

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EXTENDED CARE LLC # 0043406 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	64	Skilled (SNF)	64	23,360	1
2		Skilled Pediatric (SNF/PED)			2
3	48	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	112	TOTALS	112	40,880	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF			4,763	4,763	8	
9	SNF/PED					9	
10	ICF	34,991	572		35,563	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	34,991	572	4,763	40,326	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.64%

D. How many bed-hold days during this year were paid by the Department? 230 (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 11/01/97

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/97 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 20 and days of care provided 4,763

Medicare Intermediary MUTUAL OF OMAHA

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.

Facility Name & ID Number **MST HEALTH PROPERTIES LLC d/b/a W** # **0043406** 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	192,233	12,452	11,340	216,025		216,025		216,025		1
2	Food Purchase		196,131		196,131		196,131	(333)	195,798		2
3	Housekeeping	154,238	27,520		181,758		181,758		181,758		3
4	Laundry	52,765	12,709	3,507	68,981		68,981		68,981		4
5	Heat and Other Utilities			124,959	124,959		124,959	245	125,204		5
6	Maintenance	144,150	37,098	35,020	216,268		216,268	4,405	220,673		6
7	Other (specify):* TRANSP/SECURITY	66,743		12,397	79,140		79,140	46	79,186		7
8	TOTAL General Services	610,129	285,910	187,223	1,083,262		1,083,262	4,363	1,087,625		8
	B. Health Care and Programs										
9	Medical Director			7,500	7,500		7,500		7,500		9
10	Nursing and Medical Records	1,485,441	91,262	8,851	1,585,554		1,585,554		1,585,554		10
10a	Therapy	106,930		38,236	145,166		145,166		145,166		10a
11	Activities	106,986	6,653		113,639		113,639		113,639		11
12	Social Services	101,435		6,381	107,816		107,816		107,816		12
13	CNA Training										13
14	Program Transportation			11,374	11,374		11,374		11,374		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,800,792	97,915	72,342	1,971,049		1,971,049		1,971,049		16
	C. General Administration										
17	Administrative	100,275		191,000	291,275		291,275	(134,160)	157,115		17
18	Directors Fees										18
19	Professional Services			44,977	44,977		44,977	16,971	61,948		19
20	Dues, Fees, Subscriptions & Promotions			22,689	22,689		22,689	(5,754)	16,935		20
21	Clerical & General Office Expenses	82,505	21,668	71,435	175,608		175,608	(43,825)	131,783		21
22	Employee Benefits & Payroll Taxes			417,962	417,962		417,962		417,962		22
23	Inservice Training & Education			1,085	1,085		1,085	5	1,090		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			7,484	7,484		7,484	745	8,229		25
26	Insurance-Prop.Liab.Malpractice			61,925	61,925		61,925	10,322	72,247		26
27	Other (specify):*			94,748	94,748		94,748	(87,404)	7,344		27
28	TOTAL General Administration	182,780	21,668	913,305	1,117,753		1,117,753	(243,100)	874,653		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,593,701	405,493	1,172,870	4,172,064		4,172,064	(238,737)	3,933,327		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 PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
1	DIETARY	
	DIETITIAN CONSULTANT XVIII B 35-2	11,340
	REPAIRS & MAINTENANCE	0
		0
		11,340
3	HOUSEKEEPING	
		0
		0
		0
4	LAUNDRY	
	EQUIPMENT REPAIRS & MAINTENANCE	3,507
		0
		3,507
5	HEAT & OTHER UTILITIES	
	GAS HEAT	31,710
	ELECTRICITY	55,654
	WATER	35,739
	CABLE TV - LOBBY	1,856
		0
		124,959
6	MAINTENANCE	
	GROUNDS MAINTENANCE	3,008
	PAINTING & DECORATING	2,403
	BUILDING REPAIRS	0
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	14,822
	ELEVATOR MAINTENANCE & REPAIR	0
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	2,684
	FIRE SERVICE	12,103
		0
		0
		0
		0
		35,020
7	OTHER	
	SCAVENGER	10,169
	SECURITY SERVICE	2,228
		0
		0
		12,397
9	MEDICAL DIRECTOR	
	MEDICAL DIRECTOR FEES XVIII B 36-2	7,500
		7,500

