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: 0049387

Facility Name: Manorcare of Elk Grove Village IL, LLC
Address: 1920 Nerge Road Elk Grove Village 60007
Number City Zip Code
County: Cook
Telephone Number: (847) 301-0550 Fax # (847) 301-0013
HFS ID Number: __________

Date of Initial License for Current Owners: 07-30-90

Type of Ownership:

☑ VOLUNTARY,NON-PROFIT
☑ PROPRIETARY
☑ GOVERNMENTAL
☐ Charitable Corp.
☐ Individual
☐ State
☐ Trust
☐ Partnership
☐ County
☐ Corp.
☐ Corporation
☐ Other
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Other

In the event there are further questions about this report, please contact:
Name: Raymond Lewis Telephone Number: (419) 252-5783
Email Address: ________________

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/10 to 05/31/11 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.

Name: Barry A. Lazarus (Signed)
Title: Vice President, Reimbursement (Type or Print Name)
(Other than provider)

Paid Preparer:

Firm Name & Address:

(Phone) ___________________________ Fax # ( )

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

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

<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>190 Skilled (SNF)</td>
<td>190</td>
<td>69,350</td>
</tr>
<tr>
<td>2</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Intermediate (ICF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intermediate/DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sheltered Care (SC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ICF/DD 16 or Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TOTALS</td>
<td>190</td>
<td>69,350</td>
</tr>
</tbody>
</table>

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

0

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

X

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

X

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

Date started 07/30/90

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

X

Date 04/07/11

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

X

NO

If YES, enter number of beds certified 190 and days of care provided 27,423

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS

MODIFIED

ACCURAL X CASH* CASH*

Is your fiscal year identical to your tax year?

