



Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415 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>271</u>                         | Skilled (SNF)               | <u>271</u>                   | <u>98,915</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>271</u>                         | TOTALS                      | <u>271</u>                   | <u>98,915</u>                          | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2<br>Patient Days by Level of Care and Primary Source of Payment |              |               |               | 5  |
|----|--------------------|--|--------------|---------------|---------------|----|
|    |                    | 3<br>Medicaid Recipient  | Private Pay  | 4<br>Other    | Total         |    |
| 8  | SNF                | <u>16,609</u>  | <u>5,140</u> | <u>45,299</u> | <u>67,048</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>16,609</u>  | <u>5,140</u> | <u>45,299</u> | <u>67,048</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.78%

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 08/01/2013

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 08/01/2013 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 271 and days of care provided 34,848

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 &amp; ID Number

Warren Barr Living &amp; Rehab Ctr

# 0052415

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<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7  | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |           |
|-----|--|--------------------------|------------------|------------------|-------------------|------------------------|----------------------------|--------------------|------------------------|------------------|-----------|
|     |  | Salary/Wage<br>1         | Supplies<br>2    | Other<br>3       | Total<br>4        |                        |                            |                    |                        | 9                | 10        |
|     | <b>A. General Services</b>                                   |                          |                  |                  |                   |                        |                            |                    |                        |                  |           |
| 1   | Dietary  | 644,185                  | 104,814          |                  | 748,999           |                        | 748,999                    |                    | 748,999                |                  | 1         |
| 2   | Food Purchase  |                          | 693,108          |                  | 693,108           |                        | 693,108                    | (46,910)           | 646,198                |                  | 2         |
| 3   | Housekeeping   | 335,013                  | 88,552           | 346              | 423,911           |                        | 423,911                    | 181                | 424,092                |                  | 3         |
| 4   | Laundry  | 55,545                   | 43,530           | 1,920            | 100,995           |                        | 100,995                    |                    | 100,995                |                  | 4         |
| 5   | Heat and Other Utilities                                     |                          |                  | 426,383          | 426,383           |                        | 426,383                    | (17,299)           | 409,084                |                  | 5         |
| 6   | Maintenance  | 186,999                  |                  | 530,991          | 717,990           |                        | 717,990                    | 201,153            | 919,143                |                  | 6         |
| 7   | Other (specify):*  |                          |                  |                  |                   |                        |                            |                    |                        |                  | 7         |
| 8   | <b>TOTAL General Services</b>                                | <b>1,221,742</b>         | <b>930,004</b>   | <b>959,640</b>   | <b>3,111,386</b>  |                        | <b>3,111,386</b>           | <b>137,124</b>     | <b>3,248,510</b>       |                  | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                           |                          |                  |                  |                   |                        |                            |                    |                        |                  |           |
| 9   | Medical Director   |                          |                  | 117,841          | 117,841           |                        | 117,841                    |                    | 117,841                |                  | 9         |
| 10  | Nursing and Medical Records                                  | 6,311,586                | 480,615          | 301,921          | 7,094,122         |                        | 7,094,122                  | (66,308)           | 7,027,814              |                  | 10        |
| 10a | Therapy  | 336,960                  |                  | 1,722            | 338,682           |                        | 338,682                    |                    | 338,682                |                  | 10a       |
| 11  | Activities   | 164,367                  | 45,106           | 362              | 209,835           |                        | 209,835                    | 366                | 210,201                |                  | 11        |
| 12  | Social Services  | 731,032                  |                  | 3,508            | 734,540           |                        | 734,540                    | (59,756)           | 674,784                |                  | 12        |
| 13  | CNA Training   |                          |                  |                  |                   |                        |                            |                    |                        |                  | 13        |
| 14  | Program Transportation                                       |                          |                  | 129,688          | 129,688           |                        | 129,688                    |                    | 129,688                |                  | 14        |
| 15  | Other (specify):*  |                          |                  |                  |                   |                        |                            | 0                  | 0                      |                  | 15        |
| 16  | <b>TOTAL Health Care and Programs</b>                        | <b>7,543,945</b>         | <b>525,721</b>   | <b>555,042</b>   | <b>8,624,708</b>  |                        | <b>8,624,708</b>           | <b>(125,697)</b>   | <b>8,499,011</b>       |                  | <b>16</b> |
|     | <b>C. General Administration</b>                             |                          |                  |                  |                   |                        |                            |                    |                        |                  |           |
| 17  | Administrative   | 279,688                  |                  | 2,779            | 282,467           |                        | 282,467                    | (94,468)           | 187,999                |                  | 17        |
| 18  | Directors Fees   |                          |                  |                  |                   |                        |                            |                    |                        |                  | 18        |
| 19  | Professional Services  |                          |                  | 511,495          | 511,495           | (172)                  | 511,323                    | (210,027)          | 301,296                |                  | 19        |
| 20  | Dues, Fees, Subscriptions & Promotions                       |                          |                  | 607,929          | 607,929           |                        | 607,929                    | (506,879)          | 101,050                |                  | 20        |
| 21  | Clerical & General Office Expenses                           | 839,160                  | 6,550            | 1,387,232        | 2,232,942         |                        | 2,232,942                  | (1,100,048)        | 1,132,894              |                  | 21        |
| 22  | Employee Benefits & Payroll Taxes                            |                          |                  | 2,487,565        | 2,487,565         |                        | 2,487,565                  |                    | 2,487,565              |                  | 22        |
| 23  | Inservice Training & Education                               |                          |                  |                  |                   |                        |                            |                    |                        |                  | 23        |
| 24  | Travel and Seminar   |                          |                  | 7,511            | 7,511             |                        | 7,511                      | 1,560              | 9,071                  |                  | 24        |
| 25  | Other Admin. Staff Transportation                            |                          |                  | 25,087           | 25,087            |                        | 25,087                     |                    | 25,087                 |                  | 25        |
| 26  | Insurance-Prop.Liab.Malpractice                              |                          |                  | 291,610          | 291,610           |                        | 291,610                    | 6,406              | 298,016                |                  | 26        |
| 27  | Other (specify):*  |                          |                  |                  |                   |                        |                            | 19,074             | 19,074                 |                  | 27        |
| 28  | <b>TOTAL General Administration</b>                          | <b>1,118,848</b>         | <b>6,550</b>     | <b>5,321,208</b> | <b>6,446,606</b>  | <b>(172)</b>           | <b>6,446,434</b>           | <b>(1,884,381)</b> | <b>4,562,053</b>       |                  | <b>28</b> |
| 29  | <b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b> | <b>9,884,535</b>         | <b>1,462,275</b> | <b>6,835,890</b> | <b>18,182,700</b> | <b>(172)</b>           | <b>18,182,528</b>          | <b>(1,872,953)</b> | <b>16,309,575</b>      |                  | <b>29</b> |

\*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 &amp; ID Number

Warren Barr Living &amp; Rehab Ctr

#0052415

Report Period Beginning:

01/01/15

Ending:

