

Facility Name & ID Number Taylorville Care Center, Inc.

0028787 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	98	Skilled (SNF)	98	35,770	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	98	TOTALS	98	35,770	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	832	506	4,162	5,500	8
9	SNF/PED					9
10	ICF	17,390	6,427		23,817	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,222	6,933	4,162	29,317	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.96%

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 08/01/1984

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

YES Date 08/01/1984 NO

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

YES NO If YES, enter number of beds certified 24 and days of care provided 4,162

Medicare Intermediary CGS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	168,065	14,084	9,259	191,408		191,408		191,408		1
2	Food Purchase		157,768		157,768		157,768	(1,353)	156,415		2
3	Housekeeping	111,330	18,503		129,833		129,833	652	130,485		3
4	Laundry	57,462	15,151		72,613		72,613		72,613		4
5	Heat and Other Utilities			109,273	109,273	490	109,763	(5,637)	104,126		5
6	Maintenance	49,504	78,948	4,914	133,366		133,366	39,611	172,977		6
7	Other (specify):* Sanitation			8,931	8,931		8,931		8,931		7
8	TOTAL General Services	386,361	284,454	132,377	803,192	490	803,682	33,273	836,955		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600		9,600		9
10	Nursing and Medical Records	1,356,156	104,257	5,273	1,465,686		1,465,686	(509)	1,465,177		10
10a	Therapy										10a
11	Activities	29,331	7,438	3,515	40,284		40,284		40,284		11
12	Social Services	34,730			34,730		34,730		34,730		12
13	CNA Training										13
14	Program Transportation		7,087		7,087		7,087		7,087		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,420,217	118,782	18,388	1,557,387		1,557,387	(509)	1,556,878		16
	C. General Administration										
17	Administrative	70,908	17,424	694,976	783,308	(4,388)	778,920	(493,845)	285,075		17
18	Directors Fees										18
19	Professional Services			17,494	17,494		17,494	1,789	19,283		19
20	Dues, Fees, Subscriptions & Promotions			30,920	30,920	3,808	34,728	(22,350)	12,378		20
21	Clerical & General Office Expenses	23,423	15,596	71,748	110,767	90	110,857	54,167	165,024		21
22	Employee Benefits & Payroll Taxes			297,487	297,487		297,487	18,462	315,949		22
23	Inservice Training & Education			871	871		871	(119)	752		23
24	Travel and Seminar			4,303	4,303		4,303	279	4,582		24
25	Other Admin. Staff Transportation							5,424	5,424		25
26	Insurance-Prop.Liab.Malpractice			46,139	46,139		46,139	4,253	50,392		26
27	Other (specify):*										27
28	TOTAL General Administration	94,331	33,020	1,163,938	1,291,289	(490)	1,290,799	(431,940)	858,859		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,900,909	436,256	1,314,703	3,651,868		3,651,868	(399,176)	3,252,692		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

Taylorville Care Center, Inc.

#0028787

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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			60,346	60,346		60,346	10,915	71,261			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes							48,478	48,478			33
34	Rent-Facility & Grounds			138,900	138,900		138,900	(138,900)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			199,246	199,246		199,246	(79,507)	119,739			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		107,551	405,831	513,382		513,382		513,382			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,655	53,655		53,655		53,655			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		107,551	459,486	567,037		567,037		567,037			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,900,909	543,807	1,973,435	4,418,151		4,418,151	(478,683)	3,939,468			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

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(130)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,494)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,223)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(662)	17		18
19	Entertainment	(6,752)	17		19
20	Contributions	(8,333)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,526)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(13,410)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(77)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,989)	VAR		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (44,596)		\$	30

BHF USE ONLY					
48		49	50	51	52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(434,087)	VAR	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (434,087)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (478,683)		37

*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.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Taylorville Care Center, Inc.

