

Facility Name & ID Number Aperion Care Burbank, Llc

0048496 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

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

	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	<u>56</u>	Skilled (SNF)	<u>56</u>	<u>20,440</u>	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	<u>56</u>	TOTALS	<u>56</u>	<u>20,440</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	4 Other	5 Total	
8	SNF	<u>11,008</u>	<u>1,450</u>	<u>7,683</u>	<u>20,141</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>11,008</u>	<u>1,450</u>	<u>7,683</u>	<u>20,141</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.54%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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 10/1/2006

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/1/2006 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 56 and days of care provided 5,534

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name & ID Number Aperion Care Burbank, Llc# 0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15**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	157,739	17,683	20,725	196,147		196,147	(16,057)	180,090		1
2	Food Purchase		113,139		113,139		113,139	33	113,172		2
3	Housekeeping	82,490	17,973		100,463		100,463		100,463		3
4	Laundry	47,457	8,939	2,396	58,792		58,792		58,792		4
5	Heat and Other Utilities			100,834	100,834		100,834	(6,481)	94,353		5
6	Maintenance	48,721	33,157	59,499	141,377		141,377	10,018	151,395		6
7	Other (specify):*							1,180	1,180		7
8	TOTAL General Services	336,407	190,891	183,454	710,752		710,752	(11,307)	699,445		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	1,048,473	48,708	36,139	1,133,320		1,133,320	(9,840)	1,123,480		10
10a	Therapy	12,526			12,526		12,526		12,526		10a
11	Activities	65,337	3,949	999	70,285		70,285		70,285		11
12	Social Services	33,956		596	34,552		34,552		34,552		12
13	CNA Training										13
14	Program Transportation			584	584		584		584		14
15	Other (specify):*							2,712	2,712		15
16	TOTAL Health Care and Programs	1,160,292	52,657	62,318	1,275,267		1,275,267	(7,127)	1,268,140		16
	C. General Administration										
17	Administrative	143,103		243,140	386,243		386,243	(206,791)	179,452		17
18	Directors Fees										18
19	Professional Services			253,693	253,693		253,693	(173,364)	80,329		19
20	Dues, Fees, Subscriptions & Promotions			66,633	66,633		66,633	(42,748)	23,885		20
21	Clerical & General Office Expenses	87,348	(137)	278,373	365,584		365,584	(183,786)	181,798		21
22	Employee Benefits & Payroll Taxes			228,942	228,942		228,942		228,942		22
23	Inservice Training & Education										23
24	Travel and Seminar							3,084	3,084		24
25	Other Admin. Staff Transportation			3,005	3,005		3,005	5,515	8,520		25
26	Insurance-Prop.Liab.Malpractice			143,921	143,921		143,921	5,308	149,229		26
27	Other (specify):*							3,277	3,277		27
28	TOTAL General Administration	230,451	(137)	1,217,707	1,448,021		1,448,021	(589,504)	858,517		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,727,150	243,411	1,463,479	3,434,040		3,434,040	(607,938)	2,826,102		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

Aperion Care Burbank, Llc

#0048496

Report Period Beginning:

01/01/15

Ending:

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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			106,137	106,137		106,137	2,318	108,455			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			39,337	39,337		39,337	163,460	202,797			32
33	Real Estate Taxes							230,703	230,703			33
34	Rent-Facility & Grounds			564,000	564,000		564,000	(563,660)	340			34
35	Rent-Equipment & Vehicles			998	998		998	2,537	3,535			35
36	Other (specify):*			11,465	11,465		11,465	(11,465)				36
37	TOTAL Ownership			721,937	721,937		721,937	(176,106)	545,831			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		121,716	611,414	733,130		733,130	(85,392)	647,738			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			115,657	115,657		115,657		115,657			42
43	Other (specify):*			22,091	22,091		22,091	(22,091)				43
44	TOTAL Special Cost Centers		121,716	749,162	870,878		870,878	(107,483)	763,395			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,727,150	365,127	2,934,578	5,026,855		5,026,855	(891,527)	4,135,328			45

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

Aperion Care Burbank, Llc

ID# 0048496

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Marketing Salaries	\$ (250)	43	1
2	Bank Charges	(9,905)	21	2
3	Theft and Damage Loss	(437)	21	3
4	Amortization	(11,465)	36	4
5	Building Co - Amortization	(11,531)	36	5
6	Building Co - State Replacement Tax	(194)	21	6
7	Building Co - Home Office Expense	(6,000)	19	7
8	Building Co - Bank Service Charge	(195)	21	8
9	Building Co - Professional Fees	(2,695)	19	9
10	Additional R&M	11,083	06	10
11	Non-Allowable Legal	(5,777)	19	11
12	PAC Dues	(5,809)	20	12
13	Capitalized R&M	(3,752)	06	13
14	2015 Seminar	105	24	14
15	Non-Allowable Rent	(32,000)	34	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	(78,822)		49

Aperion Care Burbank, Llc

Report Period Beginning: ID# 0048496
 Ending: 01/01/15
 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aperion Care Burbank, Llc# 0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

