

Facility Name & ID Number Swann Special Care Center

0035485 Report Period Beginning: 07/01/2012 Ending: 06/30/2013

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

No Change

| | 1 | 2 | 3 | 4 | |
|---|------------------------------------|-----------------------------|------------------------------|--|---|
| | Beds at Beginning of Report Period | Licensure Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 1 | | Skilled (SNF) | | | 1 |
| 2 | <u>123</u> | Skilled Pediatric (SNF/PED) | <u>123</u> | <u>44,895</u> | 2 |
| 3 | | Intermediate (ICF) | | | 3 |
| 4 | | Intermediate/DD | | | 4 |
| 5 | | Sheltered Care (SC) | | | 5 |
| 6 | | ICF/DD 16 or Less | | | 6 |
| 7 | <u>123</u> | TOTALS | <u>123</u> | <u>44,895</u> | 7 |

B. Census-For the entire report period.

| | 1 Level of Care | 2 3 4 5 Patient Days by Level of Care and Primary Source of Payment | | | |
|----|--------------------|--|-------------|-------|---------------|
| | | Medicaid Recipient | Private Pay | Other | |
| 8 | SNF | | | | 8 |
| 9 | SNF/PED | <u>42,539</u> | <u>685</u> | | <u>43,224</u> |
| 10 | ICF | | | | 10 |
| 11 | ICF/DD | | | | 11 |
| 12 | SC | | | | 12 |
| 13 | DD 16 OR LESS | | | | 13 |
| 14 | TOTALS | <u>42,539</u> | <u>685</u> | | <u>43,224</u> |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.28%

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

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

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

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

None.

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 08/15/1989

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

YES Date 08/15/1989 NO

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

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: FYE 6/30/13 Fiscal Year: FYE 6/30/13

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

Facility Name & ID Number

Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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

| | Operating Expenses | Costs Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR BHF USE ONLY | |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|-----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 |
| | A. General Services | | | | | | | | | | |
| 1 | Dietary | 236,068 | 17,915 | 34,539 | 288,522 | | 288,522 | (64,808) | 223,714 | | 1 |
| 2 | Food Purchase | | 132,433 | | 132,433 | | 132,433 | | 132,433 | | 2 |
| 3 | Housekeeping | | 82,023 | 142,412 | 224,435 | | 224,435 | | 224,435 | | 3 |
| 4 | Laundry | 2,779 | 10,947 | 104,425 | 118,151 | | 118,151 | | 118,151 | | 4 |
| 5 | Heat and Other Utilities | | | 82,569 | 82,569 | | 82,569 | (6,434) | 76,135 | | 5 |
| 6 | Maintenance | 75,198 | 11,497 | 46,349 | 133,044 | 195 | 133,239 | | 133,239 | | 6 |
| 7 | Other (specify):* | | | | | | | | | | 7 |
| 8 | TOTAL General Services | 314,045 | 254,815 | 410,294 | 979,154 | 195 | 979,349 | (71,242) | 908,107 | | 8 |
| | B. Health Care and Programs | | | | | | | | | | |
| 9 | Medical Director | | | 45,600 | 45,600 | | 45,600 | | 45,600 | | 9 |
| 10 | Nursing and Medical Records | 2,974,992 | 352,825 | 25,723 | 3,353,540 | (36,820) | 3,316,720 | | 3,316,720 | | 10 |
| 10a | Therapy | | 37,971 | 153,037 | 191,008 | | 191,008 | | 191,008 | | 10a |
| 11 | Activities | 213,356 | 2,107 | 2,641 | 218,104 | | 218,104 | | 218,104 | | 11 |
| 12 | Social Services | | 36 | 456 | 492 | | 492 | | 492 | | 12 |
| 13 | CNA Training | | | | | 36,820 | 36,820 | | 36,820 | | 13 |
| 14 | Program Transportation | | | | | | | | | | 14 |
| 15 | Other (specify):* | | | | | | | | | | 15 |
| 16 | TOTAL Health Care and Programs | 3,188,348 | 392,939 | 227,457 | 3,808,744 | | 3,808,744 | | 3,808,744 | | 16 |
| | C. General Administration | | | | | | | | | | |
| 17 | Administrative | 83,156 | | 163,346 | 246,502 | 87,817 | 334,319 | (18,476) | 315,843 | | 17 |
| 18 | Directors Fees | | | | | | | | | | 18 |
| 19 | Professional Services | | | 746,844 | 746,844 | (317,423) | 429,421 | (318,139) | 111,282 | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 41,619 | 41,619 | 36,106 | 77,725 | (32,655) | 45,070 | | 20 |
| 21 | Clerical & General Office Expenses | 98,357 | 14,682 | 77,718 | 190,757 | 125,544 | 316,301 | (32,804) | 283,497 | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 851,462 | 851,462 | 1,288 | 852,750 | | 852,750 | | 22 |
| 23 | Inservice Training & Education | | | 10,800 | 10,800 | 1,601 | 12,401 | (695) | 11,706 | | 23 |
| 24 | Travel and Seminar | | | 7,467 | 7,467 | 27,185 | 34,652 | (300) | 34,352 | | 24 |
| 25 | Other Admin. Staff Transportation | | | 718 | 718 | | 718 | | 718 | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 24,963 | 24,963 | 5,539 | 30,502 | 22,419 | 52,921 | | 26 |
| 27 | Other (specify):* Indigent Care | | | 67,896 | 67,896 | | 67,896 | (67,896) | | | 27 |
| 28 | TOTAL General Administration | 181,513 | 14,682 | 1,992,833 | 2,189,028 | (32,343) | 2,156,685 | (448,546) | 1,708,139 | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 3,683,906 | 662,436 | 2,630,584 | 6,976,926 | (32,148) | 6,944,778 | (519,788) | 6,424,990 | | 29 |

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

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

Facility Name & ID Number Swann Special Care Center

#0035485

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

06/30/2013

V. COST CENTER EXPENSES (continued)

| | Capital Expense | Cost Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR BHF USE ONLY | | |
|----|---|-------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 | |
| | D. Ownership | | | | | | | | | | | |
| 30 | Depreciation | | | 85,515 | 85,515 | 8,647 | 94,162 | 109,865 | 204,027 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 163,811 | 163,811 | 9,400 | 173,211 | 106,447 | 279,658 | | | 32 |
| 33 | Real Estate Taxes | | | | | | | | | | | 33 |
| 34 | Rent-Facility & Grounds | | | 367,592 | 367,592 | 13,982 | 381,574 | (367,592) | 13,982 | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 13,906 | 13,906 | 119 | 14,025 | | 14,025 | | | 35 |
| 36 | Other (specify):* Mortgage Ins. | | | 290,420 | 290,420 | | 290,420 | (236,927) | 53,493 | | | 36 |
| 37 | TOTAL Ownership | | | 921,244 | 921,244 | 32,148 | 953,392 | (388,207) | 565,185 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | 1,315,249 | 7,061 | 517,496 | 1,839,806 | | 1,839,806 | (1,811,422) | 28,384 | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 456,488 | 456,488 | | 456,488 | | 456,488 | | | 42 |
| 43 | Other (specify):* Radiology | | | 910 | 910 | | 910 | | 910 | | | 43 |
| 44 | TOTAL Special Cost Centers | 1,315,249 | 7,061 | 974,894 | 2,297,204 | | 2,297,204 | (1,811,422) | 485,782 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 4,999,155 | 669,497 | 4,526,722 | 10,195,374 | | 10,195,374 | (2,719,417) | 7,475,957 | | | 45 |

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

Facility Name & ID Number

Swann Special Care Center

STATE OF ILLINOIS
#0035485

Report Period Beginning:

07/01/2012

Ending:

Exceptional Care & Training Center
Schedule V Supplemental Schedule
Reclassifications

| DESCRIPTION | INCREASE | DECREASE | SCH V LINE.COL |
|---|----------|-----------|----------------|
| <u>1 Reclassification of Hoosier Care Group Expenses:</u> | | | |
| Administrative (Rel. Party Group Expense Allocation) | | (144,870) | 17.5 |
| Administration | 78,111 | | 17.5 |
| Professional Services | 25,115 | | 19.5 |
| Dues, Fees, Subscriptions & Promotions | 32,899 | | 20.5 |
| Clerical & General Office Expenses | 421 | | 21.5 |
| Interest | 8,324 | | 32.5 |
| <u>2 Reclassification of ELC Corporate Expenses</u> | | | |
| Professional Services (Rel. Party Mgmt. Fee) | | (354,191) | 19.5 |
| Maintenance | 195 | | 6.5 |
| Administrative | 154,576 | | 17.5 |
| Professional Services | 11,653 | | 19.5 |
| Dues, Fees, Subscriptions & Promotions | 3,207 | | 20.5 |
| Clerical & General Office Expenses | 125,123 | | 21.5 |
| Employee Benefits & Payroll Taxes | 1,288 | | 22.5 |
| Inservice Training & Education | 1,601 | | 23.5 |
| Travel & Seminar | 27,185 | | 24.5 |
| Insurance - Prop.Liab.Malpractice | 5,539 | | 26.5 |
| Depreciation | 8,647 | | 30.5 |
| Interest | 1,076 | | 32.5 |
| Rent - Facility & Grounds | 13,982 | | 34.5 |
| Rent - Equipment | 119 | | 35.5 |
| <u>3 Reclassification of C.N.A. Training Expenses for Trainers/Trainees</u> | | | |
| C.N.A. Training | 36,820 | | 13.5 |
| Nursing & Medical Records | | (36,820) | 10.5 |

| Purpose of Seminar | Name of Attendee | Title of Attendee | Exp Amount |
|--|------------------|----------------------------------|--|
| Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for Jul - Sept. | All | All | \$ 1,207.50 |
| Suburban Law Enforcement Academy CLASS: Criminal History Record Information Training for 1 Adults @ \$25.00 each | Debbie Meek | Business Office | \$ 25.00 |
| Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for Oct - Dec. | All | All | \$ 1,207.50 |
| Fred Prior Seminars CLASS: Front Desk Management | Ashley Peete | Business Office Clerk | \$ 149.00 |
| Theresa Thorland - Instructor CLASS: Assessing Individual Resident Sensory Preferences | Leonora Byram | Activities Director | \$ 95.00 |
| Group Invoices from ELC AHA CPR Instructor Course and Required manuals - Heartsaver CPR/AED & First Aid | Yvonne Vanosdol | Professional Services Consultant | \$ 16.00 |
| Cathy A. Taylor - Certified CPR Instructor CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 9 Adults @ \$40.00 each | SNF Staff | SNF Staff | \$ 40.00 \$ 40.00 \$ 40.00 \$ 40.00 \$ 40.00 \$ 40.00 \$ 40.00 \$ 40.00 |
| Group invoices from ELC CLASS: Skin & Wound Management Course and NAWC Certification | Yvonne Vanosdol | Professional Services Consultant | \$ 255.22 |

| | | | | |
|--|----------------------|--------------------------|----|-------|
| Cathy A. Taylor - Certified CPR Instructor | Stacie Armstrong | SNF Staff | \$ | 40.00 |
| | Kassity Briggs | SNF Staff | \$ | 40.00 |
| | Kimmie Chinn | SNF Staff | \$ | 40.00 |
| | Benjamin Ellazar | SNF Staff | \$ | 40.00 |
| | Elizabeth Espedido | SNF Staff | \$ | 40.00 |
| | Juvelyn Fabi | SNF Staff | \$ | 40.00 |
| | Gordana Gromovic | SNF Staff | \$ | 40.00 |
| | Evelyn Herda | SNF Staff | \$ | 40.00 |
| | Zipura Maias | SNF Staff | \$ | 40.00 |
| | Elizabeth Hernandez | SNF Staff | \$ | 40.00 |
| Cathy A. Taylor - Certified CPR Instructor CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 15 Adults @ \$40.00 each | Cherry Billones | C.N.A. | \$ | 40.00 |
| | Lashaundo Cunningham | C.N.A. | \$ | 40.00 |
| | Gale Kirkpatrick | Maintenance Director | \$ | 40.00 |
| | Felicite Maemble | C.N.A. | \$ | 40.00 |
| | John Paul Rayo | Restorative Assistant | \$ | 40.00 |
| | Jervis Romero | C.N.A. | \$ | 40.00 |
| Cathy A. Taylor - Certified CPR Instructor CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 15 Adults @ \$40.00 each | Lerma Baylon | C.N.A. | \$ | 40.00 |
| | Cathy Chambliss | C.N.A. | \$ | 40.00 |
| | Andy Mendoza | QMRP | \$ | 40.00 |
| | Rodney Moen | C.N.A. | \$ | 40.00 |
| | Eric Ngoho | Cook | \$ | 40.00 |
| | Jeanette Ngoloma | C.N.A. | \$ | 40.00 |
| | Francia Solares | RN | \$ | 40.00 |
| | Lucas Talavera | C.N.A. | \$ | 40.00 |
| | Jiaoping Wu | C.N.A. | \$ | 40.00 |
| | Tessa Wilcoski | RN | \$ | 40.00 |
| Cathy A. Taylor - Certified CPR Instructor CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 1 Adults @ \$40.00 each | Mamie Zanger | C.N.A. | \$ | 40.00 |
| Group invoices from ELC Med Pass INTERACT Implementation Guide, worksheets, communication forms, Stop and Watch pads | Jackie Strader | Vice President, Clinical | \$ | 26.02 |
| Group invoices from ELC Med Pass INTERACT Guide 2013 - 2 pack | Jackie Strader | Vice President, Clinical | \$ | 11.75 |

