>VAR SEE ATTACHED SCHEDULE</u>		<u>NURSING HOME MANAGERS, INC.</u>	<u>91.00%</u>	<u>145,719</u>		<u>145,719</u> 7
8	V	<u>19 ACCOUNTING</u>		<u>NURSING HOME MANAGERS, INC. DIRECT ALLOCATION</u>	<u>91.00%</u>	<u>6,196</u>		<u>6,196</u> 8
9	V	<u>24 TRAVEL</u>	<u>330</u>	<u>TO TRANSFER 31% OF HOME OFFICE TRAVEL</u>				<u>(330)</u> 9
10	V	<u>17 ADMINISTRATIVE TRAVEL</u>		<u>TO ADMINISTRATIVE - PER DESK REVIEW</u>		<u>330</u>		<u>330</u> 10
11	V	<u>22 EMPL. BENEFITS & PR TAXES</u>	<u>23,549</u>	<u>TO TRANSFER HOME OFFICE EMPLOYEE BENEFITS</u>				<u>(23,549)</u> 11
12	V	<u>27 OTHER - GENERAL ADMIN.</u>		<u>AND PAYROLL TAXES TO OTHER - PER DESK REVIEW</u>		<u>23,549</u>		<u>23,549</u> 12
13	V							
14	Total		<u>\$ 252,327</u>			<u>\$ 140,379</u>	<u>\$ *</u>	<u>(111,948)</u> 14

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

Facility Name & ID Number

SUNRISE MANOR OF VIRDEN

#

0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	JERRY JENNINGS	CONTROLLER	MANAGEMENT	4.50					\$ 6,338	17-7	1	
2											2	
3											3	
4			JERRY JENNINGS WAS PAID BY NURSING HOME MANAGERS, INC.,									4
5			A RELATED ORGANIZATION. COMPENSATION OF \$33,387 FOR									5
6			JERRY JENNINGS WAS ALLOCATED AMONG THE FIVE RELATED									6
7			NURSING HOMES BASED ON 35 HOURS PER WEEK.									7
8											8	
9											9	
10											10	
11											11	
12											12	
13								TOTAL	\$ 6,338		13	

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

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

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841

Report Period Beginning:

8/1/09

Ending: 7/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	OWNERS	X		ACQUISTION	VARIES	10/1/85	\$ 800,000	\$ 5,550	DEMAND	6.0000	\$ 333	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	SUNRISE PROPERTY	X		WORKING CAPITAL		6/20/04	75,000	992,309	DEMAND	4.0000	35,858	6								
7	STOCKHOLDERS	X		WORKING CAPITAL		3/30/06	30,000	176,000				7								
8												8								
9	TOTAL Facility Related						\$ 905,000	\$ 1,173,859			\$ 36,191	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 905,000	\$ 1,173,859			\$ 36,191	15								

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

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

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

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,444 B. General Construction Type: Exterior MASONRY Frame WOOD & STEEL Number of Stories 1

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>NURSING HOME</u>		<u>1985</u>	<u>\$ 5,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 5,000	3

Facility Name & ID Number **SUNRISE MANOR OF VIRDEN**# **0025841**

Report Period Beginning:

8/1/09

Ending:

7/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99		1985	1970	\$ 885,000	\$	30	\$ 29,500	\$ 29,500	\$ 737,500	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		AIR CONDITIONING	1981		2,179		8			2,179	9
10		IMPROVEMENT	1981		5,664		15			5,664	10
11		AIR CONDITIONING	1983		1,734		10			1,734	11
12		EXHAUST FAN & IMPROVEMENT	1984		2,064		15			2,064	12
13		ROOF	1985		29,004		15			29,004	13
14		BLACKTOP	1985		16,000		15			16,000	14
15		LANDSCAPING	1985		2,400		10			2,400	15
16		TILE	1986		2,508		15			2,508	16
17		AIR CONDITIONING	1986		573		8			573	17
18		CIRCULATING PUMPS	1986		918		15			918	18
19		WATER HEATER	1987		1,705	54	15		(54)	1,705	19
20		SEWER & MANHOLE	1988		4,843	154	15		(154)	4,843	20
21		FIRE ALARM ADJUSTMENT	1989		1,388	44	15		(44)	1,388	21
22		SPRINKLER MAINTENANCE	1990		735	23	10		(23)	735	22
23		ROOF	1990		11,247	357	15		(357)	11,247	23
24		SPRINKLER & DETECTORS	1991		2,684	85	15		(85)	2,684	24
25		DOOR ALARM, TOILET, ETC	1993		2,867	74	15		(74)	2,867	25
26		ROOF, AIR CONDITIONING, KITCHEN	1995		16,554	424	15	550	126	16,554	26
27		SMOKE DOORS	1997		4,043	104	15	269	165	3,370	27
28		ROOF	1998		10,655	273	15	711	438	8,879	28
29		DOOR FRAMES	1998		4,379	112	15	292	180	3,649	29
30		GUTTERS	1999		800	21	15	54	33	614	30
31		AIR CONDITIONING	1999		17,091	438	10		(438)	17,091	31
32		WATER HEATER, DOOR, PLUMBING	2000		13,377	344	15	892	548	9,385	32
33		AIR CONDITIONING	2001		2,606	67	15	174	107	1,549	33
34		AIR CONDITIONING	2004		4,707	121	10	470	349	2,863	34
35		ROOF	2004		3,836	98	15	256	158	1,513	35
36		BOILER MAINTENANCE	2004		8,893	228	15	593	365	3,409	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

