### 2011 STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

**I. IDPH License ID Number:**

0050799

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Astoria Place Living &amp; Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>6300 N. California, Chicago, 60659</td>
</tr>
<tr>
<td>County</td>
<td>Cook</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(773) 973-1900  Fax # (773) 973-1904</td>
</tr>
<tr>
<td>HFS ID Number</td>
<td>_______________</td>
</tr>
<tr>
<td>Date of Initial License for Current Owners</td>
<td>01/01/10</td>
</tr>
<tr>
<td>Type of Ownership</td>
<td>VOLUNTARY, NON-PROFIT</td>
</tr>
</tbody>
</table>

- **Charitable Corp.**
- **Trust**

| IRS Exemption Code | _______________ |

<table>
<thead>
<tr>
<th>PROPERITIY</th>
<th>GOVERNEMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>State</td>
</tr>
<tr>
<td>Partnership</td>
<td>County</td>
</tr>
<tr>
<td>Corporation</td>
<td>Other</td>
</tr>
</tbody>
</table>

| "Sub-S" Corp. | ___________ |
| Limited Liability Co. | X |
| Trust | ___________ |

| X | Other |

**In the event there are further questions about this report, please contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Michael W. Martin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>(217) 258-8888</td>
</tr>
<tr>
<td>Email Address</td>
<td>_______________</td>
</tr>
</tbody>
</table>

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from **01/01/2011** to **12/31/2011** and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<table>
<thead>
<tr>
<th>Officer or Administrator of Provider</th>
<th>(Signed) _______________</th>
<th>(Date) ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Type or Print Name)</td>
<td>_______________________</td>
<td>___________________</td>
</tr>
<tr>
<td>(Title)</td>
<td>_______________________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

| (Signed) SEE ACCOUNTANTS' PREPARATION REPORT | _______________ |
| (Date) | ___________________ |

<table>
<thead>
<tr>
<th>Paid Preparer</th>
<th>McGladrey &amp; Pullen, LLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Print Name)</td>
<td>McGladrey &amp; Pullen, LLP</td>
</tr>
<tr>
<td>(Address)</td>
<td>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</td>
</tr>
<tr>
<td>(Telephone)</td>
<td>(847) 517-7070</td>
</tr>
</tbody>
</table>

**MAIL TO:** BUREAU OF HEALTH FINANCE
ILINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

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**HFS 3745 (N-4-99)**

**IL478-2471**
### 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: N/A

<table>
<thead>
<tr>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>164 Skilled (SNF)</td>
<td>164</td>
<td>59,860</td>
</tr>
<tr>
<td>2</td>
<td>164 Skilled Pediatric (SNF/PED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>164 Intermediate (ICF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>164 Intermediate/DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>164 Sheltered Care (SC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>164 ICF/DD 16 or Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>164 TOTALS</td>
<td>164</td>
<td>59,860</td>
</tr>
</tbody>
</table>

B. Census—For the entire report period.

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Patient Days by Level of Care and Primary Source of Payment</th>
<th>Medicaid Recipient</th>
<th>Private Pay</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 SNF</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>8</td>
</tr>
<tr>
<td>9 SNF/PED</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>9</td>
</tr>
<tr>
<td>10 ICF</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>10</td>
</tr>
<tr>
<td>11 ICF/DD</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>11</td>
</tr>
<tr>
<td>12 SC</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>12</td>
</tr>
<tr>
<td>13 DD 16 OR LESS</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>13</td>
</tr>
<tr>
<td>14 TOTALS</td>
<td>39,828</td>
<td>2,239</td>
<td>9,005</td>
<td>51,072</td>
<td>14</td>
</tr>
</tbody>
</table>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.32%

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

None (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 X

Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

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

YES NO X

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

Date started: 01/01/10

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

YES NO X

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

YES NO X

If YES, enter number of beds certified 164 and days of care provided 8,238

Medicare Intermediary National Government Services

### IV. ACCOUNTING BASIS

ACCRUAL X CASH* CASH*

Is your fiscal year identical to your tax year?

YES NO X

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

#### A. General Services

<table>
<thead>
<tr>
<th>Facility Name &amp; ID Number</th>
<th>Astoria Place Living &amp; Rehab</th>
<th>STATE OF ILLINOIS</th>
<th>Report Period Beginning:</th>
<th>01/01/2011</th>
<th>Ending:</th>
<th>12/31/2011</th>
<th>Page 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility Name &amp; ID Number</strong></td>
<td>Astoria Place Living &amp; Rehab</td>
<td>STATE OF ILLINOIS</td>
<td>Report Period Beginning:</td>
<td>01/01/2011</td>
<td>Ending:</td>
<td>12/31/2011</td>
<td>Page 3</td>
</tr>
<tr>
<td><strong>V. COST CENTER EXPENSES</strong></td>
<td><strong>(throughout the report, please round to the nearest dollar)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. General Services</strong></td>
<td><strong>Salary/Wage</strong></td>
<td><strong>Supplies</strong></td>
<td><strong>Other</strong></td>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>Reclassified</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>1</td>
<td>Dietary</td>
<td>279,900</td>
<td>18,792</td>
<td>334,692</td>
<td>334,692</td>
<td>334,692</td>
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<tr>
<td>2</td>
<td>Food Purchase</td>
<td>364,306</td>
<td>364,306</td>
<td>364,306</td>
<td>90</td>
<td>364,396</td>
<td>2</td>
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<tr>
<td>3</td>
<td>Housekeeping</td>
<td>169,971</td>
<td>208,917</td>
<td>208,917</td>
<td>950</td>
<td>209,867</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Laundry</td>
<td>71,318</td>
<td>88,635</td>
<td>88,635</td>
<td>88,635</td>
<td>4</td>
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</tr>
<tr>
<td>5</td>
<td>Heat and Other Utilities</td>
<td>241,060</td>
<td>241,060</td>
<td>241,060</td>
<td>1,964</td>
<td>243,024</td>
<td>5</td>
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<tr>
<td>6</td>
<td>Maintenance</td>
<td>78,404</td>
<td>204,839</td>
<td>204,839</td>
<td>19,005</td>
<td>223,844</td>
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<td>7</td>
<td>Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>TOTAL General Services</td>
<td>599,593</td>
<td>459,924</td>
<td>382,666</td>
<td>1,442,183</td>
<td>1,442,183</td>
<td>1,464,192</td>
</tr>
<tr>
<td><strong>B. Health Care and Programs</strong></td>
<td><strong>Salary/Wage</strong></td>
<td><strong>Supplies</strong></td>
<td><strong>Other</strong></td>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>Reclassified</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>9</td>
<td>Medical Director</td>
<td>43,200</td>
<td>43,200</td>
<td>43,200</td>
<td>43,200</td>
<td>9</td>
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<tr>
<td>10</td>
<td>Nursing and Medical Records</td>
<td>2,808,759</td>
<td>3,121,758</td>
<td>3,121,758</td>
<td>51,545</td>
<td>3,173,303</td>
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<tr>
<td>10a</td>
<td>Therapy</td>
<td>702,196</td>
<td>702,196</td>
<td>702,196</td>
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<td>11</td>
<td>Activities</td>
<td>119,493</td>
<td>130,638</td>
<td>130,638</td>
<td>130,638</td>
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<tr>
<td>12</td>
<td>Social Services</td>
<td>119,133</td>
<td>124,324</td>
<td>124,324</td>
<td>124,324</td>
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<tr>
<td>13</td>
<td>CNA Training</td>
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</tr>
<tr>
<td>14</td>
<td>Program Transportation</td>
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</tr>
<tr>
<td>15</td>
<td>Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>TOTAL Health Care and Programs</td>
<td>3,047,385</td>
<td>840,684</td>
<td>4,122,116</td>
<td>4,122,116</td>
<td>51,545</td>
<td>4,173,661</td>
</tr>
<tr>
<td><strong>C. General Administration</strong></td>
<td><strong>Salary/Wage</strong></td>
<td><strong>Supplies</strong></td>
<td><strong>Other</strong></td>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>Reclassified</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>17</td>
<td>Administrative</td>
<td>219,856</td>
<td>916,232</td>
<td>916,232</td>
<td>916,232</td>
<td>273,935</td>
<td>17</td>
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<tr>
<td>18</td>
<td>Directors Fees</td>
<td>46,140</td>
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<td>46,140</td>
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<td>19</td>
<td>Professional Services</td>
<td>206,255</td>
<td>206,255</td>
<td>206,255</td>
<td>206,255</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Dues, Fees, Subscriptions &amp; Promotions</td>
<td>34,802</td>
<td>34,802</td>
<td>34,802</td>
<td>607</td>
<td>35,409</td>
<td>20</td>
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<tr>
<td>21</td>
<td>Clerical &amp; General Office Expenses</td>
<td>89,352</td>
<td>335,324</td>
<td>335,324</td>
<td>(125,532)</td>
<td>209,792</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Employee Benefits &amp; Payroll Taxes</td>
<td>742,512</td>
<td>742,512</td>
<td>742,512</td>
<td>742,512</td>
<td>22</td>
<td></td>
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<tr>
<td>23</td>
<td>Inservice Training &amp; Education</td>
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<td>23</td>
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<tr>
<td>24</td>
<td>Travel and Seminar</td>
<td>845</td>
<td>845</td>
<td>845</td>
<td>360</td>
<td>1,205</td>
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<tr>
<td>25</td>
<td>Other Admin. Staff Transportation</td>
<td>15,685</td>
<td>15,685</td>
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<td>15,685</td>
<td>25</td>
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<tr>
<td>26</td>
<td>Insurance-Prop.Liab. Malpractice</td>
<td>92,739</td>
<td>92,739</td>
<td>92,739</td>
<td>(1,360)</td>
<td>91,379</td>
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<td>27</td>
<td>Other (specify):*</td>
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<td></td>
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<td>27</td>
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</tr>
<tr>
<td>28</td>
<td>TOTAL General Administration</td>
<td>309,208</td>
<td>43,460</td>
<td>1,991,726</td>
<td>2,344,394</td>
<td>2,344,394</td>
<td>1,595,311</td>
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<td>29</td>
<td>TOTAL Operating Expense</td>
<td>3,956,186</td>
<td>737,431</td>
<td>3,215,076</td>
<td>7,908,693</td>
<td>7,908,693</td>
<td>7,233,164</td>
</tr>
</tbody>
</table>