ID# 0028787

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Eliminate Non-Allowable Dues	\$ (479)	17	1
2	Straight Line Depr. On Items Req'd To Be Capitalized	352	30	2
3	Eliminate Lobbying Portion of 2011 IHCA Dues	(1,817)	20	3
4	Offset Office Supplies Refund	(1,417)	21	4
5	Offset Reimbursements for Copies of Medical Records	(509)	10	5
6	Eliminate Out-of-State Travel	(119)	23	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		(3,989)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	(1,353)	0	0	0	0	0	0	0	0	0	0	(1,353)	2
3	Housekeeping	0	652	0	0	0	0	0	0	0	0	0	652	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,494)	857	0	0	0	0	0	0	0	0	0	(5,637)	5
6	Maintenance	0	39,611	0	0	0	0	0	0	0	0	0	39,611	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(7,847)	41,120	0	0	0	0	0	0	0	0	0	33,273	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	(509)	0	0	0	0	0	0	0	0	0	0	(509)	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	(509)	0	0	0	0	0	0	0	0	0	0	(509)	16
	C. General Administration													
17	Administrative	(7,893)	88,468	(574,420)	0	0	0	0	0	0	0	0	(493,845)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,526)	4,911	404	0	0	0	0	0	0	0	0	1,789	19
20	Fees, Subscriptions & Promotions	(23,560)	902	308	0	0	0	0	0	0	0	0	(22,350)	20
21	Clerical & General Office Expenses	(1,494)	55,661	0	0	0	0	0	0	0	0	0	54,167	21
22	Employee Benefits & Payroll Taxes	0	14,653	3,809	0	0	0	0	0	0	0	0	18,462	22
23	Inservice Training & Education	(119)	0	0	0	0	0	0	0	0	0	0	(119)	23
24	Travel and Seminar	0	0	279	0	0	0	0	0	0	0	0	279	24
25	Other Admin. Staff Transportation	0	5,424	0	0	0	0	0	0	0	0	0	5,424	25
26	Insurance-Prop.Liab.Malpractice	0	1,239	3,014	0	0	0	0	0	0	0	0	4,253	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(36,592)	171,258	(566,606)	0	(431,940)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(44,948)	212,378	(566,606)	0	(399,176)	29							

STATE OF ILLINOIS

Facility Name & ID Number Taylorville Care Center, Inc.# 0028787

Report Period Beginning:

01/01/2011 Ending:

Summary B

12/31/2011

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	352	10,563	0	0	0	0	0	0	0	0	0	10,915	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	884	47,594	0	0	0	0	0	0	0	0	48,478	33
34	Rent-Facility & Grounds	0	0	(138,900)	0	0	0	0	0	0	0	0	(138,900)	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	352	11,447	(91,306)	0	0	0	0	0	0	0	0	(79,507)	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)	(44,596)	223,825	(657,912)	0	0	0	0	0	0	0	0	(478,683)	45

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Jerry & Marilyn King</u>	<u>100.00</u>	<u>Mt. Vernon Countryside Manor, Inc.</u>	<u>Mt. Vernon</u>	<u>King Management</u>	<u>Nashville, IL</u>	<u>Home Office</u>
				<u>King Management</u>	<u>Bonita Springs, FL</u>	<u>Management Co.</u>
		<u>Aviston Countryside Manor, Inc.</u>	<u>Aviston</u>	<u>of SW Florida</u>		
				<u>Residential Living Ctr</u>	<u>Mt. Vernon, IL</u>	<u>Assisted Living</u>
				<u>Taylorville Estates</u>	<u>Taylorville, IL</u>	<u>Assisted Living</u>
				<u>Trenton Village</u>	<u>Trenton, IL</u>	<u>Assisted Living</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:	
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%	\$ 652	\$ 652	1
2	V	5 See Schedule VIII		King Management Co.	100.00%	857	857	2
3	V	6 See Schedule VIII		King Management Co.	100.00%	39,611	39,611	3
4	V	17 See Schedule VIII		King Management Co.	100.00%	88,468	88,468	4
5	V	19 See Schedule VIII		King Management Co.	100.00%	4,911	4,911	5
6	V	20 See Schedule VIII		King Management Co.	100.00%	902	902	6
7	V	21 See Schedule VIII		King Management Co.	100.00%	55,661	55,661	7
8	V	22 See Schedule VIII		King Management Co.	100.00%	14,653	14,653	8
9	V	25 See Schedule VIII		King Management Co.	100.00%	5,424	5,424	9
10	V	26 See Schedule VIII		King Management Co.	100.00%	1,239	1,239	10
11	V	30 See Schedule VIII		King Management Co.	100.00%	10,563	10,563	11
12	V	33 See Schedule VIII		King Management Co.	100.00%	884	884	12
13	V							13
14	Total		\$			\$ 223,825	\$ * 223,825	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 Rent-Facility & Grounds	\$ 138,900	Jerry & Marilyn King	100.00%	\$	\$ (138,900)
16	V	33 Real Estate Taxes		Jerry & Marilyn King	100.00%	47,594	47,594
17	V	26 Insurance		Jerry & Marilyn King	100.00%	3,014	3,014
18	V						
19	V						
20	V						
21	V	17 See Schedule VIII	694,976	King Management of SW Florida	100.00%	120,556	(574,420)
22	V	19 See Schedule VIII		King Management of SW Florida	100.00%	404	404
23	V	20 See Schedule VIII		King Management of SW Florida	100.00%	308	308
24	V	22 See Schedule VIII		King Management of SW Florida	100.00%	3,809	3,809
25	V	24 See Schedule VIII		King Management of SW Florida	100.00%	279	279
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 833,876			\$ 175,964	\$ * (657,912)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Taylorville Care Center, Inc. # 0028787 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	286,116	13	26.48	Salary	\$ 118,968	17, 8	1
2	Denise King	Regional Director	Administrative	0.00	211,224	16	26.48	Salary	87,827	17, 8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	86,959	13	26.48	Salary	36,158	6, 8	3
4	Marilyn King	Owner	Mgmt/Consultant	100.00	3,820	1	26.48	Salary	1,589	17, 8	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 244,542		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 Taylorville Care Center, Inc.