LINE	SCHED REF	TOTAL
10	NURSING	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	323
	PURCHASED SERVICES	0
	PSYCHO-SOCIAL CONSULTANT XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT XVIII B 38-2	0
	MEDICAL RECORDS CONSULTANT XVIII B 37-2	0
	PHARMACY CONSULTANT XVIII B 39-2	4,928
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	PSYCHIATRIC XVIII B __-2	0
	RN CONSULTANT XVIII B 38-2	0
	DENTAL CONSULTANT XVIII B 47-2	3,600
		0
		8,851
10a	THERAPY	
	PHYSICAL THERAPY SERVICES	761
	SPEECH THERAPY SERVICES	853
	OCCUPATIONAL THERAPY SERVICES	122
	REHABILITATION CONSULTANT XVIII B __-2	0
	PHYSICAL THERAPY CONSULTANT XVIII B 40-2	0
	OCCUPATIONAL THERAPY CONSULTA XVIII B 41-2	0
	RESPIRATORY THERAPY CONSULTAN XVIII B 42-2	36,500
	SPEECH THERAPY CONSULTANT XVIII B 43-2	0
		38,236
11	ACTIVITIES	
	CABLE TV - PATIENT ROOMS	0
	ACTIVITY REHAB CONSULTANT XVIII B 44-2	0
		0
		0
		0
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTAN XVIII B 45-2	6,381
	SOCIAL WORKER XVIII B 45-2	0
		6,381
13	NURSE AIDE TRAINING	
	NURSE AIDE TRAINING COSTS XIII	0
		0

V.COST CENTER EXPENSES PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION	
	PATIENT TRANSPORTATION	11,374
		0
17	ADMINISTRATIVE	
	MANAGEMENT FEES XIX B	191,000
18	DIRECTORS FEES	
	DIRECTORS FEES	0
19	PROFESSIONAL SERVICES	
	DATA PROCESSING XIX C	13,721
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	25,756
	LEGAL SETTLEMENT	5,500
		44,977
20	FEES,SUBSCRIPTIONS,PROMOTIONS	
	ENTERTAINMENT & MARKETING VI 19 XIX F	0
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	880
	EMPLOYEE WANT ADS XIX F	0
	CONTRIBUTIONS VI 20 XIX F	500
	DUES & SUBSCRIPTIONS XIX F	6,822
	LICENSES & PERMITS XIX F	5,953
	PUBLIC RELATIONS-PATIENT RELATED XIX F	0
	ADVERTISING-YELLOW PAGES VI 28 XIX F	1,922
	TRUST FEES / FRANCHISE TAX / ETC VI 17 XIX F	250
	CONTRIBUTIONS - POLITICAL VI 20 XIX F	3,892
	HEALTH CARE WORKER BACKGROUND CHEC XIX F	0
	PATIENT BACKGROUND CHECKS XIX F	2,470
		22,689
21	CLERICAL & GENERAL OFFICE EXPENSES	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	0
	EQUIPMENT REPAIR & MAINTENANCE	1,730
	OUTSIDE CLERICAL SERVICES	51,000
	PENALTIES / OVERDRAFT CHARGES VI 18	0
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	18,705
	MESSENGER SERVICE	0
		0
		71,435

LINE	SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	195,953
	UNEMPLOYMENT COMPENSATION XIX D	43,244
	WORKERS COMPENSATION INSURANC XIX D	65,849
	HOSPITALIZATION INSURANCE XIX D	90,873
	EMPLOYEE BENEFITS - OTHER XIX D	500
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	21,543
	CHICAGO HEAD TAX XIX D	0
		0
		417,962
23	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	1,085
		1,085
24	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	7,484
		7,484
26	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	61,925
		61,925
27	OTHER	
	BAD DEBTS VI 24	94,748
		94,748

GRAND TOTAL COLUMN 3 OTHER **1,172,870**

MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EXTENDED CARE LLC
 SCHEDULES
 12/31/2011