12/31/15

## V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                       | Cost Per General Ledger |               |            |            | Reclass-ification<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |    |
|----|---|-------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|----|
|    |   | Salary/Wage<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10 |    |
|    | <b>D. Ownership</b>                                   |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
| 30 | Depreciation  |                         |               | 550,136    | 550,136    |                        | 550,136                    | 467,201           | 1,017,337              |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                         |               |            |            |                        |                            |                   |                        |                  |    | 31 |
| 32 | Interest  |                         |               | 165,218    | 165,218    |                        | 165,218                    | 2,087,678         | 2,252,896              |                  |    | 32 |
| 33 | Real Estate Taxes                                     |                         |               | 594,000    | 594,000    | 172                    | 594,172                    | 3,492             | 597,664                |                  |    | 33 |
| 34 | Rent-Facility & Grounds                               |                         |               | 2,221,047  | 2,221,047  |                        | 2,221,047                  | (2,217,745)       | 3,302                  |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                             |                         |               | 59,196     | 59,196     |                        | 59,196                     | (30,515)          | 28,681                 |                  |    | 35 |
| 36 | Other (specify):*                                     |                         |               | 607,700    | 607,700    |                        | 607,700                    | (607,700)         |                        |                  |    | 36 |
| 37 | <b>TOTAL Ownership</b>                                |                         |               | 4,197,297  | 4,197,297  | 172                    | 4,197,469                  | (297,591)         | 3,899,878              |                  |    | 37 |
|    | <b>Ancillary Expense</b>                              |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
|    | <b>E. Special Cost Centers</b>                        |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
| 38 | Medically Necessary Transportation                    |                         |               |            |            |                        |                            |                   |                        |                  |    | 38 |
| 39 | Ancillary Service Centers                             | 3,027,752               | 2,176,606     | 182,473    | 5,386,831  |                        | 5,386,831                  |                   | 5,386,831              |                  |    | 39 |
| 40 | Barber and Beauty Shops                               |                         |               |            |            |                        |                            |                   |                        |                  |    | 40 |
| 41 | Coffee and Gift Shops                                 |                         |               |            |            |                        |                            |                   |                        |                  |    | 41 |
| 42 | Provider Participation Fee                            |                         |               | 322,164    | 322,164    |                        | 322,164                    |                   | 322,164                |                  |    | 42 |
| 43 | Other (specify):*                                     |                         |               | 1,468,123  | 1,468,123  |                        | 1,468,123                  | (1,468,123)       | 0                      |                  |    | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     | 3,027,752               | 2,176,606     | 1,972,760  | 7,177,118  |                        | 7,177,118                  | (1,468,123)       | 5,708,995              |                  |    | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | 12,912,287              | 3,638,881     | 13,005,947 | 29,557,115 |                        | 29,557,115                 | (3,638,667)       | 25,918,448             |                  |    | 45 |

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

VI. ADJUSTMENT DETAIL

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

|    |  | 1              | 2              | 3               |    |
|----|--|----------------|----------------|-----------------|----|
|    | NON-ALLOWABLE EXPENSES   | Amount         | Refer-<br>ence | BHF USE<br>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                        | (19,253)       | 05             |                 | 5  |
| 6  | Rented Facility Space  |                |                |                 | 6  |
| 7  | Sale of Supplies to Non-Patients                               |                |                |                 | 7  |
| 8  | Laundry for Non-Patients                                       |                |                |                 | 8  |
| 9  | Non-Straightline Depreciation                                  | (1,027,371)    | 30             |                 | 9  |
| 10 | Interest and Other Investment Income                           | (14,098)       | 32             |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       | (48,968)       | 02             |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |                |                |                 | 12 |
| 13 | Sales Tax  | (531)          | 02             |                 | 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  | (366)          | 21             |                 | 18 |
| 19 | Entertainment  |                |                |                 | 19 |
| 20 | Contributions  | (51,525)       | 20             |                 | 20 |
| 21 | Owner or Key-Man Insurance                                     |                |                |                 | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |                |                |                 | 22 |
| 23 | Malpractice Insurance for Individuals                          |                |                |                 | 23 |
| 24 | Bad Debt   | (889,430)      | 21             |                 | 24 |
| 25 | Fund Raising, Advertising and Promotional                      | (449,242)      | 20             |                 | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |                |                |                 | 26 |
| 27 | CNA Training for Non-Employees                                 |                |                |                 | 27 |
| 28 | Yellow Page Advertising  |                |                |                 | 28 |
| 29 | Other-Attach Schedule  | (2,507,835)    |                |                 | 29 |
| 30 | <b>SUBTOTAL (A): (Sum of lines 1-29)</b>                       | \$ (5,008,619) |                | \$              | 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 &<br>Pre-Operating Expense      |                |           | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | 1,369,952      |           | 34 |
| 35 | Other- Attach Schedule                                       |                |           | 35 |
| 36 | <b>SUBTOTAL (B): (sum of lines 31-35)</b>                    | \$ 1,369,952   |           | 36 |
|    | (sum of SUBTOTALS  |                |           |    |
| 37 | <b>TOTAL ADJUSTMENTS (A) and (B) )</b>                       | \$ (3,638,667) |           | 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 | <b>TOTAL (C): (sum of lines 38-46)</b> |     |    | \$     |           | 47 |

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

Warren Barr Living & Rehab Ctr

ID# 0052415

Report Period Beginning: 01/01/15

Ending: 12/31/15

| NON-ALLOWABLE EXPENSES |                                  | Amount      | Sch. V Line Reference |    |
|------------------------|----------------------------------|-------------|-----------------------|----|
| 1                      | Parking Revenue                  | \$ (6,420)  | 21                    | 1  |
| 2                      | Sequestration                    | (344,482)   | 21                    | 2  |
| 3                      | Miscellaneous Income             | (300)       | 21                    | 3  |
| 4                      | Patient Personal Items           | (11,181)    | 10                    | 4  |
| 5                      | Meals                            | (14,113)    | 21                    | 5  |
| 6                      | Bank Charges                     | (12,605)    | 21                    | 6  |
| 7                      | Amortization - Goodwill          | (607,700)   | 36                    | 7  |
| 8                      | Non-Allowable Vehicle Rental     | (34,096)    | 35                    | 8  |
| 9                      | Additional R&M                   | 201,417     | 06                    | 9  |
| 10                     | Capitalized R&M                  | (2,772)     | 06                    | 10 |
| 11                     | PAC Dues                         | (7,865)     | 20                    | 11 |
| 12                     | Non-Allowable Legal              | (7,613)     | 19                    | 12 |
| 13                     | Building Co - Loan               | (107,557)   | 26                    | 13 |
| 14                     | Building Co - Legal              | (30,453)    | 19                    | 14 |
| 15                     | Building Co - Other Professional | (9,425)     | 19                    | 15 |
| 16                     | Building Co - Title              | (44,348)    | 20                    | 16 |
| 17                     | Non-Allowable Expense            | (1,468,123) | 43                    | 17 |
| 18                     | Non-Allowable Seminar            | (200)       | 24                    | 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                     | <b>Total</b>                     | (2,507,835) |                       | 49 |

Warren Barr Living & Rehab Ctr

ID# 0052415  
 Report Period Beginning: 01/01/15  
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| 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                     | <b>Total</b> |        | 49                    |

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Warren Barr Living & Rehab Ctr# 0052415