0028787 Report Period Beginning: 01/01/2011

Ending: 2/31/2011

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

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

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	3	Housekeeping	Accumulated Costs	14,062,392	6	\$ 2,462	\$ 3,723,175	\$ 652	1	
2	5	Utilities	Accumulated Costs	14,062,392	6	3,237	3,723,175	857	2	
3	6	Maintenance	Accumulated Costs	14,062,392	6	149,612	136,568	3,723,175	39,611	3
4	17	Administrative	Accumulated Costs	14,062,392	6	334,141	331,724	3,723,175	88,468	4
5	19	Professional Fees	Accumulated Costs	14,062,392	6	18,550	3,723,175	4,911	5	
6	20	Dues, Fees, & Subscriptions	Accumulated Costs	14,062,392	6	3,408	3,723,175	902	6	
7	21	Clerical and Office Expense	Accumulated Costs	14,062,392	6	210,230	160,883	3,723,175	55,661	7
8	22	Emp Benefits & Payroll Taxes	Accumulated Costs	14,062,392	6	55,345	3,723,175	14,653	8	
9	25	Other Admin, Staff Transp.	Accumulated Costs	14,062,392	6	20,487	3,723,175	5,424	9	
10	26	Insurance	Accumulated Costs	14,062,392	6	4,678	3,723,175	1,239	10	
11	30	Depreciation - Other	Accumulated Costs	14,062,392	6	17,432	3,723,175	4,615	11	
12	30	Depreciation - Vehicles	Accumulated Costs	14,062,392	6	22,466	3,723,175	5,948	12	
13	33	Real Estate Taxes	Accumulated Costs	14,062,392	6	3,339	3,723,175	884	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					\$ 845,387	\$ 629,175	\$ 223,825	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Taylorville Care Center, Inc.

0028787 Report Period Beginning: 01/01/2011

Ending: 2/31/2011

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

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 ()

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	17	Administrative	Accumulated Costs	14,062,392	6	\$ 455,340	\$ 455,340	3,723,175	\$ 120,556	1
2	19	Professional Fees	Accumulated Costs	14,062,392	6	1,525	3,723,175	404		2
3	20	Dues, Fees, & Subscriptions	Accumulated Costs	14,062,392	6	1,165	3,723,175	308		3
4	22	Payroll Taxes	Accumulated Costs	14,062,392	6	14,388	3,723,175	3,809		4
5	24	Travel & Seminar	Accumulated Costs	14,062,392	6	1,055	3,723,175	279		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					\$ 473,473	\$ 455,340		\$ 125,356	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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		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	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.)

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Taylorville Care Center, Inc. COUNTY Christian

FACILITY IDPH LICENSE NUMBER 0028787

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 2010 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 2010.

(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>17-13-28-401-005-00</u>	<u>Cheneys Add Lts 1 Thru 6 Blk 3</u>	\$ <u>46,894.44</u>	\$ <u>46,894.44</u>
2. _____	<u>& Lts 1 Thru 6 Blk 4 & OL 1 &</u>	\$ _____	\$ _____
3. _____	<u>Vac Austin St. & Alley</u>	\$ _____	\$ _____
4. _____	<u>282X652 13-28-G</u>	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>46,894.44</u></u>	\$ <u><u>46,894.44</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? YES X 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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 26,610 B. General Construction Type: Exterior Brick Frame Non-Comb Sprinkle 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).