X

Tax Year: 12/31 Fiscal Year: 05/31

* All facilities other than governmental must report on the accrual basis.
<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Costs Per General Ledger</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>
</thead>
<tbody>
<tr>
<td>A. General Services</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Dietary</td>
<td></td>
<td>559,158</td>
<td>47,123</td>
<td>10,924</td>
<td>617,205</td>
<td>15,831</td>
<td>633,036</td>
<td></td>
<td>633,036</td>
<td></td>
</tr>
<tr>
<td>2. Food Purchase</td>
<td></td>
<td>476,482</td>
<td></td>
<td></td>
<td>476,482</td>
<td></td>
<td>476,482</td>
<td></td>
<td>476,482</td>
<td></td>
</tr>
<tr>
<td>3. Housekeeping</td>
<td></td>
<td>257,742</td>
<td>39,090</td>
<td>3,510</td>
<td>300,342</td>
<td></td>
<td>300,342</td>
<td></td>
<td>300,342</td>
<td></td>
</tr>
<tr>
<td>4. Laundry</td>
<td></td>
<td>82,930</td>
<td>34,883</td>
<td>2,214</td>
<td>120,027</td>
<td></td>
<td>120,027</td>
<td></td>
<td>115,372</td>
<td></td>
</tr>
<tr>
<td>5. Heat and Other Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>312,376</td>
<td>312,376</td>
<td></td>
<td>316,644</td>
<td></td>
</tr>
<tr>
<td>6. Maintenance</td>
<td></td>
<td>90,400</td>
<td>26,405</td>
<td>323,852</td>
<td>349,657</td>
<td></td>
<td>349,657</td>
<td></td>
<td>349,657</td>
<td></td>
</tr>
<tr>
<td>7. Other (specify):* Medical Waste</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,509</td>
<td>2,509</td>
<td></td>
<td>2,509</td>
<td></td>
</tr>
<tr>
<td>8. TOTAL General Services</td>
<td></td>
<td>990,230</td>
<td>623,983</td>
<td>564,385</td>
<td>2,178,598</td>
<td></td>
<td>2,178,598</td>
<td></td>
<td>2,190,216</td>
<td></td>
</tr>
<tr>
<td>B. Health Care and Programs</td>
<td></td>
<td>990,230</td>
<td>623,983</td>
<td>564,385</td>
<td>2,178,598</td>
<td></td>
<td>2,178,598</td>
<td></td>
<td>2,190,216</td>
<td></td>
</tr>
<tr>
<td>9. Medical Director</td>
<td></td>
<td>30,130</td>
<td></td>
<td></td>
<td>30,130</td>
<td></td>
<td>30,130</td>
<td></td>
<td>30,130</td>
<td></td>
</tr>
<tr>
<td>10a. Nursing and Medical Records</td>
<td></td>
<td>5,828,747</td>
<td>562,530</td>
<td>6,049</td>
<td>5,993,322</td>
<td></td>
<td>5,993,322</td>
<td></td>
<td>5,993,322</td>
<td></td>
</tr>
<tr>
<td>11a. Other (specify):* Medical Waste</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,509</td>
<td>2,509</td>
<td></td>
<td>2,509</td>
<td></td>
</tr>
<tr>
<td>12. Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,509</td>
<td>2,509</td>
<td></td>
<td>2,509</td>
<td></td>
</tr>
<tr>
<td>13. TOTAL Health Care and Programs</td>
<td></td>
<td>8,048,588</td>
<td>592,136</td>
<td>982,619</td>
<td>9,623,343</td>
<td></td>
<td>9,623,343</td>
<td></td>
<td>9,624,122</td>
<td></td>
</tr>
<tr>
<td>C. General Administration</td>
<td></td>
<td>8,048,588</td>
<td>592,136</td>
<td>982,619</td>
<td>9,623,343</td>
<td></td>
<td>9,623,343</td>
<td></td>
<td>9,624,122</td>
<td></td>
</tr>
<tr>
<td>15. Directors Fees</td>
<td></td>
<td>1,016,132</td>
<td></td>
<td></td>
<td>1,016,132</td>
<td></td>
<td>1,016,132</td>
<td></td>
<td>1,016,132</td>
<td></td>
</tr>
<tr>
<td>16. Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,016,132</td>
<td>1,016,132</td>
<td></td>
<td>1,016,132</td>
<td></td>
</tr>
<tr>
<td>17. TOTAL General Administration</td>
<td></td>
<td>8,048,588</td>
<td>592,136</td>
<td>982,619</td>
<td>9,623,343</td>
<td></td>
<td>9,623,343</td>
<td></td>
<td>9,624,122</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.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.
### V. COST CENTER EXPENSES (continued)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th>Reclassified</th>
<th>Adjustments</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30   Depreciation</td>
<td>688,426</td>
<td>25,005</td>
<td>713,431</td>
<td></td>
</tr>
<tr>
<td>31   Amortization of Pre-Op. &amp; Org.</td>
<td>395,349</td>
<td>8,889</td>
<td>404,238</td>
<td>(404,238)</td>
</tr>
<tr>
<td>32   Interest</td>
<td>786,528</td>
<td>786,528</td>
<td>786,528</td>
<td></td>
</tr>
<tr>
<td>33   Real Estate Taxes</td>
<td>66,907</td>
<td>66,907</td>
<td>66,907</td>
<td></td>
</tr>
<tr>
<td>34   Rent-Facility &amp; Grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35   Rent-Equipment &amp; Vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36   Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37   TOTAL Ownership</td>
<td>1,937,210</td>
<td>33,894</td>
<td>1,971,104</td>
<td>(404,238)</td>
</tr>
<tr>
<td>E. Special Cost Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38   Medically Necessary Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39   Ancillary Service Centers</td>
<td>977,207</td>
<td>978,407</td>
<td>978,407</td>
<td></td>
</tr>
<tr>
<td>40   Barber and Beauty Shops</td>
<td>26,036</td>
<td>26,036</td>
<td>26,036</td>
<td></td>
</tr>
<tr>
<td>41   Coffee and Gift Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42   Provider Participation Fee</td>
<td>104,025</td>
<td>104,025</td>
<td>104,025</td>
<td></td>
</tr>
<tr>
<td>43   Other (specify):* X-Ray, Lab</td>
<td>322,559</td>
<td>554,281</td>
<td>554,281</td>
<td></td>
</tr>
<tr>
<td>44   TOTAL Special Cost Centers</td>
<td>1,299,766</td>
<td>1,662,749</td>
<td>1,662,749</td>
<td></td>
</tr>
<tr>
<td>45   GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</td>
<td>9,861,646</td>
<td>19,747,263</td>
<td>19,101,279</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-LIABLE EXPENSES</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care</td>
<td>$112</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Care for Outpatients</td>
<td>$2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governmental Sponsored Special Programs</td>
<td>$3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Patient Meals</td>
<td>$(3,826)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Telephone, TV &amp; Radio in Resident Rooms</td>
<td>$(5)</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Rented Facility Space</td>
<td>$6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of Supplies to Non-Patients</td>
<td>$7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry for Non-Patients</td>
<td>$(4,655)</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Non-Straightline Depreciation</td>
<td>$9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and Other Investment Income</td>
<td>$10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discounts, Allowances, Rebates &amp; Refunds</td>
<td>$(100)</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Non-Working Officer's or Owner's Salary</td>
<td>$12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Tax</td>
<td>$(212)</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Non-Care Related Interest</td>
<td>$14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Care Related Owner's Transactions</td>
<td>$15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Expenses (Including Transportation)</td>
<td>$16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Care Related Fees</td>
<td>$17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fines and Penalties</td>
<td>$18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td>$19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$(7,740)</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Owner or Key-Man Insurance</td>
<td>$21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malpractice Insurance for Individuals</td>
<td>$22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$(102,444)</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Income Taxes and Illinois Personal Property Replacement Tax</td>
<td>$26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNA Training for Non-Employees</td>
<td>$27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Page Advertising</td>
<td>$28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Legal Fees &amp; Legal Retainers</td>
<td>$(40,966)</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Legal Services</td>
<td>$29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malpractice Insurance for Individuals</td>
<td>$30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other-Attach Schedule</td>
<td>$(427,009)</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL (A): (Sum of lines 1-29)</td>
<td>$(645,984)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BHF USE ONLY</th>
<th>1</th>
<th>2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal (A)</td>
<td>$(645,984)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>Amount Reference</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Paid Workers-Attach Schedule*</td>
<td>$31</td>
<td>31</td>
</tr>
<tr>
<td>Donated Goods-Attach Schedule*</td>
<td>$32</td>
<td>32</td>
</tr>
<tr>
<td>Amortization of Organization &amp; Pre-Operating Expense</td>
<td>$33</td>
<td>33</td>
</tr>
<tr>
<td>Adjustments for Related Organization Costs (Schedule VII)</td>
<td>$34</td>
<td>34</td>
</tr>
<tr>
<td>Other-Attach Schedule</td>
<td>$35</td>
<td>35</td>
</tr>
<tr>
<td>SUBTOTAL (B): (sum of lines 31-35)</td>
<td>$36</td>
<td>36</td>
</tr>
<tr>
<td>TOTAL ADJUSTMENTS (A and (B))</td>
<td>$(645,984)</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 into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount Reference</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Necessary Transport.</td>
<td>X</td>
<td>$</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grit and Coftec Shops</td>
<td>X</td>
<td>$</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barber and Beauty Shops</td>
<td>X</td>
<td>$</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and Radiology</td>
<td>X</td>
<td>$</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>X</td>
<td>$</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other-Attach Schedule</td>
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<td>$</td>
<td>44</td>
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</tr>
<tr>
<td>Other-Attach Schedule</td>
<td>X</td>
<td>$</td>
<td>45</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TOTAL (C): (sum of lines 38-46)</td>
<td>$</td>
<td></td>
<td>47</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>NON-ALLOWABLE EXPENSES</td>
<td>Amount</td>
<td>Sch. V Line</td>
<td>Reference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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|   | Total                                 | $(427,009) | 49         |           |
## STATE OF ILLINOIS

**Manorcare of Elk Grove Village IL, LLC # 0049387**

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

### SUMMARY

**Operating Expenses**

<table>
<thead>
<tr>
<th>A. General Services</th>
<th>PAGES 5 &amp; 5A</th>
<th>PAGE 6</th>
<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
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## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

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<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
<th>PAGE 6I</th>
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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.

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<th>OTHER RELATED BUSINESS ENTITIES</th>
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<td>HL Home Health Care</td>
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</table>

See PG6-Supp for list of related nursing homes in Illinois

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 [X] 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.