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   |                    |                |               |      |                  |      |      |      |      |      |      |                    | 1         |
| 2   | Food Purchase   | (49,499)           |                |               |      | 2,589            |      |      |      |      |      |      | (46,910)           | 2         |
| 3   | Housekeeping  |                    |                | 181           |      |                  |      |      |      |      |      |      | 181                | 3         |
| 4   | Laundry   |                    |                |               |      |                  |      |      |      |      |      |      |                    | 4         |
| 5   | Heat and Other Utilities  | (19,253)           |                | 1,954         |      |                  |      |      |      |      |      |      | (17,299)           | 5         |
| 6   | Maintenance   | 198,645            |                | 4,458         |      | (1,951)          |      |      |      |      |      |      | 201,153            | 6         |
| 7   | Other (specify):*   |                    |                |               |      |                  |      |      |      |      |      |      |                    | 7         |
| 8   | <b>TOTAL General Services</b>   | <b>129,893</b>     |                | <b>6,594</b>  |      | <b>638</b>       |      |      |      |      |      |      | <b>137,124</b>     | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                                    |                    |                |               |      |                  |      |      |      |      |      |      |                    |           |
| 9   | Medical Director  |                    |                |               |      |                  |      |      |      |      |      |      |                    | 9         |
| 10  | Nursing and Medical Records   | (11,181)           |                |               |      | (55,126)         |      |      |      |      |      |      | (66,308)           | 10        |
| 10a | Therapy   |                    |                |               |      |                  |      |      |      |      |      |      |                    | 10a       |
| 11  | Activities  |                    |                | 366           |      |                  |      |      |      |      |      |      | 366                | 11        |
| 12  | Social Services   |                    |                |               |      | (59,756)         |      |      |      |      |      |      | (59,756)           | 12        |
| 13  | CNA Training  |                    |                |               |      |                  |      |      |      |      |      |      |                    | 13        |
| 14  | Program Transportation  |                    |                |               |      |                  |      |      |      |      |      |      |                    | 14        |
| 15  | Other (specify):*   |                    |                |               |      | 0                |      |      |      |      |      |      | 0                  | 15        |
| 16  | <b>TOTAL Health Care and Programs</b>                                 | <b>(11,181)</b>    |                | <b>366</b>    |      | <b>(114,882)</b> |      |      |      |      |      |      | <b>(125,697)</b>   | <b>16</b> |
|     | <b>C. General Administration</b>                                      |                    |                |               |      |                  |      |      |      |      |      |      |                    |           |
| 17  | Administrative  |                    |                | 2,779         |      | (97,247)         |      |      |      |      |      |      | (94,468)           | 17        |
| 18  | Directors Fees  |                    |                |               |      |                  |      |      |      |      |      |      |                    | 18        |
| 19  | Professional Services   | (47,491)           | 39,878         | (203,279)     |      | 865              |      |      |      |      |      |      | (210,027)          | 19        |
| 20  | Fees, Subscriptions & Promotions                                      | (552,979)          | 44,348         | 1,619         |      | 134              |      |      |      |      |      |      | (506,879)          | 20        |
| 21  | Clerical & General Office Expenses                                    | (1,267,716)        |                | 201,138       |      | (33,470)         |      |      |      |      |      |      | (1,100,048)        | 21        |
| 22  | Employee Benefits & Payroll Taxes                                     |                    |                |               |      |                  |      |      |      |      |      |      |                    | 22        |
| 23  | Inservice Training & Education  |                    |                |               |      |                  |      |      |      |      |      |      |                    | 23        |
| 24  | Travel and Seminar  | (200)              |                | 1,630         |      | 130              |      |      |      |      |      |      | 1,560              | 24        |
| 25  | Other Admin. Staff Transportation                                     |                    |                |               |      |                  |      |      |      |      |      |      |                    | 25        |
| 26  | Insurance-Prop.Liab.Malpractice                                       | (107,557)          | 107,557        | 1,235         |      | 5,171            |      |      |      |      |      |      | 6,406              | 26        |
| 27  | Other (specify):*   |                    |                | 50,363        |      | (31,289)         |      |      |      |      |      |      | 19,074             | 27        |
| 28  | <b>TOTAL General Administration</b>                                   | <b>(1,975,943)</b> | <b>191,783</b> | <b>55,485</b> |      | <b>(155,706)</b> |      |      |      |      |      |      | <b>(1,884,381)</b> | <b>28</b> |
| 29  | <b>TOTAL Operating Expense</b><br><b>(sum of lines 8,16 &amp; 28)</b> | <b>(1,857,231)</b> | <b>191,783</b> | <b>62,445</b> |      | <b>(269,950)</b> |      |      |      |      |      |      | <b>(1,872,953)</b> | <b>29</b> |

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Warren Barr Living & Rehab Ctr# 0052415

