

Facility Name & ID Number Montebello Healthcare Center

0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	139	Skilled (SNF)	139	50,735	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	139	TOTALS	139	50,735	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	19,716	4,568	2,487	26,771	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,716	4,568	2,487	26,771	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 52.77%

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

1 (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)

NA

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 01/01/2005

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

YES Date 01/01/2005 NO

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

YES NO If YES, enter number of beds certified 139 and days of care provided 1,652

Medicare Intermediary Novitas Solutions Inc

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

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

Facility Name & ID Number

Montebello Healthcare Center

0047340

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	137,750	15,202	15,263	168,215		168,215	168,215			1
2	Food Purchase		151,118		151,118		151,118	(128)	150,990		2
3	Housekeeping	80,028	13,376	2,332	95,736		95,736		95,736		3
4	Laundry	28,071	9,005		37,076		37,076		37,076		4
5	Heat and Other Utilities			99,300	99,300		99,300	(3,520)	95,780		5
6	Maintenance	36,105	71,663	8,944	116,712		116,712	11,782	128,494		6
7	Other (specify):*			7,759	7,759		7,759		7,759		7
8	TOTAL General Services	281,954	260,364	133,598	675,916		675,916	8,134	684,050		8
	B. Health Care and Programs										
9	Medical Director			7,300	7,300		7,300		7,300		9
10	Nursing and Medical Records	1,269,674	88,594	26,885	1,385,153		1,385,153	138,562	1,523,715		10
10a	Therapy	231,311	14,460	243	246,014		246,014		246,014		10a
11	Activities	34,688	5,266	3,706	43,660		43,660		43,660		11
12	Social Services	39,478	6	2,926	42,410		42,410		42,410		12
13	CNA Training										13
14	Program Transportation	28,434	6,451	(633)	34,252		34,252		34,252		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,603,585	114,777	40,427	1,758,789		1,758,789	138,562	1,897,351		16
	C. General Administration										
17	Administrative	77,113			77,113		77,113	3,500	80,613		17
18	Directors Fees			525	525		525		525		18
19	Professional Services			36,315	36,315		36,315	(21,406)	14,909		19
20	Dues, Fees, Subscriptions & Promotions			31,679	31,679		31,679	315	31,994		20
21	Clerical & General Office Expenses	113,612	15,920	234,163	363,695		363,695	(9,511)	354,184		21
22	Employee Benefits & Payroll Taxes			408,964	408,964		408,964	17,526	426,490		22
23	Inservice Training & Education										23
24	Travel and Seminar			17,777	17,777		17,777	22,380	40,157		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			144,571	144,571		144,571	2,827	147,398		26
27	Other (specify):* Franchise Tax							300	300		27
28	TOTAL General Administration	190,725	15,920	873,994	1,080,639		1,080,639	15,931	1,096,570		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,076,264	391,061	1,048,019	3,515,344		3,515,344	162,627	3,677,971		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 Montebello Healthcare Center

#0047340

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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			97,608	97,608		97,608		97,608			30
31	Amortization of Pre-Op. & Org.			6,285	6,285		6,285		6,285			31
32	Interest			(1,870)	(1,870)		(1,870)	12,268	10,398			32
33	Real Estate Taxes			69,495	69,495		69,495	(2,119)	67,376			33
34	Rent-Facility & Grounds			80,925	80,925		80,925	(7,389)	73,536			34
35	Rent-Equipment & Vehicles			13,071	13,071		13,071		13,071			35
36	Other (specify):*							22,846	22,846			36
37	TOTAL Ownership			265,514	265,514		265,514	25,606	291,120			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		32,457	11,070	43,527		43,527		43,527			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			227,525	227,525		227,525		227,525			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		32,457	238,595	271,052		271,052		271,052			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,076,264	423,518	1,552,128	4,051,910		4,051,910	188,233	4,240,143			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 Montebello Healthcare Center

0047340

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(3,543)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(128)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,200)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,133)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,639)	21		24
25	Fund Raising, Advertising and Promotional	(2,832)	21		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	(9,208)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (54,683)		\$	30

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)	242,916		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 242,916		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 188,233		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	51
					52

Montebello Healthcare Center

ID# 0047340

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Rent Averaging	\$ (7,389)	34	1
2	Reclass Franchise Tax to Line 27	(300)	33	2
3	Reclass Franchise Tax to Line 27	300	27	3
4	Real Estate Accrual Adjustment	(1,819)	33	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(9,208)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Montebello Healthcare Center# 0047340