Taylorville Estates is a 49 unit (27,945 square foot) retirement center which is located on the property adjacent to Taylorville Care Center

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>98 Bed Nursing Home</u>	<u>186,200</u>	<u>1984</u>	<u>\$ 40,000</u>	1
2	<u>Home Office Land</u>		<u>1989</u>	<u>1,665</u>	2
3	TOTALS	186,200		\$ 41,665	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	98	1984	1974	\$ 1,560,000	\$	25	\$	\$	\$ 1,560,000
5									
6									
7									
8									
	Improvement Type**								
9	80 Gallon Water Fixture		1985	1,581		10			1,581
10	Improvements to Building		1985	12,510		25			12,510
11	Improvements to Parking Lot		1986	1,184		10			1,184
12	New Light Fixtures		1987	997		10			997
13	Tile Floor		1987	5,941		10			5,941
14	Roof		1988	55,100		10			55,100
15	Addition to Alarm System		1988	5,610		10			5,610
16	Concrete Driveway		1989	2,729		15			2,729
17	Nurses' Station		1991	4,809		15			4,809
18	Water Heater		1993	3,750		15			3,750
19	Air Conditioner		1993	2,800		10			2,800
20	New Office		1993	1,500	37	40	37		675
21	4 Inch Backflow Preventer		1994	3,966	159	25	159		2,856
22	Carpeting		1994	2,471		10			2,471
23	Circulating Pump on Water Heater		1994	2,450		14			2,450
24	Fence		1995	3,590		15			3,590
25	Water Heater		1995	1,602		15			1,602
26	Sprinkler Heads		1995	1,600		15			1,600
27	New Roof		1996	25,000		10			25,000
28	Water Softener		1996	5,908		10			5,908
29	Ceramic Tile		1997	5,167		10			5,167
30	Garage		1997	7,841		10			7,841
31	Rooftop A/C, Ducts and Gas Lines		1997	10,940		10			10,940
32	Beauty Shop Addition		1997	6,823	455	15	455		6,368
33	Carpeting		1998	4,154		10			4,154
34	Windows		1998	5,681		10			5,681
35									
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 Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Heating and A/C Units	1998	\$ 4,128	\$	5	\$	\$	\$ 4,128	37
38	Air Conditioner Units	1999	25,051		10			25,051	38
39	Rear Parking Lot/Driveway	1999	2,995		10			2,995	39
40	Air Conditioner Units	2000	4,834		10			4,834	40
41	Landscaping	2001	2,300	153	10	153		2,300	41
42	Electrical	2001	6,725	112	10	112		6,725	42
43	Cabinets	2001	27,445	1,372	20	1,372		14,751	43
44	Water Heater	2001	5,800	387	15	387		4,060	44
45	Wallpaper & Installation	2002	9,016		5			9,016	45
46	Wallguards	2002	5,729	382	15	382		3,724	46
47	Water Heater	2002	6,759	451	15	451		4,168	47
48	Carpet/Baseboard Remodel	2002	16,561	1,656	10	1,656		16,147	48
49	Landscaping	2004	5,106	511	10	511		3,701	49
50	20' Gazebo	2004	24,761	1,651	15	1,651		11,968	50
51	Parking Lot	2004	27,200	3,400	8	3,400		24,650	51
52	Lawn Sprinkler System	2004	3,850	257	15	257		1,882	52
53	Landscaping	2004	8,977	898	10	898		6,433	53
54	Vinyl Fence	2004	5,219	522	10	522		3,697	54
55	Facility Sign	2004	2,632	263	10	263		1,930	55