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<br>5 & 5A    | PAGE<br>6        | PAGE<br>6A    | PAGE<br>6B     | PAGE<br>6C   | PAGE<br>6D | PAGE<br>6E | PAGE<br>6F | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |           |
|----|------------------------------------|--------------------|------------------|---------------|----------------|--------------|------------|------------|------------|------------|------------|------------|--|-----------|
|    | <b>D. Ownership</b>                |                    |                  |               |                |              |            |            |            |            |            |            |  |           |
| 30 | Depreciation                       | (1,027,371)        | 1,488,176        | 2,765         | 3,631          |              |            |            |            |            |            |            | 467,201                                | 30        |
| 31 | Amortization of Pre-Op. & Org.     |                    |                  |               |                |              |            |            |            |            |            |            |  | 31        |
| 32 | Interest                           | (14,098)           | 2,099,790        | 21            | 1,965          |              |            |            |            |            |            |            | 2,087,678                              | 32        |
| 33 | Real Estate Taxes                  |                    |                  | 3,492         |                |              |            |            |            |            |            |            | 3,492                                  | 33        |
| 34 | Rent-Facility & Grounds            |                    | (2,217,745)      | 12,993        | (12,993)       |              |            |            |            |            |            |            | (2,217,745)                            | 34        |
| 35 | Rent-Equipment & Vehicles          | (34,096)           |                  | 2,521         |                | 1,060        |            |            |            |            |            |            | (30,515)                               | 35        |
| 36 | Other (specify):*                  | (607,700)          |                  |               |                |              |            |            |            |            |            |            | (607,700)                              | 36        |
| 37 | <b>TOTAL Ownership</b>             | <b>(1,683,265)</b> | <b>1,370,221</b> | <b>21,791</b> | <b>(7,398)</b> | <b>1,060</b> |            |            |            |            |            |            | <b>(297,591)</b>                       | <b>37</b> |
|    | <b>Ancillary Expense</b>           |                    |                  |               |                |              |            |            |            |            |            |            |  |           |
|    | <b>E. Special Cost Centers</b>     |                    |                  |               |                |              |            |            |            |            |            |            |  |           |
| 38 | Medically Necessary Transportation |                    |                  |               |                |              |            |            |            |            |            |            |  | 38        |
| 39 | Ancillary Service Centers          |                    |                  |               |                |              |            |            |            |            |            |            |  | 39        |
| 40 | Barber and Beauty Shops            |                    |                  |               |                |              |            |            |            |            |            |            |  | 40        |
| 41 | Coffee and Gift Shops              |                    |                  |               |                |              |            |            |            |            |            |            |  | 41        |
| 42 | Provider Participation Fee         |                    |                  |               |                |              |            |            |            |            |            |            |  | 42        |
| 43 | Other (specify):*                  | (1,468,123)        |                  |               |                |              |            |            |            |            |            |            | (1,468,123)                            | 43        |
| 44 | <b>TOTAL Special Cost Centers</b>  | <b>(1,468,123)</b> |                  |               |                |              |            |            |            |            |            |            | <b>(1,468,123)</b>                     | <b>44</b> |
|    | <b>GRAND TOTAL COST</b>            |                    |                  |               |                |              |            |            |            |            |            |            |  |           |
| 45 | (sum of lines 29, 37 & 44)         | (5,008,619)        | 1,562,004        | 84,236        | (7,398)        | (268,890)    |            |            |            |            |            |            | (3,638,667)                            | 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 Page 6-Supplemental |             | See Page 6-Supplemental |      | See Page 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                   | \$ 2,217,745 | FNR WB, LLC                    | 100.00%              | \$                                     | (2,217,745)  | 1  |
| 2          | V     | 26 Loan                   |              | FNR WB, LLC                    | 100.00%              | 107,557                                | 107,557  | 2  |
| 3          | V     | 19 Legal                  |              | FNR WB, LLC                    | 100.00%              | 30,453                                 | 30,453   | 3  |
| 4          | V     | 19 Professional Fees      |              | FNR WB, LLC                    | 100.00%              | 9,425                                  | 9,425  | 4  |
| 5          | V     | 20 Title Fees             |              | FNR WB, LLC                    | 100.00%              | 44,348                                 | 44,348   | 5  |
| 6          | V     | 30 Depreciation           |              | FNR WB, LLC                    | 100.00%              | 1,488,176                              | 1,488,176  | 6  |
| 7          | V     | 32 Interest               | 10           | FNR WB, LLC                    | 100.00%              | 2,099,800                              | 2,099,790  | 7  |
| 8          | V     |                           |              |                                |                      |  |  | 8  |
| 9          | V     |                           |              |                                |                      |  |  | 9  |
| 10         | V     |                           |              |                                |                      |  |  | 10 |
| 11         | V     |                           |              |                                |                      |  |  | 11 |
| 12         | V     |                           |              |                                |                      |  |  | 12 |
| 13         | V     |                           |              |                                |                      |  |  | 13 |
| 14         | Total |                           | \$ 2,217,755 |                                |                      | \$ 3,779,759                           | \$ * 1,562,004   | 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     | 3 HOUSEKEEPING SUPPLIES           | \$         | Legacy Healthcare Financial Services | 100.00%              | \$ 181                                 | \$   | 181       | 15 |
| 16         | V     | 5 UTILITIES                       |            | Legacy Healthcare Financial Services | 100.00%              | 1,954                                  |  | 1,954     | 16 |
| 17         | V     | 6 GROUNDS & MAINTENANCE           |            | Legacy Healthcare Financial Services | 100.00%              | 4,458                                  |  | 4,458     | 17 |
| 18         | V     | 11 ACTIVITIES PROGRAM             |            | Legacy Healthcare Financial Services | 100.00%              | 366                                    |  | 366       | 18 |
| 19         | V     | 17 MANAGEMENT FEES - Y. ZUCKERMAN |            | Legacy Healthcare Financial Services | 100.00%              | 2,779                                  |  | 2,779     | 19 |
| 20         | V     | 19 PROFESSIONAL FEES              |            | Legacy Healthcare Financial Services | 100.00%              | 36,721                                 |  | 36,721    | 20 |
| 21         | V     | 20 FEES, SUBSCRIPTIONS            |            | Legacy Healthcare Financial Services | 100.00%              | 1,619                                  |  | 1,619     | 21 |
| 22         | V     | 21 CLERICAL & GENERAL WAGES       |            | Legacy Healthcare Financial Services | 100.00%              | 182,594                                |  | 182,594   | 22 |
| 23         | V     | 21 CLERICAL & GENERAL OTHER COSTS |            | Legacy Healthcare Financial Services | 100.00%              | 18,544                                 |  | 18,544    | 23 |
| 24         | V     | 24 SEMINARS                       |            | Legacy Healthcare Financial Services | 100.00%              | 1,630                                  |  | 1,630     | 24 |
| 25         | V     | 26 INSURANCE                      |            | Legacy Healthcare Financial Services | 100.00%              | 1,235                                  |  | 1,235     | 25 |
| 26         | V     | 27 EMP. BEN.-GEN. ADMIN.          |            | Legacy Healthcare Financial Services | 100.00%              | 50,363                                 |  | 50,363    | 26 |
| 27         | V     | 30 DEPRECIATION                   |            | Legacy Healthcare Financial Services | 100.00%              | 2,765                                  |  | 2,765     | 27 |
| 28         | V     | 32 INTEREST                       |            | Legacy Healthcare Financial Services | 100.00%              | 21                                     |  | 21        | 28 |
| 29         | V     | 33 REAL ESTATE TAXES              |            | Legacy Healthcare Financial Services | 100.00%              | 3,492                                  |  | 3,492     | 29 |
| 30         | V     | 34 RENT                           |            | Legacy Healthcare Financial Services | 100.00%              | 12,993                                 |  | 12,993    | 30 |
| 31         | V     | 35 EQUIPMENT RENTAL               |            | Legacy Healthcare Financial Services | 100.00%              | 2,521                                  |  | 2,521     | 31 |
| 32         | V     |                                   |            |                                      |                      |  |  |           | 32 |
| 33         | V     |                                   |            |                                      |                      |  |  |           | 33 |
| 34         | V     |                                   |            |                                      |                      |  |  |           | 34 |
| 35         | V     |                                   |            |                                      |                      |  |  |           | 35 |
| 36         | V     | 19 BOOKKEEPING FEES               | 240,000    | Legacy Healthcare Financial Services | 100.00%              |  |  | (240,000) | 36 |
| 37         | V     |                                   |            |                                      |                      |  |  |           | 37 |
| 38         | V     |                                   |            |                                      |                      |  |  |           | 38 |
| 39         | Total |                                   | \$ 240,000 |                                      |                      | \$ 324,236                             | \$ *   | 84,236    | 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     | 30 DEPRECIATION           |           | Legacy Real Properties         | 100.00%              | 3,631                                  | \$   | 3,631    | 15 |
| 16         | V     | 32 INTEREST EXPENSE       |           | Legacy Real Properties         | 100.00%              | 1,965                                  |  | 1,965    | 16 |
| 17         | V     |                           |           |                                |                      |  |  |          | 17 |
| 18         | V     |                           |           |                                |                      |  |  |          | 18 |
| 19         | V     | 34 RENT                   | 12,993    | Legacy Real Properties         | 100.00%              |  |  | (12,993) | 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 |                           | \$ 12,993 |                                |                      | \$ 5,595                               | \$ *   | (7,398)  | 39 |

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

Facility Name &amp; ID Number

Warren Barr Living &amp; Rehab Ctr

# 0052415

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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                         | Progressive Healthcare Consulting | 100.00%              | \$ 2,589                               | \$ 2,589   |
| 16         | V     | 6                         | MAINTENANCE SALARY           | Progressive Healthcare Consulting | 100.00%              | 6                                      | 6  |
| 17         | V     | 6                         | BUILDING MAINTENANCE AND R&M | Progressive Healthcare Consulting | 100.00%              | 1,429                                  | 1,429  |
| 18         | V     | 10                        | MEDICAL AND NURSING SUPPLIES | Progressive Healthcare Consulting | 100.00%              | 4                                      | 4  |
| 19         | V     | 10                        | NURSING SALARIES             | Progressive Healthcare Consulting | 100.00%              | 98,964                                 | 98,964   |
| 20         | V     | 12                        | ACTIVITIES PROGRAM           | Progressive Healthcare Consulting | 100.00%              | 16                                     | 16   |
| 21         | V     | 12                        | CLERGY SALARY                | Progressive Healthcare Consulting | 100.00%              | 2,504                                  | 2,504  |
| 22         | V     | 12                        | ADMISSIONS SALARY            | Progressive Healthcare Consulting | 100.00%              | 115,119                                | 115,119  |
| 23         | V     | 15                        | EMP. BEN.-NURSING            | Progressive Healthcare Consulting | 100.00%              | 18,384                                 | 18,384   |
| 24         | V     | 17                        | ADMIN SALARY- NON OWNER      | Progressive Healthcare Consulting | 100.00%              | 121,531                                | 121,531  |
| 25         | V     | 19                        | PROFESSIONAL FEES            | Progressive Healthcare Consulting | 100.00%              | 865                                    | 865  |
| 26         | V     | 20                        | FEES, SUBSCRIPTIONS          | Progressive Healthcare Consulting | 100.00%              | 134                                    | 134  |
| 27         | V     | 21                        | CLERICAL & GENERAL           | Progressive Healthcare Consulting | 100.00%              | 1,715                                  | 1,715  |
| 28         | V     | 24                        | SEMINARS                     | Progressive Healthcare Consulting | 100.00%              | 130                                    | 130  |
| 29         | V     | 27                        | EMP. BEN.-NURSING            | Progressive Healthcare Consulting | 100.00%              | 23,042                                 | 23,042   |
| 30         | V     | 26                        | INSURANCE                    | Progressive Healthcare Consulting | 100.00%              | 5,171                                  | 5,171  |
| 31         | V     | 35                        | AUTO RENTAL                  | Progressive Healthcare Consulting | 100.00%              | 1,060                                  | 1,060  |
| 32         | V     | 17                        | ADMINISTRATOR                | Progressive Healthcare Consulting | 100.00%              |  | (218,778)  |
| 33         | V     | 10                        | NURSING                      | Progressive Healthcare Consulting | 100.00%              |  | (154,094)  |
| 34         | V     | 12                        | SOCIAL SERVICE               | Progressive Healthcare Consulting | 100.00%              |  | (177,394)  |
| 35         | V     | 06                        | MAINTENANCE                  | Progressive Healthcare Consulting | 100.00%              |  | (3,385)  |
| 36         | V     | 21                        | CLERICAL                     | Progressive Healthcare Consulting | 100.00%              |  | (35,185)   |
| 37         | V     | 15                        | PAYROLL TAXES - NURSING      | Progressive Healthcare Consulting | 100.00%              |  | (18,384)   |
| 38         | V     | 27                        | PAYROLL TAXES                | Progressive Healthcare Consulting | 100.00%              |  | (54,331)   |
| 39         | Total |                           | \$ 661,551                   |                                   |                      | \$ 392,661                             | \$ * (268,890)   |