STAFF TRANSPORTATION
 PAGE 3 V. COLUMN 3 LINE 25

			DATE	NAME	DESCRIPTION	DEPARTMENT	AMOUNT
EQUIPMENT RENTAL			JAN	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	135.00
PAGE 14 XII. B. LINE 16			JAN	FLEET SERVICES	GASOLINE	banking, maintenance, & activities, transportation	258.30
			FEB	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	207.99
			FEB	FLEET SERVICES	GASOLINE	banking, maintenance, & activities, transportation	289.29
KREG THERAPEUTIC	THERAPEUTIC BED	660	MAR	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	100.00
PRO-CARE	THERAPEUTIC BED	930	MAR	FLEET SERVICES	GASOLINE	banking, maintenance, & activities, transportation	258.54
DE LAGE	COPIER	2,924	APR	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	160.00
PI SURVEILLANCE	TV SECURITY MONITOR	9,000	APR	FLEET SERVICES	GASOLINE	banking, maintenance, & activities, transportation	357.12
PITNEY BOWES	POSTAGE METER	786	MAY	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	245.00
PUBLIC STORAGE	STORAGE	<u>2,139</u>	MAY	FLEET SERVICES	GASOLINE	banking, maintenance, & activities, transportation	442.30
	EQUIPMENT RENTAL	16,439	JUN	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	295.00
			JUN	SPEEDWAY	GASOLINE	banking, maintenance, & activities, transportation	49.17
			JUN	PAYROLL	GASOLINE	banking, maintenance, & activities, transportation	200.00
			JUL	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	245.00
			JUL	SPEEDWAY	GASOLINE	banking, maintenance, & activities, transportation	351.12
			JUL	PAYROLL	GASOLINE	banking, maintenance, & activities, transportation	600.00
			AUG	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	170.00
			AUG	SPEEDWAY	GASOLINE	banking, maintenance, & activities, transportation	320.95
			AUG	SECRETARY OF STATE	AUTO LICENSE	banking, maintenance, & activities, transportation	99.00
			SEP	SECRETARY OF STATE	AUTO LICENSE	banking, maintenance, & activities, transportation	99.00
			SEP	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	100.00
			SEP	SPEEDWAY	GASOLINE	banking, maintenance, & activities, transportation	310.48
			OCT	PAYROLL	GASOLINE	banking, maintenance, & activities, transportation	1,000.00
			OCT	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	185.00
			OCT	SPEEDWAY	GASOLINE	banking, maintenance, & activities, transportation	339.48
			NOV	PETTY CASH	GASOLINE	banking, maintenance, & activities, transportation	466.22
			NOV	PAYROLL	GASOLINE	banking, maintenance, & activities, transportation	<u>200.00</u>
						STAFF TRANSPORTATION	7,483.96

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			11,335	11,335		11,335	213,446	224,781			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4,756	4,756		4,756	244,974	249,730			32
33	Real Estate Taxes							194,342	194,342			33
34	Rent-Facility & Grounds			678,000	678,000		678,000	(678,000)				34
35	Rent-Equipment & Vehicles			25,628	25,628		25,628	2,415	28,043			35
36	Other (specify):* OFFICE RENT			9,336	9,336		9,336	13,021	22,357			36
37	TOTAL Ownership			729,055	729,055		729,055	(9,802)	719,253			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		147,757	574,538	722,295		722,295		722,295			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			61,320	61,320		61,320		61,320			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		147,757	635,858	783,615		783,615		783,615			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,593,701	553,250	2,537,783	5,684,734		5,684,734	(248,539)	5,436,195			45

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

MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EXTENDED CARE LLC

ID# 0043406

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	MARKETING SALARY	\$	(14,934)	21
2				
3				
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49	Total		(14,934)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX'# 0043406

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	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	(333)	0	0	0	0	0	0	0	0	0	0	(333)	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	245	0	0	0	0	0	0	0	245	5
6	Maintenance	0	1,852	1,925	628	0	0	0	0	0	0	0	4,405	6
7	Other (specify):*	0	46	0	0	0	0	0	0	0	0	0	46	7
8	TOTAL General Services	(333)	1,898	1,925	873	0	4,363	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	5,470	(139,630)	0	0	0	0	0	0	0	0	(134,160)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,186	489	12,296	0	0	0	0	0	0	0	16,971	19
20	Fees, Subscriptions & Promotions	(7,444)	1,665	0	25	0	0	0	0	0	0	0	(5,754)	20
21	Clerical & General Office Expenses	(14,934)	(33,037)	4,146	0	0	0	0	0	0	0	0	(43,825)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	5	0	0	0	0	0	0	0	0	0	5	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	633	112	0	0	0	0	0	0	0	0	745	25
26	Insurance-Prop.Liab.Malpractice	0	119	611	9,592	0	0	0	0	0	0	0	10,322	26
27	Other (specify):*	(94,748)	2,862	4,482	0	0	0	0	0	0	0	0	(87,404)	27
28	TOTAL General Administration	(117,126)	(18,097)	(129,790)	21,913	0	(243,100)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(117,459)	(16,199)	(127,865)	22,786	0	(238,737)	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX# 0043406

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

	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	32,969	73	0	180,404	0	0	0	0	0	0	0	213,446	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15)	0	0	244,989	0	0	0	0	0	0	0	244,974	32
33	Real Estate Taxes	0	0	0	194,342	0	0	0	0	0	0	0	194,342	33
34	Rent-Facility & Grounds	0	0	0	(678,000)	0	0	0	0	0	0	0	(678,000)	34
35	Rent-Equipment & Vehicles	0	1,753	258	404	0	0	0	0	0	0	0	2,415	35
36	Other (specify):*	0	0	0	13,021	0	0	0	0	0	0	0	13,021	36
37	TOTAL Ownership	32,954	1,826	258	(44,840)	0	(9,802)	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)	(84,505)	(14,373)	(127,607)	(22,054)	0	0	0	0	0	0	0	(248,539)	45