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<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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<td>$ 9,861,646</td>
<td>Heartland Employment Services, LLC</td>
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<td>V</td>
<td>10a Therapy Management</td>
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<td>Heartland Rehabilitation Services, LLC</td>
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<td>$ 10,700,064</td>
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* 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.

| 1 | OWNERS | Ownership % | Name | City | 2 | RELATED NURSING HOMES | Name | City | 3 | OTHER RELATED BUSINESS ENTITIES | Name | City | Type of Business |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Heartland of Canton IL, LLC | | Canton | | | | | | | | | |
| 2 | Heartland of Champaign IL, LLC | | Champaign | | | | | | | | | |
| 3 | Heartland of Decatur IL, LLC | | Decatur | | | | | | | | | |
| 4 | Heartland of Galesburg IL, LLC | | Galesburg | | | | | | | | | |
| 5 | Heartland of Henry IL, LLC | | Henry | | | | | | | | | |
| 6 | Heartland of Macomb IL, LLC | | Macomb | | | | | | | | | |
| 7 | Heartland of Moline IL, LLC | | Moline | | | | | | | | | |
| 8 | Heartland of Normal IL, LLC | | Normal | | | | | | | | | |
| 9 | Heartland of Paxton IL, LLC | | Paxton | | | | | | | | | |
| 10 | Heartland of Peoria IL, LLC | | Peoria | | | | | | | | | |
| 11 | Heartland-Riverview of East Peoria IL, LLC | | East Peoria | | | | | | | | | |
| 12 | Manor Care at Arlington Heights | | Arlington Heights | | | | | | | | | |
| 13 | Manor Care of Elgin IL, LLC | | Elgin | | | | | | | | | |
| 14 | Manor Care - Highland Park | | Highland Park | | | | | | | | | |
| 15 | Manor Care of Hinsdale IL, LLC | | Hinsdale | | | | | | | | | |
| 16 | Manor Care of Homewood IL, LLC | | Homewood | | | | | | | | | |
| 17 | Manor Care of Kankakee IL, LLC | | Kankakee | | | | | | | | | |
| 18 | Manor Care of Libertyville IL, LLC | | Libertyville | | | | | | | | | |
| 19 | Manor Care of Naperville IL, LLC | | Naperville | | | | | | | | | |
| 20 | Manor Care of Northbrook IL, LLC | | Northbrook | | | | | | | | | |
| 21 | Manor Care of Oak Lawn (East) IL, LLC | | Oak Lawn | | | | | | | | | |
| 22 | Manor Care of Oak Lawn (West) IL, LLC | | Oak Lawn | | | | | | | | | |
| 23 | Manor Care of Palos Heights West IL, LLC | | Palos Heights | | | | | | | | | |
| 24 | Manor Care of Palos Heights IL, LLC | | Palos Heights | | | | | | | | | |
| 25 | Manor Care of Rolling Meadows IL, LLC | | Rolling Meadows | | | | | | | | | |
| 26 | Manor Care of South Holland IL, LLC | | South Holland | | | | | | | | | |
| 27 | Manor Care of Westmont IL, LLC | | Westmont | | | | | | | | | |
| 28 | Manor Care of Wilmette IL, LLC | | Wilmette | | | | | | | | | |
| 29 | Arden Courts of Elk Grove Village IL, LLC | | Elk Grove Village | | | | | | | | | |
| 30 | | | | | | | | | | | |
### 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>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
</tr>
<tr>
<td>1</td>
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<td>Arden Courts of Geneva IL, LLC</td>
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<tr>
<td>2</td>
<td></td>
<td>Arden Courts of Glen Ellyn IL, LLC</td>
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<tr>
<td>3</td>
<td></td>
<td>Arden Courts of Hazel Crest IL, LLC</td>
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<td>4</td>
<td></td>
<td>Arden Courts of Northbrook IL, LLC</td>
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<td>Arden Courts of Palos Heights IL, LLC</td>
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<td>6</td>
<td></td>
<td>Arden Courts of South Holland IL, LLC</td>
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<td>7</td>
<td></td>
<td>Arden Courts of Urbana IL, LLC</td>
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<td>8</td>
<td></td>
<td>Arden Courts of Elmhurst IL, LLC</td>
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<td>9</td>
<td></td>
<td>Arden Courts of Pinckneyville IL, LLC</td>
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<td>10</td>
<td></td>
<td>Arden Courts of Joliet IL, LLC</td>
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<td>11</td>
<td></td>
<td>Arden Courts of Plainfield IL, LLC</td>
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<td>Arden Courts of Midlothian IL, LLC</td>
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<td>13</td>
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<td>Arden Courts of Alsip IL, LLC</td>
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<td>14</td>
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<td>Arden Courts of Beverly Hills IL, LLC</td>
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<td>Arden Courts of Matteson IL, LLC</td>
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<td>16</td>
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<td>Arden Courts of Round Lake IL, LLC</td>
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<td>Arden Courts of Kenosha IL, LLC</td>
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<td>Arden Courts of Belvidere IL, LLC</td>
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<td>19</td>
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<td>Arden Courts of Rockford IL, LLC</td>
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<td>Arden Courts of DeKalb IL, LLC</td>
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<td>21</td>
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<td>Arden Courts of Sandwich IL, LLC</td>
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<td>22</td>
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<td>Arden Courts of Sycamore IL, LLC</td>
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<td>23</td>
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<td>Arden Courts of Geneva IL, LLC</td>
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<td>Arden Courts of Glen Ellyn IL, LLC</td>
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<td>Arden Courts of Hazel Crest IL, LLC</td>
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<td>Arden Courts of Northbrook IL, LLC</td>
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<td>Arden Courts of Palos Heights IL, LLC</td>
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<td>28</td>
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<td>Arden Courts of South Holland IL, LLC</td>
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<td>Arden Courts of Urbana IL, LLC</td>
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<tr>
<td>30</td>
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<td>Arden Courts of Elmhurst IL, LLC</td>
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</tbody>
</table>
### 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>
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<td>1 N/A</td>
<td></td>
<td></td>
<td></td>
<td>$1</td>
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<td>TOTAL</td>
<td></td>
<td></td>
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</table>

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

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.
### 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>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>Dietary - Direct to All SNFs</td>
<td>2,917,243,659</td>
<td>353 NFs</td>
<td>$2,652,139</td>
<td>$1,448,591</td>
<td>17,413,839 $15,831 1</td>
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<tr>
<td>2</td>
<td>Dietary - Direct to Central Division</td>
<td>692,663,974</td>
<td>92 NFs</td>
<td>0</td>
<td>0</td>
<td>17,413,839 0 2</td>
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<tr>
<td>3</td>
<td>Dietary - Pooled</td>
<td>3,335,641,627</td>
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<td>0</td>
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<td>Utilities - Direct to All SNFs</td>
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<td>0</td>
<td>17,413,839 0 4</td>
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<td>Utilities - Direct to Central Division</td>
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<td>92 NFs</td>
<td>0</td>
<td>0</td>
<td>17,413,839 0 5</td>
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<td>Utilities - Pooled</td>
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<td>817,551</td>
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<td>Depreciation - Direct to All SNFs</td>
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### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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<th></th>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
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<td>Conv. Sub Debentures</td>
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<td>Facility</td>
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</tbody>
</table>