\* 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 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            |                           | \$     |                                |                      | \$                                     | \$   | 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 39 |

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

Facility Name & ID Number

Warren Barr Living & Rehab Ctr

# 0052415

Report Period Beginning:

01/01/15

Ending:

12/31/15

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            |                           | \$     |                                |                      | \$                                     | \$   | 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         | <b>Total</b> |                           | \$     |                                |                      | \$                                     | \$ *   | 39 |

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





Facility Name &amp; ID Number

Warren Barr Living &amp; Rehab Ctr

#

0052415

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<br>Name  | 2<br>Title | 3<br>Function  | 4<br>Ownership Interest | 5<br>Compensation Received From Other Nursing Homes* | 6<br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br>Compensation Included in Costs for this Reporting Period** |           | 8<br>Schedule V. Line & Column Reference |    |    |
|----|--|------------|----------------|-------------------------|--|--|---------|---|-----------|--|----|----|
|    |  |            |                |                         |  | Hours  | Percent | Description   | Amount    |  |    |    |
| 1  | Ross Bottner   | Owner      | CFO            | 2.61%                   | See Attached   | 3.16   | 7.90%   | Alloc. Sal  | \$ 15,781 | 21-7                                     | 1  |    |
| 2  | Yair Zuckerman   | Owner      | Administrative | 2.09%                   | See Attached   | 3.39   | 8.48%   | Alloc Sal/Fee   | 16,942    | 17-3/17-7                                | 2  |    |
| 3  |  |            |                |                         |  |  |         |   |           |  | 3  |    |
| 4  |  |            |                |                         |  |  |         |   |           |  | 4  |    |
| 5  |  |            |                |                         |  |  |         |   |           |  | 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   | \$ 32,723 |  | 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 Warren Barr Living & Rehab Ctr # 0052415 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<br>Line<br>Reference | Item          | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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                              | <b>TOTALS</b> |  |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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 Legacy Healthcare Financial Services  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 679-1126

| 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                         | 3      | HOUSEKEEPING SUPPLIES                                    | AVAIL. BED DAYS | 1,253,624                                | 23                                  | \$ 2,296                                    | \$ 98,915      | \$ 181                          | 1       |   |
| 2                         | 5      | UTILITIES  | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 24,766                                      | 98,915         | 1,954                           | 2       |   |
| 3                         | 6      | GROUNDS & MAINTENANCE                                    | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 56,504                                      | 98,915         | 4,458                           | 3       |   |
| 4                         | 11     | ACTIVITIES PROGRAM                                       | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 4,642                                       | 98,915         | 366                             | 4       |   |
| 5                         | 19     | PROFESSIONAL FEES  | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 465,391                                     | 98,915         | 36,721                          | 5       |   |
| 6                         | 20     | FEES, SUBSCRIPTIONS                                      | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 20,516                                      | 98,915         | 1,619                           | 6       |   |
| 7                         | 21     | CLERICAL & GENERAL WAG                                   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 2,314,153                                   | 2,314,153      | 98,915                          | 182,594 | 7 |
| 8                         | 21     | CLERICAL & GENERAL OTH                                   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 235,020                                     | 98,915         | 18,544                          | 8       |   |
| 9                         | 24     | SEMINARS   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 20,662                                      | 98,915         | 1,630                           | 9       |   |
| 10                        | 26     | INSURANCE  | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 15,655                                      | 98,915         | 1,235                           | 10      |   |
| 11                        | 27     | EMP. BEN.-GEN. ADMIN.                                    | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 638,286                                     | 98,915         | 50,363                          | 11      |   |
| 12                        | 30     | DEPRECIATION   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 35,040                                      | 98,915         | 2,765                           | 12      |   |
| 13                        | 32     | INTEREST   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 267   | 98,915         | 21                              | 13      |   |
| 14                        | 33     | REAL ESTATE TAXES  | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 44,250                                      | 98,915         | 3,492                           | 14      |   |
| 15                        | 34     | RENT   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 164,669                                     | 98,915         | 12,993                          | 15      |   |
| 16                        | 35     | EQUIPMENT RENTAL   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 31,945                                      | 98,915         | 2,521                           | 16      |   |
| 17                        |        |  |                 |  |                                     |   |                |                                 | 17      |   |
| 18                        | 17     | MANAGEMENT FEES- Y. ZUC                                  | AVG HOURS WKD   | 50                                       | 20                                  | 32,807                                      | 4.24           | 2,779                           | 18      |   |
| 19                        |        |  |                 |  |                                     |   |                |                                 | 19      |   |
| 20                        |        |  |                 |  |                                     |   |                |                                 | 20      |   |
| 21                        |        |  |                 |  |                                     |   |                |                                 | 21      |   |
| 22                        |        |  |                 |  |                                     |   |                |                                 | 22      |   |
| 23                        |        |  |                 |  |                                     |   |                |                                 | 23      |   |
| 24                        |        |  |                 |  |                                     |   |                |                                 | 24      |   |
| 25                        | TOTALS |  |                 |  |                                     | \$ 4,106,869                                | \$ 2,314,153   | \$ 324,236                      | 25      |   |

Facility Name & ID Number Warren Barr Living & Rehab Ctr # 0052415 Report Period Beginning: 01/01/15 Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Legacy Real Properties  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 679-1126

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                         | 30     | DEPRECIATION   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 46,013                                      | 98,915         | 3,631                           | 1  |
| 2                         | 32     | INTEREST EXPENSE   | AVAIL. BED DAYS | 1,253,624                                | 23                                  | 24,899                                      | 98,915         | 1,965                           | 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 |  |                 |  |                                     | \$ 70,912                                   | \$             | \$ 5,595                        | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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 Progressive Healthcare Consulting  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 679-1126