*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.

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HFS 3745 (N-4-99)  
IL478-2471
### V. COST CENTER EXPENSES (continued)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
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<tbody>
<tr>
<td><strong>D. Ownership</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30 Depreciation</td>
<td></td>
<td></td>
<td>123,602</td>
<td>123,602</td>
<td>123,602</td>
<td>4,266</td>
<td>127,868</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Interest</td>
<td>39,966</td>
<td></td>
<td>39,966</td>
<td>39,966</td>
<td>39,966</td>
<td>50,713</td>
<td>90,679</td>
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</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td>213,486</td>
<td></td>
<td>213,486</td>
<td>213,486</td>
<td>213,486</td>
<td></td>
<td>213,486</td>
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<td></td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td>838,040</td>
<td></td>
<td>838,040</td>
<td>838,040</td>
<td>838,040</td>
<td>13,981</td>
<td>852,021</td>
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<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
<td>52,050</td>
<td></td>
<td>52,050</td>
<td>52,050</td>
<td>52,050</td>
<td></td>
<td>52,050</td>
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<tr>
<td>36 Other (specify):* Non-Allow Costs</td>
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<tr>
<td>37 TOTAL Ownership</td>
<td>1,267,144</td>
<td>1,267,144</td>
<td>1,267,144</td>
<td>68,960</td>
<td>1,336,104</td>
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<tr>
<td><strong>E. Special Cost Centers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>39 Ancillary Service Centers</td>
<td>310,213</td>
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<td>310,213</td>
<td>310,213</td>
<td>310,213</td>
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<td>310,213</td>
<td>39</td>
<td></td>
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<tr>
<td>40 Barber and Beauty Shops</td>
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<td></td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other (specify):* Non-Allow Costs</td>
<td>599,397</td>
<td></td>
<td>599,397</td>
<td>599,397</td>
<td>(599,397)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 TOTAL Special Cost Centers</td>
<td>310,213</td>
<td>599,397</td>
<td>909,610</td>
<td>909,610</td>
<td>(599,397)</td>
<td></td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL COST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sum of lines 29, 37 &amp; 44)</td>
<td>3,956,186</td>
<td>1,047,644</td>
<td>5,081,617</td>
<td>10,085,447</td>
<td>10,085,447</td>
<td></td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NON-ALLOWABLE EXPENSES</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Care</td>
<td>$</td>
<td>$</td>
<td>1</td>
</tr>
<tr>
<td>2 Other Care for Outpatients</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Governmental Sponsored Special Programs</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Non-Patient Meals</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 Telephone, TV &amp; Radio in Resident Rooms</td>
<td>(27,406)</td>
<td>43</td>
<td>5</td>
</tr>
<tr>
<td>6 Rented Facility Space</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7 Sale of Supplies to Non-Patients</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8 Laundry for Non-Patients</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Non-Straightline Depreciation</td>
<td>14,857</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>10 Interest and Other Investment Income</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11 Discounts, Allowances, Rebates &amp; Refunds</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 Non-Working Officer's or Owner's Salary</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 Sales Tax</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 Non-Care Related Interest</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15 Non-Care Related Owner's Transactions</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16 Personal Expenses (Including Transportation)</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17 Non-Care Related Fees</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>18 Fines and Penalties</td>
<td>(5,938)</td>
<td>43</td>
<td>18</td>
</tr>
<tr>
<td>19 Entertainment</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20 Contributions</td>
<td>(86,392)</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>21 Owner or Key-Man Insurance</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 Special Legal Fees &amp; Legal Retainers</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Malpractice Insurance for Individuals</td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24 Bad Debt</td>
<td>(36,108)</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>25 Fund Raising, Advertising and Promotional</td>
<td>(78,185)</td>
<td>43</td>
<td>25</td>
</tr>
<tr>
<td>26 Income Taxes and Illinois Personal Property Replacement Tax</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>27 CNA Training for Non-Employees</td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>28 Yellow Page Advertising</td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>29 Other-Attach Schedule See Pg 5A</td>
<td>(429,547)</td>
<td>Var.</td>
<td>29</td>
</tr>
<tr>
<td>30 SUBTOTAL (A): (Sum of lines 1-29)</td>
<td>$ (640,719)</td>
<td>$</td>
<td>30</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>1 Amount</th>
<th>2 Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Non-Paid Workers-Attach Schedule*</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>32 Donated Goods-Attach Schedule*</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33 Amortization of Organization &amp; Pre-Operating Expense</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34 Adjustments for Related Organization Costs (Schedule VII)</td>
<td>(565,247)</td>
<td>34</td>
</tr>
<tr>
<td>35 Other-Attach Schedule</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>36 SUBTOTAL (B): (sum of lines 31-35)</td>
<td>$ (565,247)</td>
<td>36</td>
</tr>
<tr>
<td>37 TOTAL ADJUSTMENTS (A and B)</td>
<td>$ (1,205,966)</td>
<td>37</td>
</tr>
</tbody>
</table>

*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 to Section E. Please reference the line on which they appear before reclassification. (See instructions.)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 Medically Necessary Transport.</td>
<td>X</td>
<td>$</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
<td></td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40 Gift and Coffee Shops</td>
<td>X</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Barber and Beauty Shops</td>
<td>X</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Laboratory and Radiology</td>
<td>X</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Prescription Drugs</td>
<td>X</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td></td>
<td></td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>45 Other-Attach Schedule</td>
<td>X</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Other-Attach Schedule</td>
<td>X</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 TOTAL (C): (sum of lines 38-46)</td>
<td>$</td>
<td>47</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HFS 3745 (N-4-99)  IL478-2471
<table>
<thead>
<tr>
<th>Sch. V Line</th>
<th>NON-ALLOWABLE EXPENSES</th>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicaid Tax</td>
<td>$ (89,790)</td>
<td>43 1</td>
</tr>
<tr>
<td>2</td>
<td>Lab &amp; Radiology</td>
<td>(17,627)</td>
<td>43 2</td>
</tr>
<tr>
<td>3</td>
<td>Drugs</td>
<td>(335,038)</td>
<td>43 3</td>
</tr>
<tr>
<td>4</td>
<td>Patient pers. Items</td>
<td>(998)</td>
<td>43 4</td>
</tr>
<tr>
<td>5</td>
<td>Admitting</td>
<td>(62,057)</td>
<td>43 5</td>
</tr>
<tr>
<td>6</td>
<td>Allowance for bad debts</td>
<td>(170,916)</td>
<td>43 6</td>
</tr>
<tr>
<td>7</td>
<td>Reclassify Repair &amp; Maintenance</td>
<td>14,433</td>
<td>6 7</td>
</tr>
<tr>
<td>8</td>
<td>Management Fees</td>
<td>650,236</td>
<td>17 8</td>
</tr>
<tr>
<td>9</td>
<td>Management Allocation</td>
<td>(719,828)</td>
<td>17 9</td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>(429,547)</td>
<td>49</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ownership %</th>
<th>Name</th>
<th>City</th>
<th>Type of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaim Rajchenbach</td>
<td>28</td>
<td>See Schedule 6A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menachem Shabat</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ronald Shabat</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shari Borenstein</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamie Dlatt</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Howard Borenstein</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