Cathy A. Taylor - Certified CPR Instructor
 CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 12 Adults
 @ \$35.00 each

| | | | |
|-------------------|-----------|----|-------|
| Amparo Barnes | SNF Staff | \$ | 35.00 |
| John Bowen | SNF Staff | \$ | 35.00 |
| Janie Breeze | SNF Staff | \$ | 35.00 |
| Rommell DeJesus | SNF Staff | \$ | 35.00 |
| Archie Dumlao | SNF Staff | \$ | 35.00 |
| Glenda Martinez | SNF Staff | \$ | 35.00 |
| Mary Ann Mendoza | SNF Staff | \$ | 35.00 |
| Ma. Ethel Ngoho | SNF Staff | \$ | 35.00 |
| Emilita Pagio | SNF Staff | \$ | 35.00 |
| Aileen Jane Perez | SNF Staff | \$ | 35.00 |
| Richard Pittman | SNF Staff | \$ | 35.00 |
| Patti Talkington | SNF Staff | \$ | 35.00 |

Kym Halberstadt - employee reimbursement
 CLASS: DD Symposium

| | | | |
|-----------------|--------------------|----|--------|
| Kym Halberstadt | Executive Director | \$ | 125.00 |
|-----------------|--------------------|----|--------|

Cathy A. Taylor - Certified CPR Instructor
 CLASS: CPR for Adult, Child, Infant - Choking & First Aid, AED for 14 Adults
 @ \$35.00 each

| | | | |
|--------------------|-----------|----|-------|
| Lailaine Barnes | SNF Staff | \$ | 35.00 |
| Evelyn Caipal | SNF Staff | \$ | 35.00 |
| Rachal Coloma | SNF Staff | \$ | 35.00 |
| Ophelia Kunn | SNF Staff | \$ | 35.00 |
| Tracy Lin | SNF Staff | \$ | 35.00 |
| Crislyn Lu | SNF Staff | \$ | 35.00 |
| Jacqueline Mazieta | SNF Staff | \$ | 35.00 |
| Adele Moanda | SNF Staff | \$ | 35.00 |
| Fanny Nsilu | SNF Staff | \$ | 35.00 |
| Romuel Perez | SNF Staff | \$ | 35.00 |
| Ann Marilyn Quiban | SNF Staff | \$ | 35.00 |
| Evelyn Schreiber | SNF Staff | \$ | 35.00 |
| Helen Sevilla | SNF Staff | \$ | 35.00 |
| Janie Williams | SNF Staff | \$ | 35.00 |

Cathy A. Taylor - Certified CPR Instructor
 AHA Heartsaver CPR Adult, Child, & Infant - Choking & First Aid, AED Books
 \$14 x 27 students, certification cards \$6 x 27 students
 For May classes

| | | | |
|-----------------|-----------|----|-------|
| Amparo Barnes | SNF Staff | \$ | 20.00 |
| John Bowen | SNF Staff | \$ | 20.00 |
| Janie Breeze | SNF Staff | \$ | 20.00 |
| Rommell DeJesus | SNF Staff | \$ | 20.00 |
| Archie Dumlao | SNF Staff | \$ | 20.00 |
| Glenda Martinez | SNF Staff | \$ | 20.00 |

| | | | |
|--------------------|-----------|----|-------|
| Mary Ann Mendoza | SNF Staff | \$ | 20.00 |
| Ma. Ethel Ngoho | SNF Staff | \$ | 20.00 |
| Emilita Pagio | SNF Staff | \$ | 20.00 |
| Aileen Jane Perez | SNF Staff | \$ | 20.00 |
| Richard Pittman | SNF Staff | \$ | 20.00 |
| Patti Talkington | SNF Staff | \$ | 20.00 |
| Lailaine Barnes | SNF Staff | \$ | 20.00 |
| Evelyn Caipal | SNF Staff | \$ | 20.00 |
| Rachal Coloma | SNF Staff | \$ | 20.00 |
| Ophelia Kunn | SNF Staff | \$ | 20.00 |
| Tracy Lin | SNF Staff | \$ | 20.00 |
| Crislyn Lu | SNF Staff | \$ | 20.00 |
| Jacqueline Mazieta | SNF Staff | \$ | 20.00 |
| Adele Moanda | SNF Staff | \$ | 20.00 |
| Fanny Nsilu | SNF Staff | \$ | 20.00 |
| Romuel Perez | SNF Staff | \$ | 20.00 |
| Ann Marilyn Quiban | SNF Staff | \$ | 20.00 |
| Evelyn Schreiber | SNF Staff | \$ | 20.00 |
| Helen Sevilla | SNF Staff | \$ | 20.00 |
| Janie Williams | SNF Staff | \$ | 20.00 |
| Extra Copy | SNF Staff | \$ | 20.00 |

Cathy A. Taylor - Certified CPR Instructor
 AHA Heartsaver CPR Adult, Child, & Infant - Choking & First Aid, AED Books
 \$14 x 17 students, certification cards \$6 x 17 students

SNF Staff SNF Staff \$ 540.00

Relias Learning LLC
 Core Curriculum Education Software Quarterly Bill - billing for April - June

All All \$ 1,693.49

Relias Learning LLC
 Core Curriculum Education Software Quarterly Bill - billing for Jan - Mar 2013

\$ 1,207.50

Relias Learning LLC
 Employee Feedback System - 162 users for 11/30/12 thru 3/31/13

All All \$ 656.42

Corporate / Group Allocation:

Various Various 1,601

\$ 11,706 Schedule V, Line 23, Co

Period Beginning: 07/01/2012 Ending: 06/30/2013

lumn 8

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2012

Ending: 06/30/2013

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

| | | 1 | 2 | 3 | |
|----|---|-----------------------|----------------|-----------------|-----------|
| | NON-ALLOWABLE EXPENSES | Amount | Refer- ence | BHF USE ONLY | |
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | (1,811,422) | 39 | | 3 |
| 4 | Non-Patient Meals | (64,808) | 1 | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | (6,434) | 5 | | 5 |
| 6 | Rented Facility Space | | | | 6 |
| 7 | Sale of Supplies to Non-Patients | | | | 7 |
| 8 | Laundry for Non-Patients | | | | 8 |
| 9 | Non-Straightline Depreciation | | | | 9 |
| 10 | Interest and Other Investment Income | (5,046) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | (6,132) | 21 | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | | | | 13 |
| 14 | Non-Care Related Interest | (30,207) | 32 | | 14 |
| 15 | Non-Care Related Owner's Transactions | | | | 15 |
| 16 | Personal Expenses (Including Transportation) | | | | 16 |
| 17 | Non-Care Related Fees | | | | 17 |
| 18 | Fines and Penalties | (2,456) | 20 | | 18 |
| 19 | Entertainment | (300) | 24 | | 19 |
| 20 | Contributions | (49) | 21 | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | (3,690) | 19 | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | (67,896) | 27 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (27,638) | 20 | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | | | | 26 |
| 27 | CNA Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | | | | 28 |
| 29 | Other-Attach Schedule See attached Pg 5A | (334,366) | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (2,360,444) | | \$ | 30 |

| BHF USE ONLY | | | | | |
|--------------|--|----|--|----|----|
| 48 | | 49 | | 50 | |
| | | | | 51 | |
| | | | | | 52 |

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

| | | 1 | 2 | |
|----|---|-----------------------|-----------|-----------|
| | | Amount | Reference | |
| 31 | Non-Paid Workers-Attach Schedule* | \$ | | 31 |
| 32 | Donated Goods-Attach Schedule* | | | 32 |
| 33 | Amortization of Organization & Pre-Operating Expense | | | 33 |
| 34 | Adjustments for Related Organization Costs (Schedule VII) | (358,973) | 17, 19 | 34 |
| 35 | Other- Attach Schedule | | | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ (358,973) | | 36 |
| | (sum of SUBTOTALS | | | |
| 37 | TOTAL ADJUSTMENTS (A) and (B)) | \$ (2,719,417) | | 37 |

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

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

Swann Special Care Center

ID# 0035485

Report Period Beginning: 07/01/2012

Ending: 06/30/2013

Sch. V Line

| NON-ALLOWABLE EXPENSES | | Amount | Reference | |
|------------------------|---|--------------|-----------|----|
| 1 | Loss on Debt Refinancing | \$ (290,420) | 36 | 1 |
| 2 | Unallowable Auto Expense (Depreciation) | (13,992) | 30 | 2 |
| 3 | Contributions Received: Income Offset | (26,623) | 21 | 3 |
| 4 | Unallowable Portion of Inservice Training/Edu | (695) | 23 | 4 |
| 5 | Unallowable Lobbying Portion of ILHCA Dues | (2,636) | 20 | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
| 11 | | | | 11 |
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| 22 | | | | 22 |
| 23 | | | | 23 |
| 24 | | | | 24 |
| 25 | | | | 25 |
| 26 | | | | 26 |
| 27 | | | | 27 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
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| 32 | | | | 32 |

| | | | | |
|----|--------------|--|-----------|----|
| 33 | | | | 33 |
| 34 | | | | 34 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| 37 | | | | 37 |
| 38 | | | | 38 |
| 39 | | | | 39 |
| 40 | | | | 40 |
| 41 | | | | 41 |
| 42 | | | | 42 |
| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | | | | 45 |
| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | | (334,366) | 49 |

VII. RELATED PARTIES

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

| 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | |
|--------------------|-------------|--|------------------|-----------------------------------|---------------|--------------------|
| Name | Ownership % | Name | City | Name | City | Type of Business |
| Hoosier Care, Inc. | 100% | Exceptional Care & Training Center | Sterling, IL | Medical Rehabilitation | Lexington, KY | Mgmt Co. |
| | | Walter Lawson Children's Home | Loves Park, IL | Hoosier Care Investme | Nashville, TN | NFP Affiliated Co. |
| | | Vernon Manor Children's Home | Wabash, IN | Champaign Facility C | Champaign, IL | Property Co. |
| | | Richland-Bean Blossom Health Care Center | Ellettsville, IN | | | |
| | | Exceptional Living Centers of Brazil | Brazil, IN | | | |
| | | Randolph Nursing Home | Winchester, IN | | | |