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	SMOKE DETECTORS & SPRINKLER SYSTEM	2005	\$ 9,831	\$ 252	15	\$ 656	\$ 404	\$ 3,521	37
38	DRY PIPE VALVE REPLACEMENT	2005	2,144	55	15	143	88	715	38
39	FIRE ALARM SYSTEM	2005	6,127	157	15	408	251	1,906	39
40	GREASE TRAP	2006	1,879	48	10	188	140	767	40
41	ROOF	2007	74,832	1,919	15	4,989	3,070	12,196	41
42	COMPRESSOR - ROOFTOP UNIT	2008	5,779	148	10	578	430	1,252	42
43	DOOR LOCKS & ALARMS	2009	3,435	88	15	228	140	400	43
44	ROOF	2009	11,700	300	20	585	285	1,073	44
45	HANDRAILS	2009	8,872	227	15	591	364	887	45
46	SPRINKLERS	2009	12,842	329	20	642	313	642	46
47	BACKFLOW PREVENTOR	2009	5,488	141	15	366	225	366	47
48	SPRINKLER UPDATES	2010	7,262	179	15	444	265	444	48
49	WATER HEATER VALVE REPLACEMENT	2010	2,923	28	15	65	37	65	49
50	MASONRY REPAIRS	2010	3,175	17	15	35	18	35	50
51	HEATING	2010	4,156	22	15	46	24	46	51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,220,899	\$ 6,931		\$ 43,725	\$ 36,794	\$ 919,204	70

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

Facility Name & ID Number **SUNRISE MANOR OF VIRDEN**

0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

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	\$ 290,840	\$ 19,181	\$ 28,409	\$ 9,228	VARIOUS	\$ 190,395	71
72	Current Year Purchases	7,639	4,547	469	(4,078)	VARIOUS	469	72
73	Fully Depreciated Assets	296,999					296,999	73
74								74
75	TOTALS	\$ 595,478	\$ 23,728	\$ 28,878	\$ 5,150		\$ 487,863	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,821,377	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 30,659	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 72,603	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 41,944	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,407,067	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		\$	\$	\$	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: SUNRISE PROPERTY

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

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1970</u>	<u>99</u>	<u>8/1/85</u>	\$ <u>60,000</u>		<u>N/A</u>	3
4	Additions							4
5								5
6								6
7	TOTAL		<u>99</u>		\$ <u>60,000</u>			7

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

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

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

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

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

16. Rental Amount for movable equipment: \$ _____ Description: INCLUDED IN ABOVE AMOUNT

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning 8/1/09

Ending 7/31/10

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

Fiscal Year Ending Annual Rent

12. 7/31/2011 \$ 0

13. 7/31/2012 \$ 0

14. 7/31/2013 \$ 0

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-8	hrs	\$	3,740	\$ 135,646	\$	3,740	\$ 135,646	1
2	Licensed Speech and Language Development Therapist	39-8	hrs		840	53,965		840	53,965	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-8	hrs		2,330	128,560		2,330	128,560	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				116,731		116,731	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LABS & XRAYs	39-8					11,307		11,307	12
13	Other (specify): Supplies, Amb, Oxygen	39-8					27,590		27,590	13
14	TOTAL			\$	6,910	\$ 318,171	\$ 155,628	6,910	\$ 473,799	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **7/31/10** (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 50,984	\$ 56,458	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	829,984	925,842	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,727	14,727	6
7	Other Prepaid Expenses	33,121	33,121	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 928,816	\$ 1,030,148	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		5,000	13
14	Buildings, at Historical Cost		892,827	14
15	Leasehold Improvements, at Historical Cost	328,072	328,072	15
16	Equipment, at Historical Cost	445,577	594,077	16
17	Accumulated Depreciation (book methods)	(519,955)	(1,560,135)	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)	\$ 253,694	\$ 259,841	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,182,510	\$ 1,289,989	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,187,731	\$ 1,187,731	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,168,309	277,408	29
30	Accrued Salaries Payable	34,150	34,150	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,935	2,935	31
32	Accrued Real Estate Taxes(Sch.IX-B)	29,393	29,393	32
33	Accrued Interest Payable		28	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)	\$ 2,422,518	\$ 1,531,645	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)	\$ 2,422,518	\$ 1,531,645	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,240,008)	\$ (241,656)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,182,510	\$ 1,289,989	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (877,224)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (877,224)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(362,784)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (362,784)	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)	\$ (1,240,008)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841