56	100 Gallon Water Heater	2004	2,390	239	10	239		1,772	56
57	Sidewalk	2004	1,920	128	15	128		939	57
58	Telephone System	2004	4,337	434	10	434		3,072	58
59	Concrete Sidewalk	2005	3,100	207	15	207		1,292	59
60	Storage Building	2006	4,030	201	20	201		1,024	60
61	Fire System Upgrade	2007	5,577	557	7	797	240	3,917	61
62	Carpet/Baseboard Remodel	2007	31,573	6,315	5	6,315		29,469	62
63	Wallpaper	2007	43,285	8,657	5	8,657		36,071	63
64	Wallpaper	2007	17,086	3,417	5	3,417		13,953	64
65	Rooftop Vents	2007	2,309	231	10	231		1,155	65
66	Sidewalk	2007	6,785	339	15	452	113	1,809	66
67	Water Softener System	2010	4,700	470	10	470		588	67
68	Tile Flooring	2010	2,244	224	10	224		299	68
69	Plumbing Upgrades	2010	21,525	1,076	20	1,076		1,973	69
70	TOTAL (lines 4 thru 69)		\$ 2,091,653	\$ 35,161		\$ 35,514	\$ 353	\$ 1,992,807	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1	Totals from Page 12A, Carried Forward		\$ 2,091,653	\$ 35,161		\$ 35,514	\$ 353	\$ 1,992,807	1
2	Ceramic Tile	2010	15,575	779	20	779		844	2
3	Vinyl Tile	2010	1,320	132	10	132		132	3
4	Ceramic Tile	2010	32,565	1,628	20	1,628		1,900	4
5	Light Fixtures	2011	2,422	121	10	121		121	5
6	Cabinetry & Built-In Desk for Therapy	2011	5,898	229	15	229		229	6
7	Roof	2011	50,303	1,397	15	1,397		1,397	7
8	Cherry Flooring	2011	14,258	356	10	356		356	8
9	Shower Room Tile	2011	3,477	97	15	97		97	9
10	Flat Roof	2011	11,269	376	10	376		376	10
11	Roof & Parapet Wall	2011	51,757		15				11
12	Wallpaper and Border	2011	8,393	140	5	140		38	12
13	Tile Flooring Installation	2011	10,000	83	10	83		83	13
14	Custom Nurses' Station	2011	27,690	154	15	154		154	14
15	Hand Rail & Crash Rail	2011	8,946	50	15	50		50	15
16								87	16
17								16	17
18									18
19									19
20	Home Office Parking Lot	1989	523		5			523	20
21	Home Office Building	1995	25,954		25	1,038	1,038	16,784	21
22	Home Office Interior Finishes Lower Level	1996	1,610		15	54	54	1,610	22
23	Home Office Carpet	1996	563		5			563	23
24	Home Office Cabinets	1996	891		20	44	44	690	24
25	Home Office Electrical	1996	308		15	10	10	308	25
26	Home Office Front Door	2002	424		10	42	42	392	26
27	Home Office Wallpaper	2007	242		5	24	24	101	27
28	Home Office Wallpaper	2008	1,987		5	397	397	1,589	28
29	Home Office Carpet	2008	2,447		5	490	490	1,958	29
30	Home Office Tile	2009	170		10	17	17	51	30
31	Home Office Wallpaper	2009	380		5	76	76	228	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,371,025	\$ 40,703		\$ 43,248	\$ 2,545	\$ 2,023,484	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 110,400	\$ 11,439	\$ 13,806	\$ 2,367	5-15 yrs	\$ 54,671	71
72	Current Year Purchases	127,550	2,954	3,009	55	3-15 yrs	3,009	72
73	Fully Depreciated Assets	288,388					288,388	73
74								74
75	TOTALS	\$ 526,338	\$ 14,393	\$ 16,815	\$ 2,422		\$ 346,068	75