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | | |
|------------|-------|--|------------|--|----------------------|--|--|----------|----|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | | |
| 1 | V | 17 Corporate Group Cost Center | \$ 163,346 | Hoosier Care, Inc. | 100.00% | \$ 144,870 | \$ (18,476) | 1 | |
| 2 | V | | | Note: See Schedule VIII for Allocation of Col. 7 amt and reclassification to functional expense lines on Schedule V. | | | | 2 | |
| 3 | V | | | | | | | 3 | |
| 4 | V | | | | | | | 4 | |
| 5 | V | 19 Rel. Party Management Fee | 668,640 | Medical Rehabilitation Centers, LLC | 25.00% | 354,191 | (314,449) | 5 | |
| 6 | V | | | dba Exceptional Living Centers | | | | 6 | |
| 7 | V | | | Hoosier Care owns 25% of the beneficial interests of MRC | | | | 7 | |
| 8 | V | | | Note: Please see Schedule VIII for Allocation of Col. 7 amt and reclassification to functional expense lines on Sch V. | | | | 8 | |
| 9 | V | | | | | | | 9 | |
| 10 | V | | | | | | | 10 | |
| 11 | V | PLEASE SEE DISCLOSURE AND AJDUSTMENTS CONTINUED ON THE NEXT PAGE: AMOUNT FROM PAGE 6A: | | | | | | (26,048) | 11 |
| 12 | V | | | | | | | 12 | |
| 13 | V | | | | | | | 13 | |
| 14 | Total | | \$ 831,986 | | | \$ 499,061 | \$ * (358,973) | 14 | |

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

VII. RELATED PARTIES (continued)

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: |
|------------|-------|--------------------------------------|------------|--|----------------------|--|--|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15 | V | 34 Rel. Party Bldg/Equip Rent | \$ 367,592 | Champaign Facility Company, LLC | 100.00% | \$ | \$ (367,592) |
| 16 | V | | | During FYE 6/30/13, Hoosier Care undertook a refinancing | | | |
| 17 | V | | | of the building indebtedness of SSCC, by way of a HUD- | | | |
| 18 | V | | | insured loan. HUD requires an arrangement whereby | | | |
| 19 | V | | | real property and equipment are held by a separate legal | | | |
| 20 | V | | | entity. This facility company is under 100% common | | | |
| 21 | V | | | ownership with SSCC, and therefore the "rent" paid | | | |
| 22 | V | | | to the facility company has been removed from this report, | | | |
| 23 | V | | | and the actual expenses of the facility company have been | | | |
| 24 | V | | | added here: | | | |
| 25 | V | 30 Actual Depreciation of Rel Pty | | -Depreciation | | 123,857 | 123,857 |
| 26 | V | 32 Actual Interest of Rel Pty | | -Interest (net of interest income) | | 136,919 | 136,919 |
| 27 | V | 32 Actual Amort of Debt Cost-Rel Pty | | -Amort of Debt Costs | | 4,781 | 4,781 |
| 28 | V | 26 Actual Insurance of Rel Pty | | -Insurance | | 22,419 | 22,419 |
| 29 | V | 36 Actual Mortgage Ins of Rel Pty | | -Mortgage Insurance | | 53,493 | 53,493 |
| 30 | V | 20 Actual Bank Fees of Rel Pty | | -Bank Fees | | 75 | 75 |
| 31 | V | | | | | | |
| 32 | V | | | | | | |
| 33 | V | | | | | | |
| 34 | V | | | | | | |
| 35 | V | | | | | | |
| 36 | V | | | | | | |
| 37 | V | | | | | | |
| 38 | V | | | | | | |
| 39 | Total | | \$ 367,592 | | | \$ 341,544 | \$ * (26,048) |

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2012 Ending: 06/30/2013

VII. RELATED PARTIES (continued)

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

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

| | 1 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference |
|----|---|--------------|---------------|-------------------------|--|--|---------|---|-----------|--|
| | | | | | | Hours | Percent | Description | Amount | |
| 1 | John Foos | Board Member | Governance | 0% | | | | | \$ | 1 |
| 2 | John Gillmor | Board Member | Governance | 0% | | | | | | 2 |
| 3 | Bruce Hutson | Board Member | Governance | 0% | | | | | | 3 |
| 4 | Jo Anne Corbitt | Board Member | Governance | 0% | | | | | | 4 |
| 5 | Douglas Smith | Board Member | Governance | 0% | | | | | | 5 |
| 6 | Stephen Wood | Board Member | Governance | 0% | | | | | | 6 |
| 7 | NOTE: Fees are paid by Hoosier Care, Inc. (the home/group overhead cost center detailed on Pg 8) to Hoosier Care Investments, LLC ("HCI"; an affiliated not-for-profit) | | | | | | | | | 7 |
| 8 | which go toward, among other things solely within the control of HCI, fees for members of the Boards of Directors of HCI affiliated facilities, Swann Special Care | | | | | | | | | 8 |
| 9 | Center being one of many. Therefore no Board Fees or compensation are paid directly by, or known to, SSCC, but rather the fees paid by Hoosier Care to HCI are | | | | | | | | | 9 |
| 10 | combined with similar fees paid by other facilities, for HCI to provide governance and managerial oversight, including payment by HCI to Board members of each legal | | | | | | | | | 10 |
| 11 | entity. Fees paid by other facilities, if known, are shown on Page 7.1; The entire amount of fees included on this report, grouped on Line 17, is disclosed here: | | | | | | | | | 11 |
| 12 | | | | | | | | ADMIN FEES: | 78,111 | 17.8 |
| 13 | | | | | | | | TOTAL | \$ 78,111 | |

* 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

STATE OF ILLINOIS

Facility Name & ID Number Swann Special Care Center # 35485 Report Period Beginning: 7/1/2012 Ending: _____

VII. RELATED PARTIES (continued)

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

*** 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.**

Amounts paid for Home Office Administration Fees by other Nursing Homes

| | | |
|-------------------------------------|--------|----------|
| Walter Lawson Children's Home | 64,783 | Illinois |
| Swann Special Care Center | 78,111 | Illinois |
| Exceptional Care & Training Center | 48,236 | Illinois |
| Vernon Manor Children's Home | 42,706 | Indiana |
| Exceptional Living Center of Brazil | 57,557 | Indiana |
| Richland-Bean Blossom Health Care | 44,344 | Indiana |
| Randolph Nursing Home | 40,307 | Indiana |

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending: 6/30/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Hoosier Care, Inc.
 Street Address 1050 Chinoe Road, Suite 350
 City / State / Zip Code Lexington, KY 40502
 Phone Number (859) 255-0075
 Fax Number (859) 281-5150

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
|---------------------------|--------|---|-------------|--|-------------------------------------|---|----------------|---------------------------------|------------|----|
| Schedule V Line Reference | Item | Unit of Allocation (i.e., Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 | | |
| 1 | 17 | Administrative | Direct Cost | 40,709,120 | 7 | \$ 376,043 | \$ 0 | 8,456,050 | \$ 78,111 | 1 |
| 2 | 19 | Professional Services | Direct Cost | 40,709,120 | 7 | 120,910 | 0 | 8,456,050 | 25,115 | 2 |
| 3 | 20 | Dues, Fees, Subscriptions & Prom | Direct Cost | 40,709,120 | 7 | 158,380 | 0 | 8,456,050 | 32,899 | 3 |
| 4 | 21 | Clerical & General Office Expens | Direct Cost | 40,709,120 | 7 | 2,025 | 0 | 8,456,050 | 421 | 4 |
| 5 | 32 | Interest | Direct Cost | 40,709,120 | 7 | 40,074 | 0 | 8,456,050 | 8,324 | 5 |
| 6 | | | | | | | | | | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| 9 | | | | | | | | | | 9 |
| 10 | | | | | | | | | | 10 |
| 11 | | | | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | | | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | | | | | | | | | | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| 19 | | | | | | | | | | 19 |
| 20 | | | | | | | | | | 20 |
| 21 | | | | | | | | | | 21 |
| 22 | | | | | | | | | | 22 |
| 23 | | | | | | | | | | 23 |
| 24 | | | | | | | | | | 24 |
| 25 | TOTALS | | | | | \$ 697,432 | \$ | | \$ 144,870 | 25 |

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending: 6/30/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Medical Rehabilitation Centers, LLC, dba Except
 Street Address 1050 Chinoe Road, Suite 350
 City / State / Zip Code Lexington, KY 40502
 Phone Number (859) 255-0075
 Fax Number (859) 281-5150

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|---------------------------|--------|--|--------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 | |
| 1 | 6 | Maintenance | Direct Costs | 15 | \$ 1,894 | \$ | 8,456,050 | \$ 195 | 1 |
| 2 | 17 | Administrative | Direct Costs | 15 | 1,500,499 | 1,500,499 | 8,456,050 | 154,576 | 2 |
| 3 | 19 | Professional Services | Direct Costs | 15 | 113,115 | | 8,456,050 | 11,653 | 3 |
| 4 | 20 | Dues, Fees, Subscriptions | Direct Costs | 15 | 31,135 | | 8,456,050 | 3,207 | 4 |
| 5 | 21 | Clerical & General Office | Direct Costs | 15 | 1,214,598 | 970,314 | 8,456,050 | 125,123 | 5 |
| 6 | 22 | Employee Benefits & Payroll Tax | Direct Costs | 15 | 12,505 | | 8,456,050 | 1,288 | 6 |
| 7 | 23 | Inservice Training & Education | Direct Costs | 15 | 15,543 | | 8,456,050 | 1,601 | 7 |
| 8 | 24 | Travel & Seminar | Direct Costs | 15 | 263,893 | | 8,456,050 | 27,185 | 8 |
| 9 | 26 | Insurance | Direct Costs | 15 | 53,765 | | 8,456,050 | 5,539 | 9 |
| 10 | 30 | Depreciation | Direct Costs | 15 | 83,939 | | 8,456,050 | 8,647 | 10 |
| 11 | 32 | Interest | Direct Costs | 15 | 10,446 | | 8,456,050 | 1,076 | 11 |
| 12 | 34 | Rent - Facility & Grounds | Direct Costs | 15 | 135,731 | | 8,456,050 | 13,982 | 12 |
| 13 | 35 | Rent - Equipment | Direct Costs | 15 | 1,155 | | 8,456,050 | 119 | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | TOTALS | | | | \$ 3,438,218 | \$ 2,470,813 | | \$ 354,191 | 25 |