Report Period Beginning: 8/1/09

Ending:

7/31/10

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,635,070	1
2	Discounts and Allowances for all Levels	(266,120)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,368,950	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	85,479	6
7	Oxygen	2,415	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 87,894	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,386	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	1,757	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,143	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	4,505	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,505	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	VENDING 317 ADMIT FEE 675 W/A 36	1,028	28
28a	BAD DEBT RECOVERY	25,523	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 26,551	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,491,043	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	731,318	31
32	Health Care	2,047,919	32
33	General Administration	866,054	33
B. Capital Expense			
34	Ownership	154,333	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	54,203	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,853,827	40
41	Income before Income Taxes (line 30 minus line 40)**	(362,784)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (362,784)	43

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

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

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

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

Facility Name & ID Number **SUNRISE MANOR OF VIRDEN**

0025841

Report Period Beginning:

8/1/09

Ending:

7/31/10

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,766	1,926	\$ 50,908	\$ 26.43	1
2	Assistant Director of Nursing	410	433	7,785	17.98	2
3	Registered Nurses	5,083	5,452	122,127	22.40	3
4	Licensed Practical Nurses	19,103	20,470	375,793	18.36	4
5	CNAs & Orderlies	45,786	47,160	535,738	11.36	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,502	4,643	57,247	12.33	8
9	Activity Director	1,813	1,933	21,887	11.32	9
10	Activity Assistants	5,342	5,492	45,875	8.35	10
11	Social Service Workers	4,823	5,273	65,884	12.49	11
12	Dietician					12
13	Food Service Supervisor	2,027	2,222	32,462	14.61	13
14	Head Cook					14
15	Cook Helpers/Assistants	10,857	11,413	103,274	9.05	15
16	Dishwashers					16
17	Maintenance Workers	4,156	4,375	48,604	11.11	17
18	Housekeepers	6,383	6,512	56,768	8.72	18
19	Laundry	2,846	3,104	28,025	9.03	19
20	Administrator	1,966	2,086	65,921	31.60	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,381	6,806	81,833	12.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Utility Workers</u>	4,736	4,830	40,417	8.37	33
34	TOTAL (lines 1 - 33)	127,980	134,130	\$ 1,740,548 *	\$ 12.98	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	201	\$ 7,539	1-3	35
36	Medical Director	120	11,400	9-3	36
37	Medical Records Consultant	6	150	10-3	37
38	Nurse Consultant	320	10,783	10-3	38
39	Pharmacist Consultant	96	3,923	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	76	5,238	12-3	45
46	Other(specify)				46
47	<u>PSYCH CONSULTANT</u>	158	14,870	10-3	47
48	<u>ADMINISTRATIVE CONSULTANT</u>	592	15,900	17-3	48
49	TOTAL (lines 35 - 48)	1,569	\$ 69,803		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	275	\$ 9,846	10-3	50
51	Licensed Practical Nurses	212	6,859	10-3	51
52	Certified Nurse Assistants/Aides	5,245	108,592	10-3	52
53	TOTAL (lines 50 - 52)	5,732	\$ 125,297		53

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2007	7 FY2008	8 FY2009	9 FY2010	10 FY2011	11 FY2012	12 FY2013	13 FY2014	14 FY2015
1	SPRINKLER MAINT.	11/88	\$ 1,381	3 YR	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	PAINT & WALLPAPER	8/93	1,002	3 YR									
3	PAINT & WALLPAPER	8/94	3,809	3 YR									
4	PAINT & WALLPAPER	8/96-7/97	2,280	3 YR									
5	PAINT & WALLPAPER	8/97-7/98	2,415	3 YR									
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 10,887		\$	\$	\$	\$ 0	\$	\$	\$	\$	\$

Facility Name & ID Number SUNRISE MANOR OF VIRDEN

0025841

Report Period Beginning:

8/1/09

Ending: 7/31/10

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? NO
If YES, give association name and amount. _____
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 15
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 53,674 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 54,203
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? YES If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? YES Indicate the amount. \$ 1,386
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