**Working Capital**

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<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
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<td>Interest Income Other</td>
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</tbody>
</table>

9) **TOTAL Facility Related**

<table>
<thead>
<tr>
<th></th>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>TOTAL Facility Related</td>
<td>YES</td>
<td>Facility</td>
<td>$241,832</td>
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<td>$241,832</td>
<td>$10,872</td>
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</table>

10) **B. Non-Facility Related***

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<tr>
<th></th>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

14) **TOTAL Non-Facility Related**

<table>
<thead>
<tr>
<th></th>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
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</thead>
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<tr>
<td>14</td>
<td>TOTAL Non-Facility Related</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

15) **TOTALS (line 9+line 14)**

<table>
<thead>
<tr>
<th></th>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Original Balance</th>
<th>Balance</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>TOTALS (line 9+line 14)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></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 #

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

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

#### B. Real Estate Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Real Estate Tax accrual used on 2010 report.</td>
<td>$265,027</td>
<td>1</td>
</tr>
<tr>
<td>2. Real Estate Taxes paid during the year:</td>
<td>$248,143</td>
<td>2</td>
</tr>
<tr>
<td>Under or (over) accrual (line 2 minus line 1).</td>
<td>$16,884</td>
<td>3</td>
</tr>
<tr>
<td>3. Real Estate Tax accrual used for 2011 report.</td>
<td>$766,116</td>
<td>4</td>
</tr>
<tr>
<td>4. 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.</td>
<td>$37,296</td>
<td>5</td>
</tr>
<tr>
<td>5. Subtract a refund of real estate taxes.</td>
<td>$0</td>
<td>6</td>
</tr>
<tr>
<td>6. Real Estate Tax expense reported on Schedule V, line 33.</td>
<td>$786,528</td>
<td>7</td>
</tr>
</tbody>
</table>

### Real Estate Tax History:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>403,287</td>
<td>8</td>
</tr>
<tr>
<td>2007</td>
<td>388,185</td>
<td>9</td>
</tr>
<tr>
<td>2008</td>
<td>398,728</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>301,576</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>657,870</td>
<td>12</td>
</tr>
</tbody>
</table>

Line 2: $248,143 = $82,276 for 2nd half of 2009 paid in Nov 10 + $165,867 for 1st half of 2010 paid in Feb 11
Line 4: $766,116 = $492,003 for 2nd half of 2010 to be paid in 2011 + $274,113 Estimate for Jan-May 2010
Line 5: $37,196 = $2,800 appraisal 2010 appeal + $34,496 appeal filed by Rock, Fusco & Assoc for FYE 2009 RE Tax

### NOTES:

1. Please indicate a negative number by use of bracket(s [ ]). 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>(A) Tax Index Number</th>
<th>(B) Property Description</th>
<th>(C) Total Tax</th>
<th>(D) Tax Applicable to Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 07-35-200-022-0000</td>
<td>See Attached</td>
<td>$657,869.84</td>
<td>$657,869.84</td>
</tr>
</tbody>
</table>

**TOTALS** $657,869.84 $657,869.84

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: 48,128

B. General Construction Type:
   - Exterior Masonry
   - Frame Steel, Fire Resistant
   - Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
   - X (b) Rent from a Related 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.
   - X (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).
     None

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: ____________________________
   3. Current Period Amortization: ____________________________
   4. Dates Incurred: ____________________________

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

XI. OWNERSHIP COSTS:

A. Land.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use</td>
<td>Square Feet</td>
<td>Year Acquired</td>
<td>Cost</td>
</tr>
<tr>
<td>1</td>
<td>Facility</td>
<td></td>
<td>1990</td>
<td>$853,628</td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td>3</td>
<td>TOTALS</td>
<td></td>
<td></td>
<td>3</td>
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</tbody>
</table>

### B. Building and Improvement Costs-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>1</th>
<th>FOR BHF USE ONLY</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>Beds*</td>
<td>Year Acquired</td>
<td>Year Constructed</td>
<td>Cost</td>
<td>Current Book Depreciation</td>
<td>Life in Years</td>
<td>Straight Line Depreciation</td>
<td>Adjustments</td>
<td>Accumulated Depreciation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>120</td>
<td>1990</td>
<td>$5,025,494</td>
<td>$204,208</td>
<td>$204,208</td>
<td>$3,459,839</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>60</td>
<td>1996</td>
<td>1,726,808</td>
<td>5</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>2000</td>
<td>1,063,936</td>
<td>6</td>
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<td></td>
<td></td>
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<tr>
<td>7</td>
<td>5/31/03 Audit Adjustment</td>
<td>2000</td>
<td>(277,211)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>2009</td>
<td>631,865</td>
<td>8</td>
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</tbody>
</table>

**Improvement Type**

<table>
<thead>
<tr>
<th>Year</th>
<th>Depreciation</th>
<th>Accumulated Depreciation</th>
</tr>
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<tbody>
<tr>
<td>1990</td>
<td>12,954</td>
<td>236,584</td>
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<tr>
<td>1991</td>
<td>41,634</td>
<td>236,584</td>
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<tr>
<td>1992</td>
<td>89,111</td>
<td>236,584</td>
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<tr>
<td>1993</td>
<td>29,775</td>
<td>236,584</td>
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<td>1994</td>
<td>18,939</td>
<td>236,584</td>
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<td>1995</td>
<td>182,383</td>
<td>236,584</td>
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<td>1996</td>
<td>485,188</td>
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<td>1997</td>
<td>111,890</td>
<td>236,584</td>
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<tr>
<td>1998</td>
<td>127,587</td>
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<td>1999</td>
<td>60,314</td>
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<td>68,449</td>
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<td>5,858</td>
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<td>2002</td>
<td>53,586</td>
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<td>975</td>
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<td>2007</td>
<td>219</td>
<td>236,584</td>
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<tr>
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<td>258</td>
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<td>22,040</td>
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<td>2011</td>
<td>258</td>
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<td>2012</td>
<td>4,599</td>
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<td>2013</td>
<td>3,317</td>
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<td>2014</td>
<td>2,820</td>
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<td>2015</td>
<td>2,064</td>
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<tr>
<td>2016</td>
<td>3,629</td>
<td>236,584</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