Facility Name & ID Number

Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

| 1 | Name of Lender | 2 | | 3 | 4 | 5 | 6 | | 8 | 9 | 10 | | | | | |
|-------------------------------------|-----------------------------------|-----------|----|--------------------------------|-------------|----------|--------------------------|--------------|------------|--------|------------|----------------|---------|---------------|--------------------------|-----------------------------------|
| | | Related** | | | | | Monthly Payment Required | Date of Note | | | | Amount of Note | | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |
| | | YES | NO | | | | | | | | | Original | Balance | | | |
| A. Directly Facility Related | | | | | | | | | | | | | | | | |
| Long-Term | | | | | | | | | | | | | | | | |
| 1 | Ill. Health Finance Auth. | | X | Purchase of Facility | \$0.00 | 07/08/99 | \$ 5,710,000 | \$ 0 | 06/01/34 | 0.0713 | \$ 124,384 | | | | | |
| 2 | Ill. Health Finance Auth. | | X | Purchase of Facility | \$0.00 | 07/08/99 | 260,000 | 0 | 06/02/19 | 0.1050 | 5,601 | | | | | |
| 3 | LP Mortgage HUD Loan 2012 | | X | Refi of Building Debt | \$33,276.00 | 11/1/12 | 8,377,500 | 8,283,745 | 11/1/42 | 0.0254 | 137,027 | | | | | |
| 4 | | | | | | | | | | | 4 | | | | | |
| 5 | | | | | | | | | | | 5 | | | | | |
| Working Capital | | | | | | | | | | | | | | | | |
| 6 | GE Healthcare Finance | | X | Working Capital | \$0.00 | 10/27/11 | 5,000,000 | 0 | 10/27/2014 | Varied | 8,324 | | | | | |
| 7 | Rel Party Alloc - MRC | | X | Working Capital | \$0.00 | 11/30/10 | 3,000,000 | 0 | 11/30/2015 | Varied | 1,076 | | | | | |
| 8 | | | | | | | | | | | 8 | | | | | |
| 9 | TOTAL Facility Related | | | | \$33,276.00 | | \$ 22,347,500 | \$ 8,283,745 | | | \$ 276,412 | | | | | |
| B. Non-Facility Related* | | | | | | | | | | | | | | | | |
| 10 | Bonds - Prior Group Debt | | X | Alloc of Group Debt / Former S | \$0.00 | 07/08/99 | 1,243,913 | 0 | Varied | Varied | 29,358 | | | | | |
| 11 | | | | | | | | | | | 11 | | | | | |
| 12 | | | | | | | | | | | 12 | | | | | |
| 13 | | | | | | | | | | | 13 | | | | | |
| 14 | TOTAL Non-Facility Related | | | | \$0.00 | | \$ 1,243,913 | \$ 0 | | | \$ 29,358 | | | | | |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 23,591,413 | \$ 8,283,745 | | | \$ 305,770 | | | | | |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,493 Line # 36

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

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

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

B. Real Estate Taxes

| | | | | | |
|--|------|---|----|-------------------------|--|
| | | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. | | | |
| 1. Real Estate Tax accrual used on 2012 report. | | \$ | | | 1 |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.) | | \$ | | | 2 |
| 3. Under or (over) accrual (line 2 minus line 1). | | \$ | | | 3 |
| 4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.) | | \$ | | | 4 |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) | | \$ | | | 5 |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.) | | \$ | | | 6 |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6. | | \$ | | | 7 |
| Real Estate Tax History: | | | | | |
| Real Estate Tax Bill for Calendar Year: | 2008 | _____ | 8 | FOR BHF USE ONLY | |
| | 2009 | _____ | 9 | | |
| | 2010 | _____ | 10 | | |
| | 2011 | _____ | 11 | | |
| | 2012 | _____ | 12 | | |
| Note: This facility became exempt from Property Taxes starting on 1/1/1996. | | | | | |
| | | | | 13 | FROM R. E. TAX STATEMENT FOR 2012 \$ _____ 13 |
| | | | | 14 | PLUS APPEAL COST FROM LINE 5 \$ _____ 14 |
| | | | | 15 | LESS REFUND FROM LINE 6 \$ _____ 15 |
| | | | | 16 | AMOUNT TO USE FOR RATE CALCULATION \$ _____ 16 |

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Swann Special Care Center COUNTY Whiteside

FACILITY IDPH LICENSE NUMBER 0035485

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

| | (A) <u>Tax Index Number</u> | (B) <u>Property Description</u> | (C) <u>Total Tax</u> | (D) <u>Tax Applicable to Nursing Home</u> |
|-----|--------------------------------|------------------------------------|-------------------------|--|
| 1. | <u>TAX EXEMPT</u> | _____ | \$ _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ | \$ _____ |
| 3. | _____ | _____ | \$ _____ | \$ _____ |
| 4. | _____ | _____ | \$ _____ | \$ _____ |
| 5. | _____ | _____ | \$ _____ | \$ _____ |
| 6. | _____ | _____ | \$ _____ | \$ _____ |
| 7. | _____ | _____ | \$ _____ | \$ _____ |
| 8. | _____ | _____ | \$ _____ | \$ _____ |
| 9. | _____ | _____ | \$ _____ | \$ _____ |
| 10. | _____ | _____ | \$ _____ | \$ _____ |
| | | TOTALS | \$ _____ | \$ _____ |

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 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

Facility Name & ID Number Swann Special Care Center

0035485 Report Period Beginning:

07/01/2012 Ending:

06/30/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,257 B. General Construction Type: Exterior Block & Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
None.

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

| | 1 | 2 | 3 | 4 | |
|---|----------------|---------------|---------------|-------------------|---|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>SNF/PED</u> | <u>89,603</u> | <u>1989</u> | <u>\$ 538,000</u> | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | 89,603 | | \$ 538,000 | 3 |

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
|----|---------------------------|---------------------------|---------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Beds* | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 4 | 87 | | 1989 | 1978 | \$ 2,592,000 | \$ 56,275 | 10-40 | \$ 56,275 | | \$ 1,686,910 | 4 |
| 5 | 9 | | | 1993 | 319,955 | 10,665 | 30 | 10,665 | | 235,843 | 5 |
| 6 | 8 | | | 1996 | N/A | | | | | | 6 |
| 7 | 8 | | 1984 | 2000 | 157,933 | 5,264 | 30 | 5,264 | | 67,122 | 7 |
| 8 | 11 | | | 2004 | N/A | | | | | | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | | PAINT & PANELS | | 1989 | 1,308 | | 3 | | | 1,308 | 9 |
| 10 | | BLINDS | | 1990 | 384 | | 3 | | | 384 | 10 |
| 11 | | FIRE DOORS | | 1990 | 2,751 | | 10 | | | 2,751 | 11 |
| 12 | | STORM WINDOW | | 1991 | 4,225 | | 10 | | | 4,225 | 12 |
| 13 | | FIRE DOORS | | 1991 | 3,675 | | 10 | | | 3,675 | 13 |
| 14 | | ROTOTECH COMPRESSOR - ROG | | 1991 | 1,035 | | 10 | | | 1,035 | 14 |
| 15 | | CARPETING - TILE SPECIALI | | 1991 | 220 | | 10 | | | 220 | 15 |
| 16 | | SPRINKLER/FIRE SYSTM-MCDA | | 1991 | 696 | | 10 | | | 696 | 16 |
| 17 | | SPRINKLER/EXIT DEVICES OD | | 1992 | 3,162 | | 10 | | | 3,162 | 17 |
| 18 | | DAMPER - ROGERS SUPPLY | | 1992 | 674 | | 10 | | | 674 | 18 |
| 19 | | FIRE ALARM SYSTEM - AI AL | | 1992 | 1,945 | | 10 | | | 1,945 | 19 |
| 20 | | WATER HEATER | | 1992 | 1,998 | | 7 | | | 1,998 | 20 |
| 21 | | ROOFING | | 1992 | 3,900 | | 10 | | | 3,900 | 21 |
| 22 | | VOLTAGE RELAY | | 1993 | 1,875 | | 10 | | | 1,875 | 22 |
| 23 | | SPRINKLER SYSTEM | | 1993 | 14,460 | | 10 | | | 14,460 | 23 |
| 24 | | WALL COVERING | | 1993 | 3,190 | | 10 | | | 3,190 | 24 |
| 25 | | WALL PAPERING | | 1993 | 3,000 | | 10 | | | 3,000 | 25 |
| 26 | | BLINDS WITH VALANCE | | 1993 | 2,395 | | 10 | | | 2,395 | 26 |
| 27 | | CARPET AND RUBBER BASE | | 1993 | 2,848 | | 10 | | | 2,848 | 27 |
| 28 | | SHED | | 1993 | 5,990 | | 10 | | | 5,990 | 28 |
| 29 | | REPLACE SIDING | | 1993 | 575 | | 10 | | | 575 | 29 |
| 30 | | STAIN NEW SHED | | 1993 | 1,248 | | 10 | | | 1,248 | 30 |
| 31 | | REMODELING IN TEAM ROOMS | | 1993 | 9,405 | | 10 | | | 9,405 | 31 |
| 32 | | PLEXIGLASS FOR DOORS & WA | | 1993 | 714 | | 10 | | | 714 | 32 |
| 33 | | RESURFACE PARKING LOT | | 1993 | 19,115 | | 10 | | | 19,115 | 33 |
| 34 | | FIRE DOORS, CLOSETS, TILE | | 1993 | 5,225 | | 10 | | | 5,225 | 34 |
| 35 | | ARCHITECTURAL RENOVATION | | 1993 | 855 | | 10 | | | 855 | 35 |
| 36 | | INSTALL ALARM & NURSE CAL | | 1994 | 688 | | 10 | | | 688 | 36 |

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 37 | HEAT PUMP | 1994 | \$ 2,017 | \$ | 10 | \$ | \$ | \$ 2,017 | 37 |
| 38 | PAVING FOR NEW SIGN | 1994 | 680 | | 10 | | | 680 | 38 |
| 39 | LABOR FOR LAYING BRICK - | 1994 | 1,000 | | 10 | | | 1,000 | 39 |
| 40 | SIGN FOR DEDICATION | 1994 | 325 | | 10 | | | 325 | 40 |
| 41 | SIGN AND GRANITE PIECES | 1994 | 1,300 | | 10 | | | 1,300 | 41 |
| 42 | MATERIALS FOR LEASEHOLD I | 1995 | 7,858 | | 3 | | | 7,858 | 42 |
| 43 | HOODS, FANS, ANSUL SYSTEM | 1995 | 2,500 | | 10 | | | 2,500 | 43 |
| 44 | WORK FOR EXHAUST FAN & HO | 1995 | 3,995 | | 10 | | | 3,995 | 44 |
| 45 | DAY ROOM ADDITION | 1995 | 3,337 | | 10 | | | 3,337 | 45 |
| 46 | REPLACE WATER HEATER | 1995 | 3,750 | | 10 | | | 3,750 | 46 |
| 47 | DAY ROOM ADDITION SUPPLIE | 1995 | 1,926 | | 10 | | | 1,926 | 47 |
| 48 | WALK-IN COOLER | 1995 | 3,334 | | 10 | | | 3,334 | 48 |
| 49 | ADD NURSE CALL SYSTEM | 1996 | 1,198 | | 10 | | | 1,198 | 49 |
| 50 | SHED | 1996 | 2,034 | | 10 | | | 2,034 | 50 |
| 51 | SUPPLIES FOR LEASEHOLD IM | 1996 | 3,091 | | 3 | | | 3,091 | 51 |
| 52 | CONSTRUCTION PROJECTS | 1996 | 180,928 | 9,046 | 20 | 9,046 | | 156,050 | 52 |
| 53 | AIR CONDITIONER COMPRESSO | 1996 | 1,208 | | 10 | | | 1,208 | 53 |
| 54 | INSTALL NURSE CALL SYSTEM | 1996 | 1,530 | | 10 | | | 1,530 | 54 |
| 55 | TILE & ADHESIVE | 1996 | 1,227 | | 10 | | | 1,227 | 55 |
| 56 | INSTALL NEW DRAIN PIPES | 1996 | 2,190 | | 10 | | | 2,190 | 56 |
| 57 | REMOVE CONCRETE TO REPL P | 1996 | 575 | | 10 | | | 575 | 57 |
| 58 | ADHESIVE LINOLEUM | 1996 | 686 | | 10 | | | 686 | 58 |
| 59 | CONSTRUCT SCREENS,WHEELCH | 1996 | 1,420 | | 3 | | | 1,420 | 59 |
| 60 | CONSTRUCT SHELVING,BEDS,S | 1996 | 2,964 | | 3 | | | 2,964 | 60 |
| 61 | INSTALL EXIT HARDWARE ON | 1997 | 874 | | 10 | | | 874 | 61 |
| 62 | INSTALL NEW DISPOSAL | 1997 | 1,069 | | 10 | | | 1,069 | 62 |
| 63 | DAY TRAINING LEASE IMPROV | 1998 | 3,911 | | 4 | | | 3,911 | 63 |
| 64 | FRP BOARD, CAP, SHELF BRA | 1998 | 167 | | 4 | | | 167 | 64 |
| 65 | REPLACE FOUR-DOOR GLASS | 1998 | 520 | | 10 | | | 520 | 65 |
| 66 | REPLACE UNDERGROUND FUEL | 1998 | 9,223 | 461 | 20 | 461 | | 6,764 | 66 |
| 67 | PARTITION WALL:KITCHEN/DI | 1998 | 595 | | 8 | | | 595 | 67 |
| 68 | CONVERT 2 CLASSRMS TO RES | 1998 | 15,258 | | 10 | | | 15,258 | 68 |
| 69 | REPLACE 2 ROOFTOP HVAC UN | 1998 | 17,650 | | 10 | | | 17,650 | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 3,447,782 | \$ 81,712 | | \$ 81,712 | \$ | \$ 2,340,432 | 70 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