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
			EKS MGMT	LINCOLNWOOD	BOOKKEEPING	
			EMI ENTERPRISES	LINCOLNWOOD	MGMT CONSULT	
SEE ATTACHED SCHEDULES			DA WESTMONT	LINCOLNWOOD	MGMT CONSULT	
			IME REALTY	LINCOLNWOOD	HOME OFFICE	
			MST REAL ESTATE LLC	LINCOLNWOOD	RENTAL REAL ESTATE	

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		\$	EKS MANAGEMENT		\$		1
2	V	6 MAINTENANCE		" "		1,852	1,852	2
3	V	7 SCAVENGER		" "		46	46	3
4	V	17 CFO SALARY		" "		5,470	5,470	4
5	V	19 PROFESSIONAL FEES		" "		4,186	4,186	5
6	V	20 WANT ADS/BACKGRD CKS		" "		1,665	1,665	6
7	V	21 CLERICAL	51,000	" "		17,963	(33,037)	7
8	V	23 SEMINARS		" "		5	5	8
9	V	25 STAFF TRANSPORTATION		" "		633	633	9
10	V	26 INSURANCE		" "		119	119	10
11	V	27 EMPLOYEE BENEFITS		" "		2,862	2,862	11
12	V	30 SL DEPRECIATION		" "		73	73	12
13	V	35 EQUIPMENT RENT		" "		1,753	1,753	13
14	Total		\$ 51,000			\$ 36,627	\$ * (14,373)	14

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

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	6 DRIVERS SALARY	\$	EMI ENTERPRISES		\$ 1,925	\$ 1,925
16	V	17 REGIONAL DIRECTOR		" "		285	285
17	V	17 MANAGEMENT FEES	145,000	" "			(145,000)
18	V	17 OFFICERS SALARY		" "		9,277	9,277
19	V	17 MANAGEMENT CONSULTANT		" "		9,277	9,277
20	V	19 ACCOUNTING FEES		" "		308	308
21	V	21 CLERICAL		" "		4,146	4,146
22	V	25 STAFF TRANSPORTATION		" "		112	112
23	V	26 INSURANCE		" "		611	611
24	V	27 EMPLOYEE BENEFITS		" "		4,482	4,482
25	V	35 AUTO LEASE				258	258
26	V						
27	V						
28	V	17 MANAGEMENT FEES	46,000	DA WESTMONT			(46,000)
29	V	19 ACCOUNTING FEES		" "		181	181
30	V	17 ADMIN CONSULTANT-S.HOLT		" "		8,186	8,186
31	V	17 ADMIN CONSULTANT-A.R.M.		" "		24,345	24,345
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 191,000			\$ 63,393	\$ * (127,607)

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

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	5 UTILITIES	\$	IME REALTY		\$ 245	\$	245	15
16	V	6 REPAIRS/MAINTENANCE		" "		628		628	16
17	V	19 ACCOUNTING FEES		" "		46		46	17
18	V	20 LICENSES & PERMITS		" "		25		25	18
19	V	26 INSURANCE		" "		60		60	19
20	V	30 SL DEPRECIATION		" "		809		809	20
21	V	32 INTEREST		" "		1,368		1,368	21
22	V	33 REAL ESTATE TAX		" "		1,323		1,323	22
23	V	35 STORAGE FEES		" "		404		404	23
24	V	36 OFFICE RENT	9,336	" "				(9,336)	24
25	V								25
26	V								26
27	V								27
28	V	19 ACCOUNTING FEES		MST REAL ESTATE LLC		12,250		12,250	28
29	V	26 HAZARD INSURANCE		" "		9,532		9,532	29
30	V	34 RENT	678,000	" "				(678,000)	30
31	V	30 SL DEPRECIATION		" "		179,595		179,595	31
32	V	32 INTEREST		" "		237,553		237,553	32
33	V	32 AMORT LOAN COST		" "		6,068		6,068	33
34	V	33 REAL ESTATE TAX		" "		193,019		193,019	34
35	V	36 MIP INSURANCE		" "		22,357		22,357	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 687,336			\$ 665,282	\$ *	(22,054)	39