PAGE 2 - SCHEDULE III - QUESTION J

FACILITY WAS LEASED 10/01/80 FROM NON-RELATED PARTY
 FACILITY WAS PURCHASED 07/23/85

PAGE 3 & 4 - SCHEDULE V

LINE 23 - INSERVICE TRAINING & EDUCATION

FOOD SERVICE SANITATION COURSE	\$	115
INHAA CONVENTION & CONFERENCE		315
ACTIVITY WORKSHOP		118
REHAB & RESTORATIVE COURSE		44
SOCIAL SERVICE WORKSHOP		77
NURSING WORKSHOP		25
MANAGEMENT SEMINAR		275
ACCUCARE SOFTWARE TRAINING		1,162
INSERVICES BY HOME OFFICE		2,244
NURSING HOME MANAGERS ALLOCATION		1,632
LINE 23 - COLUMN 8	\$	<u>6,007</u>

LINE 27 - OTHER - GENERAL AND ADMINISTRATION

SALES TAX	\$	5,050
BAD DEBTS		78,077
LINE 27 - COLUMN 3	\$	<u>83,127</u>

PAGE 9 - SCHEDULE IX - LINE 6

INTEREST PAID TO SUNRISE PROPERTY IS OFFSET ON PAGE 6
 SCHEDULE VII - SECTION B - LINE 4 - RELATED ORGANIZATION
 TRANSACTIONS AS PART OF SUNRISE PROPERTY INCOME.

PAGE 3 & 4 - SCHEDULE V

COLUMN 5 - RECLASSIFICATION

TRANSFER FROM:			LINE #
MEDICARE AMBULANCE	\$	(13,082)	10
MEDICARE X -RAYS		(3,458)	10
MEDICARE SUPPLIES		(10,068)	10
MEDICARE LABS		(7,849)	10
MEDICARE DRUGS & IV'S		(116,731)	10
OXYGEN		(4,440)	10
PHYSICAL THERAPY		(128,560)	10A
SPEECH THERAPY		(53,965)	10A
OCCUPATIONAL THERAPY		<u>(135,646)</u>	10A
TRANSFER TO: ANCILLARY SERVICES	\$	<u>473,799</u>	39
TRANSFER TO:			
NURSING CONSULTANT TRAVEL	\$	900	10
ADMINISTRATIVE CONSULTANT TRAVEL		<u>2,971</u>	17
TRANSFER FROM : TRAVEL	\$	<u>(3,871)</u>	24

PAGE 13 - SCHEDULE XI - SECTION E

RECONCILIATION OF DEPRECIATION

LINE 83 - STRAIGHT LINE DEPRECIATION	\$ 72,603
NURSING HOME MANAGERS ALLOCATION	<u>1,883</u>
SCHEDULE V- LINE 30 - COLUMN 8	<u>\$ 74,486</u>

PAGE 19 - SCHEDULE XVII - LINE 41

RECONCILIATION OF INCOME

LINE 41 - NET INCOME	\$ (362,784)
* ACCRUED MANAGEMENT FEE - 07/31/09	(56,974)
* ACCRUED MANAGEMENT FEE - 07/31/10	0
INTEREST INCOME PASSED DIRECTLY TO STOCKHOLDERS	(4,505)
TAXABLE INCOME	<u>\$ (424,263)</u>

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

PAGE 21 - SCHEDULE XIX - SECTION F

DUES, FEES, SUBSCRIPTIONS & PROMOTIONS

YELLOW PAGES	\$ 1,695
PUBLIC RELATIONS	32,793
DUES & SUBSCRIPTION	220
CLIA LAB FEE	150
MACOUPIN COUNTY PUBLIC HEALTH - FOOD PERMIT	85
FRANCHISE FEE	<u>375</u>
	<u>\$ 35,318</u>

PAGE 21 - SCHEDULE XIX - SECTION G

SCHEDULE OF TRAVEL AND SEMINAR

ACTIVITY & SOCIAL SERVICE MILEAGE REIMB.	\$ 588
COMMUNITY RELATIONS MILEAGE REIMB.	2,806
DON & ADMINISTRATOR MILEAGE REIMB.	128
MAINTENANCE MILEAGE REIMBURSEMENT	912
MEETINGS MILEAGE REIMBURSEMENT	<u>471</u>
	<u>\$ 4,905</u>

PAGE 23 - SCHEDULE XX - QUESTION 12

SALARY COSTS ALLOCATED TO DEPARTMENT WORKED BASED UPON TIME CARDS.