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>9,750,306</td>
<td>440,792</td>
<td>440,792</td>
<td>$ 5,395,149</td>
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<tr>
<td><strong>37</strong></td>
<td><strong>BORDER</strong></td>
<td>2003</td>
<td>$ 54</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>37</td>
</tr>
<tr>
<td><strong>38</strong></td>
<td><strong>ARCHITECT AND ENGINEERING COSTS</strong></td>
<td>2003</td>
<td>455</td>
<td>38</td>
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<tr>
<td><strong>39</strong></td>
<td><strong>ELECTRICAL WORK</strong></td>
<td>2003</td>
<td>5,182</td>
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<tr>
<td><strong>40</strong></td>
<td><strong>VCT FLOORING</strong></td>
<td>2003</td>
<td>7,005</td>
<td>40</td>
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<tr>
<td><strong>41</strong></td>
<td><strong>BASE AND FLOOR TILE</strong></td>
<td>2003</td>
<td>4,118</td>
<td>41</td>
<td></td>
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<tr>
<td><strong>42</strong></td>
<td><strong>CARPET</strong></td>
<td>2004</td>
<td>609</td>
<td>42</td>
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<td><strong>43</strong></td>
<td><strong>INSTALL CARPET</strong></td>
<td>2004</td>
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<tr>
<td><strong>44</strong></td>
<td><strong>PAVING</strong></td>
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<td><strong>45</strong></td>
<td><strong>CONCRETE WALK</strong></td>
<td>2003</td>
<td>3,822</td>
<td>45</td>
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<td><strong>46</strong></td>
<td><strong>PAVING</strong></td>
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<tr>
<td><strong>47</strong></td>
<td><strong>Renov. - General Construction Overhead &amp; Interest</strong></td>
<td>2004</td>
<td>19,622</td>
<td>47</td>
<td></td>
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<tr>
<td><strong>48</strong></td>
<td><strong>Renov. - Carpentry</strong></td>
<td>2004</td>
<td>595</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>49</strong></td>
<td><strong>Renov. - Painting</strong></td>
<td>2004</td>
<td>14,000</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>50</strong></td>
<td><strong>Renov. - Wallcovering &amp; Corner Guards</strong></td>
<td>2004</td>
<td>37,811</td>
<td>50</td>
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<td></td>
</tr>
<tr>
<td><strong>51</strong></td>
<td><strong>Renov. - Carpentry</strong></td>
<td>2004</td>
<td>8,201</td>
<td>51</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>52</strong></td>
<td><strong>Renov. - Plumbing</strong></td>
<td>2004</td>
<td>2,800</td>
<td>52</td>
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<tr>
<td><strong>53</strong></td>
<td><strong>Renov. - Electrical</strong></td>
<td>2004</td>
<td>2,931</td>
<td>53</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>54</strong></td>
<td><strong>Carpentry</strong></td>
<td>2004</td>
<td>1,324</td>
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<tr>
<td><strong>55</strong></td>
<td><strong>Ceramic Cove Base</strong></td>
<td>2004</td>
<td>3,360</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>56</strong></td>
<td><strong>Renov. - Wood Doors &amp; Hardware for Lobby</strong></td>
<td>2004</td>
<td>8,597</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>57</strong></td>
<td><strong>Renov. - Electrical</strong></td>
<td>2004</td>
<td>2,484</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>58</strong></td>
<td><strong>Electric Door Strike at Service Door</strong></td>
<td>2004</td>
<td>1,509</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>59</strong></td>
<td><strong>CARPETING &amp; DELIVERY OF CARPETING</strong></td>
<td>2005</td>
<td>2,435</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>60</strong></td>
<td><strong>REBUILD SHOWER STALLS (5)</strong></td>
<td>2006</td>
<td>14,000</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
## Building and Improvement Costs-Including Fixed Equipment (See instructions.)
Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</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>1</td>
<td>Totals from Page 12C, Carried Forward</td>
<td>$11,229,818</td>
<td>$440,792</td>
<td>$440,792</td>
<td>$</td>
<td>$5,395,149</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2010 INTERIOR RENOVATION - FLOORING</td>
<td>2010</td>
<td>1,906</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2010 INTERIOR RENOVATION - CARPETING</td>
<td>2010</td>
<td>9,289</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2010 INTERIOR RENOVATION - WALL COVERING</td>
<td>2010</td>
<td>45,056</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2010 INTERIOR RENOVATION - ELECTRICAL</td>
<td>2010</td>
<td>1,984</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2010 INTERIOR RENOVATION - Wall Covering</td>
<td>2010</td>
<td>44,154</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2010 INTERIOR RENOVATION - Lobby Finishes</td>
<td>2010</td>
<td>76,149</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>2010 INTERIOR RENOVATION - Carpets &amp; Pads</td>
<td>2010</td>
<td>8,725</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>2010 HERITAGE RENOVATION - Corner Guards</td>
<td>2010</td>
<td>2,827</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>2010 HERITAGE RENOVATION - Wall Covering</td>
<td>2010</td>
<td>8,755</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>2010 HERITAGE RENOVATION - Millwork</td>
<td>2010</td>
<td>15,549</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>2010 HERITAGE RENOVATION - Basic Electrical</td>
<td>2010</td>
<td>8,612</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>SMOKE DETECTOR SYSTEM</td>
<td>2011</td>
<td>10,090</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
XI. OWNERSHIP COSTS (continued)

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

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation</th>
<th>2</th>
<th>Straight Line Depreciation</th>
<th>3</th>
<th>4 Adjustments</th>
<th>Component Life</th>
<th>5</th>
<th>Accumulated Depreciation</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Purchased in Prior Years</td>
<td>$3,255,908</td>
<td>$247,634</td>
<td>72</td>
<td>$247,634</td>
<td>$2,573,356</td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72 Current Year Purchases</td>
<td>$224,037</td>
<td></td>
<td>73</td>
<td></td>
<td></td>
<td>72</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74 Fully Depreciated Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 TOTALS</td>
<td>$3,479,945</td>
<td>$247,634</td>
<td>76</td>
<td>$272,639</td>
<td>$2,573,356</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Vehicle Costs. (See instructions.)*