| 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   | AVAIL. BED DAYS | 1,167,679                                | 20                                  | \$ 30,560                                   | \$ 98,915      | \$ 2,589                        | 1       |    |
| 2                         | 6      | MAINTENANCE SALARY                                       | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 65  | 98,915         | 6                               | 2       |    |
| 3                         | 6      | BUILDING MAINTENANCE A                                   | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 16,865                                      | 98,915         | 1,429                           | 3       |    |
| 4                         | 10     | MEDICAL AND NURSING SUP                                  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 47  | 98,915         | 4                               | 4       |    |
| 5                         | 10     | NURSING SALARIES   | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 1,168,252                                   | 1,168,252      | 98,915                          | 98,964  | 5  |
| 6                         | 12     | ACTIVITIES PROGRAM                                       | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 187   | 98,915         | 16                              | 6       |    |
| 7                         | 12     | CLERGY SALARY  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 29,559                                      | 98,915         | 2,504                           | 7       |    |
| 8                         | 12     | ADMISSIONS SALARY  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 1,358,960                                   | 1,358,960      | 98,915                          | 115,119 | 8  |
| 9                         | 15     | EMP. BEN.-NURSING  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 217,026                                     | 98,915         | 18,384                          | 9       |    |
| 10                        | 17     | ADMIN SALARY- NON OWNE                                   | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 1,434,659                                   | 1,434,659      | 98,915                          | 121,531 | 10 |
| 11                        | 19     | PROFESSIONAL FEES  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 10,207                                      | 98,915         | 865                             | 11      |    |
| 12                        | 20     | FEES, SUBSCRIPTIONS                                      | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 1,577                                       | 98,915         | 134                             | 12      |    |
| 13                        | 21     | CLERICAL & GENERAL                                       | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 20,243                                      | 98,915         | 1,715                           | 13      |    |
| 14                        | 24     | SEMINARS   | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 1,535                                       | 98,915         | 130                             | 14      |    |
| 15                        | 27     | EMP. BEN.-NURSING  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 272,007                                     | 98,915         | 23,042                          | 15      |    |
| 16                        | 26     | INSURANCE  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 61,041                                      | 98,915         | 5,171                           | 16      |    |
| 17                        | 35     | AUTO RENTAL  | AVAIL. BED DAYS | 1,167,679                                | 20                                  | 12,512                                      | 98,915         | 1,060                           | 17      |    |
| 18                        |        |  |                 |  |                                     |   |                |                                 | 18      |    |
| 19                        |        |  |                 |  |                                     |   |                |                                 | 19      |    |
| 20                        |        |  |                 |  |                                     |   |                |                                 | 20      |    |
| 21                        |        |  |                 |  |                                     |   |                |                                 | 21      |    |
| 22                        |        |  |                 |  |                                     |   |                |                                 | 22      |    |
| 23                        |        |  |                 |  |                                     |   |                |                                 | 23      |    |
| 24                        |        |  |                 |  |                                     |   |                |                                 | 24      |    |
| 25                        | TOTALS |  |                 |  |                                     | \$ 4,635,301                                | \$ 3,991,495   | \$ 392,661                      | 25      |    |

Facility Name & ID Number Warren Barr Living & Rehab Ctr # 0052415 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                        | <b>TOTALS</b> |  |             |  | \$                                  | \$  |                | \$                              | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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                        | <b>TOTALS</b> |   |             |  | \$                                  | \$  |                | \$                              | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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<br>Line<br>Reference | Item          | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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                              | <b>TOTALS</b> |  |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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<br>Line<br>Reference | Item          | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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                              | <b>TOTALS</b> |  |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415 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                        | <b>TOTALS</b> |  |             |  | \$                                  | \$  |                | \$                              | 25 |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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<br>Line<br>Reference | Item          | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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                              | <b>TOTALS</b> |  |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number

Warren Barr Living & Rehab Ctr

# 0052415

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 |              |    |                 |                          |              |                |         |               |                          |                                   |
|-------------------------------------|----------------------------|---|---|----------------|---|---|----|---------------|----|--------------|----|-----------------|--------------------------|--------------|----------------|---------|---------------|--------------------------|-----------------------------------|
|                                     |                            |   |   |                |   |   |    |               |    | 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 |               |                          |                                   |
| <b>A. Directly Facility Related</b> |                            |   |   |                |   |   |    |               |    |              |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Long-Term</b>                    |                            |   |   |                |   |   |    |               |    |              |    |                 |                          |              |                |         |               |                          |                                   |
| 1                                   | The Private Bank           |   | X | Mortgage       |   |   | \$ | \$ 37,543,181 |    | \$ 1,865,405 | 1  |                 |                          |              |                |         |               |                          |                                   |
| 2                                   | CapEx                      |   | X | Line of Credit |   |   |    | 4,467,061     |    | 234,395      | 2  |                 |                          |              |                |         |               |                          |                                   |
| 3                                   |                            |   |   |                |   |   |    |               |    |              | 3  |                 |                          |              |                |         |               |                          |                                   |
| 4                                   |                            |   |   |                |   |   |    |               |    |              | 4  |                 |                          |              |                |         |               |                          |                                   |
| 5                                   |                            |   |   |                |   |   |    |               |    |              | 5  |                 |                          |              |                |         |               |                          |                                   |
| <b>Working Capital</b>              |                            |   |   |                |   |   |    |               |    |              |    |                 |                          |              |                |         |               |                          |                                   |
| 6                                   | The Private Bank           |   | X | Line of Credit |   |   |    | 4,012,000     |    | 165,218      | 6  |                 |                          |              |                |         |               |                          |                                   |
| 7                                   | Alloc from Legacy HC       | X |   |                |   |   |    |               |    | 21           | 7  |                 |                          |              |                |         |               |                          |                                   |
| 8                                   | See Supplemental Schedule  |   |   |                |   |   |    |               |    | 1,965        | 8  |                 |                          |              |                |         |               |                          |                                   |
| 9                                   | TOTAL Facility Related     |   |   |                |   |   | \$ | \$ 46,022,242 |    | \$ 2,267,005 | 9  |                 |                          |              |                |         |               |                          |                                   |
| <b>B. Non-Facility Related*</b>     |                            |   |   |                |   |   |    |               |    |              |    |                 |                          |              |                |         |               |                          |                                   |
| 10                                  | Interest Income            |   | X |                |   |   |    |               |    | (14,098)     | 10 |                 |                          |              |                |         |               |                          |                                   |
| 11                                  | Interest Income - Bldg Co  |   | X |                |   |   |    |               |    | (10)         | 11 |                 |                          |              |                |         |               |                          |                                   |
| 12                                  |                            |   |   |                |   |   |    |               |    |              | 12 |                 |                          |              |                |         |               |                          |                                   |
| 13                                  |                            |   |   |                |   |   |    |               |    |              | 13 |                 |                          |              |                |         |               |                          |                                   |
| 14                                  | TOTAL Non-Facility Related |   |   |                |   |   | \$ | \$            |    | \$ (14,108)  | 14 |                 |                          |              |                |         |               |                          |                                   |
| 15                                  | TOTALS (line 9+line14)     |   |   |                |   |   | \$ | \$ 46,022,242 |    | \$ 2,252,897 | 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

Warren Barr Living & Rehab Ctr

# 0052415

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 |               |                          |                                   |
| <b>A. Directly Facility Related</b> |                                   |   |   |   |   |   |   |   |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Long-Term</b>                    |                                   |   |   |   |   |   |   |   |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 1                                   |                                   |   |   |   |   |   |   |   |    | 1              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 2                                   |                                   |   |   |   |   |   |   |   |    | 2              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 3                                   |                                   |   |   |   |   |   |   |   |    | 3              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 4                                   |                                   |   |   |   |   |   |   |   |    | 4              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 5                                   |                                   |   |   |   |   |   |   |   |    | 5              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 6                                   |                                   |   |   |   |   |   |   |   |    | 6              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 7                                   | <b>TOTAL Long-Term</b>            |   |   |   |   |   |   |   |    | 7              |           |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Working Capital</b>              |                                   |   |   |   |   |   |   |   |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 8                                   | Alloc from Legacy Real Prop       | X |   |   |   |   |   |   |    | 1,965          |           |    |                 |                          |              |                |         |               |                          |                                   |
| 9                                   |                                   |   |   |   |   |   |   |   |    | 9              |           |    |                 |                          |              |                |         |               |                          |                                   |
| 10                                  |                                   |   |   |   |   |   |   |   |    | 10             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 11                                  |                                   |   |   |   |   |   |   |   |    | 11             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 12                                  |                                   |   |   |   |   |   |   |   |    | 12             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 13                                  |                                   |   |   |   |   |   |   |   |    | 13             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 14                                  | <b>TOTAL Working Capital</b>      |   |   |   |   |   |   |   |    | 1,965          |           |    |                 |                          |              |                |         |               |                          |                                   |
| <b>B. Non-Facility Related*</b>     |                                   |   |   |   |   |   |   |   |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 15                                  |                                   |   |   |   |   |   |   |   |    | 15             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 16                                  |                                   |   |   |   |   |   |   |   |    | 16             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 17                                  |                                   |   |   |   |   |   |   |   |    | 17             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 18                                  |                                   |   |   |   |   |   |   |   |    | 18             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 19                                  |                                   |   |   |   |   |   |   |   |    | 19             |           |    |                 |                          |              |                |         |               |                          |                                   |
| 20                                  | <b>TOTAL Non-Facility Related</b> |   |   |   |   |   |   |   |    | 20             |           |    |                 |                          |              |                |         |               |                          |                                   |

\* 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.)