CENTRAL OFFICE COST ALLOCATION
SUNRISE
2009

	AUG 09	SEPT	OCT	NOV	DEC	JAN 10	FEB	MARCH	APRIL	MAY	JUNE	JULY	2009 TOTAL	LINE #
SALARIES-ADMIN	2,379	2,399	2,385	2,369	2,337	\$1,634	\$1,626	\$1,609	\$1,638	\$1,701	\$1,641	\$1,556	\$23,274	17
SALARIES-CLERIC	3,749	3,779	3,758	3,733	3,683	3,614	3,596	3,559	3,622	3,761	3,628	3,442	43,922	21
SALARIES-CONTR	(440)	(444)	(441)	(438)	(432)	1,223	1,217	1,204	1,225	1,273	1,228	1,165	6,338	17
SALARIES-NURSE	1,518	1,530	1,522	1,511	1,491	683	679	672	684	711	685	650	12,338	10
ACCOUNTING	(73)	(74)	(74)	(73)	(72)	38	38	38	39	40	39	37	(98)	19
WORK COMP INS	108	109	109	108	107	103	102	101	103	107	103	98	1,257	22
SUPPLIES	125	126	125	124	123	189	188	186	189	196	190	180	1,940	21
TELEPHONE	266	268	267	265	262	335	334	330	336	349	337	319	3,668	21
EMPL BENEFITS	2,067	2,084	2,072	2,058	2,031	920	915	906	922	957	923	876	16,730	22
PAYROLL TAXES	665	670	667	662	653	502	499	494	503	522	504	478	6,819	22
TRAVEL	55	56	55	55	54	113	112	111	113	118	113	108	1,063	24
IN SERVICE	45	45	45	45	44	202	201	199	202	210	202	192	1,632	23
MEDICAL CONSULT	202	204	203	202	199	201	200	198	201	209	201	191	2,410	9
MACHINE RENTAL	780	787	782	777	766	779	775	767	781	811	782	742	9,330	6
OWNERS COMP	0	0	0	0	0	0	0	0	0	0	0	0	0	17
INS-PROP,LIAB,WC	149	150	149	148	146	33	33	33	33	35	33	32	975	26
DEPRECIATION	52	53	52	52	51	232	231	229	233	242	233	221	1,883	30
RENT	809	816	811	806	795	706	702	695	707	734	709	672	8,963	34
MAINTENANCE	297	300	298	296	292	221	220	218	222	230	222	211	3,029	6
FEES & PUBLICAT	32	32	32	32	31	13	13	12	13	13	13	12	246	20
ADVERTISING	0	0	0	0	0	0	0	0	0	0	0	0	0	20
MEDICAL DIRECTOF	0	0	0	0	0	0	0	0	0	0	0	0	0	9
TOTAL	12,786	12,891	12,817	12,731	12,561	\$11,741	\$11,682	\$11,561	\$11,765	\$12,217	\$11,786	\$11,181	\$145,719	
FIXED ASSETS	0	0	0	0	0								145,719	
EQUIP - PRIOR	13,156	13,265	13,188	13,100	12,925	13,042	12,976	12,842	13,068	13,571	13,092	12,420	13,054	
EQUIP - CURR	4,183	4,332	4,307	4,278	4,221	4,259	4,238	4,194	4,268	4,432	4,275	4,056	4,253	
EQUIP - FULLY DEP	5,079	5,121	5,091	5,057	4,990	5,035	5,009	4,958	5,045	5,239	5,054	4,795	5,039	
BLDG - PRIOR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - CURR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - FULLY DEP	1,296	1,307	1,299	1,291	1,273	1,285	1,278	1,265	1,288	1,337	1,290	1,224	1,286	

NURSING HOME MANAGERS
COST ALLOCATION
AUGUST 2009

ALLOCATION	DADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOCATION PERCENT	0.00%	18.00%	18.00%	18.00%	18.00%	18.00%	100.00%
SALARIES-ADMIN	\$0	\$2,234	\$2,236	\$3,226	\$1,805	\$2,379	\$12,343
SALARIES-CLERIC	0	3,508	3,745	5,672	1,174	4,183	19,448
SALARIES-CONTR	0	(413)	(499)	(597)	(334)	(440)	(2,284)
SALARIES-NURSE	1,429	1,722	2,028	1,152	1,518	7,875	19,448
ACCOUNTING	0	(69)	(83)	(107)	(66)	(73)	(381)
WORK COMP INS	0	102	123	147	82	108	563
SUPPLIES	0	117	141	169	89	125	642
TELEPHONE	0	250	302	361	202	266	1,381
EMPL BENEFITS	0	1,836	2,342	2,858	1,566	2,067	10,724
PAYROLL TAXES	0	624	754	902	505	665	3,450
TRAVEL	0	52	63	75	42	55	286
IN SERVICE	0	42	51	61	34	45	233
MEDICAL CONSULT	0	190	230	274	154	202	1,050
MACHINE RENTAL	0	733	885	1,058	592	780	4,047
OWNERS COMP	0	0	0	0	0	0	0
INS-PROP/LAB.WC	0	140	169	202	113	149	773
DEPRECIATION	0	49	59	71	40	52	271
RENT	0	760	918	1,098	614	809	4,199
MAINTENANCE	0	279	337	403	226	297	1,543
FEES & PUBLIC	0	30	36	43	24	32	165
ADVERTISING	0	0	0	0	0	0	0
TOTAL	\$0	\$12,007	\$14,502	\$17,338	\$9,701	\$12,786	\$66,334