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				(16,057)								(16,057)	1
2	Food Purchase	(81)		114									33	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(6,802)		4			317						(6,481)	5
6	Maintenance	7,331		2,719	(510)	10	468						10,018	6
7	Other (specify):*			175	1,005								1,180	7
8	TOTAL General Services	448		3,012	(15,562)	10	785						(11,307)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			2,464	(12,304)								(9,840)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			176	2,536								2,712	15
16	TOTAL Health Care and Programs			2,640	(9,767)								(7,127)	16
	C. General Administration													
17	Administrative			(208,561)		1,770							(206,791)	17
18	Directors Fees													18
19	Professional Services	(14,472)	8,695	(89,439)	455	(76,420)	107	(2,289)					(173,364)	19
20	Fees, Subscriptions & Promotions	(44,709)		1,144	780	30	7						(42,748)	20
21	Clerical & General Office Expenses	(236,258)	389	19,574	819	31,063	627						(183,786)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	105		2,762	159	58							3,084	24
25	Other Admin. Staff Transportation			3,269	1,823	423							5,515	25
26	Insurance-Prop.Liab.Malpractice			896		4,412							5,308	26
27	Other (specify):*			3,204	73								3,277	27
28	TOTAL General Administration	(295,334)	9,084	(267,151)	4,109	(38,664)	741	(2,289)					(589,504)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(294,886)	9,084	(261,499)	(21,220)	(38,654)	1,526	(2,289)					(607,938)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Aperion Care Burbank, Llc# 0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(76,720)	77,405	337	38		1,258						2,318	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(1,404)	161,406	2,483	11		964						163,460	32
33	Real Estate Taxes		229,471				1,232						230,703	33
34	Rent-Facility & Grounds	(32,000)	(520,000)	175			(11,835)						(563,660)	34
35	Rent-Equipment & Vehicles			1,710	273	199	355						2,537	35
36	Other (specify):*	(22,996)	11,531										(11,465)	36
37	TOTAL Ownership	(133,120)	(40,187)	4,706	322	199	(8,027)						(176,106)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers								(85,392)				(85,392)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(22,091)											(22,091)	43
44	TOTAL Special Cost Centers	(22,091)							(85,392)				(107,483)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(450,097)	(31,103)	(256,793)	(20,898)	(38,455)	(6,500)	(2,289)	(85,392)				(891,527)	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
See 6-Supplemental		See 6-Supplemental		See 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 520,000	Exceptional NRC Realty	100.00%	\$	(520,000)	1
2	V	36 Amortization		Exceptional NRC Realty	100.00%	11,531	11,531	2
3	V	33 Real Estate Taxes		Exceptional NRC Realty	100.00%	229,471	229,471	3
4	V	21 State Replacement Tax		Exceptional NRC Realty	100.00%	194	194	4
5	V	19 Home Office Expense		Exceptional NRC Realty	100.00%	6,000	6,000	5
6	V	21 Bank Service Charges		Exceptional NRC Realty	100.00%	195	195	6
7	V	30 Depreciation		Exceptional NRC Realty	100.00%	77,405	77,405	7
8	V	32 Interest	73	Exceptional NRC Realty	100.00%	161,479	161,406	8
9	V	19 Professional Fees		Exceptional NRC Realty	100.00%	2,695	2,695	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 520,073			\$ 488,970	\$ * (31,103)	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	2	FOOD	APERION CARE	100.00%	\$ 114	\$ 114
16	V	5	UTILITIES	APERION CARE	100.00%	4	4
17	V	6	REPAIRS & MAINTENANCE	APERION CARE	100.00%	2,719	2,719
18	V	7	EMP. BEN.-GEN. SERV. & DIETARY	APERION CARE	100.00%	175	175
19	V	10	SALARY- NURSE	APERION CARE	100.00%	2,464	2,464
20	V	15	PAYROLL TAXES/GROUP INSURANCE	APERION CARE	100.00%	176	176
21	V	17	ADMINISTRATIVE	APERION CARE	100.00%	34,580	34,580
22	V	19	PROFESSIONAL FEES	APERION CARE	100.00%	6,883	6,883
23	V	20	FEES, SUBSCRIPTIONS	APERION CARE	100.00%	1,144	1,144
24	V	21	CLERICAL & GENERAL	APERION CARE	100.00%	19,574	19,574
25	V	24	SEMINARS	APERION CARE	100.00%	2,762	2,762
26	V	25	AUTO AND TRAVEL	APERION CARE	100.00%	3,269	3,269
27	V	26	INSURANCE	APERION CARE	100.00%	896	896
28	V	27	EMP. BEN.-GEN. ADMIN.	APERION CARE	100.00%	3,204	3,204
29	V	30	DEPRECIATION	APERION CARE	100.00%	337	337
30	V	32	INTEREST	APERION CARE	100.00%	2,483	2,483
31	V	33	REAL ESTATE TAX	APERION CARE	100.00%		
32	V	34	RENT	APERION CARE	100.00%	175	175
33	V	35	EQUIPMENT RENTAL	APERION CARE	100.00%	54	54
34	V	35	AUTO LEASE	APERION CARE	100.00%	1,656	1,656
35	V	17	MANAGEMENT FEE	APERION CARE	100.00%		(243,140)
36	V	19	HOME OFFICE	APERION CARE	100.00%		(94,018)
37	V	19	DATA PROCESSING	APERION CARE	100.00%		(2,304)
38	V						
39	Total		\$ 339,463			\$ 82,670	\$ * (256,793)