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(128)	0	0	0	0	0	0	0	0	0	0	(128)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,543)	23	0	0	0	0	0	0	0	0	0	(3,520)	5
6	Maintenance	0	11,782	0	0	0	0	0	0	0	0	0	11,782	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,671)	11,805	0	8,134	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	138,562	0	0	0	0	0	0	0	0	0	138,562	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	138,562	0	138,562	16								
	C. General Administration													
17	Administrative	0	3,500	0	0	0	0	0	0	0	0	0	3,500	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(31,133)	9,727	0	0	0	0	0	0	0	0	0	(21,406)	19
20	Fees, Subscriptions & Promotions	0	315	0	0	0	0	0	0	0	0	0	315	20
21	Clerical & General Office Expenses	(10,671)	1,160	0	0	0	0	0	0	0	0	0	(9,511)	21
22	Employee Benefits & Payroll Taxes	0	17,526	0	0	0	0	0	0	0	0	0	17,526	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	22,380	0	0	0	0	0	0	0	0	0	22,380	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	2,827	0	0	0	0	0	0	0	0	0	2,827	26
27	Other (specify):*	300	0	0	0	0	0	0	0	0	0	0	300	27
28	TOTAL General Administration	(41,504)	57,435	0	15,931	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(45,175)	207,802	0	162,627	29								

STATE OF ILLINOIS

Facility Name & ID Number Montebello Healthcare Center# 0047340

Report Period Beginning:

01/01/2014 Ending:

Summary B

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	12,268	0	0	0	0	0	0	0	0	0	12,268	32
33	Real Estate Taxes	(2,119)	0	0	0	0	0	0	0	0	0	0	(2,119)	33
34	Rent-Facility & Grounds	(7,389)	0	0	0	0	0	0	0	0	0	0	(7,389)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	22,846	0	0	0	0	0	0	0	0	0	22,846	36
37	TOTAL Ownership	(9,508)	35,114	0	25,606	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(54,683)	242,916	0	188,233	45								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SSC Equity Holdings LLC	100	Montebello Health Care Center	Hamilton	SSC Equity Holdings LLC		Holding Company
		Nature Trail Health Care Center	Mount Vernon	SSC Administrative Services LLC		Back Office Service
		Odin Health Care Center	Odin	SSC Consulting Services		Operations and Con
		Westchester Health and Rehab Center	Westchester			
		Brentwood Sub Acute Healthcare Center	Burbank			

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	5 Utilities	\$	SSC Equity Holdings LLC	100.00%	\$ 23	\$	23	1
2	V	6 Repair and Maintenance		SSC Equity Holdings LLC	100.00%	11,782		11,782	2
3	V	19 Professional Services		SSC Equity Holdings LLC	100.00%	9,727		9,727	3
4	V	20 Fee, Subscriptions and Promos		SSC Equity Holdings LLC	100.00%	315		315	4
5	V	10 Nursing & Medical Records		SSC Equity Holdings LLC	100.00%	138,562		138,562	5
6	V	21 Clerical & Gen Office Exp		SSC Equity Holdings LLC	100.00%	1,160		1,160	6
7	V	24 Travel & Seminar		SSC Equity Holdings LLC	100.00%	22,380		22,380	7
8	V	26 Insurance		SSC Equity Holdings LLC	100.00%	2,827		2,827	8
9	V	36 Depreciation		SSC Equity Holdings LLC	100.00%	22,846		22,846	9
10	V	17 Communications		SSC Equity Holdings LLC	100.00%	3,500		3,500	10
11	V	35 Rental and Lease		SSC Equity Holdings LLC	100.00%				11
12	V	32 Interest Income/Expense		SSC Equity Holdings LLC	100.00%	12,268		12,268	12
13	V	22 Payroll Taxes		SSC Equity Holdings LLC	100.00%	17,526		17,526	13
14	Total		\$			\$ 242,916	\$ *	242,916	14