- [X] 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Cost Per General Ledger</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 V</td>
<td>2</td>
<td>Dietary</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>$90</td>
<td>$90</td>
</tr>
<tr>
<td>2 V</td>
<td>3</td>
<td>Housekeeping Salaries</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>939</td>
<td>939</td>
</tr>
<tr>
<td>3 V</td>
<td>4</td>
<td>Housekeeping Supplies</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>4 V</td>
<td>5</td>
<td>Utilities</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>1,947</td>
<td>1,947</td>
</tr>
<tr>
<td>5 V</td>
<td>6</td>
<td>Repairs &amp; Maintenance</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>4,590</td>
<td>4,590</td>
</tr>
<tr>
<td>6 V</td>
<td>7</td>
<td>Nursing Salary</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7 V</td>
<td>17</td>
<td>Administrative Salary - Mgmt Allo</td>
<td>650,236</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>48,000</td>
<td>(602,236)</td>
</tr>
<tr>
<td>8 V</td>
<td>19</td>
<td>Other Professional Fees</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>4,184</td>
<td>4,184</td>
</tr>
<tr>
<td>9 V</td>
<td>19</td>
<td>Accounting</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>266</td>
<td>266</td>
</tr>
<tr>
<td>10 V</td>
<td>5</td>
<td>Legal Fees</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>(1,251)</td>
<td>(1,251)</td>
</tr>
<tr>
<td>11 V</td>
<td>5</td>
<td>Data Processing</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>315</td>
<td>315</td>
</tr>
<tr>
<td>12 V</td>
<td>20</td>
<td>Dues, Licenses, &amp; Fees</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>13 V</td>
<td>21</td>
<td>Office Supplies</td>
<td>$</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>100.00%</td>
<td>7,939</td>
<td>7,939</td>
</tr>
<tr>
<td>14 Total</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>67,080</td>
<td>* (583,156)</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference of Related Organization Costs (7 minus 4)</th>
<th>Name of Related Organization</th>
<th>Amount</th>
<th>Cost to Related Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 V</td>
<td>21</td>
<td>Clerical Salaries</td>
<td>100.00%</td>
<td>$84,407</td>
<td>$(125,593)</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>16 V</td>
<td>24</td>
<td>Travel</td>
<td>100.00%</td>
<td>$360</td>
<td>$360</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>17 V</td>
<td>25</td>
<td>Education &amp; Seminars</td>
<td>100.00%</td>
<td>$358</td>
<td>$358</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>18 V</td>
<td>26</td>
<td>Insurance Expense</td>
<td>100.00%</td>
<td>$21,630</td>
<td>$21,630</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>19 V</td>
<td>27</td>
<td>Employee Benefits - Mgmt Alloc</td>
<td>100.00%</td>
<td>$586</td>
<td>$586</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>20 V</td>
<td>30</td>
<td>Depreciation Expense</td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>21 V</td>
<td>32</td>
<td>Interest Expense</td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>22 V</td>
<td>33</td>
<td>Real Estate Taxes</td>
<td>100.00%</td>
<td>$13,982</td>
<td>$13,982</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>23 V</td>
<td>34</td>
<td>Rent Expense</td>
<td>100.00%</td>
<td>$13,982</td>
<td>$13,982</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>24 V</td>
<td>35</td>
<td>Equipment Rental</td>
<td>100.00%</td>
<td>$586</td>
<td>$586</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>25 V</td>
<td>25</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>26 V</td>
<td>26</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>27 V</td>
<td>27</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>28 V</td>
<td>28</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>29 V</td>
<td>29</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>30 V</td>
<td>30</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>31 V</td>
<td>31</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>32 V</td>
<td>32</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>33 V</td>
<td>33</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>34 V</td>
<td>34</td>
<td></td>
<td>100.00%</td>
<td>$6</td>
<td>$6</td>
<td>Legacy Healthcare Financial Services, LLC</td>
<td>$210,000</td>
<td>$</td>
</tr>
<tr>
<td>35 V</td>
<td>35</td>
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</table>

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

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.

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<th>Schedule V Line</th>
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<td>Repairs &amp; Maintenance</td>
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</table>

* 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.

<table>
<thead>
<tr>
<th>Schedule V Line</th>
<th>Item Description</th>
<th>Percent Operating Cost</th>
<th>Cost Per General Ledger</th>
<th>Cost to Related Organization</th>
<th>Difference: Cost of Related Organization Costs (7 minus 4)</th>
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<tbody>
<tr>
<td>15 V 10 RN Salary</td>
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<td>16 V 19 Professional Fees</td>
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<td>17 V 20 Fees and Subscriptions</td>
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</table>

* 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.

X 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.

<table>
<thead>
<tr>
<th>Schedule V Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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<td>Astoria Real Properties, LLC</td>
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</table>

* Total must agree with the amount recorded on line 34 of Schedule VI.
### VII. RELATED PARTIES

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

<table>
<thead>
<tr>
<th>OWNERS</th>
<th>Ownership %</th>
<th>1. Name</th>
<th>City</th>
<th>2. Name</th>
<th>City</th>
<th>3. Type of Business</th>
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<td>Chaim Rajchenbach</td>
<td>Grove Lincoln Park Living &amp; Rehab Ctr.</td>
<td>Chicago</td>
<td>Legacy Healthcare</td>
<td>Skokie</td>
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<td>Menachem Shabat</td>
<td>Pine Acres Rehab &amp; Living Center</td>
<td>Dekalb</td>
<td>Financial Srvcs, LLC</td>
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<td>3</td>
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<td>Jack Rajchenback</td>
<td>Astoria Place Living &amp; Rehab</td>
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<td>Ronald Shabat</td>
<td>The Grove of Evanston</td>
<td>Evanston</td>
<td>Legacy Real</td>
<td>Skokie</td>
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<tr>
<td>5</td>
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<td>Menachem Berger</td>
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<td>Properties, LLC</td>
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<td>Management Co.</td>
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<td>Tower Hill Healthcare Center</td>
<td>South Elgin</td>
<td>JLR Management</td>
<td>Chicago</td>
<td>Management Co.</td>
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<td>Marengo</td>
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<td>22</td>
<td></td>
<td>The Fountain’s</td>
<td>Marion</td>
<td></td>
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</tr>
<tr>
<td>23</td>
<td></td>
<td>Friendship Care Center - Herrin</td>
<td>Herrin</td>
<td></td>
<td></td>
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<tr>
<td>24</td>
<td></td>
<td>City Care Center of Cobden</td>
<td>Combsden</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td></td>
<td>Ridgeway Manor</td>
<td>Ridgeway</td>
<td></td>
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</tr>
<tr>
<td>26</td>
<td></td>
<td>Sheridan Health Care Center</td>
<td>Zion</td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td></td>
<td>Oak Grove Rehab &amp; Skilled Care</td>
<td>Carbondale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
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<td>29</td>
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<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Ownership Interest</th>
<th>Compensation Received From Other Nursing Homes*</th>
<th>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
<th>Schedule V. Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Chaim Rajchenbach</td>
<td>Owner</td>
<td>Administrative</td>
<td>29.00</td>
<td>176,000</td>
<td>6 14.90</td>
<td>Mgmt. Salary $ 24,000</td>
<td>17(1) 1</td>
</tr>
<tr>
<td>2 Menachem Shabat</td>
<td>Owner</td>
<td>Administrative</td>
<td>29.00</td>
<td>176,000</td>
<td>6 14.90</td>
<td>Mgmt. Salary $ 24,000</td>
<td>17(1) 2</td>
</tr>
</tbody>
</table>

TOTAL $ 48,000

* 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 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.
### 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.)