D. Vehicle Costs. (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 Business	2003 Ford Supreme Bus	2003	\$ 20,375	\$	\$	\$	4	\$ 20,375	76
77	Facility Business	Chevrolet Bus	2007	28,000	5,250	5,250		4	28,000	77
78	Home Office Vehicles	Various	Various	32,022		5,948	5,948	4	9,605	78
79										79
80	TOTALS			\$ 80,397	\$ 5,250	\$ 11,198	\$ 5,948		\$ 57,980	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)	\$ 3,019,425	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 60,346	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 71,261	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 10,915	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,427,532	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

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. _____ /2012 \$ _____

13. _____ /2013 \$ _____

14. _____ /2014 \$ _____

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 Not Applicable</u>		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Taylorville Care Center, Inc. # 0028787 Report Period Beginning: 01/01/2011 Ending: 12/31/2011
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		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	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39, 3	hrs	\$	8,192	\$ 153,785	\$	8,192	\$ 153,785	1
2	Licensed Speech and Language Development Therapist	39, 3	hrs		1,813	69,504		1,813	69,504	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39, 3	hrs		8,656	159,174		8,656	159,174	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 prescrpts				107,551		107,551	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				23,368			23,368	13
14	TOTAL			\$	18,661	\$ 405,831	\$ 107,551	18,661	\$ 513,382	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 Taylorville Care Center, Inc.# 0028787Report Period Beginning: 01/01/2011Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (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	\$ 473,847	\$	1
2	Cash-Patient Deposits	7,182		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>10,000</u>)	1,089,846		3
4	Supply Inventory (priced at <u>Cost</u>)	6,269		4
5	Short-Term Investments			5
6	Prepaid Insurance	36,038		6
7	Other Prepaid Expenses	5,139		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Investment in LTC Insurance</u>	20,090		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,638,411	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	702,992		15
16	Equipment, at Historical Cost	528,127		16
17	Accumulated Depreciation (book methods)	(722,860)		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)	\$ 508,259	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,146,670	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 161,062	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,182		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	131,858		30
31	Accrued Taxes Payable (excluding real estate taxes)	19,974		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due To Management Company</u>	269,976		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 590,052	\$	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)	\$ 590,052	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,556,618	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,146,670	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,076,728	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,076,728	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	601,073	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	(121,183)	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)	\$ 479,890	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)	\$ 1,556,618	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	\$ 5,015,348	1
2	Discounts and Allowances for all Levels	(609,350)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,405,998	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	589,028	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 589,028	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	130	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	17,665	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 17,795	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,758	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,758	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	1,128	28
28a	<u>Vending Machine Income</u>	1,517	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,645	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,019,224	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	803,192	31
32	Health Care	1,557,387	32
33	General Administration	1,291,289	33
B. Capital Expense			
34	Ownership	199,246	34
C. Ancillary Expense			
35	Special Cost Centers	513,382	35
36	Provider Participation Fee	53,655	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,418,151	40
41	Income before Income Taxes (line 30 minus line 40)**	601,073	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 601,073	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 Taylorville Care Center, Inc.

0028787

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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	1,916	2,098	\$ 70,354	\$ 33.53	1
2	Assistant Director of Nursing	1,714	1,715	32,469	18.93	2
3	Registered Nurses	6,957	7,666	141,970	18.52	3
4	Licensed Practical Nurses	22,377	24,026	409,150	17.03	4
5	CNAs & Orderlies	66,909	67,695	681,661	10.07	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,635	2,916	29,331	10.06	10
11	Social Service Workers	3,197	3,368	34,730	10.31	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,993	17,918	168,065	9.38	15
16	Dishwashers					16
17	Maintenance Workers	2,809	3,080	49,504	16.07	17
18	Housekeepers	10,753	11,428	111,330	9.74	18
19	Laundry	6,172	6,748	57,462	8.52	19
20	Administrator	3,321	3,590	70,908	19.75	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,931	2,153	23,423	10.88	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	1,721	1,850	20,552	11.11	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	149,405	156,251	\$ 1,900,909 *	\$ 12.17	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	162	\$ 8,309	1, 3	35
36	Medical Director	Contract	9,600	9, 3	36
37	Medical Records Consultant	53	3,688	10, 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,485	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	55	3,515	11, 3	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Cardio Consultant	Contract	100	10, 3	47
48					48
49	TOTAL (lines 35 - 48)	270	\$ 26,697		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-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

Facility Name & ID Number Taylorville Care Center, Inc.

0028787

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 \$3,322
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 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 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. \$ 53,655
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? 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. \$ 130
- (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? 56%
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.

SEE ACCOUNTANTS' COMPILATION REPORT

TAYLORVILLE CARE CENTER, INC.
IDPH ID #0028787
ATTACHMENT TO SCHEDULE XVII
12/31/2011

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 601,073
DEPRECIATION ADJUSTMENT	(153,649)
TRAVEL & ENTERTAINMENT ADJUSTMENT	3,376
CONVERSION TO CASH BASIS ADJUSTMENTS	(558,871)
TAX NET LOSS	<u>\$ (108,071)</u>

TAYLORVILLE CARE CENTER, INC.
IDPH ID #0028787
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/2011

OTHER REVENUE:

MISCELLANEOUS RESIDENT A/R ADJUSTMENTS	\$ (798)
OFFICE SUPPLIES REFUND	1,417
COPY CHARGES - MEDICAL RECORDS	509
	<u>\$ 1,128</u>