* 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	<u>1</u> <u>DIETARY</u>	\$	<u>APERION CONSULTING</u>	100.00%	\$ 4,668	\$ 4,668
16	V	<u>5</u> <u>UTILITIES</u>		<u>APERION CONSULTING</u>	100.00%		
17	V	<u>6</u> <u>REPAIRS & MAINTENANCE</u>		<u>APERION CONSULTING</u>	100.00%	3,050	3,050
18	V	<u>7</u> <u>EMP. BEN.-GEN. SERV. & DIETARY</u>		<u>APERION CONSULTING</u>	100.00%	1,005	1,005
19	V	<u>10</u> <u>SALARY NURSE</u>		<u>APERION CONSULTING</u>	100.00%	19,396	19,396
20	V	<u>15</u> <u>PAYROLL TAXES/GROUP INSURANCE</u>		<u>APERION CONSULTING</u>	100.00%	2,536	2,536
21	V	<u>17</u> <u>ADMINISTRATIVE</u>		<u>APERION CONSULTING</u>	100.00%		
22	V	<u>19</u> <u>PROFESSIONAL FEES</u>		<u>APERION CONSULTING</u>	100.00%	455	455
23	V	<u>20</u> <u>FEES, SUBSCRIPTIONS</u>		<u>APERION CONSULTING</u>	100.00%	780	780
24	V	<u>21</u> <u>CLERICAL & GENERAL</u>		<u>APERION CONSULTING</u>	100.00%	819	819
25	V	<u>24</u> <u>SEMINARS</u>		<u>APERION CONSULTING</u>	100.00%	159	159
26	V	<u>25</u> <u>AUTO AND TRAVEL</u>		<u>APERION CONSULTING</u>	100.00%	1,823	1,823
27	V	<u>26</u> <u>INSURANCE</u>		<u>APERION CONSULTING</u>	100.00%		
28	V	<u>27</u> <u>EMP. BEN.-GEN. ADMIN.</u>		<u>APERION CONSULTING</u>	100.00%	73	73
29	V	<u>30</u> <u>DEPRECIATION</u>		<u>APERION CONSULTING</u>	100.00%	38	38
30	V	<u>32</u> <u>INTEREST</u>		<u>APERION CONSULTING</u>	100.00%	11	11
31	V	<u>33</u> <u>REAL ESTATE TAX</u>		<u>APERION CONSULTING</u>	100.00%		
32	V	<u>34</u> <u>RENT</u>		<u>APERION CONSULTING</u>	100.00%		
33	V	<u>35</u> <u>AUTO LEASE</u>		<u>APERION CONSULTING</u>	100.00%	273	273
34	V	<u>10</u> <u>CONSULTING</u>	31,700	<u>APERION CONSULTING</u>	100.00%		(31,700)
35	V	<u>01</u> <u>DIETICIAN</u>	20,725	<u>APERION CONSULTING</u>	100.00%		(20,725)
36	V	<u>06</u> <u>PAINTER</u>	2,560	<u>APERION CONSULTING</u>	100.00%		(2,560)
37	V	<u>06</u> <u>PROJECT MANAGER</u>	1,000	<u>APERION CONSULTING</u>	100.00%		(1,000)
38	V						
39	Total		\$ 55,985			\$ 35,087	\$ * (20,898)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 REPAIRS & MAINTENANCE		APERION FINANCIAL	100.00%	10	\$	10	15
16	V	17 ADMINISTRATIVE		APERION FINANCIAL	100.00%	1,770		1,770	16
17	V	19 PROFESSIONAL FEES		APERION FINANCIAL	100.00%	504		504	17
18	V	20 FEES, SUBSCRIPTIONS		APERION FINANCIAL	100.00%	30		30	18
19	V	21 CLERICAL & GENERAL		APERION FINANCIAL	100.00%	31,063		31,063	19
20	V	24 SEMINARS		APERION FINANCIAL	100.00%	58		58	20
21	V	25 AUTO AND TRAVEL		APERION FINANCIAL	100.00%	423		423	21
22	V	26 INSURANCE		APERION FINANCIAL	100.00%	4,412		4,412	22
23	V	35 EQUIPMENT RENTAL		APERION FINANCIAL	100.00%	199		199	23
24	V	19 HOME OFFICE EXPENSE	76,924	APERION FINANCIAL	100.00%			(76,924)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 76,924			\$ 38,469	\$ *	(38,455)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	8131 N. MONTICELLO, LLC	100.00%	\$ 317	\$	317	15
16	V	6 REPAIRS & MAINTENANCE		8131 N. MONTICELLO, LLC	100.00%	468		468	16
17	V	19 PROFESSIONAL FEES		8131 N. MONTICELLO, LLC	100.00%	107		107	17
18	V	20 DUES & SUBSCRIPTIONS		8131 N. MONTICELLO, LLC	100.00%	7		7	18
19	V	21 OFFICE EXPENSE		8131 N. MONTICELLO, LLC	100.00%	627		627	19
20	V	30 DEPRECIATION		8131 N. MONTICELLO, LLC	100.00%	1,258		1,258	20
21	V	32 INTEREST EXPENSE		8131 N. MONTICELLO, LLC	100.00%	964		964	21
22	V	34 RENT		8131 N. MONTICELLO, LLC	100.00%	340		340	22
23	V	35 EQUIPMENT RENTAL		8131 N. MONTICELLO, LLC	100.00%	355		355	23
24	V	33 REAL ESTATE TAXES		8131 N. MONTICELLO, LLC	100.00%	1,232		1,232	24
25	V								25
26	V	34 RENT	12,000	8131 N. MONTICELLO, LLC	100.00%			(12,000)	26
27	V	34 RENT	175	8131 N. MONTICELLO, LLC	100.00%			(175)	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 12,175			\$ 5,675	\$ *	(6,500)	39