**2014 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Warren Barr Living & Rehab Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052415

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2014 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 2014.

| (A)                          | (B)                            | (C)                  | (D)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|------------------------------|--------------------------------|----------------------|--|
| <u>Tax Index Number</u>      | <u>Property Description</u>    | <u>Total Tax</u>     |  |
| 1. <u>17-04-423-006-0000</u> | <u>Long Term Care Property</u> | \$ <u>18,166.47</u>  | \$ <u>18,166.47</u>  |
| 2. <u>17-04-423-019-0000</u> | <u>Long Term Care Property</u> | \$ <u>609,837.15</u> | \$ <u>609,837.15</u>   |
| 3. <u>10-35-104-076-0000</u> | <u>Home Office Allocation</u>  | \$ <u>39,271.59</u>  | \$ <u>3,098.66</u>   |
| 4. _____                     | _____                          | \$ _____             | \$ _____   |
| 5. _____                     | _____                          | \$ _____             | \$ _____   |
| 6. _____                     | _____                          | \$ _____             | \$ _____   |
| 7. _____                     | _____                          | \$ _____             | \$ _____   |
| 8. _____                     | _____                          | \$ _____             | \$ _____   |
| 9. _____                     | _____                          | \$ _____             | \$ _____   |
| 10. _____                    | _____                          | \$ _____             | \$ _____   |
| <b>TOTALS</b>                |                                | \$ <u>667,275.21</u> | \$ <u>631,102.28</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? X YES        NO

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

**C. Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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



Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415 Report Period Beginning:

01/01/15 Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 130,152 B. General Construction Type: Exterior Concrete Frame Steel Number of Stories 9

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>4,000,000</u> | <u>1</u> |
| 2 | <u>Allocated from Legacy Real Properties</u> |             |               | <u>6,455</u>        | <u>2</u> |
| 3 | <b>TOTALS</b>                                |             |               | \$ <b>4,006,455</b> | <b>3</b> |

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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            |                          |    |
|----|---------------------------|------------------|---------------|------------------|---------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
|    | Beds*                     | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost          | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments  | Accumulated Depreciation |    |
| 4  | 271                       |                  | 2013          | 1976             | \$ 24,553,000 | \$ 1,488,176              | 39            | \$ 629,564                 | \$ (858,612) | \$ 1,259,128             | 4  |
| 5  |                           |                  |               |                  |               |                           |               |                            |              |                          | 5  |
| 6  |                           |                  |               |                  |               |                           |               |                            |              |                          | 6  |
| 7  |                           |                  |               |                  |               |                           |               |                            |              |                          | 7  |
| 8  |                           |                  |               |                  |               |                           |               |                            |              |                          | 8  |
|    | <b>Improvement Type**</b> |                  |               |                  |               |                           |               |                            |              |                          |    |
| 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 |

\*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 Warren Barr Living & Rehab Ctr

# 0052415

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                  | 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                 |                  | \$            | \$                        |               | \$                         | \$             | \$                       | 37 |
| 38                 |                  |               |                           |               |                            |                |                          | 38 |
| 39                 |                  |               |                           |               |                            |                |                          | 39 |
| 40                 |                  |               |                           |               |                            |                |                          | 40 |
| 41                 |                  |               |                           |               |                            |                |                          | 41 |
| 42                 |                  |               |                           |               |                            |                |                          | 42 |
| 43                 |                  |               |                           |               |                            |                |                          | 43 |
| 44                 |                  |               |                           |               |                            |                |                          | 44 |
| 45                 |                  |               |                           |               |                            |                |                          | 45 |
| 46                 |                  |               |                           |               |                            |                |                          | 46 |
| 47                 |                  |               |                           |               |                            |                |                          | 47 |
| 48                 |                  |               |                           |               |                            |                |                          | 48 |
| 49                 |                  |               |                           |               |                            |                |                          | 49 |
| 50                 |                  |               |                           |               |                            |                |                          | 50 |
| 51                 |                  |               |                           |               |                            |                |                          | 51 |
| 52                 |                  |               |                           |               |                            |                |                          | 52 |
| 53                 |                  |               |                           |               |                            |                |                          | 53 |
| 54                 |                  |               |                           |               |                            |                |                          | 54 |
| 55                 |                  |               |                           |               |                            |                |                          | 55 |
| 56                 |                  |               |                           |               |                            |                |                          | 56 |
| 57                 |                  |               |                           |               |                            |                |                          | 57 |
| 58                 |                  |               |                           |               |                            |                |                          | 58 |
| 59                 |                  |               |                           |               |                            |                |                          | 59 |
| 60                 |                  |               |                           |               |                            |                |                          | 60 |
| 61                 |                  |               |                           |               |                            |                |                          | 61 |
| 62                 |                  |               |                           |               |                            |                |                          | 62 |
| 63                 |                  |               |                           |               |                            |                |                          | 63 |
| 64                 |                  |               |                           |               |                            |                |                          | 64 |
| 65                 |                  |               |                           |               |                            |                |                          | 65 |
| 66                 |                  |               |                           |               |                            |                |                          | 66 |
| 67                 |                  |               |                           |               |                            |                |                          | 67 |
| 68                 |                  | 110,447       | 3,158                     |               | 4,602                      | 1,444          | 25,620                   | 68 |
| 69                 |                  |               | 550,136                   |               |                            | (550,136)      |                          | 69 |
| 70                 |                  | \$ 24,663,447 | \$ 2,041,470              |               | \$ 634,166                 | \$ (1,407,304) | \$ 1,284,748             | 70 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