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

Facility Name & ID Number

Montebello Healthcare Center

0047340

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holdings Company LLC	100	Cedar Crest	Montgomery				1
2			Fairview Health & Rehab Center	Birmingham				2
3			Montrose Bay Healthcare Center	Fairhope				3
4			South Haven Health & Rehab Center	Montgomery				4
5			Warren Manor	Selma				5
6			Woodley Manor	Montgomery				6
7			Excell Health Care Center	Oakland				7
8			Flagship Health care Center	Newport Beach				8
9			Tarzana Health & Rehab Center	Tarzana				9
10			Diamond Ridge Health Care Center	Pittsburgh				10
11			Courtyard Care Center	San Jose				11
12			Mission Carmichael Health Care Center	Carmichael				12
13			AlpineLiving Center	Thornton				13
14			Boulder Manor	Boulder				14
15			Pearl Street Health Care Center	Englewood				15
16			Applewood Living Center	Longmont				16
17			Fort Collins Health Care Center	Fort Collins				17
18			Spring Creek Healthcare Center	Fort Collins				18
19			Berthoud Living Center	Berthoud				19
20			Sierra Vista Health Care Center	Loveland				20
21			Windsor Health Care Center	Windsor				21
22			San Juan Living Center	Montrose				22
23			Four Corners Health Care Center	Durango				23
24			Palisade Living Center	Palisade				24
25			Colonial Columns Nursing Center	Colorado Springs				25
26			Cedarwood Health Care Center	Colorado Springs				26
27			Minnequa Medicenter	Pueblo				27
28			Terrace Gaedens Healthcare Center	Colorado Springs				28
29			Aspen Living Cente	Colorado Springs				29
30			Belmont Lodge	Pueblo				30

Facility Name & ID Number

Montebello Healthcare Center

0047340

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VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Centennial Heathcare Center	Greeley				1
2			Kenton Manor	Greeley				2
3			Stering Living Center	Sterling				3
4			Sunset Manor	Brush				4
5			Yuma Life Care Center	Yuma				5
6			Jewell Care Center of Denver	Denver				6
7			Monaco Parkway	Denver				7
8			Garden Square at Spring Creek	Fort Collins				8
9			Pendleton Health & Rehab	Mystic				9
10			Bride Brook Health & Rehab	Niantic				10
11			Brian Center Nursing Care Austell	Austll				11
12			Brian Center Health & Rehab Canton	Canton				12
13			Northeast Atlanta Healty & Rehab	Atlanta				13
14			Brighton Place West	Topeka				14
15			Indian Creek Healht Care Center	Overland Park				15
16			SE Massachusetts Health & Rehab	New Bedford				16
17			Methuen Health & Rehab Center	Methuen				17
18			Patuxent River Health & Rehab Center	Laurel				18
19			Arcola Heathh & Rehab Center	Silver Spring				19
20			Glen Burnie Health & Rehab Center	Glen Burnie				20
21			Overlea Health & Rehab Center	Baltimore				21
22			Bethesda Health & Rehab Center	Bethesda				22
23			Summit Park Health & Rehab Center	Catonsville				23
24			North Arundel Health & Rehab Center	Glen Burnie				24
25			Bel Air Health & Rehab Center	Bel Air				25
26			Forest Hill Health & Rehab Center	Forest Hill				26
27			Heritage Harbour Health & Rehab Center	Annapolis				27
28			Cambridge East	Madison Heights				28
29			Cambridge North	Clawson				29
30			Cambridge South	Beverly Hills				30

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STATE OF ILLINOIS

Page 6-Supplemental (2

Facility Name & ID Number Montebello Healthcare Center # 0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
	Name	Ownership %	Name	City	Name	City	Type of Business
1	SSC Equity Holding Company LLC	100	Clarkston	Clarkston			
2			Clinton-Aire Healthcare Center	Clinton Township			
3			Crestmont NursingCare Center	Fenton			
4			Heritage Manor	Flint			
5			Hope Health Care Center	Westland			
6			Warren Woods Health Care Center	Warren			
7			Superior Woods Health Care Center	Ypsilanti			
8			Countrybrook Living Center	Brook Haven			
9			Brian Center Health & Rehab Eden	Eden			
10			Brian Center Nursing Care Lexington	Lexington			
11			Brian Center Health & Rehab Hickory East	Hickory			
12			Brian Center Health & Rehab Wilson	Wilson			
13			Randolph Health & Rehab Center	Asheboro			
14			Brian Center Health & Rehab Winston Salem	Winston Salem			
15			Brian Center Health & RehabCharlotte	Charlotte			
16			Brian Center Health & Rehab Windsor	Windsor			
17			Maple Leaf Health Care	Statesville			
18			Brian Center Health & Rehab Weaverville	Weaverville			
19			Brian Center Health & Rehab Lincolnton	Lincolnton			
20			Brian Center Health & Rehab Wallace	Wallace			
21			Brian Center Health & Rehab Monroe	Monroe			
22			Brian Center Health & RehabDurham	Durham			
23			Brian Center Health & Rehab Goldsboro	Goldsboro			
24			Brian Center Health & Rehab Cabarrus	Concord			
25			Brian Center Nursing Care Shamrock	Charlotte			
26			Brian Center Nursing Care Hickory	Hickory			
27			Brian Center Health & Rehab Center Waynesvi	Waynesville			
28			Brian Center Health & Rehab Clayton	Clayton			
29			Brian Center Health & Rehab Brevard	Bervard			
30			Brian Center Health & Rehab Yanceyville	Yanceyville			