<table>
<thead>
<tr>
<th>Reference</th>
<th>Schedule V Item</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary Cost Contained in Column 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dietary</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>980</td>
<td>90,860</td>
</tr>
<tr>
<td>2</td>
<td>Housekeeping Salaries</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>9,260</td>
<td>939</td>
</tr>
<tr>
<td>3</td>
<td>Housekeeping Supplies</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>110</td>
<td>110</td>
</tr>
<tr>
<td>4</td>
<td>Utilities</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>18,766</td>
<td>1,964</td>
</tr>
<tr>
<td>5</td>
<td>Repairs &amp; Maintenance</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>4,083</td>
<td>4,572</td>
</tr>
<tr>
<td>6</td>
<td>Nursing Salary</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>59,860</td>
</tr>
<tr>
<td>7</td>
<td>Administrative Salary - Mgmt Alloc</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>400,000</td>
<td>48,000</td>
</tr>
<tr>
<td>8</td>
<td>Other Professional Fees</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>34,648</td>
<td>3,514</td>
</tr>
<tr>
<td>9</td>
<td>Accounting</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Legal Fees</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Data Processing</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Dues, Licenses, &amp; Fees</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>493</td>
<td>50</td>
</tr>
<tr>
<td>13</td>
<td>Office Supplies</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>59,860</td>
</tr>
<tr>
<td>14</td>
<td>Clerical Salaries</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>910,553</td>
<td>92,346</td>
</tr>
<tr>
<td>15</td>
<td>Travel</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>3,552</td>
<td>3,514</td>
</tr>
<tr>
<td>16</td>
<td>Education &amp; Seminars</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Insurance Expense</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>3,555</td>
<td>357</td>
</tr>
<tr>
<td>18</td>
<td>Employee Benefits - Mgmt Alloc</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>213,280</td>
<td>21,630</td>
</tr>
<tr>
<td>19</td>
<td>Depreciation Expense</td>
<td>Bed Days Available</td>
<td>590,233</td>
<td>12</td>
<td>5,774</td>
<td>586</td>
</tr>
<tr>
<td>20</td>
<td>Amortization Expense</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>62</td>
<td>6</td>
</tr>
<tr>
<td>21</td>
<td>Real Estate Taxes</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Rent Expense</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>137,855</td>
<td>13,981</td>
</tr>
<tr>
<td>23</td>
<td>Equipment Rental</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,784,461</td>
<td>188,408</td>
</tr>
</tbody>
</table>

**TOTALS**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Line</th>
<th>Reference</th>
<th>Item Description</th>
<th>Units of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>Facility Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21</td>
<td>Clerical Salaries</td>
<td>Patient Days</td>
<td>590,233</td>
<td>12</td>
<td>910,553</td>
<td>1,784,461</td>
<td>188,408</td>
<td></td>
</tr>
</tbody>
</table>

B. Show the allocation of costs below. If necessary, please attach worksheets.
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 [x] NO [ ]

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

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>Item Description</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, etc.)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary CostContained in Column 6</th>
<th>Facility Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>RN Salary</td>
<td>Patient Days</td>
<td>465,768</td>
<td>10</td>
<td>$265,681</td>
<td>$265,681</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>Professional Fees</td>
<td>Patient Days</td>
<td>465,768</td>
<td>10</td>
<td>$1,681</td>
<td>$1,681</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>Fees and Subscriptions</td>
<td>Patient Days</td>
<td>465,768</td>
<td>10</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>4</td>
<td>21</td>
<td>Clerical &amp; General Office</td>
<td>Patient Days</td>
<td>465,768</td>
<td>10</td>
<td>$472</td>
<td>$472</td>
</tr>
<tr>
<td>5</td>
<td>22</td>
<td>Emp Ben - Nursing</td>
<td>Patient Days</td>
<td>465,768</td>
<td>10</td>
<td>$21,767</td>
<td>$21,767</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
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</tr>
<tr>
<td>24</td>
<td>25</td>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td>$289,851</td>
<td>$265,681</td>
</tr>
</tbody>
</table>

HFS 3745 (N-4-99) IL478-2471
IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period</th>
<th>Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Directly Facility Related</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Long-Term</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 The Private Bank</td>
<td>X</td>
<td>Back up CD</td>
<td>$1,008.33</td>
<td>03/03/10</td>
<td>$500,000</td>
<td>02/02/11</td>
<td>0.0220</td>
<td>9,962</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>B. Non-Facility Related*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Allocation from management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52,379</td>
<td>10</td>
</tr>
<tr>
<td>11 Interest on Insurance Financing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,719</td>
<td>11</td>
</tr>
<tr>
<td>12 Interest Due from Grove HC Prop.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>13 Interest income offset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3,391)</td>
<td>13</td>
</tr>
<tr>
<td>14 TOTAL Non-Facility Related</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50,713</td>
<td>14</td>
</tr>
<tr>
<td>15 TOTALS (line 9+line14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90,679</td>
<td>15</td>
</tr>
</tbody>
</table>

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

* 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.)

HFS 3745 (N-4-99) IL478-2471
## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

### B. Real Estate Taxes

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Real Estate Tax accrual used on 2010 report.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 147,000</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>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.)</td>
<td>2011 $ 177,486</td>
</tr>
<tr>
<td>3.</td>
<td>Under or (over) accrual (line 2 minus line 1).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 30,486</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 183,000</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 213,486</td>
<td>6</td>
</tr>
<tr>
<td>7.</td>
<td>Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 213,486</td>
<td>7</td>
</tr>
</tbody>
</table>

### Real Estate Tax History:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td><strong>146,865</strong></td>
<td>12</td>
</tr>
</tbody>
</table>

### Accrual based on unpaid 2011 taxes due in 2012

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### FOR BHF USE ONLY

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>FROM R. E. TAX STATEMENT FOR 2010</td>
<td>$</td>
</tr>
<tr>
<td>14</td>
<td>PLUS APPEAL COST FROM LINE 5</td>
<td>$</td>
</tr>
<tr>
<td>15</td>
<td>LESS REFUND FROM LINE 6</td>
<td>$</td>
</tr>
<tr>
<td>16</td>
<td>AMOUNT TO USE FOR RATE CALCULATION</td>
<td>$</td>
</tr>
</tbody>
</table>

### 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.
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.

<table>
<thead>
<tr>
<th>Tax Index Number</th>
<th>Property Description</th>
<th>Total Tax</th>
<th>Tax Applicable to Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-01-107-030-0000</td>
<td>$80,776.00</td>
<td>$80,776.00</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