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

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a W # 0043406 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	ALLOCATION FROM EMI ENTERPRISES:				SEE ATTACHED				\$		1
2	MORRIS ESFORMES	PRESIDENT	MGMT	76.65	SCHEDULES	5	6.25	SALARY	9,277	17-3	2
3	MICHAEL ROSEN	REGIONAL DIRECTOR		5.00				SALARY	285	17-3	3
4	PHILIP ESFORMES	ADMIN CONSULTANT		0.00		3	4.55	CONSULT FEE	9,277	17-3	4
5											5
6	ALLOCATION FROM DA WESTMONT:										6
7	FLORA WEISS (A.R.M. ENTERPRISES)	ADMIN CONSULTANT		0.00		2	3.57	CONSULT FEE	24,345	17-3	7
8											8
9	ALLOCATION FROM EKS MANAGEMENT:										9
10	AVRUM WEINFELD	CFO	CFO	4.17		3	4.62	SALARY	5,470	17-3	10
11											11
12											12
13								TOTAL	\$ 48,654		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 MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX # 0043406 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization EKS MANAGEMENT
 Street Address 6865 N LINCOLN
 City / State / Zip Code LINCOLNWOOD IL 60712
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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		CENSUS DAYS			\$	\$		\$	1
2	6	MAINTENANCE	847,662	14 FACILITIES	38,929	38,929	40,326	1,852	2
3	7	SCAVENGER	847,662	14 FACILITIES	971		40,326	46	3
4	17	CFO SALARY-A. WEINFELD	847,662	14 FACILITIES	114,971	114,971	40,326	5,470	4
5	19	PROFESSIONAL FEES	847,662	14 FACILITIES	87,982	76,534	40,326	4,186	5
6	20	WANT ADS/BACKGRND CHKS	847,662	14 FACILITIES	35,000		40,326	1,665	6
7	21	CLERICAL	847,662	14 FACILITIES	377,586	282,348	40,326	17,963	7
8	23	SEMINARS	847,662	14 FACILITIES	115		40,326	5	8
9	25	STAFF TRANSPORTATION	847,662	14 FACILITIES	13,315		40,326	633	9
10	26	INSURANCE	847,662	14 FACILITIES	2,501		40,326	119	10
11	27	EMPLOYEE BENEFITS	847,662	14 FACILITIES	60,163		40,326	2,862	11
12	30	SL DEPRECIATION	847,662	14 FACILITIES	1,536		40,326	73	12
13	35	EQUIPMENT RENT	847,662	14 FACILITIES	36,848		40,326	1,753	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				\$ 769,917	\$ 512,782		\$ 36,627	25

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX # 0043406 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

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

Name of Related Organization EMI ENTERPRISES
 Street Address 6865 N LINCOLN
 City / State / Zip Code LINCOLNWOOD IL 60712
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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	6	DRIVERS SALARY	CENSUS DAYS	847,662	14 FACILITIES	\$ 40,460	\$ 40,326	\$ 1,925	1
2	17	REGIONAL DIRECTOR-M.ROSEN	" "	847,662	14 FACILITIES	6,000	40,326	285	2
3	17	OFFICERS SALARY-M.ESFORMES	" "	847,662	14 FACILITIES	195,000	40,326	9,277	3
4	17	ADMIN CONSUL-P.ESFORMES	" "	847,662	14 FACILITIES	195,000	40,326	9,277	4
5	19	ACCOUNTING FEES	" "	847,662	14 FACILITIES	6,480	40,326	308	5
6	21	CLERICAL	" "	847,662	14 FACILITIES	87,144	40,326	4,146	6
7	25	STAFF TRANSPORTATION	" "	847,662	14 FACILITIES	2,349	40,326	112	7
8	26	INSURANCE	" "	847,662	14 FACILITIES	12,837	40,326	611	8
9	27	EMPLOYEE BENEFITS	" "	847,662	14 FACILITIES	94,218	40,326	4,482	9
10	35	AUTO LEASE	" "	847,662	14 FACILITIES	5,423	40,326	258	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					\$ 644,911	\$ 299,476	\$ 30,681	25

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX # 0043406 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

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

Name of Related Organization DA WESTMONT
 Street Address 6865 N LINCOLN
 City / State / Zip Code LINCOLNWOOD IL 60712
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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	19	ACCOUNTANT FEES	CENSUS DAYS	91,323	3 FACILITIES	\$ 2,475	\$ 6,676	\$ 181	1
2	17	ADMIN CONSULT-A.R.M.	" "	91,323	3 FACILITIES	333,025	6,676	24,345	2
3	17	ADMIN CONSULT-S.HOLT	" "	91,323	3 FACILITIES	111,983	6,676	8,186	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					\$ 447,483	\$	\$ 32,712	25

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX # 0043406 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