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STATE OF ILLINOIS

Page 6-Supplemental (2)

Facility Name & ID Number Montebello Healthcare Center # 0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
	Name	Ownership %	Name	City	Name	City	Type of Business
1	SSC Equity Holding Company LLC	100	Brian Center Health & Rehab Hertfort	Hertford			
2			Brian Center Health & Rehab Spruce Pine	Spruce Pine			
3			Brian Center Health & Rehab Hendersonville	Hendersonville			
4			Brian Center Health & Rehab Salisbury	Salisbury			
5			Mariner Health Care of Wilmington	Wilmington			
6			Silver Stream Health & Rehab	Wilmington			
7			Kenansville Health & Rehab	Kenansville			
8			Charlotte Apts	Charlotte			
9			Forest City Health & Rehab	Forest City			
10			Arbor Manor Living Center	Fremont			
11			Crete Manor	Crete			
12			Haven Home	Kenesaw			
13			Pawnee Manor	Pawnee City			
14			Pierce Manor	Pierce			
15			West Point Living Center	West Point			
16			North Hills Health & Rehab	Wexford			
17			West Hills Health & Rehab	Coraopolis			
18			Broomall Health & Rehab	Broomall			
19			Seneca Health & Rehab	Seneca			
20			Sumter East Health & Rehab	Sumter			
21			Golden Age Inman	Inman			
22			Inman Healthcare	Inman			
23			Lebanon Health & REhab	Lebanon			
24			Greenhills Health & Rehab	Nashville			
25			Norris Health & Rehab	Andersonville			
26			Newport Health & Rehab	Newport			
27			Cheyenne Healthcare	Cheyenne			
28			Poplar Living Center	Casper			
29			Sheridan Manor	Sheridan			
30			Huntington Health Care	Huntington			

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Page 6-Supplemental (2)

Facility Name & ID Number Montebello Healthcare Center # 0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
	Name	Ownership %	Name	City	Name	City	Type of Business
1	SSC Equity Holding Company LLC	100	Bastrop Nursing Center	Bastrop			
2			Care Inn of La Grange	La Grange			
3			Kountze Nursing Center	Kountze			
4			Retama Manor Nursing Center San Antonio No	San Antonio			
5			Retama Manor Nursing Center San Antonio We	San Antonio			
6			Retama Manor Nursing Center Alice	Alice			
7			Retama Manor Nursing Center Edinburg	Edinburg			
8			Retama Manor Nursing Center Harlingen	Harlingen			
9			Retama Manor Nursing Center Jourdanton	Jourdanton			
10			Retama Manor Nursing Center Laredo South	Laredo			
11			Retama Manor Nursing Center Laredo West	Laredo			
12			Retama Manor Nursing Center McAllen	McAllen			
13			Retama Manor Nursing Center Pleasanton Nort	Pleasanton			
14			Retama Manor Nursing Center Pleasanton Sout	Pleasanton			
15			Retama Manor Nursing Center Rio Grande City	Rio Grande City			
16			Retama Manor Nursing Center Robstown	Robstown			
17			Retama Manor Nursing Center Weslaco	Weslaco			
18			Weatherford health Care Center	Weatherford			
19			Peach Tree Place	Weatherford			
20			Retama Manor Nursing Center Raymondville	Raymondville			
21			Memorial City Health and Rehab	Houston			
22			Jacinto City Healthcare Center	Houston			
23			Spring Branch Healthcare Center	Houston			
24			Retama Manor Nursing Center Corpus Christi	Corpus Christi			
25			Downtown Health & Rehab	Fort Worth			
26			Lakeshore Village Healthcare Center	Waco			
27			Deer Creek of Wimberley	Wimberley			
28			La Paloma Nursing Center	San Diego			
29			Pine Arbor	Silsbee			
30			Las Palmas Healthcare Center	McAllen			