* 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	19 PAYROLL SERVICES	\$ 8,802	PROPAY HR LLC	24.00%	\$ 6,513	\$ (2,289)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 8,802			\$ 6,513	\$ * (2,289)

* 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	39 THERAPY SERVICES	\$ 592,997	RENEWAL REHAB	100.00%	\$ 507,605	\$ (85,392)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 592,997			\$ 507,605	\$ * (85,392)

* 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	1219 LIMITED PARTNERSHIP	10.00%	Aperion Care Amboy	Amboy	Exceptional NRC Realty	Burbank	Building Co	1
2	257 LIMITED PARTNERSHIP	19.00%	Aperion Care Jacksonville	Jacksonville	8131 N. MONTICELLO	Skokie	Home Office, Bldg Co	2
3	350 LIMITED PARTNERSHIP	1.00%	River Crossing Rehab	Galesburg	PROPAY	Evanston	Payroll Services	3
4	42170 LIMITED PARTNERSHIP	10.00%	Aperion Care Dolton	Dolton	RENEWAL REHAB	Skokie	Therapy Services	4
5	YOSEF MEYSTEEL TRUST	60.00%	Aperion Care International	Chicago	APERION CARE, INC	Skokie	Corporate Manager	5
6			Aperion Care Bridgeport	Bridgeport	APERION CONSULTING, LLC	Skokie	Consulting Co.	6
7			Aperion Care Litchfield	Litchfield	APERION FINANCIAL, LLC	Skokie	Bookkeeping	7
8			Aperion Care Springfield	Springfield	APERION ESTATES PERU	Peru, IN	ALF	8
9			Aperion Care St. Elmo	St. Elmo	APERION CARE DEMOTTE	Demotte, IN	ALF	9
10			Aperion Care Midlothian	Midlothian	APERION CARE HIDDEN LAKE	St. Louis, MO	ALF	10
11			Riverwood Rehab	East Moline	APERION CARE HIDDEN LAKE	St. Louis, MO	ILF	11
12			Aperion Care Chicago Heights	Chicago Heights	APERION CARE HIDDEN LAKE	St. Louis, MO	Memory Care	12
13			Aperion Care Forest Park	Forest Park	HEALTHCARE CONSTRUCTION	Chicago	Bldg Improvements	13
14			Aperion Care Oak Lawn	Oak Lawn				14
15			Aperion Care Highwood	Highwood				15
16			Aperion Care Decatur	Decatur				16
17			Aperion Care Plum Grove	Plum Grove				17
18			Aperion Care Evanston	Evanston				18
19			Aperion Care Wilmington	Wilmington				19
20			Aperion Care Spring Valley	Spring Valley				20
21			Aperion Care Elgin	Elgin				21
22			Aperion Care Toluca	Toluca				22
23			Aperion Care Colfax	Colfax				23
24			Aperion Care Bloomington	Bloomington				24
25			The Arbors at Michigan City	Michigan City, IN				25
26			Aperion Care Demotte	Demotte, IN				26
27			Aperion Care Kokomo	Kokomo, IN				27
28			Aperion Care Tolleston Park	Gary, IN				28
29			Aperion Care Valparaiso	Valparaiso, IN				29
30			Aperion Care Peru	Peru, IN				30

Facility Name & ID Number

Aperion Care Burbank, Llc

#

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	Yosef Meystel	Relative	Administrative	0.00%	See Attached	0.90	2.25%	Alloc. Salary	\$ 4,355	17-07	1	
2	Jay Meystel	Relative	Administrative	0.00%	See Attached	0.40	1.00%	Alloc. Salary	675	17-07	2	
3	Joel Meystel	Relative	Administrative	0.00%	See Attached	0.40	2.00%	Alloc. Salary	1,275	17-07	3	
4	Cynthia Meystel	Relative	Clerical	0.00%	See Attached	0.10	3.03%	Alloc. Salary	514	21-07	4	
5	Shimon Meystel	Relative	Clerical	0.00%	See Attached	0.90	2.25%	Alloc. Salary	92	21-07	5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 6,911		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 Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