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

Name of Related Organization IME REALTY
 Street Address 6865 N LINCOLN
 City / State / Zip Code LINCOLNWOOD IL 60712
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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	5	UTILITIES	RENTAL INCOME	14 FACILITIES	\$ 5,131	\$	9,336	\$ 245	1
2	6	REPAIRS/MAINTENANCE	" "	14 FACILITIES	13,157		9,336	628	2
3	19	ACCOUNTING FEES	" "	14 FACILITIES	973		9,336	46	3
4	20	LICENSES & PERMITS	" "	14 FACILITIES	526		9,336	25	4
5	26	INSURANCE	" "	14 FACILITIES	1,254		9,336	60	5
6	30	SL DEPRECIATION	" "	14 FACILITIES	16,930		9,336	809	6
7	32	INTEREST	" "	14 FACILITIES	28,650		9,336	1,368	7
8	33	REAL ESTATE TAX	" "	14 FACILITIES	27,693		9,336	1,323	8
9	35	STORAGE FEES	" "	14 FACILITIES	8,451		9,336	404	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				\$ 102,765	\$		\$ 4,908	25

Facility Name & ID Number

MST HEALTH PROPERTIES LLC d/b/a WC

0043406

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	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	RELATED PARTY: MST REAL ESTATE LLC				\$	\$			\$	1										
2	CAMBRIDGE REALTY	X	MORTGAGE	\$52,947.11	09/05	4,919,200	4,431,944	09/35	5.3100	237,553	2									
3	LOAN COSTS	X	AMORTIZE OVER LIFE OF LOAN		09/05	172,440	135,153	09/35		6,068	3									
4											4									
5	RELATED PARTY: IME REALTY	X	MORTGAGE								5									
Working Capital																				
6	US BANK LOC	X	WORKING CAPITAL	DEMAND	10/11	195,000	605,000		PRIME+	3,771	6									
7	PRIVATE BK LOC	X	WORKING CAPITAL							985	7									
8											8									
9	TOTAL Facility Related			\$52,947.11		\$ 5,286,640	\$ 5,172,097			\$ 248,377	9									
B. Non-Facility Related*																				
10											10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$	14									
15	TOTALS (line 9+line14)					\$ 5,286,640	\$ 5,172,097			\$ 248,377	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 22,357 Line # 36

* 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2010 report.		\$	278,356		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	247,847		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(30,509)		3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	223,528		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	193,019		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2006	249,133	8	FOR BHF USE ONLY	
	2007	244,003	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
	2008	264,735	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2009	271,767	11	15	LESS REFUND FROM LINE 6 \$ 15
	2010	247,847	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL					
THE PAYMENT ON LINE 2 APPLIES TO THE 2010 TAX BILL.					

NOTES:

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,900 B. General Construction Type: Exterior CONCRETE Frame METAL/CONCRETE Number of Stories _____

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).

N/A

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>RELATED PARTY-MST REAL ESTATE LLC:</u>			\$	1
2	<u>NURSING HOME</u>		<u>2004</u>	<u>229,826</u>	2
3	TOTALS			\$ <u>229,826</u>	3

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	RELATED PARTY-MST REAL ESTATE LLC:			\$	\$		\$	\$	\$	4
5	112	2004		4,142,702	150,629	27.5	150,629		1,161,119	5
6										6
7										7
8	RELATED PARTY-MST REAL ESTATE LLC-SL DEPN:									8
	Improvement Type**									
9	CEILING LIGHTING		1997	3,746	96	39	96		1,356	9
10	WATER SOFTENING SYSTEM		1997	6,926	178	39	178		2,514	10
11	FLOORING		1997	3,910	100	39	100		1,404	11
12	FLOORING / DOORS / WINDOWS		1998	29,194	748	39	748		10,198	12
13	ROOF		1998	84,450	2,165	39	2,165		30,043	13
14	DUMBWAITER/FAUCETS/CABINETS/WALLPAP./CUB.CURT.		1998	30,915	793	39	793		11,013	14
15	PAINTING / DECORATING		1998	15,111	387	39	387		5,241	15
16	FLOORING / DOORS / BATHROOM FIXTURES		1999	11,198	288	39	288		3,724	16
17	CHAIN LINK FENCE		1999	5,100	131	39	131		1,632	17
18	FLOOR TILES/COVE BASE		2000	22,766	828	27.5	828		9,901	18
19	PAIR OF ALUMINUM DOORS		2000	2,193	80	27.5	80		943	19
20	PLUMBING		2000	9,913	360	27.5	360		4,005	20
21	PLUMBING / VANITY / SINK / FLOORING		2001	37,788	1,374	27.5	1,374		14,742	21
22	PAVING		2002	18,562	675	27.5	675		6,441	22
23	BATHROOM SINKS		2002	3,888	141	27.5	141		1,275	23
24	BATHROOM SINKS		2003	7,776	283	27.5	283		2,535	24
25	FLOORING / CARPETING & TILE		2003	13,887	504	27.5	504		4,149	25
26	ROOF		2003	7,800	284	27.5	284		2,449	26
27	FENCE		2003	9,500	634	15	634		5,388	27
28	WINDOWS		2004	46,880	1,705	27.5	1,705		13,001	28
29	SPRINKLER SYSTEM / ELECTRICAL / ROOF AC / TILING		2007	298,345	10,849	27.5	10,849		52,859	29
30	ADDL FIRE SAFETY/TANK/GENERATOR/SECURITY SYST		2008	73,619	2,677	27.5	2,677		10,597	30
31	ROLLING SHUTTER		2008	3,970	144	27.5	144		522	31
32	BUILT-IN CABINET		2008	6,200	413	15	413		1,446	32
33	CANOPY		2009	6,500	236	27.5	236		521	33
34	SLIDING PATIO DOORS		2010	6,951	253	27.5	253		432	34
35	FLAT ROOF		2011	110,200	2,504	27.5	2,504		2,504	35
36	ROOFTOP A/C		2011	3,906	77	27.5	77		77	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EXTENDED CARE LLC:								
38	2001	7,578		10	377	377	7,578	38	
39	2004	33,108		10	3,311	3,311	24,832	39	
40	2005	30,694	1,116	27.5	1,116		7,052	40	
41	2006	49,079	1,784	27.5	1,784		10,110	41	
42								42	
43								43	
44	RELATED PARTY-MST REAL ESTATE LLC-SL DEPN CONTINUED FROM PAGE 12:								
45	2011	4,350	59	27.5	59		59	45	
46								46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56		25,771		39				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)		\$ 5,174,476	\$ 182,495		\$ 186,183	\$ 3,688	\$ 1,411,662	70