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Facility Name & ID Number Montebello Healthcare Center # 0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
	Name	Ownership %	Name	City	Name	City	Type of Business
1	SSC Equity Holding Company LLC	100	Hilltop Village	Kerville			
2			Silver Creek Manor	San Antonio			
3			Alpine Terrace	Kerrville			
4			Edgewater Care Center	Kerrville			
5			Arlington Heights Health & Rehab	Fort Worth			
6			The Meadows Health & Rehab	Dallas			
7			Northgate Health & Rehab	San Antonio			
8			Interlochen Health & Rehab	Arlington			
9			First Colony Health & Rehab	Missouri City			
10			Cypresswood Health & Rehab	Houston			
11			Northwest Health & Rehab	Houston			
12			The Westbury Place	Houston			
13			Westchase Health & Rehab	Houston			
14			Woodwind Lakes Health & Rehab	Houston			
15			Pasadena Care Center	Pasadena			
16			Bay Villa	Bay City			
17			Alice Health care Center	Alice			
18			Bangs Nursing Home	Bangs			
19			Brazosview	Richmond			
20			Courtyards at Fort Worth	Fort Worth			
21			Faith Memorial	Pasadena			
22			Golden Years	Marlin			
23			Greenview Manor	Waco			
24			Hillview Health & Rehab	Goldthwaite			
25			Levelland Health Care	Levelland			
26			Longmeadow Health Care	Justin			
27			Memorial Medical Nursing Center	San Antonio			
28			Mount Pleasant	Mount Pleasant			
29			North Park Health & Rehab	McKinney			
30			Pampa Health Care Center	Pampa			

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Facility Name & ID Number Montebello Healthcare Center # 0047340 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
	Name	Ownership %	Name	City	Name	City	Type of Business
1	SSC Equity Holding Company LLC	100	Park Highlands Health Care Center	Athens			
2			Pleasant Springs Health Care Center	Mount Pleasant			
3			Sweeny Health Care Center	Sweeny			
4			Texoma Health Care Center	Sherman			
5			The Park in Plano	Plano			
6			Ashland Health & Rehab	Ashland			
7			Southpointe Health Care Center	Greenfield			
8			Virginia Highlands Health & Rehab Center	Germantown			
9			Grande Prairie Health & Rehab Center	Pleasant Prairie			
10			Pleasant Valley Health Care Center	Derry			
11			The Village at Alameda	Albuquerque			
12			Hobbs Healthcare Center	Hobbs			
13			Lake Mead Health Care Center	Henderson			
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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									\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Montebello Healthcare Center

0047340 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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 SSC Equity Holdings LLC
 Street Address 5300 W Sam Houston Pkwy N Ste 100
 City / State / Zip Code Houston, TX 77041
 Phone Number (832-467-6000
 Fax Number (832-467-6983

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	5	Utilities			\$	\$		23	1
2	6	Repair and Maintenance						11,782	2
3	19	Professional Services						9,727	3
4	20	Fee, Subscriptions and Promos						315	4
5	10	Nursing & Medical Records						138,562	5
6	21	Clerical & Gen Office Exp						1,160	6
7	24	Travel & Seminar						22,380	7
8	26	Insurance						2,827	8
9	36	Drpreiation						22,846	9
10	17	Communications						3,500	10
11	35	Rental and Lease							11
12	32	Interest Income/Expense						12,268	12
13	22	Payroll Taxes						17,526	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				\$	\$		242,916	25

Facility Name & ID Number

Montebello Healthcare Center

0047340

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	A. Directly Facility Related																
	Long-Term																
1							\$	\$			\$						
2																	
3																	
4																	
5																	
	Working Capital																
6																	
7																	
8																	
9	TOTAL Facility Related						\$	\$			\$						
	B. Non-Facility Related*																
10																	
11																	
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$						
15	TOTALS (line 9+line14)						\$	\$			\$						

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

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

** 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 2013 report.		\$	<u>64,647</u>	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.)		\$	<u>62,828</u>	2															
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(1,819)</u>	3															
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>69,195</u>	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.		\$	<u>67,376</u>	7															
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2009	<u>61,493</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2010	<u>61,693</u>	9																
	2011	<u>61,568</u>	10																
	2012	<u>62,762</u>	11																
	2013	<u>62,828</u>	12																

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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Montebello Healthcare Center COUNTY Hancock
 FACILITY IDPH LICENSE NUMBER 0047340
 CONTACT PERSON REGARDING THIS REPORT Martha McDaniel
 TELEPHONE 832 467 6317 FAX #: 832 467 6983

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>11-29-999-119</u>	<u>Lot B Sub (Ex 2A Se Corner &</u>	\$ <u>62,828.00</u>	\$ <u>62,828.00</u>
2. _____	<u>377 x 145 SW Corner) NE</u>	\$ _____	\$ _____
3. _____	<u>Montebello 5-8 12-29B 11-538</u>	\$ _____	\$ _____
4. _____	<u>12-29-255-011 Keokuk Street</u>	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>62,828.00</u></u>	\$ <u><u>62,828.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,581 B. General Construction Type: Exterior 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).