FIXED ASSETS	EQUIP - PRIOR	EQUIP - CURR	EQUIP - FULLY DEP	BLDG - PRIOR	BLDG - CURR	BLDG - FULLY DEP
0	12,354	14,922	17,841	9,982	13,158	68,256
0	4,769	5,761	6,887	3,853	5,079	26,350
0	0	0	0	0	0	0
0	1,217	1,470	1,758	983	1,296	6,725

NURSING HOME MANAGERS
COST ALLOCATION
SEPTEMBER 2009

ALLOCATION PERCENT	DADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
0.00%	17.13%	22.88%	25.95%	14.81%	14.81%	14.81%	100.00%
SALARIES-ADMIN	\$0	\$2,114	\$2,800	\$3,003	\$1,828	\$2,399	\$12,343
SALARIES-CLERIC	0	3,331	4,411	5,047	2,879	3,779	19,448
SALARIES-CONTR	0	(391)	(518)	(593)	(338)	(444)	(2,284)
SALARIES-NURSE	1,391	1,786	2,088	1,184	1,520	7,875	19,448
ACCOUNTING	0	(65)	(89)	(109)	(66)	(74)	(381)
WORK COMP INS	0	98	128	158	83	109	563
SUPPLIES	0	111	147	188	96	126	642
TELEPHONE	0	237	313	388	204	268	1,381
EMPL BENEFITS	0	1,837	2,432	2,948	1,586	2,084	10,724
PAYROLL TAXES	0	591	783	935	511	670	3,450
TRAVEL	0	49	65	74	42	56	286
IN SERVICE	0	40	53	63	35	45	233
MEDICAL CONSULT	0	180	238	272	155	204	1,050
MACHINE RENTAL	0	693	818	988	548	733	4,047
OWNERS COMP	0	0	0	0	0	0	0
INS-PROP/LAB.WC	0	132	175	201	114	150	773
DEPRECIATION	0	46	61	73	40	53	271
RENT	0	719	852	1,000	622	816	4,199
MAINTENANCE	0	259	302	360	208	276	1,543
FEES & PUBLIC	0	28	37	43	24	32	165
ADVERTISING	0	0	0	0	0	0	0
TOTAL	\$0	\$11,363	\$15,045	\$17,213	\$9,821	\$12,891	\$66,334

FIXED ASSETS	EQUIP - PRIOR	EQUIP - CURR	EQUIP - FULLY DEP	BLDG - PRIOR	BLDG - CURR	BLDG - FULLY DEP
0	11,662	15,481	17,712	10,106	13,265	68,256
0	3,816	5,056	5,784	3,300	4,332	22,290
0	4,514	5,976	6,838	3,901	5,121	26,350
0	0	0	0	0	0	0
0	1,152	1,525	1,745	996	1,307	6,725

NURSING HOME MANAGERS
COST ALLOCATION
OCTOBER 2009

ALLOCATION PERCENT	DADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
0.00%	17.38%	22.48%	26.15%	14.67%	14.67%	14.67%	100.00%
SALARIES-ADMIN	\$0	\$2,145	\$2,774	\$3,228	\$1,811	\$2,385	\$12,343
SALARIES-CLERIC	0	3,380	4,371	5,086	2,853	3,758	19,448
SALARIES-CONTR	0	(392)	(519)	(594)	(339)	(445)	(2,284)
SALARIES-NURSE	1,369	1,770	2,080	1,155	1,522	7,875	19,448
ACCOUNTING	0	(66)	(86)	(106)	(67)	(74)	(381)
WORK COMP INS	0	98	127	157	83	110	563
SUPPLIES	0	112	145	169	95	125	642
TELEPHONE	0	230	303	381	207	267	1,381
EMPL BENEFITS	0	1,864	2,411	2,905	1,573	2,072	10,724
PAYROLL TAXES	0	600	776	902	506	667	3,450
TRAVEL	0	50	64	75	42	55	286
IN SERVICE	0	41	52	61	34	45	233
MEDICAL CONSULT	0	182	236	275	154	203	1,050
MACHINE RENTAL	0	703	810	988	548	732	4,047
OWNERS COMP	0	0	0	0	0	0	0
INS-PROP/LAB.WC	0	134	174	202	113	149	773
DEPRECIATION	0	47	61	71	40	52	271
RENT	0	730	844	1,008	616	811	4,199
MAINTENANCE	0	286	347	414	238	314	1,543
FEES & PUBLIC	0	29	37	43	24	32	165
ADVERTISING	0	0	0	0	0	0	0
TOTAL	\$0	\$11,527	\$14,911	\$17,348	\$9,731	\$12,817	\$66,334