APERION CARE

Street Address

8131 N. MONTICELLO

City / State / Zip Code

SKOKIE, ILLINOIS 60076

Phone Number

(847) 673-6767

Fax Number

(847) 673-6768

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	2	FOOD	ACTUAL CENSUS	925,063	39	\$ 5,257	\$ 20,141	\$ 114	1
2	5	UTILITIES	ACTUAL CENSUS	925,063	39	179	20,141	4	2
3	6	REPAIRS & MAINTENANCE	ACTUAL CENSUS	925,063	39	124,883	112,788	2,719	3
4	7	EMP. BEN.-GEN. SERV. & DIE	ACTUAL CENSUS	925,063	39	8,040	20,141	175	4
5	10	SALARY- NURSE	ACTUAL CENSUS	925,063	39	113,170	113,170	2,464	5
6	15	PAYROLL TAXES/GROUP INST	ACTUAL CENSUS	925,063	39	8,067	20,141	176	6
7	17	ADMINISTRATIVE	ACTUAL CENSUS	925,063	39	1,588,216	1,274,084	34,580	7
8	19	PROFESSIONAL FEES	ACTUAL CENSUS	925,063	39	316,131	20,141	6,883	8
9	20	FEES, SUBSCRIPTIONS	ACTUAL CENSUS	925,063	39	52,521	20,141	1,144	9
10	21	CLERICAL & GENERAL	ACTUAL CENSUS	925,063	39	899,005	810,120	19,574	10
11	24	SEMINARS	ACTUAL CENSUS	925,063	39	126,855	20,141	2,762	11
12	25	AUTO AND TRAVEL	ACTUAL CENSUS	925,063	39	150,166	20,141	3,269	12
13	26	INSURANCE	ACTUAL CENSUS	925,063	39	41,165	20,141	896	13
14	27	EMP. BEN.-GEN. ADMIN.	ACTUAL CENSUS	925,063	39	147,150	20,141	3,204	14
15	30	DEPRECIATION	ACTUAL CENSUS	925,063	39	15,480	20,141	337	15
16	32	INTEREST	ACTUAL CENSUS	925,063	39	114,048	20,141	2,483	16
17	33	REAL ESTATE TAX	ACTUAL CENSUS	925,063	39		20,141		17
18	34	RENT	ACTUAL CENSUS	925,063	39	8,054	20,141	175	18
19	35	EQUIPMENT RENTAL	ACTUAL CENSUS	925,063	39	2,485	20,141	54	19
20	35	AUTO LEASE	ACTUAL CENSUS	925,063	39	76,069	20,141	1,656	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,796,942	\$ 2,310,162	\$ 82,670	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

APERION CONSULTING

Street Address

8131 N. MONTICELLO

City / State / Zip Code

SKOKIE, ILLINOIS 60076

Phone Number

(847) 673-6767

Fax Number

(847) 673-6768

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	1	DIETARY	ACTUAL CENSUS	925,063	39	\$ 214,389	\$ 214,389	20,141	\$ 4,668	1
2	5	UTILITIES	ACTUAL CENSUS	925,063	39			20,141		2
3	6	REPAIRS & MAINTENANCE	ACTUAL CENSUS	925,063	39	140,088	138,625	20,141	3,050	3
4	7	EMP. BEN.-GEN. SERV. & DIE	ACTUAL CENSUS	925,063	39	46,162		20,141	1,005	4
5	10	SALARY NURSE	ACTUAL CENSUS	925,063	39	890,856	890,856	20,141	19,396	5
6	15	PAYROLL TAXES/GROUP INST	ACTUAL CENSUS	925,063	39	116,493		20,141	2,536	6
7	17	ADMINISTRATIVE	ACTUAL CENSUS	925,063	39			20,141		7
8	19	PROFESSIONAL FEES	ACTUAL CENSUS	925,063	39	20,901		20,141	455	8
9	20	FEES, SUBSCRIPTIONS	ACTUAL CENSUS	925,063	39	35,826		20,141	780	9
10	21	CLERICAL & GENERAL	ACTUAL CENSUS	925,063	39	37,620	25,723	20,141	819	10
11	24	SEMINARS	ACTUAL CENSUS	925,063	39	7,289		20,141	159	11
12	25	AUTO AND TRAVEL	ACTUAL CENSUS	925,063	39	83,735		20,141	1,823	12
13	26	INSURANCE	ACTUAL CENSUS	925,063	39			20,141		13
14	27	EMP. BEN.-GEN. ADMIN.	ACTUAL CENSUS	925,063	39	3,364		20,141	73	14
15	30	DEPRECIATION	ACTUAL CENSUS	925,063	39	1,739		20,141	38	15
16	32	INTEREST	ACTUAL CENSUS	925,063	39	508		20,141	11	16
17	33	REAL ESTATE TAX	ACTUAL CENSUS	925,063	39			20,141		17
18	34	RENT	ACTUAL CENSUS	925,063	39			20,141		18
19	35	AUTO LEASE	ACTUAL CENSUS	925,063	39	12,556		20,141	273	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,611,525	\$ 1,269,593		\$ 35,087	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization APERION FINANCIAL
 Street Address 8131 N. MONTICELLO
 City / State / Zip Code SKOKIE, ILLINOIS 60076
 Phone Number (847) 673-6767
 Fax Number (847) 673-6768

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	REPAIRS & MAINTENANCE	ACTUAL CENSUS	925,063	39	457	20,141	10	1
2	17	ADMINISTRATIVE	ACTUAL CENSUS	925,063	39	81,303	20,141	1,770	2
3	19	PROFESSIONAL FEES	ACTUAL CENSUS	925,063	39	23,144	20,141	504	3
4	20	FEES, SUBSCRIPTIONS	ACTUAL CENSUS	925,063	39	1,382	20,141	30	4
5	21	CLERICAL & GENERAL	ACTUAL CENSUS	925,063	39	1,426,697	20,141	31,063	5
6	24	SEMINARS	ACTUAL CENSUS	925,063	39	2,672	20,141	58	6
7	25	AUTO AND TRAVEL	ACTUAL CENSUS	925,063	39	19,412	20,141	423	7
8	26	INSURANCE	ACTUAL CENSUS	925,063	39	202,628	20,141	4,412	8
9	35	EQUIPMENT RENTAL	ACTUAL CENSUS	925,063	39	9,143	20,141	199	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					\$ 1,766,837	\$ 1,464,878	\$ 38,469	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