<table>
<thead>
<tr>
<th>1 Use</th>
<th>Model, Make and Year</th>
<th>2 Year Acquired</th>
<th>3 Cost</th>
<th>4 Current Book Depreciation</th>
<th>5</th>
<th>Straight Line Depreciation</th>
<th>6</th>
<th>7 Adjustments</th>
<th>Life in Years</th>
<th>8</th>
<th>Accumulated Depreciation</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 TOTALS</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>Reference</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Total Historical Cost</td>
<td>$15,807,635</td>
</tr>
<tr>
<td>82 Current Book Depreciation</td>
<td>$688,426</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>$713,431</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>$25,005</td>
</tr>
<tr>
<td>85 Accumulated Depreciation</td>
<td>$7,968,505</td>
</tr>
</tbody>
</table>

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

| Description & Year Acquired | 2 Cost | Current Book Depreciation | 3 | Accumulated Depreciation | 4 | |
|-----------------------------|--------|---------------------------|---|--------------------------|---|
| 86                          | $      | $                         | 86 |
| 87                          | $      | 87                        |
| 88                          | $      | 88                        |
| 89                          | $      | 89                        |
| 90                          | $      | 90                        |
| 91 TOTALS                  | $      | $                         | 91 |

G. Construction-in-Progress

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 Various</td>
<td>$285,979</td>
</tr>
<tr>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>95</td>
<td>$285,979</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.
XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)
1. Name of Party Holding Lease:

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

<table>
<thead>
<tr>
<th>Original Building:</th>
<th>Number of Beds</th>
<th>Original Lease Date</th>
<th>Rental Amount</th>
<th>Total Years of Lease</th>
<th>Total Years Renewal Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>$ 3</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Additions</td>
<td>$ 4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>$ 5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>$ 6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$ 7</td>
<td></td>
<td>7</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. 

10. Effective dates of current rental agreement:
   Beginning
   Ending

11. Rent to be paid in future years under the current rental agreement:
   Fiscal Year Ending  Annual Rent
   12. 2012 $  
   13. 2013 $  
   14. 2014 $  

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)
15. Is Movable equipment rental included in building rental?  YES  NO
   (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)
17. Use  Model Year and Make  Monthly Lease Payment  Rental Expense for this Period
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>$</td>
<td>$</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>$</td>
<td>$</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>$</td>
<td>$</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>$</td>
<td>$</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>21</td>
</tr>
</tbody>
</table>

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

** This amount plus any amortization of lease expense must agree with page 4, line 34.
### XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?  
   - YES  
   - NO  

   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:
   - IN-HOUSE PROGRAM
   - IN OTHER FACILITY

3. CLINICAL PORTION:
   - COMMUNITY COLLEGE
   - HOURS PER CNA

---

### B. EXPENSES

#### ALLOCATION OF COSTS (d)

<table>
<thead>
<tr>
<th>Facility Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community College Tuition</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Classroom Wages (a)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Clinical Wages (b)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>In-House Trainer Wages (c)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Contractual Payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CNA Competency Tests</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SUM OF line 9, col. 1 and 2 (e)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</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 if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

### C. CONTRACTUAL INCOME

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

$ __________

### D. NUMBER OF CNAs TRAINED

- COMPLETED
- DROP-OUTS

(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 Units of Service</th>
<th>Outside Practitioner Cost (other than consultant) Units</th>
<th>Supplies Total Units (Col. 2 + 4)</th>
<th>Total Cost (Col. 3 + 5 + 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Licensed Occupational Therapist 10a</td>
<td>8472 hrs $335,229 9,632 $525,904 $3,344 18,104 $864,477</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Licensed Speech and Language Development Therapist 10a</td>
<td>4011 hrs 141,253 55 141,308</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Licensed Recreational Therapist</td>
<td>hrs</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Licensed Physical Therapist 10a</td>
<td>14954 hrs 644,968 1,699 92,782 20,158 16,653 757,908</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Physician Care</td>
<td>visits</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Dental Care</td>
<td>visits</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Work Related Program</td>
<td>hrs</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Habilitation</td>
<td>hrs</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Pharmacy 39,2</td>
<td># of prescrpts 977,207</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Psychological Services (Evaluation and Diagnosis/Behavior Modification) hrs</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Academic Education</td>
<td>hrs</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other (specify): IV Therapy 43,2</td>
<td></td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other (specify): X-Ray &amp; Lab 43,3</td>
<td></td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>TOTAL</td>
<td></td>
<td>$1,121,450 11,331 $850,408 $1,323,323 38,768 $3,295,181</td>
<td>14</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>A. Current Assets</th>
<th>C. Current Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash on Hand and in Banks</td>
<td>26. Accounts Payable</td>
</tr>
<tr>
<td>2. Cash-Patient Deposits</td>
<td>27. Officer's Accounts Payable</td>
</tr>
<tr>
<td>3. Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>28. Accounts Payable-Patient Deposits</td>
</tr>
<tr>
<td>4. Supply Inventory (priced at )</td>
<td>29. Short-Term Notes Payable</td>
</tr>
<tr>
<td>5. Short-Term Investments</td>
<td>30. Accrued Salaries Payable</td>
</tr>
<tr>
<td>6. Prepaid Insurance</td>
<td>31. Accrued Taxes Payable (excluding real estate taxes)</td>
</tr>
<tr>
<td>7. Other Prepaid Expenses</td>
<td>32. Accrued Real Estate Taxes(Sch.IX-B)</td>
</tr>
<tr>
<td>8. Accounts Receivable (owners or related parties)</td>
<td>33. Accrued Interest Payable</td>
</tr>
<tr>
<td>9. Other(specify):</td>
<td>34. Deferred Compensation</td>
</tr>
<tr>
<td><strong>TOTAL Current Assets</strong> (sum of lines 1 thru 9)</td>
<td>35. Federal and State Income Taxes</td>
</tr>
<tr>
<td>10.</td>
<td>36. Accrued Payable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Long-Term Assets</th>
<th>D. Long-Term Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Long-Term Notes Receivable</td>
<td>38. TOTAL Current Liabilities (sum of lines 26 thru 37)</td>
</tr>
<tr>
<td>12. Long-Term Investments</td>
<td>39. Long-Term Notes Payable</td>
</tr>
<tr>
<td>13. Land</td>
<td>40. Mortgage Payable</td>
</tr>
<tr>
<td>15. Leasehold Improvements, at Historical Cost</td>
<td>42. Deferred Compensation</td>
</tr>
<tr>
<td>16. Equipment, at Historical Cost</td>
<td>43. Other Long-Term Liabilities(specify):</td>
</tr>
<tr>
<td>17. Accumulated Depreciation (book methods)</td>
<td>44. Other Long-Term Liabilities(specify):</td>
</tr>
<tr>
<td>18. Deferred Charges</td>
<td>45. TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</td>
</tr>
<tr>
<td>19. Organization &amp; Pre-Operating Costs</td>
<td>46. TOTAL LIABILITIES (sum of lines 38 and 45)</td>
</tr>
<tr>
<td>20. Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td>47. TOTAL EQUITY(page 18, line 24)</td>
</tr>
<tr>
<td>21. Restricted Funds</td>
<td>48. TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</td>
</tr>
<tr>
<td>22. Other Long-Term Assets (specify):</td>
<td></td>
</tr>
<tr>
<td>23. Other(specify): CIP</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Assets</strong> (sum of lines 11 thru 23)</td>
<td><strong>TOTAL ASSETS</strong> (sum of lines 10 and 24)</td>
</tr>
<tr>
<td>24.</td>
<td>25.</td>
</tr>
</tbody>
</table>