**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	\$ 421,795	\$ 2,625	\$ 37,307	\$ 34,682	8-15 YRS	\$ 310,840	71
72	Current Year Purchases	8,180	5,810	409	(5,401)	10 YRS	409	72
73	Fully Depreciated Assets							73
74	<u>RELATED PARTY ALLOC - EKS MGMT 73//IME REALTY 32</u>							74
75	TOTALS	\$ 429,975	\$ 8,435	\$ 37,716	\$ 29,281		\$ 311,249	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				\$	\$	\$	\$		\$	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)	\$ 5,834,277	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 190,930	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 223,899	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 32,969	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,722,911	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: N/A-RELATED PARTY

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

If NO, see instructions. YES NO

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

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,439 Description: SEE SCHEDULE ATTACHED

(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	FACILITY USE:		\$	\$	17
18	BANKING, MAINT,	'09 FORD E350 VAN	690.00	9,189	18
19	MARKETING, NSG				19
20	ACTIVITIES				20
21	TOTAL		\$ 690.00	\$ 9,189	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2012</u>	\$ _____
13.	<u>/2013</u>	\$ _____
14.	<u>/2014</u>	\$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
<p>THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES</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	39-3	hrs	\$		\$ 295,565	\$		\$ 295,565	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			2,010			2,010	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			276,963			276,963	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescripts				137,784		137,784	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): LABS/SUPPLIES	39-2					9,973		9,973	13
14	TOTAL			\$		\$ 574,538	\$ 147,757		\$ 722,295	14

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

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX1# 0043406Report 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	\$ 37,037	\$ 66,656	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>125,000</u>)	1,635,100	1,635,100	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	79,907	104,861	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>R.E.TAX/INSUR ESCROWS</u>	125,750	268,010	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,877,794	\$ 2,074,627	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		229,826	13
14	Buildings, at Historical Cost		4,142,702	14
15	Leasehold Improvements, at Historical Cost	112,881	992,225	15
16	Equipment, at Historical Cost	437,552	443,752	16
17	Accumulated Depreciation (book methods)	(482,376)	(1,845,903)	17
18	Deferred Charges		134,153	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>DUE FROM LLC</u>)	76,056		22
23	Other(specify): <u>REPLACEMENT RESERVE</u>		157,848	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 144,113	\$ 4,254,603	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,021,907	\$ 6,329,230	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 201,687	\$ 201,687	26
27	Officer's Accounts Payable	612,277	612,277	27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	605,000	700,122	29
30	Accrued Salaries Payable	51,342	51,342	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,163	14,163	31
32	Accrued Real Estate Taxes(Sch.IX-B)		223,528	32
33	Accrued Interest Payable		19,611	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)	\$ 1,484,469	\$ 1,822,730	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,336,822	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)	\$	\$ 4,336,822	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,484,469	\$ 6,159,552	46
47	TOTAL EQUITY(page 18, line 24)	\$ 537,438	\$ 169,678	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,021,907	\$ 6,329,230	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 227,995	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 227,995	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,072,640	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	(763,197)	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)	\$ 309,443	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)	\$ 537,438	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number MST HEALTH PROPERTIES LLC d/b/a WOODS # 0043406 Report Period Beginning: 01/01/2011Ending: 12/31/2011**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	\$ 6,466,610	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,466,610	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	295,413	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 295,413	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		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	15	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,762,038	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,083,262	31
32	Health Care	1,971,049	32
33	General Administration	1,117,753	33
B. Capital Expense			
34	Ownership	729,055	34
C. Ancillary Expense			
35	Special Cost Centers	722,295	35
36	Provider Participation Fee	61,320	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,684,734	40
41	Income before Income Taxes (line 30 minus line 40)**	1,077,304	41
42	Income Taxes	(4,664)	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,072,640	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.
TAX RETURN PREPARED ON CASH BASIS