N/A

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	139	2005	1974	\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	6 Ton 230V RTU	2005		27,558	2,756	10	2,756		25,721	9
10	Four Heat Run Duct System	2005		1,500	133	11.5	133		1,244	10
11	Repair Damaged Phone System	2005		1,576	158	10	158		1,471	11
12	Watermain Repair	2005		8,682	777	11.5	777		7,191	12
13	Retaining Wall - Partial Payment	2005		6,359	569	11.5	569		5,267	13
14	Fire Alarm Control Panel	2005		2,404	240	10	240		2,224	14
15	Construct Walkway Cover	2005		5,022	450	11.5	450		4,160	15
16	Leveled Ground around Stairway	2005		525	47	11.5	47		435	16
17	Fire Alarm System	2005		1,824	182	10	182		1,687	17
18	Install New Handrails	2005		415	37	11.5	37		344	18
19	Fire Alarm Control Panel	2005		872	87	10	87		807	19
20	Drywall Repairs - Water Break	2005		3,975	356	11.5	356		3,292	20
21	16: Toilet and Shower Floors	2005		10,166	924	11.3	924		8,395	21
22	Front Entry Concrete	2005		7,081	644	11.3	644		5,847	22
23	6: Smoke Detectors	2005		1,480	149	10	149		1,357	23
24	Relays for Emergency Lights	2005		2,776	252	11.3	252		2,292	24
25										25
26	119 Gallon Electric Water Heater	2006		4,362	436	10	436		3,889	26
27	Use Tax: Water Heater	2006		268	27	10	27		239	27
28	Install Water Heater	2006		659	66	10	66		588	28
29	Install Electrical Water Heater	2006		384	39	10	39		343	29
30	42' Sidewalk - Outside Patio	2006		1,820	178	10.175	178		1,480	30
31	Sprinkler	2006		2,296	224	10.175	224		1,863	31
32	Repair Sprinkler System	2006		6,893	684	10	684		5,582	32
33										33
34										34
35										35
36										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 Montebello Healthcare Center

0047340

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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	Deposit - Vinyl Floor	2007	\$ 1,928	\$ 207	9.25	\$ 207	\$	\$ 1,532	37
38	Vinyl Flooring	2007	2,153	235	9.08	235		1,703	38
39	Replace AC Compressor - Laundry	2007	1,663	181	9.08	181		1,315	39
40	Sprinkler System Install	2007	1,744	189	9.16	189		1,382	40
41	Vinyl Flooring 2 Shower/Bathroom	2007	475	52	9	52		375	41
42									42
43									43
44	Backflow Devices - Sprinkler System	2008	21,646	2,405	9	2,405		17,036	44
45	Generator Water Pump	2008	4,412	509	8.58	509		3,436	45
46	Foundation Upgrade	2008	5,340	622	8.5	622		4,148	46
47	Sealed 3 Cracks Below Windows	2008	1,400	160	8.66	160		1,093	47
48	Water Abatement & Concrete Work	2008	2,670	314	8.41	314		2,068	48
49	Fire Alarm Maintenance	2008	3,191	383	8.25	383		2,457	49
50	Genset Wiring	2008	1,903	231	8.25	231		1,461	50
51	Generatro Remote Annunicator	2008	2,349	285	8.25	285		1,803	51
52	Dry System Accelerator	2008	8,020	962	8.25	962		6,176	52
53	Water Abatement & Concrete Work	2008	2,670	320	8.25	320		2,056	53
54									54
55									55
56	Wanderguard Monitor	2009	880	119	7.3	119		652	56
57	Concrete Sidewalk	2009	3,190	445	7.08	445		2,337	57
58	Anti Scald Mixing Valve	2009	1,074	147	7.25	147		794	58
59									59
60	Basement Door Locks	2010	2,263	323	6.92	323		1,643	60
61	Fire Alarm/Air Handler Connection	2010	5,363	677	7.83	677		4,065	61
62	Wanderguard System Credit	2010	(880)	(129)	6.75	(129)		(633)	62
63	Recepticles in 20 Rooms	2010	6,800	1,007	6.67	1,007		4,869	63
64	Intumescent Firestop	2010	18,880	2,832	6.58	2,832		13,452	64
65	5 Ton Central Air Conditioner	2010	4,580	714	6.34	714		3,212	65
66	Replaced Roof Membrane	2010	4,800	789	6	789		3,288	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 207,409	\$ 23,394		\$ 23,394	\$	\$ 167,438	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 207,409	\$ 23,394		\$ 23,394	\$	\$ 167,438	1
2	Fire Alarm / Air Handler	2011	348	48	10	48		253	2
3	Install 2 Roof Top Units	2011	15,694	2,770	10	2,770		10,155	3
4	20 Wood Blinds	2011	2,964	593	5	593		2,075	4
5	17 Room Signs	2011	627	125	5	125		439	5
6	Shirred Valances and Rods	2011	2,912	582	5	582		1,990	6
7	Replace Tile & Vinyl flooring, walls, plumbing, & paint in 15 resid	2011	138,295	1,539	15	1,539		5,388	7
8	Replace electrical wiring and crown molding	2011	8,467	25,144	15	25,144		88,006	8
9									9
10	2 3 Ton Min Split Systems	2012	13,456	2,691	5	2,691		9,196	10
11	Commercial Disposal	2012	1,042	213	5	213		618	11
12									12
13	Stair Rail Panels	2013	1,991	478	4	478		1,035	13
14	Electrical for New Range	2013	1,285	343	3.75	343		600	14
15	NW Wing RTU Evaporator Coil	2013	2,986	874	3.4	874		1,239	15
16	Walk InCooler Compressor	2013	1,193	349	3.4	349		495	16
17	Nortstar Phone System	2013	15,745	4,723	3.4	4,723		6,298	17
18	A/C Blower Motor	2013	959	295	3.25	295		369	18
19									19
20	Polycom Phones	2014	521	183	3	183		183	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 415,894	\$ 64,344		\$ 64,344	\$	\$ 295,777	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 196,548	\$ 29,467	\$ 29,467	\$		\$ 124,445	71
72	Current Year Purchases	19,440	3,797	3,797			3,797	72
73	Fully Depreciated Assets	(23,916)						73
74								74
75	TOTALS	\$ 192,072	\$ 33,264	\$ 33,264	\$		\$ 128,242	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 607,966	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 97,608	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 97,608	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)	\$ 424,019	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: SSC Equity Holdings LLC