FIXED ASSETS	EQUIP - PRIOR	EQUIP - CURR	EQUIP - FULLY DEP	BLDG - PRIOR	BLDG - CURR	BLDG - FULLY DEP
0	11,861	15,342	17,851	10,013	13,188	68,256
0	3,873	5,010	5,829	3,270	4,307	22,290
0	4,579	5,920	6,861	3,860	5,007	26,350
0	0	0	0	0	0	0
0	1,169	1,512	1,759	987	1,299	6,725

NURSING HOME MANAGERS
COST ALLOCATION
NOVEMBER 2009

ALLOCATION PERCENT	DADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
0.00%	17.02%	23.07%	25.85%	15.07%	15.07%	15.07%	100.00%
SALARIES-ADMIN	\$0	\$2,101	\$2,848	\$3,186	\$1,860	\$2,369	\$12,343
SALARIES-CLERIC	0	3,310	4,487	4,988	2,900	3,733	19,448
SALARIES-CONTR	0	(392)	(520)	(594)	(339)	(445)	(2,284)
SALARIES-NURSE	1,340	1,817	2,020	1,187	1,511	7,875	19,448
ACCOUNTING	0	(65)	(88)	(108)	(67)	(75)	(381)
WORK COMP INS	0	98	130	144	85	108	563
SUPPLIES	0	110	148	176	97	124	642
TELEPHONE	0	235	315	395	205	265	1,381
EMPL BENEFITS	0	1,825	2,474	2,751	1,616	2,068	10,724
PAYROLL TAXES	0	580	796	960	560	720	3,450
TRAVEL	0	49	66	73	43	55	286
IN SERVICE	0	40	54	60	35	45	233
MEDICAL CONSULT	0	170	242	282	158	202	1,050
MACHINE RENTAL	0	689	834	1,038	610	777	4,047
OWNERS COMP	0	0	0	0	0	0	0
INS-PROP/LAB.WC	0	132	178	188	118	148	773
DEPRECIATION	0	46	62	69	41	52	271
RENT	0	715	865	1,033	633	826	4,199
MAINTENANCE	0	283	356	396	233	296	1,543
FEES & PUBLIC	0	28	38	42	25	32	165
ADVERTISING	0	0	0	0	0	0	0
TOTAL	\$0	\$11,289	\$15,304	\$17,015	\$9,995	\$12,731	\$66,334

FIXED ASSETS	EQUIP - PRIOR	EQUIP - CURR	EQUIP - FULLY DEP	BLDG - PRIOR	BLDG - CURR	BLDG - FULLY DEP
0	11,616	15,747	17,508	10,285	13,100	68,256
0	3,793	5,143	5,717	3,359	4,278	22,290
0	4,484	6,076	6,759	3,970	5,057	26,350
0	0	0	0	0	0	0
0	1,144	1,552	1,725	1,013	1,281	6,725

NURSING HOME MANAGERS
COST ALLOCATION
DECEMBER 2009

ALLOCATION PERCENT	DADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
0.00%	16.46%	23.01%	25.85%	15.74%	15.74%	15.74%	100.00%
SALARIES-ADMIN	\$0	\$2,032	\$2,840	\$3,190	\$1,943	\$2,337	\$12,343
SALARIES-CLERIC	0	3,202	4,475	5,027	3,081	3,883	19,448
SALARIES-CONTR	0	(376)	(520)	(590)	(360)	(432)	(2,284)
SALARIES-NURSE	1,297	1,812	2,036	1,240	1,491	7,875	19,448
ACCOUNTING	0	(69)	(89)	(109)	(67)	(73)	(381)
WORK COMP INS	0	93	130	145	89	107	563
SUPPLIES	0	107	142	162	93	123	642
TELEPHONE	0	227	318	357	217	262	1,381
EMPL BENEFITS	0	1,766	2,468	2,772	1,688	2,031	10,724
PAYROLL TAXES	0	568	794	942	543	653	3,450
TRAVEL	0	47	66	74	45	54	286
IN SERVICE	0	38	54	60	37	44	233
MEDICAL CONSULT	0	173	242	271	165	189	1,050
MACHINE RENTAL	0	696	831	1,046	637	786	4,047
OWNERS COMP	0	0	0	0	0	0	0
INS-PROP/LAB.WC	0	127	178	200	122	146	773
DEPRECIATION	0	45	62	70	43	51	271
RENT	0	681	866	1,044	661	795	4,199
MAINTENANCE	0	254	355	399	243	292	1,543
FEES & PUBLIC	0	27	38	43	26	31	165
ADVERTISING	0	0	0	0	0	0	0
TOTAL	\$0	\$10,921	\$15,264	\$17,146	\$10,442	\$12,561	\$66,334