*(See instructions.)
XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Amount</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$8,432,875</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$8,432,875</td>
<td>6</td>
</tr>
<tr>
<td>A.</td>
<td>Additions (deductions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td>$3,731,785</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>(          )</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$3,731,785</td>
<td>17</td>
</tr>
<tr>
<td>B.</td>
<td>Transfers (Itemize):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Change in Interdivision</td>
<td>(26,060,627)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>(26,060,627)</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</td>
<td>(13,895,967)</td>
<td>24</td>
</tr>
</tbody>
</table>

* This must agree with page 17, line 47.
### Inpatient Care

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$23,673,768</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>$(7,342,523)</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$16,331,245</td>
</tr>
</tbody>
</table>

### Ancillary Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Day Care</td>
<td>$4,345,363</td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
<td>$1,937,210</td>
</tr>
<tr>
<td>6 Therapy</td>
<td>$5,791,206</td>
</tr>
<tr>
<td>7 Oxygen</td>
<td>$17,734</td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$5,791,223</td>
</tr>
</tbody>
</table>

### Other Operating Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Payments for Education</td>
<td>$9,435</td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td>$10,021</td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td>$727</td>
</tr>
<tr>
<td>12 Gift and Coffee Shop</td>
<td>$33,174</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td>$3,826</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td>$131,296</td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td>$(5)</td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
<td>$4,655</td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
<td>$1,021,178</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td>$139,702</td>
</tr>
<tr>
<td>19 Laboratory</td>
<td>$21,113</td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td>$4,655</td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td>$131,296</td>
</tr>
<tr>
<td>22 Laundry</td>
<td>$21,113</td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$1,355,666</td>
</tr>
</tbody>
</table>

### Non-Operating Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Contributions</td>
<td>$21,113</td>
</tr>
<tr>
<td>25 Interest and Other Investment Income</td>
<td>$21,113</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$21,113</td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td>$914</td>
</tr>
<tr>
<td>28 Misc Income</td>
<td>$914</td>
</tr>
<tr>
<td>28a SUBTOTAL Other Revenue (lines 27, 28 and 28a)</td>
<td>$914</td>
</tr>
<tr>
<td>29 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$23,479,048</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 General Services</td>
<td>$2,178,598</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>$9,623,343</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>$4,345,363</td>
</tr>
<tr>
<td>34 Day Care Ownership</td>
<td>$1,937,210</td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>$1,558,724</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
<td>$104,025</td>
</tr>
<tr>
<td>37 Subtotal Non-Operating Revenue</td>
<td>$1,355,666</td>
</tr>
</tbody>
</table>

### Net Income or Loss for the Year

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Income before Income Taxes</td>
<td>$3,731,785</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td>$3,731,785</td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Note:**
- *This must agree with page 4, line 45, column 4.
- **Does this agree with taxable income (loss) per Federal Income Tax Return?  __________ If not, please attach a reconciliation.
- ***See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.
- ****Provide a detailed breakdown of “Other Revenue” on an attached sheet.
<table>
<thead>
<tr>
<th>1</th>
<th>2**</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Hrs. Actually Worked</td>
<td># of Hrs. Paid and Accrued</td>
<td>Reporting Period Total Salaries, Wages</td>
<td>Average Hourly Wage</td>
</tr>
<tr>
<td><strong>1 Director of Nursing</strong> 2,055</td>
<td>2,214</td>
<td>$ 100,123</td>
<td>$ 45.22</td>
</tr>
<tr>
<td>2 Assistant Director of Nursing 7,063</td>
<td>7,609</td>
<td>280,423</td>
<td>36.85</td>
</tr>
<tr>
<td>3 Registered Nurses 72,653</td>
<td>78,273</td>
<td>2,755,277</td>
<td>35.20</td>
</tr>
<tr>
<td>4 Licensed Practical Nurses 21,295</td>
<td>22,942</td>
<td>594,596</td>
<td>25.92</td>
</tr>
<tr>
<td>5 CNA&amp;Orderlies 148,170</td>
<td>159,955</td>
<td>2,035,111</td>
<td>12.72</td>
</tr>
<tr>
<td>6 CNA Trainees 38</td>
<td>41</td>
<td>434</td>
<td>10.59</td>
</tr>
<tr>
<td>7 Licensed Therapist 27,957</td>
<td>30,199</td>
<td>1,238,252</td>
<td>41.00</td>
</tr>
<tr>
<td>8 Rehab/Therapy Aides 19,437</td>
<td>20,996</td>
<td>462,515</td>
<td>22.03</td>
</tr>
<tr>
<td>9 Activity Director 10,914</td>
<td>11,769</td>
<td>169,353</td>
<td>14.39</td>
</tr>
<tr>
<td>10 Activity Assistants 10</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Social Service Workers 13,809</td>
<td>14,888</td>
<td>349,721</td>
<td>23.49</td>
</tr>
<tr>
<td>12 Dietitian 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Food Service Supervisor 13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Head Cook 14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Cook Helpers/Assistants 37,543</td>
<td>40,482</td>
<td>559,158</td>
<td>13.81</td>
</tr>
<tr>
<td>16 Dishwashers 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Maintenance Workers 3,592</td>
<td>3,873</td>
<td>90,400</td>
<td>23.34</td>
</tr>
<tr>
<td>18 Housekeepers 19,694</td>
<td>21,238</td>
<td>257,742</td>
<td>12.14</td>
</tr>
<tr>
<td>19 Laundry 7,424</td>
<td>8,004</td>
<td>82,930</td>
<td>10.36</td>
</tr>
<tr>
<td>20 Administrator 2,080</td>
<td>2,080</td>
<td>135,242</td>
<td>65.02</td>
</tr>
<tr>
<td>21 Assistant Administrator 1,359</td>
<td>1,359</td>
<td>58,727</td>
<td>43.21</td>
</tr>
<tr>
<td>22 Other Administrative 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Office Manager 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Vocational Instruction 25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Academic Instruction 26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Medical Director 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Qualified MR Prof. (QMRP) 3,827</td>
<td>4,127</td>
<td>62,783</td>
<td>15.21</td>
</tr>
<tr>
<td>29 Resident Services Coordinator 29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Habilitation Aides (DD Homes) 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Medical Records 31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Other Health Care(specify) 32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Other(specify) 33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>34 TOTAL (lines 1 - 33)</strong> 427,667</td>
<td>461,281</td>
<td>$ 9,840,416</td>
<td>$ 21.33</td>
</tr>
</tbody>
</table>