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:	<u>1974</u>	<u>139</u>	<u>10/16/2013</u>	\$ <u>73,536</u>	<u>12</u>		3
4	Additions							4
5								5
6								6
7	TOTAL		<u>139</u>		\$ <u>73,536</u>			7

10. Effective dates of current rental agreement:

Beginning 06/02/2014

Ending 05/31/2026

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

Fiscal Year Ending Annual Rent

12. /2015 \$ #####

13. /2016 \$ #####

14. /2017 \$ #####

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: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Resident Transportation</u>	<u>2011 Ford E 350</u>	\$ <u>#####</u>	\$ <u>13,071</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>13,071</u>	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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10a-03	1107	hrs	\$ 52,558		\$	\$	1,107	\$ 52,558	1
2	Licensed Speech and Language Development Therapist	10a-03		hrs							2
3	Licensed Recreational Therapist	10a-03		hrs							3
4	Licensed Physical Therapist	10a-03	4283	hrs	178,753		(635)		4,283	178,118	4
5	Physician Care	39		visits							5
6	Dental Care	39		visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39		# of prescrpts				32,457		32,457	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify):										13
14	TOTAL				\$ 231,311		\$ (635)	\$ 32,457	5,390	\$ 263,133	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 Montebello Healthcare Center# 0047340Report Period Beginning: 01/01/2014Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 550	\$	1
2	Cash-Patient Deposits	(83,094)		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	587,824		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	365		6
7	Other Prepaid Expenses	6,288		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 511,933	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	23,012		12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	415,894		15
16	Equipment, at Historical Cost	192,072		16
17	Accumulated Depreciation (book methods)	(424,019)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	12,048		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 219,007	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 730,940	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 97,964	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	185,529		30
31	Accrued Taxes Payable (excluding real estate taxes)	(93)		31
32	Accrued Real Estate Taxes(Sch.IX-B)	72,266		32
33	Accrued Interest Payable			33
34	Deferred Compensation	4,379		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Other Accruals</u>	74,053		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 434,098	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>CLO & Intercompany</u>	(69,808)		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (69,808)	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 364,290	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 366,650	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 730,940	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (269,601)	1
2	Restatements (describe):	797,990	2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 528,389	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(161,739)	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)	\$ (161,739)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 366,650	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	\$ 3,819,991	1
2	Discounts and Allowances for all Levels	(464,927)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,355,064	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	440,351	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 440,351	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	89,637	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,188	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 93,825	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)		26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Receipts</u>	931	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 931	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,890,171	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	675,916	31
32	Health Care	1,758,789	32
33	General Administration	1,080,639	33
B. Capital Expense			
34	Ownership	265,514	34
C. Ancillary Expense			
35	Special Cost Centers	43,527	35
36	Provider Participation Fee	227,525	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,051,910	40
41	Income before Income Taxes (line 30 minus line 40)**	(161,739)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (161,739)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,168,330	44
45	Private Pay - Net Inpatient Revenue	754,960	45
46	Medicare - Net Inpatient Revenue	404,403	46
47	Other-(specify) <u>HMO/Insurance</u>	4,528	47
48	Other-(specify) <u>VA/Hospice/Charity</u>	24,931	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,357,152	49