TOTALS: $80,776.00 $80,776.00

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: 50,536

B. General Construction Type: Exterior Brick Frame Wood

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 X No

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Square Feet</td>
<td>Year Acquired</td>
<td>Cost</td>
</tr>
<tr>
<td>1</td>
<td>Allocated from Legacy Real Properties</td>
<td></td>
<td>$8,297</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>$8,297</td>
</tr>
<tr>
<td>3</td>
<td>TOTALS</td>
<td></td>
<td>$8,297</td>
</tr>
</tbody>
</table>
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door System and Locks</td>
<td>2010</td>
<td>6,590</td>
<td>10</td>
<td>659</td>
<td>659</td>
<td>987</td>
</tr>
<tr>
<td>Roofing</td>
<td>2010</td>
<td>10,125</td>
<td>10</td>
<td>1,013</td>
<td>1,013</td>
<td>1,518</td>
</tr>
<tr>
<td>Landscape Irrigation System</td>
<td>2010</td>
<td>6,580</td>
<td>10</td>
<td>650</td>
<td>650</td>
<td>975</td>
</tr>
<tr>
<td>Resident Room Built-in Furniture</td>
<td>2010</td>
<td>84,920</td>
<td>15</td>
<td>5,661</td>
<td>5,661</td>
<td>8,493</td>
</tr>
<tr>
<td>Office Furniture</td>
<td>2010</td>
<td>6,071</td>
<td>15</td>
<td>405</td>
<td>405</td>
<td>606</td>
</tr>
<tr>
<td>Carpeting</td>
<td>2010</td>
<td>15,513</td>
<td>5</td>
<td>3,103</td>
<td>3,103</td>
<td>4,653</td>
</tr>
<tr>
<td>Fire Alarm System</td>
<td>2010</td>
<td>19,877</td>
<td>10</td>
<td>1,988</td>
<td>1,988</td>
<td>2,982</td>
</tr>
<tr>
<td>Electrical</td>
<td>2010</td>
<td>17,950</td>
<td>20</td>
<td>896</td>
<td>896</td>
<td>1,344</td>
</tr>
<tr>
<td>Admin Bathroom</td>
<td>2010</td>
<td>8,350</td>
<td>20</td>
<td>422</td>
<td>422</td>
<td>633</td>
</tr>
<tr>
<td>Millwork</td>
<td>2010</td>
<td>59,488</td>
<td>15</td>
<td>3,966</td>
<td>3,966</td>
<td>5,949</td>
</tr>
<tr>
<td>Painting and drywall</td>
<td>2010</td>
<td>16,878</td>
<td>5</td>
<td>3,376</td>
<td>3,376</td>
<td>5,064</td>
</tr>
<tr>
<td>Waterfountain</td>
<td>2010</td>
<td>1,275</td>
<td>10</td>
<td>128</td>
<td>128</td>
<td>192</td>
</tr>
<tr>
<td>Improvements</td>
<td>2010</td>
<td>26,520</td>
<td>20</td>
<td>1,326</td>
<td>1,326</td>
<td>1,989</td>
</tr>
<tr>
<td>Therapy Room Remodel</td>
<td>2010</td>
<td>10,375</td>
<td>20</td>
<td>519</td>
<td>519</td>
<td>777</td>
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<tr>
<td>Plumbing</td>
<td>2010</td>
<td>23,585</td>
<td>20</td>
<td>1,179</td>
<td>1,179</td>
<td>1,770</td>
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<tr>
<td>Tile and Installation</td>
<td>2010</td>
<td>40,616</td>
<td>10</td>
<td>4,062</td>
<td>4,062</td>
<td>6,093</td>
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<tr>
<td>Grease Trap</td>
<td>2010</td>
<td>14,150</td>
<td>10</td>
<td>1,415</td>
<td>1,415</td>
<td>2,124</td>
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<tr>
<td>Phone System</td>
<td>2010</td>
<td>7,000</td>
<td>10</td>
<td>700</td>
<td>700</td>
<td>1,050</td>
</tr>
<tr>
<td>Elevator</td>
<td>2010</td>
<td>3,874</td>
<td>20</td>
<td>194</td>
<td>194</td>
<td>291</td>
</tr>
<tr>
<td>Windows</td>
<td>2010</td>
<td>209,850</td>
<td>20</td>
<td>10,493</td>
<td>10,493</td>
<td>15,738</td>
</tr>
<tr>
<td>1st Floor Rehab</td>
<td>2010</td>
<td>111,411</td>
<td>20</td>
<td>5,571</td>
<td>5,571</td>
<td>8,555</td>
</tr>
<tr>
<td>Satellite</td>
<td>2010</td>
<td>12,590</td>
<td>10</td>
<td>1,250</td>
<td>1,250</td>
<td>1,875</td>
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<tr>
<td>PT Room</td>
<td>2010</td>
<td>13,247</td>
<td>10</td>
<td>1,325</td>
<td>1,325</td>
<td>1,986</td>
</tr>
<tr>
<td>Window Drapes</td>
<td>2010</td>
<td>31,707</td>
<td>5</td>
<td>6,341</td>
<td>6,341</td>
<td>9,513</td>
</tr>
<tr>
<td>Resident Room &amp; Rehab</td>
<td>2010</td>
<td>56,575</td>
<td>20</td>
<td>2,828</td>
<td>2,828</td>
<td>4,242</td>
</tr>
<tr>
<td>Electronic</td>
<td>2010</td>
<td>16,365</td>
<td>20</td>
<td>813</td>
<td>813</td>
<td>1,221</td>
</tr>
<tr>
<td>Family Dining</td>
<td>2010</td>
<td>7,000</td>
<td>20</td>
<td>350</td>
<td>350</td>
<td>525</td>
</tr>
<tr>
<td>Rehab Bathrooms</td>
<td>2010</td>
<td>7,808</td>
<td>10</td>
<td>781</td>
<td>781</td>
<td>1,170</td>
</tr>
</tbody>
</table>

*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.
### Building and Improvement Costs-Including Fixed Equipment

**Round all numbers to nearest dollar.**

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>2010</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall covering</td>
<td>$14,943</td>
<td>$2,988</td>
<td>$4,482</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs</td>
<td>$24,203</td>
<td>$2,988</td>
<td>$4,482</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Fixtures</td>
<td>$7,475</td>
<td>$748</td>
<td>$1,122</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window Guards</td>
<td>$3,800</td>
<td>$190</td>
<td>$285</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Fence</td>
<td>$23,922</td>
<td>$1,595</td>
<td>$3,291</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Libraries</td>
<td>$36,204</td>
<td>$1,810</td>
<td>$2,715</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuckpointing</td>
<td>$7,315</td>
<td>$365</td>
<td>$549</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Architectural Design</td>
<td>$1,257</td>
<td>$125</td>
<td>$186</td>
<td>44</td>
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<td></td>
</tr>
<tr>
<td>Nurses Station</td>
<td>$14,408</td>
<td>$933</td>
<td>$1,404</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Fire Pump</td>
<td>$4,236</td>
<td>$212</td>
<td>$318</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrance Rehab (doors, automatic entrance, sconces and tile)</td>
<td>$37,684</td>
<td>$3,768</td>
<td>$5,052</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor Rehab (hand rails, carpeting)</td>
<td>$17,471</td>
<td>$858</td>
<td>$1,287</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking Lot</td>
<td>$5,491</td>
<td>$549</td>
<td>$825</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping</td>
<td>$28,850</td>
<td>$2,885</td>
<td>$4,291</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Pump Repairs</td>
<td>$2,965</td>
<td>$74</td>
<td>$118</td>
<td>51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor Corridor Rehab</td>
<td>$24,879</td>
<td>$622</td>
<td>$622</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 New Elevators</td>
<td>$6,781</td>
<td>$170</td>
<td>$170</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbing Maintenance</td>
<td>$3,598</td>
<td>$90</td>
<td>$90</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dayroom - Roller Shades, Dining Room - Table Cloths</td>
<td>$4,281</td>
<td>$428</td>
<td>$428</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handrail End Caps, Rollershades, Elevator Floor (Removed Old, In</td>
<td>$10,790</td>
<td>$1,079</td>
<td>$1,079</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location and Room Signs</td>
<td>$5,927</td>
<td>$296</td>
<td>$296</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location and Room Signs</td>
<td>$6,082</td>
<td>$304</td>
<td>$304</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehab Room Renovation</td>
<td>$10,000</td>
<td>$250</td>
<td>$250</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back-Up Generator Upkeep</td>
<td>$5,100</td>
<td>$78</td>
<td>$78</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehab Room Renovation (#2)</td>
<td>$19,350</td>
<td>$484</td>
<td>$484</td>
<td>61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehab Room Renovation (#3)</td>
<td>$9,400</td>
<td>$235</td>
<td>$235</td>
<td>62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevator Maintenance</td>
<td>$2,930</td>
<td>$75</td>
<td>$75</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bod depreciation</td>
<td>$84,091</td>
<td>$88,593</td>
<td>$4,502</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated from Legacy Real Properties</td>
<td>$63,386</td>
<td>$1,451</td>
<td>$3,253</td>
<td>68</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 4 thru 69)</td>
<td>$1,310,377</td>
<td>$84,091</td>
<td>$88,593</td>
<td>70</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**STATE OF ILLINOIS**

**Facility Name & ID Number:** Astoria Place Living & Rehab # 0050799

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

**XL. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.)**

---

**HFS 3745 (N-4-99)**  **IL478-2471**
C. Equipment Costs-Excluding Transportation. (See instructions.)

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in Prior Years</td>
<td>71</td>
<td>$179,008</td>
<td>$37,952</td>
<td>$35,373</td>
<td>$2,579</td>
<td>3-7 yrs</td>
</tr>
<tr>
<td>Current Year Purchases</td>
<td>72</td>
<td>$15,593</td>
<td>$1,559</td>
<td>$1,559</td>
<td></td>
<td>5 yrs</td>
</tr>
<tr>
<td>Fully Depreciated Assets</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Attached Schedule 13A</td>
<td>74</td>
<td>$19,215</td>
<td>$2,343</td>
<td>$2,343</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>75</td>
<td>$213,816</td>
<td>$39,511</td>
<td>$39,275</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Vehicle Costs. (See instructions.)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>77</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>79</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>80</td>
</tr>
</tbody>
</table>