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Ending:

06/30/2013

XI. OWNERSHIP COSTS (continued)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12A, Carried Forward | | \$ 3,447,782 | \$ 81,712 | | \$ 81,712 | \$ | \$ 2,340,432 | 1 |
| 2 | VENT DAMPER:HOT WATER HEA | 1998 | 740 | | 10 | | | 740 | 2 |
| 3 | REMODEL PROJ:2410 SPRINGF | 1998 | 33,764 | | 4 | | | 33,764 | 3 |
| 4 | ELECTRICAL SRVC:MOVE SWIT | 1999 | 141 | | 8 | | | 141 | 4 |
| 5 | SECURITY DOOR & CLOSERS | 1999 | 520 | | 10 | | | 520 | 5 |
| 6 | COMBUSTION MOTOR/FAN ON H | 1999 | 1,155 | | 10 | | | 1,155 | 6 |
| 7 | REMOVE/RPLCE HOT WATER HE | 1999 | 3,000 | | 10 | | | 3,000 | 7 |
| 8 | BAL:INSTALL HOT WATER HEA | 1999 | 595 | | 10 | | | 595 | 8 |
| 9 | FRP PANEL DIVIDERS | 1999 | 513 | | 5 | | | 513 | 9 |
| 10 | RE-SURFACE PARKING LOT | 1999 | 2,350 | 157 | 15 | 157 | | 2,181 | 10 |
| 11 | REPLACE COMPRESSOR ON FRE | 1999 | 635 | | 10 | | | 635 | 11 |
| 12 | REPLACE BATHROOM FLOORS | 1999 | 594 | 40 | 15 | 40 | | 548 | 12 |
| 13 | REPLACE RELAY ON GENERATO | 1999 | 2,782 | | 10 | | | 2,782 | 13 |
| 14 | DEPOSIT ON STORAGE BARN | 1999 | 120 | 5 | 25 | 5 | | 66 | 14 |
| 15 | BALANCE DUE ON STORAGE BA | 1999 | 1,045 | 42 | 25 | 42 | | 575 | 15 |
| 16 | REPL THRU THE WALL HEAT P | 1999 | 1,525 | | 10 | | | 1,525 | 16 |
| 17 | NEW TEMPERING VALVE-HOT W | 2000 | 629 | | 10 | | | 629 | 17 |
| 18 | REPL TIMER/STARTER-EMERG | 2000 | 2,153 | | 10 | | | 2,153 | 18 |
| 19 | INTERIOR ENERGY EFFICIENT | 2000 | 15,090 | 755 | 20 | 755 | | 10,060 | 19 |
| 20 | PARTIAL PMT-INSTALL ALARM | 2000 | 2,000 | | 5 | | | 2,000 | 20 |
| 21 | BALANCE-INSTALL ALARM SYS | 2000 | 2,730 | | 5 | | | 2,730 | 21 |
| 22 | INSTALL CLINICAL SINK. | 2000 | 3,030 | | 5 | | | 3,030 | 22 |
| 23 | INSTALL DOORS AT KENWOOD | 2000 | 4,028 | 269 | 15 | 269 | | 3,491 | 23 |
| 24 | REPLACE GATE VALVE/INSTAL | 2000 | 6,005 | 400 | 15 | 400 | | 5,138 | 24 |
| 25 | REPLACE CEILING TILE, PIP | 2000 | 674 | | 10 | | | 674 | 25 |
| 26 | STONEBROOK REMODELING PR | 2000 | 138,235 | | 5 | | | 138,235 | 26 |
| 27 | MATERIALS TO TILE BATHROO | 2000 | 784 | | 10 | | | 784 | 27 |
| 28 | STONEBROOK AWNING. | 2001 | 15,560 | | 5 | | | 15,560 | 28 |
| 29 | INSTALL BOOSTER PUMP. | 2001 | 1,995 | 133 | 15 | 133 | | 1,662 | 29 |
| 30 | INSTALL TILE IN BATHROOM | 2001 | 825 | 55 | 15 | 55 | | 687 | 30 |
| 31 | STONEBROOK TELEPHONE SYS | 2001 | 1,668 | | 5 | | | 1,668 | 31 |
| 32 | NEW FLOOR DRAINS IN SHOWE | 2001 | 3,180 | 212 | 15 | 212 | | 2,650 | 32 |
| 33 | COMP. ED. ROOM AT STONEYB | 2001 | 2,431 | | 5 | | | 2,431 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 3,698,278 | \$ 83,778 | | \$ 83,778 | \$ | \$ 2,582,753 | 34 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12B, Carried Forward | | \$ 3,698,278 | \$ 83,778 | | \$ 83,778 | \$ | \$ 2,582,753 | 1 |
| 2 | STONEBROOK SHELVES -INST | 2001 | 516 | | 5 | | | 516 | 2 |
| 3 | REPLACE REVERSING VALVE & | 2001 | 599 | | 10 | | | 599 | 3 |
| 4 | REPLACEMENT PARTS FOR ROO | 2001 | 662 | | 10 | | | 662 | 4 |
| 5 | TILE FOR BATHROOM | 2001 | 1,854 | | 10 | | | 1,854 | 5 |
| 6 | SPRINKLER SYSTEMS RENOVAT | 2001 | 760 | 51 | 15 | 51 | | 608 | 6 |
| 7 | INSTALL SHOWER DRAINS | 2001 | 10,500 | 525 | 20 | 525 | | 6,300 | 7 |
| 8 | TILE TO REPLACE TUBS | 2001 | 1,278 | 85 | 15 | 85 | | 1,022 | 8 |
| 9 | REWIRED AND REPLACED COMP | 2001 | 1,404 | | 10 | | | 1,404 | 9 |
| 10 | REMODELING | 2001 | 8,351 | | 5 | | | 8,351 | 10 |
| 11 | WATER HEATER VALVE | 2001 | 876 | | 10 | | | 876 | 11 |
| 12 | REPLACED LAUNDRY PANEL | 2001 | 1,179 | 79 | 15 | 79 | | 924 | 12 |
| 13 | REPLACE DOORS | 2002 | 3,000 | | 5 | | | 3,000 | 13 |
| 14 | SECURITY SYSTEM | 2002 | 3,165 | | 5 | | | 3,165 | 14 |
| 15 | INTERNET SET-UP-WIRING, C | 2002 | 6,141 | 409 | 15 | 409 | | 4,674 | 15 |
| 16 | REMODELING | 2002 | 8,351 | | 5 | | | 8,351 | 16 |
| 17 | ELECTRICAL LABOR-REMODELI | 2002 | 1,425 | | 5 | | | 1,425 | 17 |
| 18 | CLASSROOM REMODEL | 2002 | 5,978 | | 10 | | | 5,978 | 18 |
| 19 | REVISION OF SPRINKLER SYS | 2002 | 501 | | 5 | | | 501 | 19 |
| 20 | FENCING | 2002 | 674 | | 10 | | | 674 | 20 |
| 21 | INSTALL TWO SINKS | 2002 | 3,561 | | 5 | | | 3,561 | 21 |
| 22 | THERMOSTATS WITH LOCKING | 2002 | 1,371 | 91 | 15 | 91 | | 1,021 | 22 |
| 23 | RE-SEAL AND RE-STRIPE PAR | 2002 | 2,810 | | 10 | | | 2,810 | 23 |
| 24 | CARPET AND INSTALLATION | 2002 | 2,954 | | 10 | | | 2,954 | 24 |
| 25 | NEW MOTHER BOARD/ALARM SY | 2002 | 1,490 | 12 | 10 | 12 | | 1,490 | 25 |
| 26 | INSTALL A/C ROOFTOP UNIT | 2002 | 8,237 | 549 | 15 | 549 | | 5,995 | 26 |
| 27 | NEW 2ND ROOFTOP COMPRESSO | 2002 | 762 | 51 | 15 | 51 | | 551 | 27 |
| 28 | INSTALLED NEW PHONE SYS.S | 2002 | 2,735 | | 5 | | | 2,735 | 28 |
| 29 | INSTALL NEW PHONE/DAY TRA | 2002 | 2,488 | | 5 | | | 2,488 | 29 |
| 30 | HEIGHT ADJ.SUPINE TUB | 2002 | 8,469 | 353 | 10 | 353 | | 8,469 | 30 |
| 31 | REMODEDLING | 2003 | 8,351 | | 5 | | | 8,351 | 31 |
| 32 | RELIEF VAVLES/BOOSTER HEA | 2003 | 555 | 28 | 10 | 28 | | 555 | 32 |
| 33 | CENTRAL HEAT/AIR ROOFTOP | 2003 | 5,180 | 345 | 15 | 345 | | 3,626 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 3,804,457 | \$ 86,356 | | \$ 86,356 | \$ | \$ 2,678,243 | 34 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

XI. OWNERSHIP COSTS (continued)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12C, Carried Forward | | \$ 3,804,457 | \$ 86,356 | | \$ 86,356 | \$ | \$ 2,678,243 | 1 |
| 2 | NEW TILE AND BASE FLOOR | 2003 | 847 | 42 | 10 | 42 | | 847 | 2 |
| 3 | NEW HYDROTHERAPY TUB | 2003 | 1,900 | 95 | 10 | 95 | | 1,900 | 3 |
| 4 | ELECTRIC WATER HEATER | 2003 | 5,600 | 373 | 10 | 373 | | 5,600 | 4 |
| 5 | EXHAUST FAN | 2003 | 525 | 48 | 10 | 48 | | 525 | 5 |
| 6 | Install dry pendent sprinkler in freezer | 2003 | 675 | 68 | 10 | 68 | | 669 | 6 |
| 7 | Rooftop unit installed; heat/air wing 3 | 2003 | 10,910 | 727 | 15 | 727 | | 7,213 | 7 |
| 8 | 60 X 94 Lami Glass | 2003 | 839 | | 7 | | | 839 | 8 |
| 9 | REMODELING | 2004 | 8,351 | | 5 | | | 8,351 | 9 |
| 10 | Install draining system in courtyard | 2004 | 9,268 | | 7 | | | 9,268 | 10 |
| 11 | New Wing | 2004 | 179,834 | 5,994 | 30 | 5,994 | | 55,948 | 11 |
| 12 | Drainage Sys for Courtyard | 2004 | 501 | | 7 | | | 501 | 12 |
| 13 | Lift Pump for Drinking Fountain | 2004 | 1,040 | | 5 | | | 1,040 | 13 |
| 14 | AC Compressor Roof Top Main Bldg | 2004 | 1,403 | | 5 | | | 1,403 | 14 |
| 15 | HVAC Compressor - Office | 2004 | 1,079 | | 5 | | | 1,079 | 15 |
| 16 | New Roof | 2004 | 28,855 | 1,443 | 20 | 1,443 | | 12,865 | 16 |
| 17 | exhaust fan motor/thermostat for N. Wing | 2005 | 787 | 79 | 10 | 79 | | 649 | 17 |
| 18 | roofing project-Wing 1,2,4 (23318.33+43166.67) | 2005 | 66,485 | 4,432 | 15 | 4,432 | | 35,828 | 18 |
| 19 | replace 8 vinyl windows | 2006 | 668 | 67 | 10 | 67 | | 490 | 19 |
| 20 | Re-tile shower room | 2006 | 10,714 | 714 | 15 | 714 | | 5,119 | 20 |
| 21 | Deposit for duro last roof | 2006 | 10,000 | 667 | 15 | 667 | | 4,667 | 21 |
| 22 | Duro last roof - payment #2 | 2006 | 4,384 | 292 | 15 | 292 | | 2,046 | 22 |
| 23 | Compressor for a/c unit wing 2 | 2006 | 1,506 | 151 | 10 | 151 | | 1,042 | 23 |
| 24 | Replace kitchen ceiling tiles | 2006 | 552 | 37 | 15 | 37 | | 252 | 24 |
| 25 | Laundry room walls replaced | 2006 | 2,323 | 155 | 15 | 155 | | 1,058 | 25 |
| 26 | 100 amp sub panel | 2006 | 2,650 | 177 | 15 | 177 | | 1,192 | 26 |
| 27 | Re-tile shower room #10 | 2006 | 11,642 | 776 | 15 | 776 | | 5,239 | 27 |
| 28 | Parking lot/dumpster pad repaved | 2006 | 8,073 | 807 | 10 | 807 | | 5,382 | 28 |
| 29 | Replace walls in dishwasher area | 2006 | 7,477 | 498 | 15 | 498 | | 3,282 | 29 |
| 30 | Re-tile shower room #3 | 2006 | 11,642 | 776 | 15 | 776 | | 5,110 | 30 |
| 31 | Fence/dumpster enclosure | 2006 | 2,750 | 275 | 10 | 275 | | 1,788 | 31 |
| 32 | Re-tile shower room #4 | 2006 | 11,642 | 776 | 15 | 776 | | 5,045 | 32 |
| 33 | Dedicated ground circuit & four outlets | 2006 | 1,513 | 101 | 15 | 101 | | 656 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 4,210,891 | \$ 105,927 | | \$ 105,927 | \$ | \$ 2,865,133 | 34 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012 Ending: 06/30/2013