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

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

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

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

Facility Name & ID Number Montebello Healthcare Center

0047340

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	2,019	2,227	\$ 68,963	\$ 30.97	1
2	Assistant Director of Nursing	883	931	23,082	24.79	2
3	Registered Nurses	14,879	15,884	367,331	23.13	3
4	Licensed Practical Nurses	13,263	14,474	247,482	17.10	4
5	CNAs & Orderlies	45,214	48,922	539,834	11.03	5
6	CNA Trainees					6
7	Licensed Therapist	5,154	5,389	231,311	42.92	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,865	2,061	27,263	13.23	9
10	Activity Assistants	844	866	7,425	8.57	10
11	Social Service Workers	1,943	2,287	39,478	17.26	11
12	Dietician					12
13	Food Service Supervisor	1,873	2,073	29,484	14.22	13
14	Head Cook	4,704	5,264	45,930	8.73	14
15	Cook Helpers/Assistants	6,866	7,392	62,336	8.43	15
16	Dishwashers					16
17	Maintenance Workers	1,923	2,091	36,105	17.27	17
18	Housekeepers	7,119	8,024	80,028	9.97	18
19	Laundry	3,038	3,286	28,071	8.54	19
20	Administrator	1,939	2,059	77,113	37.45	20
21	Assistant Administrator					21
22	Other Administrative	3,574	4,150	113,612	27.38	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,962	2,150	22,983	10.69	31
32	Other Health C: <u>Medicare Coord</u>	1,786	1,999	28,433	14.22	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	120,848	131,529	\$ 2,076,264 *	\$ 15.79	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	\$ 12,027	1-3	35
36	Medical Director	7,300	9-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,497	10-3	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	2,643	11-3	44
45	Social Service Consultant	2,926	12-3	45
46	Other(specify) <u>Admin</u>	41,920	10-3	46
47	<u>Xray & Laboratory</u>	9,518	39-3	47
48	<u>Dentist/Physician/Psychiatrist</u>	431	39-3	48
49	TOTAL (lines 35 - 48)	\$ 83,262		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

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	
Tina A Batterton	Administrator		\$ 77,113	Workers' Compensation Insurance	\$ 72,228	IDPH License Fee	\$	
				Unemployment Compensation Insurance	22,556	Advertising: Employee Recruitment	8,787	
				FICA Taxes	145,961	Health Care Worker Background Check	7,315	
				Employee Health Insurance	156,326	(Indicate # of checks performed _____)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Publications and Manuals	1,326	
				Life Insurance	1,601	Professional Dues	8,848	
				Other Benefits	10,293	Other Licenses	2,887	
				Home Office Payroll Taxes	17,525			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 77,113	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
						Less: Public Relations Expense ()		
						Non-allowable advertising 2,831		
						Yellow page advertising ()		
						TOTAL (agree to Sch. V, line 20, col. 8) \$ 31,994		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$ 1,032
							In-State Travel	13,316
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Seminar Expense	3,429
C. Professional Services								
Vendor/Payee	Type	Amount						
Talx Corp	Unemploy Comp Svcs	\$ 577					Home Office Allocation	
Sevarus	Survey Tracking	1,498					22,380	
Duane Morris LLP	Legal Svcs	30,149						
CT Corp	Litigation Tracking	335					Entertainment Expense ()	
Ogletree Deakins	Legal Svcs	360					(agree to Sch. V, line 24, col. 8)	
Cass Info Systems	Business Process Review	1,590					TOTAL	
Equifax Workforce Sol	Employee Review	85					\$ 40,157	
Laminex	ID Card Services	72						
LexisNexis Risk Data Mgt	Risk Mgmt	87						
Bryan Cave LLP	Legal Svcs	541						
National Research	Data Collection Srvc	1,021						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 36,315					

* Attach copy of IMRF notifications

**See instructions.

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Montebello Healthcare Center# 0047340Report Period Beginning: 01/01/2014 Ending: 12/31/2014**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. Illinois Health Care Association \$8133
- (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? 12 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 31,494 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. \$ 227,525
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. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes
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? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman LLC (Corporate Level)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A
Attach invoices and a summary of services for all architect and appraisal fees.