E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>Reference</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Total Historical Cost</td>
<td>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)</td>
<td>$1,532,490</td>
</tr>
<tr>
<td>82 Current Book Depreciation</td>
<td>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)</td>
<td>$123,602</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)</td>
<td>$127,868</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)</td>
<td>$4,266</td>
</tr>
<tr>
<td>85 Accumulated Depreciation</td>
<td>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)</td>
<td>$192,282</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description &amp; Year Acquired</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>87</td>
<td>$</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td></td>
<td>88</td>
<td>$</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>89</td>
<td>$</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>91</td>
</tr>
</tbody>
</table>

G. Construction-in-Progress

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>$</td>
<td>N/A</td>
</tr>
<tr>
<td>93</td>
<td>$</td>
<td>93</td>
</tr>
<tr>
<td>94</td>
<td>$</td>
<td>94</td>
</tr>
<tr>
<td>95</td>
<td>$</td>
<td>95</td>
</tr>
</tbody>
</table>

* 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.
## Astoria Place Living & Rehab Center
### FYE: 12/31/2011
#### Schedule 13A

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Component Life</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation from LHFS, Inc</td>
<td>2,475</td>
<td></td>
<td>587</td>
<td>7</td>
<td></td>
<td>619</td>
</tr>
<tr>
<td>Allocated from Legacy Real Properties</td>
<td>16,740</td>
<td></td>
<td>1,756</td>
<td>7</td>
<td></td>
<td>2,963</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>19,215</td>
<td></td>
<td>2,343</td>
<td>-</td>
<td></td>
<td><strong>3,582</strong></td>
</tr>
</tbody>
</table>
XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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. [X] YES [ ] NO

<table>
<thead>
<tr>
<th>1 Year Constructed</th>
<th>2 Number of Beds</th>
<th>3 Original Lease Date</th>
<th>4 Rental Amount</th>
<th>5 Total Years of Lease</th>
<th>6 Total Years Renewal Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Building:</td>
<td>1974</td>
<td>164</td>
<td>01/01/2011</td>
<td>$838,040</td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated from Legacy Real Properties, LLC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>164</td>
<td></td>
<td>$852,021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: [X] YES [ ] NO Terms: *

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

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

16. Rental Amount for movable equipment: $52,050 Description: Nursing - $51298; Postage Machine - $752

(Check a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

17 N/A | $ | $ | 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.
STATE OF ILLINOIS  

Facility Name & ID Number: Astoria Place Living & Rehab # 0050799  
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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?  
   YES  NO  
   It is the policy of this facility to only hire certified nurses aids. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:  
   3. CLINICAL PORTION:

   X IN-HOUSE PROGRAM  
   COMMUNITY COLLEGE

   IN OTHER FACILITY  
   HOURS PER CNA

B. EXPENSES

<table>
<thead>
<tr>
<th>ALLOCATION OF COSTS</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Community College Tuition</td>
<td>$</td>
</tr>
<tr>
<td>2 Books and Supplies</td>
<td></td>
</tr>
<tr>
<td>3 Classroom Wages</td>
<td>(a)</td>
</tr>
<tr>
<td>4 Clinical Wages</td>
<td>(b)</td>
</tr>
<tr>
<td>5 In-House Trainer Wages</td>
<td>(c)</td>
</tr>
<tr>
<td>6 Transportation</td>
<td></td>
</tr>
<tr>
<td>7 Contractual Payments</td>
<td></td>
</tr>
<tr>
<td>8 CNA Competency Tests</td>
<td></td>
</tr>
<tr>
<td>9 TOTALS</td>
<td>$</td>
</tr>
<tr>
<td>10 SUM OF line 9, col. 1 and 2</td>
<td>(e)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-outs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Completed</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Contract</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DROP-OUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL TRAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities</td>
</tr>
</tbody>
</table>

(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 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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>Staff</th>
<th>Units of Service</th>
<th>Cost</th>
<th>Outside Practitioner (other than consultant)</th>
<th>Supplies (Actual or Allocated)</th>
<th>Total Units (Column 2 + 4)</th>
<th>Total Cost (Col. 3 + 5 + 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Licensed Occupational Therapist</td>
<td>L10A, C3</td>
<td>hrs</td>
<td>$13,686</td>
<td>$273,722</td>
<td></td>
<td></td>
<td>$13,686</td>
<td>$273,722</td>
</tr>
<tr>
<td>2 Licensed Speech and Language Development Therapist</td>
<td>L10A, C3</td>
<td>hrs</td>
<td>$3,536</td>
<td>$70,724</td>
<td></td>
<td></td>
<td>$3,536</td>
<td>$70,724</td>
</tr>
<tr>
<td>3 Licensed Recreational Therapist</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Licensed Physical Therapist</td>
<td>L10A, C3</td>
<td>hrs</td>
<td>$17,888</td>
<td>$357,750</td>
<td></td>
<td></td>
<td>$17,888</td>
<td>$357,750</td>
</tr>
<tr>
<td>5 Physician Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Work Related Program</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Habilitation</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Pharmacy</td>
<td>L39(2)</td>
<td># of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Psychological Services (Evaluation and Diagnosis/ Behavior Modification)</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Academic Education</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>$35,110</td>
<td>$702,196</td>
<td>$310,213</td>
<td>$35,110</td>
<td>$1,012,409</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Cash on Hand and in Banks</td>
<td>$505,998</td>
<td>$505,998</td>
</tr>
<tr>
<td>2 Cash-Patient Deposits</td>
<td>15,834</td>
<td>15,834</td>
</tr>
<tr>
<td>3 Accounts &amp; Short-Term Notes Receivable-Patients (less allowance 167,588)</td>
<td>3,036,239</td>
<td>3,036,239</td>
</tr>
<tr>
<td>4 Supply Inventory (priced at )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Short-Term Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Prepaid Insurance</td>
<td>23,278</td>
<td>25,753</td>
</tr>
<tr>
<td>7 Other Prepaid Expenses</td>
<td>7,895</td>
<td>7,895</td>
</tr>
<tr>
<td>8 Accounts Receivable (owners or related parties)</td>
<td>2,098</td>
<td>2,098</td>
</tr>
<tr>
<td>9 Other(specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Current Assets (sum of lines 1 thru 9)</td>
<td>$3,985,819</td>
<td>$3,988,294</td>
</tr>
<tr>
<td>B. Long-Term Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Long-Term Notes Receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Long-Term Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Land</td>
<td>8,297</td>
<td></td>
</tr>
<tr>
<td>13 Buildings, at Historical Cost</td>
<td>59,822</td>
<td></td>
</tr>
<tr>
<td>14 Leasehold Improvements, at Historical Cost</td>
<td>1,176,236</td>
<td>1,250,555</td>
</tr>
<tr>
<td>15 Equipment, at Historical Cost</td>
<td>216,098</td>
<td>213,816</td>
</tr>
<tr>
<td>16 Accumulated Depreciation (book methods)</td>
<td>(181,719)</td>
<td>(192,282)</td>
</tr>
<tr>
<td>17 Deferred Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Organization &amp; Pre-Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Restricted Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Other Long-Term Assets (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other(specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Long-Term Assets (sum of lines 11 thru 23)</td>
<td>$1,210,615</td>
<td>$1,340,208</td>
</tr>
<tr>
<td>TOTAL ASSETS (sum of lines 10 and 24)</td>
<td>$5,196,434</td>
<td>$5,328,502</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Accounts Payable</td>
<td>$327,827</td>
<td>$327,827</td>
</tr>
<tr>
<td>27 Office's Accounts Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Accounts Payable-Patient Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Short-Term Notes Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Accrued Salaries Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accrued Taxes Payable (excluding real estate taxes)</td>
<td>183,000</td>
<td>183,000</td>
</tr>
<tr>
<td>32 Accrued Real Estate Taxes(Sch.IX-B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Accrued Interest Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Deferred Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Federal and State Income Taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Other Current Liabilities(specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Current Liabilities (sum of lines 26 thru 37)</td>
<td>$2,097,515</td>
<td>$2,097,515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Long-Term Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</td>
<td>$1,925,000</td>
<td>$1,925,000</td>
</tr>
<tr>
<td>39 Long-Term Notes Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Mortgage Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Bonds Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Deferred Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other Long-Term Liabilities(specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Long-Term Liabilities AND EQUITY (sum of lines 46 and 47)</td>
<td>$5,196,434</td>
<td>$5,328,502</td>
</tr>
</tbody>
</table>