* This total must agree with page 4, column 1, line 45. ** See instructions.
### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>%</th>
<th>Amount</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Gross</td>
<td>Administrator</td>
<td>0</td>
<td>$135,242</td>
<td>Workers' Compensation Insurance</td>
<td>$122,749</td>
</tr>
<tr>
<td>Jennifer Miller</td>
<td>Asst. Administrator</td>
<td>0</td>
<td>$58,727</td>
<td>Unemployment Compensation Insurance</td>
<td>$105,139</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FICA Taxes</td>
<td>$699,125</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Employee Health Insurance</td>
<td>$508,434</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Employee Meals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>401K</td>
<td>$100,694</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Long Term Incentive</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tuition Program</td>
<td>$6,077</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reclass Joint Commission on Accreditation</td>
<td>$3,142</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reclass Biometric consultant</td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Less: Public Relations Expense</td>
<td>$12,633</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-allowable advertising</td>
<td>(46,394)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appreciation, Other Benefits &amp; Marketing Adjust</td>
<td>(2,943)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yellow page advertising</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Home Office Allocation</td>
<td>$72,122</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL (agree to Schedule V, line 22, col.8)</td>
<td>$1,635,585</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,635,585</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL (agree to Sch. V, line 20, col. 8)</td>
<td>$43,112</td>
</tr>
</tbody>
</table>

### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Home Office Services</td>
<td>$822,163</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>Foote, Meyers, &amp; Flowers, LLC</td>
<td>Legal Fees</td>
<td>$31,127</td>
</tr>
<tr>
<td>Littler Mendelson P.C.</td>
<td>Legal Fees</td>
<td>$4,491</td>
</tr>
<tr>
<td>United Collection Bureau Inc.</td>
<td>Collection Services</td>
<td>$5,348</td>
</tr>
</tbody>
</table>

### D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPH License Fee</td>
<td>$2,028</td>
</tr>
<tr>
<td>Advertising: Employee Recruitment</td>
<td>$15,830</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td>$6,274</td>
</tr>
<tr>
<td>Employee Benefits and Payroll Taxes</td>
<td></td>
</tr>
<tr>
<td>FICA Taxes</td>
<td>$699,125</td>
</tr>
<tr>
<td>Employee Uniforms</td>
<td>$4,964</td>
</tr>
<tr>
<td>Home Office Allocation</td>
<td>$72,122</td>
</tr>
<tr>
<td>Employee Meals</td>
<td></td>
</tr>
<tr>
<td>Employee Health Insurance</td>
<td>$508,434</td>
</tr>
</tbody>
</table>

### E. Schedule of Non-Cash Compensation Paid

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Weissman Group Consultant Fees</td>
<td>$182</td>
</tr>
<tr>
<td>Joint Commission on Accreditation Consultant Fees</td>
<td>$3,142</td>
</tr>
<tr>
<td>Biometric Impressions Consultant Fees</td>
<td>$75</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association Dues</td>
<td>$19,239</td>
</tr>
<tr>
<td>Long Term Incentive</td>
<td>$10,000</td>
</tr>
<tr>
<td>Tuition Program</td>
<td>$6,077</td>
</tr>
<tr>
<td>Reclass Joint Commission on Accreditation</td>
<td>$3,142</td>
</tr>
<tr>
<td>Reclass Biometric consultant</td>
<td>$75</td>
</tr>
<tr>
<td>Less: Public Relations Expense</td>
<td>$12,633</td>
</tr>
<tr>
<td>Non-allowable advertising</td>
<td>(46,394)</td>
</tr>
<tr>
<td>Appreciation, Other Benefits &amp; Marketing Adjust</td>
<td>(2,943)</td>
</tr>
<tr>
<td>Yellow page advertising</td>
<td></td>
</tr>
<tr>
<td>Home Office Allocation</td>
<td>$72,122</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 22, col.8)</td>
<td>$1,635,585</td>
</tr>
</tbody>
</table>

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

<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>$10,661</td>
</tr>
<tr>
<td>Office in Toledo, OH for regional meetings</td>
<td></td>
</tr>
<tr>
<td>Seminar Expense</td>
<td></td>
</tr>
<tr>
<td>Entertainment Expense</td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- *Attach copy of IMRF notifications*
- **See instructions.**
## XIX-I. 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>
<tr>
<td>1 N/A</td>
<td>$</td>
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XX. GENERAL INFORMATION:

(1) Are nursing employees (RN, LPN, NA) represented by a union? No
(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA $6,606
(3) Did the nursing home make political contributions or payments to a political action organization? Yes
If YES, have these costs been properly adjusted out of the cost report? Yes $12,633
(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No
If YES, what is the capacity?
(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Years
(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 133,246 Line 10
(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes
If NO, attach a complete explanation.
(8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 04/07/11
(9) Are you presently operating under a sublease agreement? YES X NO
(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 104,025
This amount is to be recorded on line 42 of Schedule V.
(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No
If YES, attach an explanation of the allocation.
(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ N/A Has any meal income been offset against related costs? Yes Indicate the amount. $ 727
(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $
(17) Has an audit been performed by an independent certified public accounting firm? No
(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.