8131 N. MONTICELLO, LLC

Street Address

8131 N. MONTICELLO

City / State / Zip Code

SKOKIE, ILLINOIS 60076

Phone Number

(847) 673-6767

Fax Number

(847) 673-6768

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	ACTUAL CENSUS	925,063	39	\$ 14,551	\$ 20,141	\$ 317	1
2	6	REPAIRS & MAINTENANCE	ACTUAL CENSUS	925,063	39	21,508	20,141	468	2
3	19	PROFESSIONAL FEES	ACTUAL CENSUS	925,063	39	4,910	20,141	107	3
4	20	DUES & SUBSCRIPTIONS	ACTUAL CENSUS	925,063	39	320	20,141	7	4
5	21	OFFICE EXPENSE	ACTUAL CENSUS	925,063	39	28,813	20,141	627	5
6	30	DEPRECIATION	ACTUAL CENSUS	925,063	39	57,774	20,141	1,258	6
7	32	INTEREST EXPENSE	ACTUAL CENSUS	925,063	39	44,281	20,141	964	7
8	34	RENT	ACTUAL CENSUS	925,063	39	15,600	20,141	340	8
9	35	EQUIPMENT RENTAL	ACTUAL CENSUS	925,063	39	16,285	20,141	355	9
10	33	REAL ESTATE TAXES	ACTUAL CENSUS	925,063	39	56,595	20,141	1,232	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					\$ 260,637	\$	\$ 5,675	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization ProPay HR LLC
 Street Address 2201 W. MAIN ST
 City / State / Zip Code EVANSTON, ILLINOIS 60202
 Phone Number (847) 905-3268
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	PAYROLL SERVICES	DIRECT		\$	\$		\$ 6,513	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 6,513	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Renewal Rehab

Street Address

8131 N. Monticello

City / State / Zip Code

SKOKIE, IL 60076

Phone Number

(847) 673-6767

Fax Number

(847) 673-6768

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	THERAPY SERVICES	DIRECT		\$	\$		\$ 507,605	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 507,605	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496 Report Period Beginning: 01/01/15 Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (____) _____
 Fax Number (____) _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Banco Popular		X	Mortgage Payable			\$	\$ 2,973,188		\$ 161,479	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	First Midwest Bank		X	Line of Credit				901,839		36,377	6									
7	Omnicare		X	Insurance						2,960	7									
8											8									
9	TOTAL Facility Related						\$	\$ 3,875,027		\$ 200,816	9									
B. Non-Facility Related*																				
10	Interest Income		X							(1,404)	10									
11	Interest Income - Bldg Co		X							(73)	11									
12	Allocated from Aperion Care		X							2,483	12									
13	See Supplemental Schedule									975	13									
14	TOTAL Non-Facility Related						\$	\$		\$ 1,981	14									
15	TOTALS (line 9+line14)						\$	\$ 3,875,027		\$ 202,797	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

Facility Name & ID Number

Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1						\$	\$			\$	1									
2											2									
3											3									
4											4									
5											5									
6											6									
7	TOTAL Long-Term																			
	Working Capital																			
8						\$	\$			\$	8									
9											9									
10											10									
11											11									
12											12									
13											13									
14	TOTAL Working Capital																			
	B. Non-Facility Related*																			
15	Allocated from Aperion Consulting	X				\$	\$			\$	11									
16	Allocated from 8131 N. Monticello LLC	X									964									
17											17									
18											18									
19											19									
20	TOTAL Non-Facility Related																			

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

SEE ACCOUNTANTS' COMPILATION REPORT

** 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 2014 report.		\$	125,783		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.)		\$	178,859		2																			
3. Under or (over) accrual (line 2 minus line 1).		\$	53,076		3																			
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	177,627		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.		\$	230,703		7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2010	103,145	8	<table border="1" style="width: 100%;"> <tr> <td colspan="3" 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 2014</td> <td style="text-align: right;">\$</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: right;">\$</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: right;">\$</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: right;">\$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2014	\$	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 2014	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2011	113,809	9																					
	2012	120,835	10																					
	2013	125,783	11																					
	2014	177,627	12																					
2015 Accrual = 2014 Real Estate Tax																								
Allocated from 8131 N. Monticello LLC: \$1,232																								

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.