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12D, Carried Forward | | \$ 4,210,891 | \$ 105,927 | | \$ 105,927 | \$ | \$ 2,865,133 | 1 |
| 2 | Re-tile shower room #s 5,6,7 | 2007 | 12,746 | 850 | 15 | 850 | | 5,382 | 2 |
| 3 | Dedicated ground circuit for server | 2007 | 2,400 | 160 | 15 | 160 | | 1,000 | 3 |
| 4 | Metal panels for school windows | 2007 | 2,158 | 144 | 15 | 144 | | 887 | 4 |
| 5 | 15 amp receptacles (4) | 2007 | 780 | 52 | 15 | 52 | | 321 | 5 |
| 6 | Electrical outlets in family room | 2007 | 1,222 | 81 | 15 | 81 | | 502 | 6 |
| 7 | Curb & guardrail around dumpster area | 2007 | 2,400 | 240 | 10 | 240 | | 1,480 | 7 |
| 8 | Rpl motors on roof exhaust fans (7) | 2007 | 2,667 | 267 | 10 | 267 | | 1,578 | 8 |
| 9 | Upgrade lighting system in education bldg | 2007 | 6,501 | 433 | 15 | 433 | | 2,528 | 9 |
| 10 | Re-tile team 6 bathroom | 2007 | 7,561 | 504 | 15 | 504 | | 2,940 | 10 |
| 11 | Remodel employee breakroom | 2007 | 2,478 | 248 | 10 | 248 | | 1,425 | 11 |
| 12 | Wire breakroom & outlets for nurses station | 2007 | 2,574 | 172 | 15 | 172 | | 958 | 12 |
| 13 | Window on east side of education bldg replace | 2008 | 640 | 43 | 15 | 43 | | 235 | 13 |
| 14 | Rooftop heat exchange replaced | 2008 | 2,463 | 246 | 10 | 246 | | 1,334 | 14 |
| 15 | Air curtain for laundry room | 2008 | 1,195 | 119 | 10 | 119 | | 637 | 15 |
| 16 | Replace 2 doors in laundry area | 2008 | 4,187 | 279 | 15 | 279 | | 1,489 | 16 |
| 17 | South & northwest heat exchangers replaced | 2008 | 2,421 | 242 | 10 | 242 | | 1,291 | 17 |
| 18 | Plexiglass window pane replaced | 2008 | 527 | 53 | 10 | 53 | | 272 | 18 |
| 19 | Remodel conf room (cabinets, counter, c-tiles) | 2008 | 2,536 | 254 | 10 | 254 | | 1,268 | 19 |
| 20 | Lift sunken sidewalks | 2008 | 1,595 | 160 | 10 | 160 | | 784 | 20 |
| 21 | Blower motor for RTU #5 | 2008 | 1,019 | 102 | 10 | 102 | | 493 | 21 |
| 22 | Sprinklers in conference room reconfigured | 2008 | 621 | 41 | 15 | 41 | | 197 | 22 |
| 23 | 220 outlet for stove in multi-purpose room | 2008 | 1,148 | 77 | 15 | 77 | | 357 | 23 |
| 24 | Addtl outlets (4 ea.) in rooms 5,6,8,9,10 | 2008 | 7,625 | 508 | 15 | 508 | | 2,330 | 24 |
| 25 | 220 outlet for stove in Paige II | 2008 | 1,148 | 57 | 20 | 57 | | 263 | 25 |
| 26 | Anti-scald valve | 2009 | 761 | 76 | 10 | 76 | | 323 | 26 |
| 27 | Drainage system for courtyard | 2009 | 2,250 | 150 | 15 | 150 | | 613 | 27 |
| 28 | Compressor for a/c unit | 2009 | 2,830 | 283 | 10 | 283 | | 1,085 | 28 |
| 29 | Induct air purifiers (8) and required electri | 2009 | 3,638 | 364 | 10 | 364 | | 1,304 | 29 |
| 30 | Dialer for sprinkler system | 2010 | 1,062 | 106 | 10 | 106 | | 372 | 30 |
| 31 | Dedicated electric panel for washing machines | 2010 | 1,149 | 77 | 15 | 77 | | 236 | 31 |
| 32 | Ceiling tiles | 2010 | 720 | 72 | 10 | 72 | | 216 | 32 |
| 33 | Blower motor for a/c unit | 2010 | 1,207 | 121 | 10 | 121 | | 362 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 4,295,122 | \$ 112,507 | | \$ 112,507 | \$ | \$ 2,899,595 | 34 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012 Ending: 06/30/2013

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12E, Carried Forward | | \$ 4,295,122 | \$ 112,507 | | \$ 112,507 | \$ | \$ 2,899,595 | 1 |
| 2 | Condensor fan motors (2) for rooftop unit | 2010 | 562 | 56 | 10 | 56 | | 164 | 2 |
| 3 | Emergency shut off for generator | 2010 | 1,248 | 125 | 10 | 125 | | 354 | 3 |
| 4 | Outlets (24) in resident rooms | 2010 | 12,618 | 841 | 15 | 841 | | 2,313 | 4 |
| 5 | Outlets in rooms 3b/1b/5a/6a/5b/6b | 2010 | 8,280 | 552 | 15 | 552 | | 1,380 | 5 |
| 6 | Outlets in rooms 7a/7b/13/14/17/11b/12a/12b.. | 2011 | 13,800 | 920 | 15 | 920 | | 2,223 | 6 |
| 7 | Combustion blower & ignitor for hvac unit | 2011 | 1,426 | 143 | 10 | 143 | | 345 | 7 |
| 8 | P-tac hvac units (3) | 2011 | 1,797 | 180 | 10 | 180 | | 404 | 8 |
| 9 | Ignition module & gas valve on laundry waterh | 2011 | 1,507 | 151 | 10 | 151 | | 327 | 9 |
| 10 | Compressor & blower wheel | 2011 | 2,575 | 258 | 10 | 258 | | 515 | 10 |
| 11 | Compressor for east wing a/c unit | 2011 | 2,085 | 209 | 10 | 209 | | 417 | 11 |
| 12 | P-tac hvac units (2) | 2011 | 1,299 | 130 | 10 | 130 | | 249 | 12 |
| 13 | Sprinklers for ext eaves on west wing | 2011 | 4,275 | 428 | 10 | 428 | | 748 | 13 |
| 14 | Tile floor & walls of bathrooms (3) | 2011 | 19,854 | 1,324 | 15 | 1,324 | | 2,096 | 14 |
| 15 | Heat exchanger | 2011 | 4,035 | 404 | 10 | 404 | | 639 | 15 |
| 16 | Network drops (32) for Paige II | 2011 | 2,550 | 255 | 10 | 255 | | 404 | 16 |
| 17 | Rpl fire control panel | 2011 | 743 | 74 | 10 | 74 | | 118 | 17 |
| 18 | Heat exchanger | 2012 | 6,570 | 657 | 10 | 657 | | 821 | 18 |
| 19 | Retile Floors, Underlayment, Shower Rooms #2/14/15 | 2012 | 19,501 | 1,300 | 15 | 1,300 | | 1,517 | 19 |
| 20 | Air curtain for front entrance | 2012 | 917 | 92 | 10 | 92 | | 92 | 20 |
| 21 | Window Weatherization project, re-drywall, sills, siding work, cau | 2012 | 3,099 | 310 | 10 | 310 | | 310 | 21 |
| 22 | Flooring, tile, grout, sealing & installation for shower room | 2012 | 6,000 | 400 | 10 | 400 | | 400 | 22 |
| 23 | Exterior painting & waterproofing | 2012 | 9,752 | 433 | 15 | 433 | | 433 | 23 |
| 24 | Emergency generator | 2013 | 63,610 | 1,414 | 15 | 1,414 | | 1,414 | 24 |
| 25 | New Flooring Installed | 2013 | 6,133 | 68 | 15 | 68 | | 68 | 25 |
| 26 | IDPH Electrical Work(Project:Swann Generator) | 2013 | 32,000 | 356 | 15 | 356 | | 356 | 26 |
| 27 | Purchase & install Bike Rack | 2013 | 911 | 15 | 10 | 15 | | 15 | 27 |
| 28 | New Flooring Installed - 3rd Shower | 2013 | 6,000 | 67 | 15 | 67 | | 67 | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 4,528,267 | \$ 123,665 | | \$ 123,665 | \$ | \$ 2,917,782 | 34 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

XI. OWNERSHIP COSTS (continued)

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

| | Category of Equipment | 1 Cost | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4 Adjustments | Component Life 5 | Accumulated Depreciation 6 | |
|----|-----------------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 336,686 | \$ 51,487 | \$ 51,487 | \$ | 3-10 | \$ 231,009 | 71 |
| 72 | Current Year Purchases | 85,123 | 19,049 | 19,049 | | 3-7 | 19,049 | 72 |
| 73 | Fully Depreciated Assets | 807,075 | 12 | 12 | | 3-10 | 807,075 | 73 |
| 74 | Depr Exp - Rel Pty Alloc Sch VIII | | 8,647 | 8,647 | | 3-10 | | 74 |
| 75 | TOTALS | \$ 1,228,884 | \$ 79,195 | \$ 79,195 | \$ | | \$ 1,057,133 | 75 |

D. Vehicle Costs. (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|------------------------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Patient Transportation | 1998 Dodge Van | 2008 | \$ 7,000 | \$ 1,167 | \$ 1,167 | \$ | 5 | \$ 7,000 | 76 |
| 77 | | | | | | | | | | 77 |
| 78 | | | | | | | | | | 78 |
| 79 | | | | | | | | | | 79 |
| 80 | TOTALS | | | \$ 7,000 | \$ 1,167 | \$ 1,167 | \$ | | \$ 7,000 | 80 |