FIXED ASSETS	EQUIP - PRIOR	EQUIP - CURR	EQUIP - FULLY DEP	BLDG - PRIOR	BLDG - CURR	BLDG - FULLY DEP
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OCCUPIED DAYS 2009	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1,861	2,413	2,389		1,630	1,859	10,152
FEBRUARY	1,752	2,160	2,088		1,341	1,588	8,929
MARCH	1,882	2,368	2,469		1,567	1,841	10,127
APRIL	1,701	2,113	2,469		1,466	1,768	9,517
MAY	1,816	2,090	2,434		1,499	1,857	9,696
JUNE	1,718	2,003	2,476		1,350	1,754	9,301
JULY	1,838	2,163	2,658		1,510	1,826	9,995
AUGUST	1,833	2,214	2,647		1,481	1,952	10,127
SEPTEMBER	1,651	2,186	2,501		1,427	1,873	9,638
OCTOBER	1,707	2,208	2,569		1,441	1,898	9,823
NOVEMBER	1,597	2,165	2,407		1,414	1,801	9,384
DECEMBER	1,572	2,197	2,468		1,503	1,808	9,548
TOTAL	20,928	26,280	29,575	0	17,629	21,825	116,237 116,237

OCCUPIED DAYS 2010	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1,593	2,173	2,620		1,497	1,862	9,745
FEBRUARY	1,481	1,909	2,317		1,369	1,661	8,737
MARCH	1,720	2,126	2,479		1,442	1,800	9,567
APRIL	1,700	1,979	2,386		1,321	1,749	9,135
MAY	1,689	2,084	2,388		1,463	1,892	9,516
JUNE	1,598	2,026	2,292		1,268	1,705	8,889
JULY	1,633	2,138	2,475		1,446	1,711	9,403
AUGUST	1,597	2,178	2,451		1,441	1,724	9,391
SEPTEMBER							0
OCTOBER							0
NOVEMBER							0
DECEMBER							0
TOTAL	13,011	16,613	19,408	0	11,247	14,104	74,383 74,383

ALLOCATION PERCENTAGE 2009	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	18.33%	23.77%	23.53%	16.06%	18.31%	100.00%
FEBRUARY	19.62%	24.19%	23.38%	15.02%	17.78%	100.00%
MARCH	18.58%	23.38%	24.38%	15.47%	18.18%	100.00%
APRIL	17.87%	22.20%	25.94%	15.40%	18.58%	100.00%
MAY	18.73%	21.56%	25.10%	15.46%	19.15%	100.00%
JUNE	18.47%	21.54%	26.62%	14.51%	18.86%	100.00%
JULY	18.39%	21.64%	26.59%	15.11%	18.27%	100.00%
AUGUST	18.10%	21.86%	26.14%	14.62%	19.28%	100.00%
SEPTEMBER	17.13%	22.68%	25.95%	14.81%	19.43%	100.00%
OCTOBER	17.38%	22.48%	26.15%	14.67%	19.32%	100.00%
NOVEMBER	17.02%	23.07%	25.65%	15.07%	19.19%	100.00%
DECEMBER	16.46%	23.01%	25.85%	15.74%	18.94%	100.00%

ALLOCATION PERCENTAGE 2010	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	16.35%	22.30%	26.89%	15.36%	19.11%	100.00%
FEBRUARY	16.95%	21.85%	26.52%	15.67%	19.01%	100.00%
MARCH	17.98%	22.22%	25.91%	15.07%	18.81%	100.00%
APRIL	18.61%	21.66%	26.12%	14.46%	19.15%	100.00%
MAY	17.75%	21.90%	25.09%	15.37%	19.88%	100.00%
JUNE	17.98%	22.79%	25.78%	14.26%	19.18%	100.00%
JULY	17.37%	22.74%	26.32%	15.38%	18.20%	100.00%
AUGUST	17.01%	23.19%	26.10%	15.34%	18.36%	100.00%