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 13,728 B. General Construction Type: Exterior Brick Frame Steel 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>Facility</u>		<u>2013</u>	<u>\$ 239,130</u>	<u>1</u>
2	<u>Allocated from 8131 N. Monticello LLC</u>			<u>1,938</u>	<u>2</u>
3	TOTALS			\$ 241,068	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	56		2013	1972	\$ 817,826	\$ 77,405	39	\$ 20,970	\$ (56,435)	\$ 62,910	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2007		4,773		20	318	318	2,705	9
10	Various		2008		51,421		20	3,622	3,622	41,445	10
11	Various		2009		34,839		20	1,370	1,370	28,114	11
12	Various		2010		124,447		20	8,193	8,193	45,030	12
13	Various		2011		25,485		20	1,349	1,349	6,322	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

*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 Aperion Care Burbank, Llc# 0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15**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		\$ 1,082,675	\$ 184,854		\$ 36,650	\$ (148,204)	\$ 190,922	1
2	Corridor Lights	2012	22,883		20	1,526	1,526	5,341	2
3	Electrical Work-Wiring Done For The Afp200 Fire Alarm System	2012	3,980		20	265	265	929	3
4	Fire Protection Coverage Per Nfpa & Village Of Burbank Code	2012	103,924		20	6,932	6,932	24,256	4
5	Framing To Enclose Sprinkler Heads	2012	49,850		20	3,325	3,325	11,635	5
6	Boiler Room Plumbing Work	2012	4,500		20	225	225	694	6
7	Dining Room Remodel - Acoustical Ceiling, Cabinetry, Wallcoveri	2012	37,081		20	1,854	1,854	5,871	7
8	Installation Of Ap Tac Units, Sleeves & Outlets	2013	23,140		20	1,157	1,157	2,796	8
9	Elevator Work - 2 New Car Gates, 1 New Complete Cab	2013	8,460		20	423	423	1,022	9
10	Sprinkler System	2013	7,315		20	366	366	1,097	10
11	International Paving 11287 - Alternate Patch For Overlay Patch "	2014	7,426		20	495	495	743	11
12	Protective Fire And Safety 404 - Fire Alarm System	2014	4,800		20	240	240	480	12
13	Illuminated Post And Panel Installation	2014	6,624		20	442	442	552	13
14	Labor & Materials To Install Tv Signal	2014	3,984		20	797	797	996	14
15	Installation Of Cables And Wall Mount Rack For Voice System	2015	3,422		20	143	143	143	15
16	Concrete Work For Sidwalk Patio And Ramp	2015	22,494		20	750	750	750	16
17	New Door	2015	3,850		20	96	96	96	17
18	New Chair Rail	2015	6,262		20	261	261	261	18
19	Curtains	2015	9,045		20	302	302	302	19
20	5 Air Conditioners	2015	4,134		20	758	758	758	20
21	New Spanish Quarry Floor In Dishwashing Room	2015	14,950		20	997	997	997	21
22	Resid Rm/Bathrm - Vinyl Flooring/Cove Base/Lights	2015	69,045		20	3,452	3,452	3,452	22
23	Installed New 240 Volt Amp Outlets - Dining Rm/Exercise Rm	2015	3,752		20	188	188	188	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)		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	34

**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	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		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	34

**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	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		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	34

**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	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		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 1,503,595	\$ 184,854		\$ 61,643	\$ (123,211)	\$ 254,279	34

**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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**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	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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34		\$	\$		\$	\$	\$

**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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated from 8131 N. Monticello LLC</u>	<u>2010</u>	<u>15,056</u>	<u>448</u>	<u>35</u>	<u>386</u>	<u>(62)</u>	<u>2,107</u>	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from 8131 N. Monticello LLC</u>	<u>2010</u>	<u>6,744</u>	<u>801</u>	<u>20</u>	<u>337</u>	<u>(464)</u>	<u>1,868</u>	9
10	<u>Allocated from 8131 N. Monticello LLC</u>	<u>2013</u>	<u>1,173</u>		<u>20</u>	<u>59</u>	<u>59</u>	<u>176</u>	10
11									11
12	<u>Allocated from Aperion Care</u>	<u>2010</u>	<u>649</u>	<u>52</u>	<u>20</u>	<u>32</u>	<u>(20)</u>	<u>195</u>	12
13	<u>Allocated from Aperion Care</u>	<u>2012</u>	<u>184</u>	<u>7</u>	<u>20</u>	<u>9</u>	<u>2</u>	<u>37</u>	13
14	<u>Allocated from Aperion Care</u>	<u>2013</u>	<u>78</u>	<u>4</u>	<u>20</u>	<u>4</u>		<u>12</u>	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	TOTAL (lines 1 thru 33)		\$ 23,884	\$ 1,312		\$ 827	\$ (485)	\$ 4,395	34

**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	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		\$ 23,884	\$ 1,312		\$ 827	\$ (485)	\$ 4,395	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 23,884	\$ 1,312		\$ 827	\$ (485)	\$ 4,395	34

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

Facility Name & ID Number Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$ 377,511	\$ 93	\$ 43,969	\$ 43,876	10	\$ 130,016	71
72	Current Year Purchases	32,081	104	2,604	2,500	10	2,604	72
73	Fully Depreciated Assets	87,324				10	87,324	73
74								74
75	TOTALS	\$ 496,915	\$ 197	\$ 46,573	\$ 46,376		\$ 219,944	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		Allocated from Aperion Care	2015	\$ 686	\$ 90	\$ 137	\$ 47	5	\$ 230	76
77		Allocated from Aperion Consultir	2015	505	32	101	69	5	101	77
78										78
79										79
80	TOTALS			\$ 1,191	\$ 122	\$ 238	\$ 116		\$ 331	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 2,242,769	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 185,173	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 108,453	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (76,720)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 474,554	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