*** 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 MST HEALTH PROPERTIES LLC d/b/a WOODSIDE EX

0043406

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	1,938	2,091	\$ 81,366	\$ 38.91	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,780	10,273	274,424	26.71	3
4	Licensed Practical Nurses	15,463	16,005	382,701	23.91	4
5	CNAs & Orderlies	61,383	64,330	622,465	9.68	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,995	6,412	106,930	16.68	8
9	Activity Director					9
10	Activity Assistants	9,075	9,812	106,986	10.90	10
11	Social Service Workers	6,328	6,533	101,435	15.53	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,591	19,667	192,233	9.77	15
16	Dishwashers					16
17	Maintenance Workers	9,645	9,870	144,150	14.60	17
18	Housekeepers	16,287	17,058	154,238	9.04	18
19	Laundry	5,788	6,012	52,765	8.78	19
20	Administrator	2,078	2,086	100,275	48.07	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,794	8,236	82,505	10.02	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	1,928	2,102	21,171	10.07	31
32	Other Health C: MDS/ADMITTING	4,522	4,778	103,314	21.62	32
33	Other(specify) TRANSP/SECUR	7,083	7,166	66,743	9.31	33
34	TOTAL (lines 1 - 33)	183,678	192,431	\$ 2,593,701 *	\$ 13.48	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	M	\$ 11,340	1-3	35
36	Medical Director	O	7,500	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	4,928	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		36,500	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	0	11-3	44
45	Social Service Consultant	E	6,381	12-3	45
46	Other(specify)	S			46
47	DENTAL CONSULTANT		3,600	10-3	47
48					48
49	TOTAL (lines 35 - 48)		\$ 70,249		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses			10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
MARCITA CARTER	ADMINISTRATOR		\$ 100,275	Workers' Compensation Insurance	\$ 65,849	IDPH License Fee	\$ 3,980	
				Unemployment Compensation Insurance	43,244	Advertising: Employee Recruitment	0	
				FICA Taxes	195,953	Health Care Worker Background Check	0	
				Employee Health Insurance	90,873	(Indicate # of checks performed)		
				Employee Meals	0	Patient Background Checks	35 2,470	
				Illinois Municipal Retirement Fund (IMRF)*		TRUST/FRANCHISE/CONTRIB/ETC	4,642	
				EMPLOYEE BENEFITS - OTHER	500	MARKETING/ADV/PROMO	2,802	
				EMPLOYEE PHYSICAL EXAMS	0	LICENSES/DUES/SUBSCRIPTIONS	8,795	
				PENSION/PROFIT SHARING PLANS	21,543	MGMT CO ALLOC	1,690	
				CHICAGO HEAD TAX	0	TRUST/FRANCHISE/CONTRIB/ETC	(4,642)	
				INSURANCE - EXECUTIVE LIFE	0	Less: Public Relations Expense	(0)	
				INSURANCE - EXECUTIVE LIFE VI 21	0	Non-allowable advertising	(880)	
						Yellow page advertising	(1,922)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 100,275				\$ 417,962			\$ 16,935	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
EMI ENTERPRISES - MANAGEMENT FEES			\$ 145,000				Out-of-State Travel	\$
DA WESTMONT - MANAGEMENT FEES			46,000				In-State Travel	0
							Seminar Expense	0
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 191,000				\$			\$	
C. Professional Services								
Vendor/Payee	Type		Amount					
ALPHA DATA SERVICES	DATA PROCESSING		4,809					
HEALTH DATA SYSTEMS	DATA PROCESSING		6,320					
IVANS	DATA PROCESSING		792					
LTC SOLUTION	DATA PROCESSING		1,800					
KBKB	ACCOUNTING		18,000					
HARVEY A NATHAN	LEGAL		375					
J.VOHNHOF	ARBITRATOR		1,300					
XXX	LEGAL SETTLEMENT		5,500					
RICHARD PEELO	MEDICARE CONSULTANT		4,500					
PERSONNEL PLANNERS	UNEMPLOYMENT CONSULI		1,370					
WALTON MGT SERVICES	HIRE ACT FICA SAVINGS		211					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 44,977								

* Attach copy of IMRF notifications

**See instructions.