*(See instructions.)
### Schedule 17A

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Operating</th>
<th>Consolidation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Security Deposits</strong></td>
<td>2,587</td>
<td>2,587</td>
</tr>
<tr>
<td></td>
<td><strong>Due to Medicare</strong></td>
<td>336,114</td>
<td>336,114</td>
</tr>
<tr>
<td></td>
<td><strong>Leg Charity</strong></td>
<td>2,582</td>
<td>2,582</td>
</tr>
<tr>
<td></td>
<td><strong>IL B L F</strong></td>
<td>44,772</td>
<td>44,772</td>
</tr>
<tr>
<td></td>
<td><strong>State UC tax</strong></td>
<td>8,422</td>
<td>8,422</td>
</tr>
<tr>
<td>9</td>
<td><strong>Total</strong></td>
<td>394,477</td>
<td>394,477</td>
</tr>
<tr>
<td></td>
<td><strong>Refund-Transfer</strong></td>
<td>3,973</td>
<td>3,973</td>
</tr>
<tr>
<td></td>
<td><strong>Accrued Management Fee</strong></td>
<td>123,071</td>
<td>123,071</td>
</tr>
<tr>
<td></td>
<td><strong>Federal UC Tax</strong></td>
<td>536</td>
<td>536</td>
</tr>
<tr>
<td></td>
<td><strong>Accrued FICA</strong></td>
<td>11,551</td>
<td>11,551</td>
</tr>
<tr>
<td></td>
<td><strong>T/F GHCP</strong></td>
<td>1,206</td>
<td>1,206</td>
</tr>
<tr>
<td></td>
<td><strong>Allocation due LHFS</strong></td>
<td>17,966</td>
<td>17,966</td>
</tr>
<tr>
<td></td>
<td><strong>LP</strong></td>
<td>995</td>
<td>995</td>
</tr>
<tr>
<td>36</td>
<td><strong>Total to L 36</strong></td>
<td>159,298</td>
<td>159,298</td>
</tr>
<tr>
<td></td>
<td><strong>AHCP</strong></td>
<td>640,557</td>
<td>640,557</td>
</tr>
<tr>
<td></td>
<td><strong>HDSI Retainer</strong></td>
<td>419,616</td>
<td>419,616</td>
</tr>
<tr>
<td>37</td>
<td><strong>Total to L 37</strong></td>
<td>1,060,173</td>
<td>1,060,173</td>
</tr>
</tbody>
</table>
# Statement of Changes in Equity

## A. Additions (deductions):

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Net Income (Loss) (from page 19, line 43)</td>
<td>1,373,919</td>
</tr>
<tr>
<td>8 Acquisitions of Pooled Companies</td>
<td></td>
</tr>
<tr>
<td>9 Proceeds from Sale of Stock</td>
<td></td>
</tr>
<tr>
<td>10 Stock Options Exercised</td>
<td></td>
</tr>
<tr>
<td>11 Contributions and Grants</td>
<td></td>
</tr>
<tr>
<td>12 Expenditures for Specific Purposes</td>
<td></td>
</tr>
<tr>
<td>13 Dividends Paid or Other Distributions to Owners</td>
<td>(200,000)</td>
</tr>
<tr>
<td>14 Donated Property, Plant, and Equipment</td>
<td></td>
</tr>
<tr>
<td>15 Other (describe)</td>
<td></td>
</tr>
<tr>
<td>16 Other (describe)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL Additions (deductions) (sum of lines 7-16)</strong></td>
<td><strong>1,173,919</strong></td>
</tr>
</tbody>
</table>

## B. Transfers (Itemize):

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL Transfers (sum of lines 18-22)</strong></td>
<td><strong>1,173,919</strong></td>
</tr>
</tbody>
</table>

**Balance at End of Year (sum of lines 6 + 17 + 23)**: $1,173,919

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Inpatient Care</td>
<td>$8,975,444</td>
</tr>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$3,826,443</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>$2,149,124</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$9,948,892</td>
</tr>
<tr>
<td>B. Ancillary Revenue</td>
<td>$2,344,394</td>
</tr>
<tr>
<td>4 Day Care</td>
<td>$43,160,459</td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
<td>$1,234,144</td>
</tr>
<tr>
<td>6 Therapy</td>
<td>$909,610</td>
</tr>
<tr>
<td>7 Oxygen</td>
<td>$36,050</td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$1,160,459</td>
</tr>
<tr>
<td>C. Other Operating Revenue</td>
<td>$346,624</td>
</tr>
<tr>
<td>9 Payments for Education</td>
<td>$26,115</td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td>$21</td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td>$19</td>
</tr>
<tr>
<td>12 Gift and Coffee Shop</td>
<td>$19</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td>$13</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td>$17</td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td>$17</td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
<td>$17</td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
<td>$320,500</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td>$320,500</td>
</tr>
<tr>
<td>19 Laboratory</td>
<td>$320,500</td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td>$320,500</td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td>$320,500</td>
</tr>
<tr>
<td>22 Laundry</td>
<td>$320,500</td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$346,624</td>
</tr>
<tr>
<td>D. Non-Operating Revenue</td>
<td>$3,391</td>
</tr>
<tr>
<td>24 Contributions</td>
<td>$3,391</td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
<td>$3,391</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$3,391</td>
</tr>
<tr>
<td>E. Other Revenue (specify):****</td>
<td>$3,391</td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td>$29</td>
</tr>
<tr>
<td>28 Subtotal Other Revenue (lines 27, 28 and 28a)</td>
<td>$29</td>
</tr>
<tr>
<td>30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$11,459,366</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Operating Expenses</td>
<td>$1,442,183</td>
</tr>
<tr>
<td>31 General Services</td>
<td>$4,122,116</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>$2,344,394</td>
</tr>
<tr>
<td>B. Capital Expense</td>
<td>$1,267,144</td>
</tr>
<tr>
<td>34 Ownership</td>
<td>$909,610</td>
</tr>
<tr>
<td>C. Ancillary Expense</td>
<td>$36</td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>$36</td>
</tr>
<tr>
<td>D. Other Expenses (specify):</td>
<td>$39</td>
</tr>
<tr>
<td>37</td>
<td>$39</td>
</tr>
<tr>
<td>38</td>
<td>$39</td>
</tr>
<tr>
<td>39</td>
<td>$39</td>
</tr>
<tr>
<td>40 TOTAL EXPENSES (sum of lines 31 thru 39)*</td>
<td>$10,085,447</td>
</tr>
<tr>
<td>41 Income before Income Taxes (line 30 minus line 40)**</td>
<td>$1,373,919</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td>$1,373,919</td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>$1,373,919</td>
</tr>
</tbody>
</table>

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

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.
## XVIII. STAFFING AND SALARY COSTS

(These must cover the entire reporting period.)