TAYLORVILLE CARE CENTER
ATTACHMENT TO SCHEDULE XIX, SECTION G
12/31/2011

NAME OF EMPLOYEE ATTENDING SEMINAR	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR
Kelly Walters	Care Plan Coordinator	01/20/11	Springfield	Training for Wound Care	IHCA
Various Staff	Medical Records/Administrative	03/22/11	Web Seminar	Coding (Medical Records)	Polaris Group
Terra Grafton	Activities	03/30/11	Carlyle	Excellence in Activity	Outcome Services of IL
Terra Grafton	Activities	04/28/11	Springfield	Excellence in Activity	Outcome Services of IL
Rhonda Baker	Administrator	08/09/11	St. Louis	Compliance, Reimbursement, & Trending Medicare	Polaris Group
Kelly Walters	Care Plan Coordinator	08/09/11	St. Louis	Compliance, Reimbursement, & Trending Medicare	Polaris Group
Laurie Reatherford	MDS Coordinator	08/09/11	St. Louis	Compliance, Reimbursement, & Trending Medicare	Polaris Group
Rhonda Baker	Administrator	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Brenda Finfrock	Office Manager	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Laurie Reatherford	MDS Coordinator	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Erin H.	Care Plan Coordinator	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Kelly Walters	Care Plan Coordinator	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Chantel Murphy	Director of Nursing	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Heather Barto	Social Services	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Cindy Oller	Social Services	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Faith Tipsword	Nurses' Secretary	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Jan Steel	Housekeeping	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Rhonda Brown	Dietary	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Shelly Zeplin	Therapy Aide	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Ashley Las	Therapy Aide	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Jenni Stephens	Assistant Administrator	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Candy Johnson	Dietary	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Marilyn White	Night Hostess	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Tony Collebrusco	Maintenance	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Amber Skinner	C.N.A.	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Karen Hall	Dietary	09/12/11 - 09/15/11	Peoria	IHCA Convention	IHCA
Rhonda Baker	Administrator	10/04/11 - 10/05/11	Springfield	Leading The Way to Person-Centered Living in LTC	IL Pioneer Coalition
Kelly Walters	Director of Nursing	10/04/11 - 10/05/11	Springfield	Leading The Way to Person-Centered Living in LTC	IL Pioneer Coalition
Heather Barto	Social Services	10/04/11 - 10/05/11	Springfield	Leading The Way to Person-Centered Living in LTC	IL Pioneer Coalition
Rhonda Baker	Administrator	11/01/11 - 11/02/11	Springfield	INHAA Convention	INHAA
Heather Barto	Social Services	01/26/12	Breese	Managing Chronic Addiction & Mental Health Conditions	Outcome Services of IL

Management Company Allocatio

SEMINAR COST	TRAVEL/ LODGING COST
175	
159	
70	
70	
99	
99	
99	
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	123
42	122
42	122
41	122
41	122
41	122
63	
63	
63	
125	
91	

$$\begin{array}{r} 1,971 \quad 2,332 \\ \underbrace{\hspace{1.5cm}} \\ 4,303 \\ 279 \\ \hline 4,582 \end{array}$$

n

TAYLORVILLE CARE CENTER
 IDPH# 0028787
 ATTACHMENT TO SCHEDULE V
 RECLASSIFICATION
 12/31/2011

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	\$ 3,808
CLERICAL & GENERAL OFFICE	21	90
HEAT & OTHER UTILITIES	5	490
ADMINISTRATIVE	17	(4,388)
TO RECLASS THE FOLLOWING		
EXPENSES RECORDED IN MISC.		
EXPENSE TO THE CORRECT LINES:		
BACKGROUND CHECKS	\$ 2,910	
CABLE TELEVISION	490	
SUBSCRIPTIONS	206	
LICENSES & FEES	692	
MONTHLY BILLING FEES	90	
TOTAL	<u>\$ 4,388</u>	

Taylorville Care Center, Inc.
 IDPH ID # 0028787
 Attachment To Schedule VII C
 Compensation Paid By Other Nursing Homes
 12/31/11

<u>Name</u>	<u>Aviston Countryside Manor</u>	<u>Mt. Vernon Countryside Manor</u>	<u>Total Sch. VII C Column 5</u>
Jerry King	\$ 139,746	\$ 146,370	\$ 286,116
Denise King	103,167	108,057	211,224
Keith King	42,473	44,486	86,959
Marilyn King	1,866	1,954	3,820
Total	<u>\$ 287,252</u>	<u>\$ 300,867</u>	<u>\$ 588,119</u>