E. Summary of Care-Related Assets

| | 1 Reference | 2 Amount | | |
|----|----------------------------|--|--------------|-------|
| 81 | Total Historical Cost | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 6,302,151 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 204,027 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 204,027 | 83 ** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 3,981,915 | 85 |

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

| | 1 Description & Year Acquired | 2 Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 | |
|----|--|------------|--------------------------------|-------------------------------|----|
| 86 | Vehicles/Transport Excess of 1 allowed | \$ 201,789 | \$ 13,992 | \$ 161,527 | 86 |
| 87 | | | | | 87 |
| 88 | | | | | 88 |
| 89 | | | | | 89 |
| 90 | | | | | 90 |
| 91 | TOTALS | \$ 201,789 | \$ 13,992 | \$ 161,527 | 91 |

G. Construction-in-Progress

| | Description | Cost | |
|----|-------------------------|-----------|----|
| 92 | Preliminary Design Work | \$ 10,607 | 92 |
| 93 | | | 93 |
| 94 | | | 94 |
| 95 | | \$ 10,607 | 95 |

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Not Applicable - Facility Leased from 100% Commonly-owned Related Party (See Sch VII)

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

If NO, see instructions. YES NO

| | | 1 Year Constructed | 2 Number of Beds | 3 Original Lease Date | 4 Rental Amount | 5 Total Years of Lease | 6 Total Years Renewal Option* | |
|---|----------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: | | | | \$ | | | 3 |
| 4 | Additions | | | | | | | 4 |
| 5 | Corp Grp Office Allocation | | N/A | 1/1/2011 | 13,982 | 10 | 10 | 5 |
| 6 | | | | | | | | 6 |
| 7 | TOTAL | | | | \$ 13,982 | | | 7 |

10. Effective dates of current rental agreement:

Beginning 1/1/2011

Ending 1/1/2021

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

Fiscal Year Ending Annual Rent

12. 6/30/2014 \$ Corp Alloc Amt

13. 6/30/2015 \$ Corp Alloc Amt

14. 6/30/2016 \$ Corp Alloc Amt

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 13,906 Description: Postage Mtr (\$1,757); Copier/Scanners (\$4,858); Short Term Patient equipment (\$7,091)

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* 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.

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

| | | |
|--|---|--|
| <p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> | <p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p> | <p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p> |
|--|---|--|

B. EXPENSES

ALLOCATION OF COSTS (d)

| | | Facility | | 3 | 4 |
|----|---------------------------------|-----------|-----------|----------|-----------|
| | | 1 | 2 | | |
| | | Drop-outs | Completed | Contract | Total |
| 1 | Community College Tuition | \$ | \$ | \$ | \$ |
| 2 | Books and Supplies | | | | |
| 3 | Classroom Wages (a) | | 18,259 | | 18,259 |
| 4 | Clinical Wages (b) | | 16,230 | | 16,230 |
| 5 | In-House Trainer Wages (c) | | 1,691 | | 1,691 |
| 6 | Transportation | | | | |
| 7 | Contractual Payments | | 640 | | 640 |
| 8 | CNA Competency Tests | | | | |
| 9 | TOTALS | \$ | \$ 36,820 | \$ | \$ 36,820 |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$ | 36,820 | | |

- (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 | |
|------------------------------|-----------|
| 1. From this facility | 16 |
| 2. From other facilities (f) | |
| DROP-OUTS | |
| 1. From this facility | |
| 2. From other facilities (f) | |
| TOTAL TRAINED | 16 |

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

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

| | Service | 1 Schedule V Line & Column Reference | 2 Staff | | 4 Outside Practitioner (other than consultant) | | 6 Supplies (Actual or Allocated) | 7 Total Units (Column 2 + 4) | 8 Total Cost (Col. 3 + 5 + 6) | |
|----|---|---|---------------------|------|--|------------|---|------------------------------------|-------------------------------------|----|
| | | | Units of Service | Cost | Units | Cost | | | | |
| | | | | | | | | | | |
| 1 | Licensed Occupational Therapist | 10a.3 | hrs | \$ | 1,173 | \$ 66,600 | \$ | 1,173 | \$ 66,600 | 1 |
| 2 | Licensed Speech and Language Development Therapist | 10a.3 | hrs | | 1,071 | 78,503 | | 1,071 | 78,503 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | 10a.3 | hrs | | 121 | 6,164 | | 121 | 6,164 | 4 |
| 5 | Physician Care | 39.3 | visits | | | 9,600 | | | 9,600 | 5 |
| 6 | Dental Care | 39.3 | visits | | 163 | 5,127 | | 163 | 5,127 | 6 |
| 7 | Work Related Program | | hrs | | | | | | | 7 |
| 8 | Habilitation | | hrs | | | | | | | 8 |
| 9 | Pharmacy | 39.3 | # of prescripts | | 1,428 | 6,705 | 6,037 | 1,428 | 12,742 | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | 39.3 | hrs | | 13 | 915 | | 13 | 915 | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Other (specify): | | | | | | | | | 12 |
| 13 | Other (specify): <u>Note: Line 5 Physician Care is flat fee Neurologist evals</u> | | | | | | | | | 13 |
| 14 | TOTAL | | | \$ | 3,969 | \$ 173,614 | \$ 6,037 | 3,969 | \$ 179,651 | 14 |

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2012

Ending:

06/30/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2013

(last day of reporting year)

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

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|------------------------------|----|
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ 20,785 | \$ 30,009 | 1 |
| 2 | Cash-Patient Deposits | 90,216 | 90,216 | 2 |
| 3 | Accounts & Short-Term Notes Receivable- Patients (less allowance (146,457)) | 4,176,825 | 4,176,825 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 28,408 | 81,248 | 6 |
| 7 | Other Prepaid Expenses | 21,496 | 21,496 | 7 |
| 8 | Accounts Receivable (owners or related parties) | 1,334,055 | 1,419,259 | 8 |
| 9 | Other(specify): | | | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 5,671,785 | \$ 5,819,053 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 538,000 | 13 |
| 14 | Buildings, at Historical Cost | | 4,528,266 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | | | 15 |
| 16 | Equipment, at Historical Cost | | 1,437,673 | 16 |
| 17 | Accumulated Depreciation (book methods) | | (4,143,440) | 17 |
| 18 | Deferred Charges | | 457,474 | 18 |
| 19 | Organization & Pre-Operating Costs | | | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | | | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (spe <u>Constr in Process</u>) | | 10,607 | 22 |
| 23 | Other(specify): <u>Goodwill</u> | 531,191 | 531,191 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 531,191 | \$ 3,359,771 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 6,202,976 | \$ 9,178,824 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|--|----------------|------------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 375,625 | \$ 378,525 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 90,216 | 90,216 | 28 |
| 29 | Short-Term Notes Payable | | 191,116 | 29 |
| 30 | Accrued Salaries Payable | 423,045 | 423,045 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 24,000 | 24,000 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | | 32 |
| 33 | Accrued Interest Payable | | 17,534 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>Due to Group/Intercompany</u> | 85,204 | 275,995 | 36 |
| 37 | | | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 998,090 | \$ 1,400,431 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | | | 39 |
| 40 | Mortgage Payable | | 8,092,628 | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ | \$ 8,092,628 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 998,090 | \$ 9,493,059 | 46 |
| 47 | TOTAL EQUITY(page 18, line 24) | \$ 5,204,886 | \$ (314,235) | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 6,202,976 | \$ 9,178,824 | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------------------------------|---|--------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ (454,950) | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ (454,950) | 6 |
| A. Additions (deductions): | | | |
| 7 | NET Income (Loss) (from page 19, line 43) | 114,665 | 7 |
| 8 | Aquisitions of Pooled Companies | | 8 |
| 9 | Proceeds from Sale of Stock | | 9 |
| 10 | Stock Options Exercised | | 10 |
| 11 | Contributions and Grants | | 11 |
| 12 | Expenditures for Specific Purposes | | 12 |
| 13 | Dividends Paid or Other Distributions to Owners | () | 13 |
| 14 | Donated Property, Plant, and Equipment | | 14 |
| 15 | Other (describe) | | 15 |
| 16 | Other (describe) | | 16 |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16) | \$ 114,665 | 17 |
| B. Transfers (Itemize): | | | |
| 18 | Net Equity in Fixed Assets & Debt recognized upon | 5,545,171 | 18 |
| 19 | transfer of same to commonly-owned facility company. | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | \$ 5,545,171 | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | \$ 5,204,886 | 24 * |

* 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.

| | | 1 | |
|--|---|---------------|-----|
| I. Revenue | | Amount | |
| A. Inpatient Care | | | |
| 1 | Gross Revenue -- All Levels of Care | \$ 7,469,764 | 1 |
| 2 | Discounts and Allowances for all Levels | () | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 7,469,764 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | | 6 |
| 7 | Oxygen | | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ | 8 |
| C. Other Operating Revenue | | | |
| 9 | Payments for Education | 777,198 | 9 |
| 10 | Other Government Grants | 64,808 | 10 |
| 11 | CNA Training Reimbursements | 57,571 | 11 |
| 12 | Gift and Coffee Shop | | 12 |
| 13 | Barber and Beauty Care | | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | | 19 |
| 20 | Radiology and X-Ray | | 20 |
| 21 | Other Medical Services | 83,393 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 982,970 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | 26,623 | 24 |
| 25 | Interest and Other Investment Income*** | 5,046 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 31,669 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | Day Training, Misc Income | 1,825,636 | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 1,825,636 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 10,310,039 | 30 |

| | | 2 | |
|-------------------------------------|--|---------------|----|
| II. Expenses | | Amount | |
| A. Operating Expenses | | | |
| 31 | General Services | 979,349 | 31 |
| 32 | Health Care | 3,808,744 | 32 |
| 33 | General Administration | 2,156,685 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 953,392 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 1,840,716 | 35 |
| 36 | Provider Participation Fee | 456,488 | 36 |
| D. Other Expenses (specify): | | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 10,195,374 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | 114,665 | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ 114,665 | 43 |

| III. Net Inpatient Revenue detailed by Payer Source | | | |
|--|---|--------------|----|
| 44 | Medicaid - Net Inpatient Revenue | \$ 7,293,322 | 44 |
| 45 | Private Pay - Net Inpatient Revenue | 176,442 | 45 |
| 46 | Medicare - Net Inpatient Revenue | | 46 |
| 47 | Other-(specify) | | 47 |
| 48 | Other-(specify) | | 48 |
| 49 | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 7,469,764 | 49 |

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

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

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2012

Ending:

06/30/2013

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

(This schedule must cover the entire reporting period.)