### B. CONSULTANT SERVICES

<table>
<thead>
<tr>
<th>Line</th>
<th>Number of Hrs.</th>
<th>Total Consultant Cost for Reporting Period</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>368</td>
<td>$18,392</td>
<td>(3) 35</td>
</tr>
<tr>
<td>36</td>
<td>Monthly</td>
<td>43,200</td>
<td>(3) 36</td>
</tr>
<tr>
<td>37</td>
<td>80</td>
<td>3,768</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Monthly</td>
<td>27,000</td>
<td>10(3) 38</td>
</tr>
<tr>
<td>39</td>
<td>39</td>
<td>7,381</td>
<td>10(3) 39</td>
</tr>
<tr>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Monthly</td>
<td>2,688</td>
<td>11(3) 44</td>
</tr>
<tr>
<td>45</td>
<td>89</td>
<td>5,191</td>
<td>12(3) 45</td>
</tr>
<tr>
<td>46</td>
<td>Monthly</td>
<td>48,000</td>
<td>10(3) 46</td>
</tr>
<tr>
<td>47</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>537</td>
<td>155,620</td>
<td>49</td>
</tr>
</tbody>
</table>

### C. CONTRACT NURSES

<table>
<thead>
<tr>
<th>Line</th>
<th>Number of Hrs.</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
<td>$720</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td></td>
<td>$720</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td></td>
<td>1,260</td>
<td>10(3) 52</td>
</tr>
<tr>
<td>53</td>
<td>63</td>
<td>1,260</td>
<td>53</td>
</tr>
</tbody>
</table>

* This total must agree with page 4, column 1, line 45. ** See instructions.
## XIX. SUPPORT SCHEDULES

### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mordechai Polstein</td>
<td>Administrator</td>
<td>100</td>
<td>$167,846</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$52,010</td>
</tr>
</tbody>
</table>

### D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Insurance</td>
<td>$150,884</td>
</tr>
<tr>
<td>Unemployment Compensation Insurance</td>
<td>$67,770</td>
</tr>
<tr>
<td>FICA Taxes</td>
<td>$308,144</td>
</tr>
<tr>
<td>Employee Health Insurance</td>
<td>$171,583</td>
</tr>
<tr>
<td>Employee Meals</td>
<td>$10,431</td>
</tr>
<tr>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
<td>$3,655</td>
</tr>
<tr>
<td>Employee Physicals</td>
<td>$2,150</td>
</tr>
<tr>
<td>Union Pension</td>
<td>$30,550</td>
</tr>
<tr>
<td>Uniforms</td>
<td>$10,431</td>
</tr>
</tbody>
</table>

### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation from Legacy Healthcare</td>
<td>$21,630</td>
</tr>
<tr>
<td>Allocation from Progressive Healthcare</td>
<td>$2,797</td>
</tr>
<tr>
<td>Less: Public Relations Expense</td>
<td>(        )</td>
</tr>
<tr>
<td>Non-allowable advertising</td>
<td>(        )</td>
</tr>
<tr>
<td>Yellow page advertising</td>
<td>(        )</td>
</tr>
</tbody>
</table>

### C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSM McGladrey</td>
<td>Accounting</td>
<td>$19,185</td>
</tr>
<tr>
<td>McGladrey &amp; Pullen</td>
<td>Accounting</td>
<td>$16,090</td>
</tr>
<tr>
<td>Meyer Magence</td>
<td>Legal</td>
<td>$3,500</td>
</tr>
<tr>
<td>Skidelsky &amp; Associates</td>
<td>Legal</td>
<td>$185</td>
</tr>
<tr>
<td>Stone McGuire &amp; Siegal</td>
<td>Legal</td>
<td>$2,965</td>
</tr>
<tr>
<td>Much Shelist</td>
<td>Legal</td>
<td>$1,716</td>
</tr>
<tr>
<td>Sheryl E Fuhr &amp; Associates</td>
<td>Legal</td>
<td>$5,145</td>
</tr>
<tr>
<td>MTS Consulting</td>
<td>Legal</td>
<td>$1,666</td>
</tr>
<tr>
<td>Scott &amp; Krause</td>
<td>Legal</td>
<td>$795</td>
</tr>
<tr>
<td>See Sch21A</td>
<td>Various</td>
<td>$136,588</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$18,420</td>
</tr>
</tbody>
</table>

### E. Schedule of Non-Cash Compensation Paid to Owners or Employees

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-State Travel</td>
<td>$</td>
</tr>
<tr>
<td>In-State Travel</td>
<td>$</td>
</tr>
<tr>
<td>Seminar Expense</td>
<td>$845</td>
</tr>
<tr>
<td>Allocation from Legacy Healthcare</td>
<td>$360</td>
</tr>
<tr>
<td>Entertainment Expense</td>
<td>(        )</td>
</tr>
</tbody>
</table>

### F. Dues, Fees, Subscriptions and Promotions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPH License Fee</td>
<td>$131</td>
</tr>
<tr>
<td>Advertising: Employee Recruitment</td>
<td>$494</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td>(        )</td>
</tr>
<tr>
<td>(Indicate # of checks performed)</td>
<td>(        )</td>
</tr>
<tr>
<td>Patient Background Checks</td>
<td>$691</td>
</tr>
<tr>
<td>Miscellaneous Licenses &amp; Fees</td>
<td>$3,655</td>
</tr>
<tr>
<td>H. Council on Long Term Care Dues</td>
<td>$20,492</td>
</tr>
<tr>
<td>Allocation from Astoria Real Prop.</td>
<td>$523</td>
</tr>
<tr>
<td>Allocation from Legacy Healthcare</td>
<td>$75</td>
</tr>
<tr>
<td>Allocation from Progressive Healthcare</td>
<td>$32</td>
</tr>
</tbody>
</table>

### G. Schedule of Travel and Seminar**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminar Expense</td>
<td>$845</td>
</tr>
<tr>
<td>Allocation from Legacy Healthcare</td>
<td>$360</td>
</tr>
</tbody>
</table>

### TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL (agree to Schedule V, line 17, col.1)</td>
<td>$219,856</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 22, col.8)</td>
<td>$766,939</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 20, col.8)</td>
<td>$35,409</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 19, column 3)</td>
<td>$206,255</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 24, col.8)</td>
<td>$1,205</td>
</tr>
</tbody>
</table>

* Attach copy of IMRF notifications
**See instructions.
### Vendor | Type | Amount
---|---|---
ML Enterprises | Purchasing | 3,500
Rabbi Mel Lifics | Religious | 8,000
ITT Source tech | Dietary | 703
Margaret Chizek | Elder Care Service | 488
Singer etsworks | Data Processing | 17,323
Personnel Planners | Unemployment cor | 1,054
Professional Search Network | Recruitment | 19,200
Govig and associates | Recruitment | 8,000
Moshe Calamaro and Assoc | Engineering | 326
Madison Specs | Engineering | 8,132
Premier medical services | Recruitment | 24,276
E Health Data Solutions | Data Processing | 13,610
Health Data System, Inc | Data Processing | 9,801
Collaborative Healthcare | Medical services | 175
Dr Ronnie Mandal | Medical services | 14,400
LTC Consulting | Medical services | 1,000
Internal Medical Affiliates | Medical services | 6,600

**To page 21C**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>15,972</td>
</tr>
<tr>
<td>Accounting</td>
<td>35,275</td>
</tr>
<tr>
<td>Various Misclassified</td>
<td>18,420</td>
</tr>
<tr>
<td><strong>Agrees w/ P3 L19 C3</strong></td>
<td><strong>206,255</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Non-Allowable Legal</td>
<td>(1,716)</td>
</tr>
<tr>
<td>Legal Reclassifications</td>
<td>3,024</td>
</tr>
<tr>
<td>Legacy Healthcare Allocation</td>
<td>3,514</td>
</tr>
<tr>
<td>Astoria Real Property Allocation</td>
<td>11,117</td>
</tr>
<tr>
<td>Progressive Healthcare Allocation</td>
<td>216</td>
</tr>
<tr>
<td>Other Professional Fee Reclasses</td>
<td>(4,674)</td>
</tr>
<tr>
<td>Accounting Fee Reclasses</td>
<td>1,650</td>
</tr>
<tr>
<td>Data Processing Fee Reclasses</td>
<td>-1019</td>
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<tr>
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<td><strong>Agrees w/ P3 L19 C8</strong></td>
<td><strong>200,967</strong></td>
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</tbody>
</table>
XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

<table>
<thead>
<tr>
<th>Improvement Type</th>
<th>Month &amp; Year Improvement Was Made</th>
<th>Total Cost</th>
<th>Useful Life</th>
<th>Amount of Expense Amortized Per Year</th>
</tr>
</thead>
<tbody>
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<td>20 TOTALS</td>
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HFS 3745 (N-4-99) IL478-2471
Facility Name & ID Number: Astoria Place Living & Rehab

STATE OF ILLINOIS  

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

# 0050799

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

(3) Did the nursing home make political contributions or payments to a political action organization?  Yes

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(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?  No  

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(5) Have you properly capitalized all major repairs and equipment purchases?  Yes

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(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.  

---

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?  Yes

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(8) Are you presently operating under a leaseback arrangement?  No

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(9) Are you presently operating under a sublease agreement?  Yes  

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(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?  Yes  

---

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.  

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(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?  No

---

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?  Yes

---

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?  No

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(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.  

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(16) Travel and Transportation

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(17) Has an audit been performed by an independent certified public accounting firm?  No

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(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?  Yes

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(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report?  Yes

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