	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	<u>Allocated from 8131 N. Monticello LLC</u>			<u>340</u>			5
6							6
7	TOTAL			\$ 340			7

**

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 1,606 Description: See Attached Schedule

(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>Allocated from Aperion Care</u>		\$	\$ <u>1,656</u>	17
18	<u>Allocated from Aperion Consulting</u>			<u>273</u>	18
19					19
20					20
21	TOTAL		\$	\$ 1,929	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. /2016 \$ _____

13. /2017 \$ _____

14. /2018 \$ _____

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

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

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

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

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

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		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	Cost													
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 263,491					\$			263,491	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					47,543								47,543	2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist	39 - 03	hrs					282,493								282,493	4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy	39 - 02	# of prescripts							121,616						121,616	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs														10
11	Academic Education		hrs														11
12	Other (specify):																12
13	Other (specify): <u>See Supplemental</u>							17,887		100						17,987	13
14	TOTAL			\$				\$ 611,414		\$ 121,716			\$		\$ 733,130		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 Aperion Care Burbank, Llc# 0048496Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(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	\$ 227,605	\$ 293,002	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,496,265	1,496,265	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	126,688	126,688	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	214,059	286,059	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,064,617	\$ 2,202,014	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		239,130	13
14	Buildings, at Historical Cost		817,826	14
15	Leasehold Improvements, at Historical Cost	662,070	662,070	15
16	Equipment, at Historical Cost	287,864	570,038	16
17	Accumulated Depreciation (book methods)	(432,975)	(632,064)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(28,827)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	947,662	1,020,260	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,464,621	\$ 2,648,433	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,529,238	\$ 4,850,447	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 323,104	\$ 323,103	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	901,839	901,839	29
30	Accrued Salaries Payable	112,087	112,087	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,201	3,201	31
32	Accrued Real Estate Taxes(Sch.IX-B)		177,627	32
33	Accrued Interest Payable	2,445	16,040	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	23,483	23,483	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,366,159	\$ 1,557,380	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,973,188	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule	2,553,437	663,001	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,553,437	\$ 3,636,189	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,919,596	\$ 5,193,569	46
47	TOTAL EQUITY(page 18, line 24)	\$ (390,358)	\$ (343,122)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,529,238	\$ 4,850,447	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (583,316)	1
2	Restatements (describe):		2
3	Rounding	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (583,313)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	678,080	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	(485,125)	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)	\$ 192,955	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)	\$ (390,358)	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	\$ 3,923,755	1
2	Discounts and Allowances for all Levels	1,687,610	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,611,365	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	83,128	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 83,128	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	7,861	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	475	19
20	Radiology and X-Ray	124	20
21	Other Medical Services	578	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 9,038	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,404	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,404	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,704,935	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	710,752	31
32	Health Care	1,275,267	32
33	General Administration	1,448,021	33
B. Capital Expense			
34	Ownership	721,937	34
C. Ancillary Expense			
35	Special Cost Centers	755,221	35
36	Provider Participation Fee	115,657	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,026,855	40
41	Income before Income Taxes (line 30 minus line 40)**	678,080	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 678,080	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,004,750	44
45	Private Pay - Net Inpatient Revenue	281,803	45
46	Medicare - Net Inpatient Revenue	2,872,942	46
47	Other-(specify) <u>Insurance</u>	451,870	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,611,365	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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 Aperion Care Burbank, Llc

0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,992	3,495	\$ 135,715	\$ 38.83	1
2	Assistant Director of Nursing					2
3	Registered Nurses	8,772	10,101	328,588	32.53	3
4	Licensed Practical Nurses	8,029	8,807	232,812	26.43	4
5	CNAs & Orderlies	31,296	33,352	351,358	10.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	838	890	12,526	14.07	8
9	Activity Director	1,992	2,096	32,366	15.44	9
10	Activity Assistants	3,294	3,508	32,971	9.40	10
11	Social Service Workers	1,560	1,728	33,956	19.65	11
12	Dietician					12
13	Food Service Supervisor	1,896	2,153	33,918	15.75	13
14	Head Cook	5,119	5,388	64,784	12.02	14
15	Cook Helpers/Assistants	5,647	6,103	59,037	9.67	15
16	Dishwashers					16
17	Maintenance Workers	2,480	2,664	48,721	18.29	17
18	Housekeepers	7,238	7,774	82,490	10.61	18
19	Laundry	4,532	4,840	47,457	9.81	19
20	Administrator	2,032	2,200	129,212	58.73	20
21	Assistant Administrator	672	680	13,891	20.43	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,073	5,531	87,348	15.79	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	92,462	101,310	\$ 1,727,150 *	\$ 17.05	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	376	\$ 20,725	01-03	35
36	Medical Director	Monthly	24,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	422	31,450	10-03	38
39	Pharmacist Consultant	Monthly	4,689	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	17	999	11-03	44
45	Social Service Consultant	10	596	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	825	\$ 82,459		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 Aperion Care Burbank, Llc# 0048496

Report Period Beginning:

01/01/15

Ending:

12/31/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC \$17,603
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (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? N/A
- (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? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,483 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. N/A
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 115,657
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. \$ 2,018 Has any meal income been offset against related costs? N/A Indicate the amount. \$ N/A
- (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. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (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. Yes
Attach invoices and a summary of services for all architect and appraisal fees.