| | 1 | 2** | 3 | 4 | | |
|----|-------------------------------|----------------------------|--|---------------------|----------|----|
| | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage | | |
| 1 | Director of Nursing | 1,864 | 2,017 | \$ 73,953 | \$ 36.66 | 1 |
| 2 | Assistant Director of Nursing | 2,002 | 2,193 | 75,416 | 34.39 | 2 |
| 3 | Registered Nurses | 33,622 | 36,520 | 1,012,526 | 27.73 | 3 |
| 4 | Licensed Practical Nurses | 10,831 | 11,477 | 237,461 | 20.69 | 4 |
| 5 | CNAs & Orderlies | 110,685 | 119,313 | 1,505,863 | 12.62 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | | | | | 7 |
| 8 | Rehab/Therapy Aides | 4,138 | 4,486 | 49,655 | 11.07 | 8 |
| 9 | Activity Director | 1,851 | 2,096 | 40,878 | 19.50 | 9 |
| 10 | Activity Assistants | 16,897 | 18,280 | 172,477 | 9.44 | 10 |
| 11 | Social Service Workers | | | | | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 1,799 | 2,138 | 50,630 | 23.68 | 13 |
| 14 | Head Cook | 12,763 | 13,943 | 185,437 | 13.30 | 14 |
| 15 | Cook Helpers/Assistants | | | | | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 4,107 | 4,571 | 75,198 | 16.45 | 17 |
| 18 | Housekeepers | | | | | 18 |
| 19 | Laundry | 300 | 318 | 2,779 | 8.74 | 19 |
| 20 | Administrator | 1,830 | 2,070 | 83,156 | 40.17 | 20 |
| 21 | Assistant Administrator | | | | | 21 |
| 22 | Other Administrative | | | | | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 5,871 | 6,411 | 98,357 | 15.34 | 24 |
| 25 | Vocational Instruction | 49,223 | 52,892 | 579,259 | 10.95 | 25 |
| 26 | Academic Instruction | 21,140 | 23,330 | 404,041 | 17.32 | 26 |
| 27 | Medical Director | | | | | 27 |
| 28 | Qualified MR Prof. (QMRP) | 15,229 | 16,891 | 272,546 | 16.14 | 28 |
| 29 | Resident Services Coordinator | | | | | 29 |
| 30 | Habilitation Aides (DD Homes) | 3,841 | 4,191 | 59,403 | 14.17 | 30 |
| 31 | Medical Records | | | | | 31 |
| 32 | Other Health Care(specify) | 2,087 | 2,210 | 20,117 | 9.10 | 32 |
| 33 | Other(specify) | | | | | 33 |
| 34 | TOTAL (lines 1 - 33) | 300,080 | 325,347 | \$ 4,999,152 * | \$ 15.37 | 34 |

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

| | 1 | 2 | 3 | | |
|----|---------------------------------|--|------------------------------------|-------|----|
| | Number of Hrs. Paid & Accrued | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference | | |
| 35 | Dietary Consultant | 969 | \$ 31,403 | 1, 3 | 35 |
| 36 | Medical Director | N/A | 45,600 | 9, 3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | 437 | 24,777 | 10, 3 | 38 |
| 39 | Pharmacist Consultant | | | | 39 |
| 40 | Physical Therapy Consultant | | | | 40 |
| 41 | Occupational Therapy Consultant | | | | 41 |
| 42 | Respiratory Therapy Consultant | | | | 42 |
| 43 | Speech Therapy Consultant | | | | 43 |
| 44 | Activity Consultant | | | | 44 |
| 45 | Social Service Consultant | 20 | 456 | 12, 3 | 45 |
| 46 | Other(specify) Academic Consult | 31 | 6,075 | 39, 3 | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 1,457 | \$ 108,311 | | 49 |

C. CONTRACT NURSES

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

Facility Name & ID Number **Swann Special Care Center**

0035485

Report Period Beginning: **07/01/2012**

Ending: **06/30/2013**

XIX. SUPPORT SCHEDULES

| A. Administrative Salaries | | | | D. Employee Benefits and Payroll Taxes | | | F. Dues, Fees, Subscriptions and Promotions | |
|---|----------------------|-------------|------------------|---|-------------------|---|---|--|
| Name | Function | Ownership % | Amount | Description | Amount | Description | Amount | |
| <u>Kym Halberstadt</u> | <u>Administrator</u> | <u>0%</u> | <u>\$ 83,156</u> | <u>Workers' Compensation Insurance</u> | <u>\$ 103,648</u> | <u>IDPH License Fee</u> | <u>\$</u> | |
| | | | | <u>Unemployment Compensation Insurance</u> | <u>10,156</u> | <u>Advertising: Employee Recruitment</u> | <u>900</u> | |
| | | | | <u>FICA Taxes</u> | <u>262,964</u> | <u>Health Care Worker Background Check</u> | | |
| | | | | <u>Employee Health Insurance</u> | <u>465,304</u> | <u>(Indicate # of checks performed <u>43</u>)</u> | <u>1,260</u> | |
| | | | | <u>Employee Meals</u> | | | | |
| | | | | <u>Illinois Municipal Retirement Fund (IMRF)*</u> | | <u>Public Relations/Mkting/FundRsing</u> | <u>27,638</u> | |
| | | | | <u>401(k) Plan Matching Contributions</u> | <u>9,390</u> | <u>Illinois Healthcare Association</u> | <u>6,790</u> | |
| | | | | <u>Corporate/Group Allocation</u> | <u>1,288</u> | <u>Other Dues, Fees, Subscriptions</u> | <u>5,106</u> | |
| | | | | | | <u>Corporate/Group Allocation</u> | <u>36,106</u> | |
| TOTAL (agree to Schedule V, line 17, col. 1) | | | \$ 83,156 | | | <u>Less: Unallowable Fees/Penalties/Dues</u> | <u>(5,092)</u> | |
| (List each licensed administrator separately.) | | | | | | <u>Less: Public Relations Expense</u> | <u>(27,638)</u> | |
| | | | | | | <u>Non-allowable advertising</u> | <u>()</u> | |
| | | | | | | <u>Yellow page advertising</u> | <u>()</u> | |
| | | | | TOTAL (agree to Schedule V, line 22, col.8) | \$ 852,750 | TOTAL (agree to Sch. V, line 20, col. 8) | \$ 45,070 | |
| B. Administrative - Other | | | | E. Schedule of Non-Cash Compensation Paid to Owners or Employees | | | G. Schedule of Travel and Seminar** | |
| Description | | | | Description | | | Description | |
| Amount | | | | Line # | | | Amount | |
| <u>Corporate/Group Admin Allocation</u> | | | | | | | <u>Out-of-State Travel</u> | |
| <u>\$ 163,346</u> | | | | | | | <u>\$</u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL (agree to Schedule V, line 17, col. 3) | | | | TOTAL | | | <u>In-State Travel</u> | |
| \$ 163,346 | | | | \$ | | | <u>See Page 21.1 for Detail</u> | |
| (Attach a copy of any management service agreement) | | | | | | | <u>7,169</u> | |
| C. Professional Services | | | | | | | <u>Seminar Expense</u> | |
| Vendor/Payee | | | | Description | | | | |
| Type | | | | Line # | | | | |
| Amount | | | | Amount | | | | |
| <u>Medical Rehabilitation Centers, LLC Management Co.</u> | | | | | | | <u>Group/Corporate Allocations</u> | |
| <u>\$ 668,640</u> | | | | | | | <u>27,183</u> | |
| <u>Automated Data Processing</u> | | | | | | | <u>Entertainment Expense</u> | |
| <u>Payroll Processing Services</u> | | | | | | | <u>()</u> | |
| <u>Various - Other Professional Svcs</u> | | | | | | | <u>(agree to Sch. V, line 24, col. 8)</u> | |
| <u>Other Professional Svcs</u> | | | | | | | TOTAL | |
| <u>Medical Rehabilitation Centers, LLC Accounting Fees</u> | | | | | | | \$ 34,352 | |
| <u>20,283</u> | | | | | | | | |
| <u>Stoll Keenon Ogden PLLC</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>406</u> | | | | | | | | |
| <u>DeWitt Ross & Stevens</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>344</u> | | | | | | | | |
| <u>Duane Morris LLP</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>123</u> | | | | | | | | |
| <u>Hinshaw & Culbertson</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>165</u> | | | | | | | | |
| <u>Smith Amundsen LLC</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>1,942</u> | | | | | | | | |
| <u>Stites & Harbison</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>26</u> | | | | | | | | |
| <u>Taft Stettinius & Hollister</u> | | | | | | | | |
| <u>Legal Fees</u> | | | | | | | | |
| <u>963</u> | | | | | | | | |
| <u>Medical Rehabilitation Centers, LLC Legal Fees</u> | | | | | | | | |
| <u>20,602</u> | | | | | | | | |
| TOTAL (agree to Schedule V, line 19, column 3) | | | | | | | | |
| \$ 746,844 | | | | | | | | |
| (If total legal fees exceed \$5,000, attach copy of invoices.) | | | | | | | | |

* Attach copy of IMRF notifications

**See instructions.

Swann Special Care Center
 Schedule XIX Supplemental Schedule
 Travel & Seminar In-State detail:

| DESCRIPTION | Amount | SCH V LINE.COL |
|---|--------|----------------|
| 1 In-State Travel Detail | | |
| 7/31/2012 Kym Halberstadt, Exec Director, care-related in-state travel | 160 | 24.3 |
| 8/13/2012 Monette Castellano, Activities, care-related in-state travel | 50 | 24.3 |
| 9/12/2012 Kym Halberstadt, Exec Director, care-related in-state travel | 180 | 24.3 |
| 10/1/2012 Debbie Meek, Bus Office, care-related in-state travel | 97 | 24.3 |
| 10/1/2012 Gale Kirkpatrick, Maintenance, care-related in-state travel | 144 | 24.3 |
| 10/1/2012 Janie Breeze, DoN, care-related in-state travel | 60 | 24.3 |
| 10/9/2012 John Lawrence, Prog Dir, care-related in-state travel | 147 | 24.3 |
| 10/29/2012 Kym Halberstadt, Exec Director, care-related in-state travel | 393 | 24.3 |
| 11/19/2012 Armel Mallare, care-related in-state travel | 17 | 24.3 |
| 11/19/2012 John Lawrence, Prog Dir, care-related in-state travel | 196 | 24.3 |
| 11/21/2012 Kym Halberstadt, Exec Director, care-related in-state travel | 159 | 24.3 |
| 12/7/2012 Monette Castellano, Activities, care-related in-state travel | 29 | 24.3 |
| 12/7/2012 Barb Reynolds, care-related in-state travel | 14 | 24.3 |
| 12/11/2012 Kym Halberstadt, Exec Director, care-related in-state travel | 213 | 24.3 |
| 12/31/2012 Monette Castellano, Activities, care-related in-state travel | 27 | 24.3 |
| 1/22/2013 Armel Mallare, care-related in-state travel | 60 | 24.3 |
| 4/22/2013 Felina McGrew, care-related in-state travel | 21 | 24.3 |
| 4/22/2013 Julia Ackah, Nursing, care-related in-state travel | 7 | 24.3 |
| 4/22/2013 Mary Breeze, DoN, care-related in-state travel | 259 | 24.3 |
| 4/22/2013 Kym Halberstadt, Exec Director, care-related in-state travel | 742 | 24.3 |
| 5/14/2013 Mary Breeze, DoN, care-related in-state travel | 63 | 24.3 |
| 5/16/2013 Kym Halberstadt, Exec Director, care-related in-state travel | 91 | 24.3 |
| 5/21/2013 Amy Kuka, care-related in-state travel | 19 | 24.3 |
| 5/21/2013 Leonora Byram, Activities, care-related in-state travel | 23 | 24.3 |
| 5/21/2013 Monette Castellano, Activities, care-related in-state travel | 18 | 24.3 |
| 5/27/2013 Maribel Laughlin, Nursing, care-related in-state travel | 145 | 24.3 |
| 5/31/2013 Gale Kirkpatrick, Maintenance, care-related in-state travel | 211 | 24.3 |
| 6/18/2013 Ferdinand Mendoza, care-related in-state travel | 161 | 24.3 |
| 6/24/2013 Rhea Maligaya, care-related in-state travel | 10 | 24.3 |

| | | |
|--|--------------|------|
| 5/24/2013 John Lawrence, Prog Dir, care-related in-state travel | 258 | 24.3 |
| 5/24/2013 Kym Halberstadt, Exec Director, care-related in-state travel | 436 | 24.3 |
| Various Corporate/Group travel allocation of operations personnel | <u>2,759</u> | 24.3 |
| | 7,169 | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------|-----------------------------------|------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | | | | | |
| Improvement Type | Month & Year Improvement Was Made | Total Cost | Useful Life | FY2007 | FY2008 | FY2009 | FY2010 | FY2011 | FY2012 | FY2013 | FY2014 | FY2015 |
| 1 | Not Applicable | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | TOTALS | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

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. ILHCA, \$4,153 Net after Sch VI adj
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 74,430 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 456,488
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. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 64,808
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Crowe Horwath
- (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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.