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  | <b>Totals from Page 12A, Carried Forward</b>                   |                  | \$ 24,663,447 | \$ 2,041,470              |               | \$ 634,166                 | \$ (1,407,304) | \$ 1,284,748             | 1  |
| 2  | Fence  | 2013             | 2,600         |                           | 20            | 130                        | 130            | 390                      | 2  |
| 3  | Chrome Faucet And Pop Up Handle                                | 2013             | 3,233         |                           | 20            | 162                        | 162            | 485                      | 3  |
| 4  | Custom Wall Sconce   | 2013             | 10,150        |                           | 20            | 508                        | 508            | 1,523                    | 4  |
| 5  | 7Th Floor Bathroom Flooring                                    | 2013             | 6,400         |                           | 20            | 320                        | 320            | 960                      | 5  |
| 6  | 7Th Floor Sprinkler System                                     | 2013             | 30,108        |                           | 20            | 1,505                      | 1,505          | 4,516                    | 6  |
| 7  | 6Th Floor Nurse Call System                                    | 2013             | 26,000        |                           | 20            | 1,300                      | 1,300          | 3,900                    | 7  |
| 8  | Electrical Wiring On 7Th Floor                                 | 2013             | 5,000         |                           | 20            | 250                        | 250            | 750                      | 8  |
| 9  | 3Rd,4Th,7Th Floor - Demolition, Repaired Walls, New Drop Ceili | 2013             | 30,000        |                           | 20            | 1,500                      | 1,500          | 4,500                    | 9  |
| 10 | 7Th Floor - Electric Work, Woodwork                            | 2013             | 25,000        |                           | 20            | 1,250                      | 1,250          | 3,750                    | 10 |
| 11 | 7Th Floor - Replaced Doors And Locks, Tiling                   | 2013             | 30,000        |                           | 20            | 1,500                      | 1,500          | 4,500                    | 11 |
| 12 | Cafeteria, Resid Rooms, Bathrooms, Corridors - Wallpapers      | 2013             | 2,650         |                           | 20            | 133                        | 133            | 398                      | 12 |
| 13 | Handrails  | 2013             | 3,279         |                           | 20            | 164                        | 164            | 492                      | 13 |
| 14 | Chrome Faucet  | 2013             | 3,725         |                           | 20            | 186                        | 186            | 559                      | 14 |
| 15 | 7Th Floor Lighting   | 2013             | 4,450         |                           | 20            | 223                        | 223            | 668                      | 15 |
| 16 | 7Th Floor Wallcoverings  | 2013             | 5,991         |                           | 20            | 300                        | 300            | 899                      | 16 |
| 17 | Boiler Repair  | 2013             | 6,153         |                           | 20            | 308                        | 308            | 923                      | 17 |
| 18 | 7Th Floor Doors  | 2013             | 6,347         |                           | 20            | 317                        | 317            | 952                      | 18 |
| 19 | Cubicle Curtains   | 2013             | 15,851        |                           | 20            | 793                        | 793            | 2,378                    | 19 |
| 20 | 7Th Floor Wallcoverings  | 2013             | 7,958         |                           | 20            | 398                        | 398            | 1,194                    | 20 |
| 21 | Corridor - Carpeting Tile                                      | 2013             | 9,226         |                           | 20            | 461                        | 461            | 1,384                    | 21 |
| 22 | Bathroom Tilings   | 2013             | 13,465        |                           | 20            | 673                        | 673            | 2,020                    | 22 |
| 23 | 7Th Floor Shower Room Tiling                                   | 2013             | 13,493        |                           | 20            | 675                        | 675            | 2,024                    | 23 |
| 24 | 7Th Floor Fire Dampers   | 2013             | 25,320        |                           | 20            | 1,266                      | 1,266          | 3,798                    | 24 |
| 25 | 6Th Floor - Priming And Painting, Plubing, Drop Ceiling, Walls | 2013             | 30,000        |                           | 20            | 1,500                      | 1,500          | 4,500                    | 25 |
| 26 | Wood Doors   | 2013             | 10,211        |                           | 20            | 511                        | 511            | 1,532                    | 26 |
| 27 | 7Th Floor - Countertops, Ceramic Tiling                        | 2013             | 50,000        |                           | 20            | 2,500                      | 2,500          | 7,500                    | 27 |
| 28 | 6Th Floor Nurse Call System                                    | 2013             | 11,800        |                           | 20            | 590                        | 590            | 1,770                    | 28 |
| 29 | 6Th Floor Wallcoverings  | 2013             | 8,346         |                           | 20            | 417                        | 417            | 1,252                    | 29 |
| 30 | Handrails  | 2013             | 4,109         |                           | 20            | 205                        | 205            | 616                      | 30 |
| 31 | Shower Room Tiling   | 2013             | 5,044         |                           | 20            | 252                        | 252            | 757                      | 31 |
| 32 | Corridors And Common Areas - Carpeting                         | 2013             | 9,310         |                           | 20            | 466                        | 466            | 1,397                    | 32 |
| 33 | Common Area Carpeting  | 2013             | 10,290        |                           | 20            | 515                        | 515            | 1,544                    | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                 |                  | \$ 25,088,956 | \$ 2,041,470              |               | \$ 655,442                 | \$ (1,386,028) | \$ 1,348,574             | 34 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

Report Period Beginning:

01/01/15

Ending:

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## 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  | <b>Totals from Page 12B, Carried Forward</b>                  |                  | \$ 25,088,956 | \$ 2,041,470              |               | \$ 655,442                 | \$ (1,386,028) | \$ 1,348,574             | 1  |
| 2  | 6Th Floor - Demolition, Rough Carpentry                       | 2013             | 40,000        |                           | 20            | 2,000                      | 2,000          | 6,000                    | 2  |
| 3  | 7Th Floor Patient Rooms, Corridors, Offices - Painting        | 2013             | 51,315        |                           | 20            | 2,566                      | 2,566          | 7,697                    | 3  |
| 4  | 7Th Floor Shower Room, Dining Room - Flooring, Countertop, Hy | 2013             | 69,110        |                           | 20            | 3,456                      | 3,456          | 10,367                   | 4  |
| 5  | Alley Lighting  | 2013             | 2,585         |                           | 20            | 129                        | 129            | 388                      | 5  |
| 6  | 7Th Floor Handrail  | 2013             | 3,165         |                           | 20            | 158                        | 158            | 475                      | 6  |
| 7  | 6Th Floor Resident Room Ceiling Lights                        | 2013             | 3,599         |                           | 20            | 180                        | 180            | 540                      | 7  |
| 8  | 6Th And 7Th Floor Tiling And Wall Base                        | 2013             | 3,940         |                           | 20            | 197                        | 197            | 591                      | 8  |
| 9  | 6Th Floor Light Fixtures                                      | 2013             | 4,360         |                           | 20            | 218                        | 218            | 654                      | 9  |
| 10 | Repaired Doors  | 2013             | 5,400         |                           | 20            | 270                        | 270            | 810                      | 10 |
| 11 | 6Th Floor Handrail  | 2013             | 5,709         |                           | 20            | 285                        | 285            | 856                      | 11 |
| 12 | Shower Room Tiling  | 2013             | 12,300        |                           | 20            | 615                        | 615            | 1,845                    | 12 |
| 13 | 6Th Floor Sprinklers  | 2013             | 17,000        |                           | 20            | 850                        | 850            | 2,550                    | 13 |
| 14 | Shower Room Tiling  | 2013             | 17,835        |                           | 20            | 892                        | 892            | 2,675                    | 14 |
| 15 | 7Th Floor - Construction                                      | 2013             | 30,000        |                           | 20            | 1,500                      | 1,500          | 4,500                    | 15 |
| 16 | Shower Room Tiling  | 2013             | 33,153        |                           | 20            | 1,658                      | 1,658          | 4,973                    | 16 |
| 17 | 7Th Floor Electrical Work                                     | 2013             | 45,000        |                           | 20            | 2,250                      | 2,250          | 6,750                    | 17 |
| 18 | 6Th Floor Wallcoverings                                       | 2013             | 6,012         |                           | 20            | 301                        | 301            | 601                      | 18 |
| 19 | Wall Sconce   | 2013             | 6,983         |                           | 20            | 349                        | 349            | 698                      | 19 |
| 20 | 6Th Floor - Wallpaper, Ceiling, Walls, Tiling                 | 2013             | 55,000        |                           | 20            | 2,750                      | 2,750          | 5,500                    | 20 |
| 21 | Security Cameras  | 2013             | 39,153        |                           | 20            | 1,958                      | 1,958          | 3,915                    | 21 |
| 22 | Shower Room Grab Bars   | 2013             | 2,607         |                           | 20            | 130                        | 130            | 261                      | 22 |
| 23 | Installed New Wood Doors                                      | 2013             | 31,801        |                           | 20            | 1,590                      | 1,590          | 3,180                    | 23 |
| 24 | Lower Level Shades  | 2013             | 10,238        |                           | 20            | 512                        | 512            | 1,024                    | 24 |
| 25 | Lower Level Shades  | 2013             | 12,561        |                           | 20            | 628                        | 628            | 1,256                    | 25 |
| 26 | Landscaping- Installed Upper Terrace For Lower Patio          | 2014             | 19,902        |                           | 20            | 995                        | 995            | 1,990                    | 26 |
| 27 | 6Th Floor Nurse Call System                                   | 2014             | 25,053        |                           | 20            | 1,253                      | 1,253          | 2,505                    | 27 |
| 28 | 6Th Floor - Prime And Paint, Flooring, Doors, Plumbing        | 2014             | 70,000        |                           | 20            | 3,500                      | 3,500          | 7,000                    | 28 |
| 29 | Elevator Repairs  | 2014             | 3,463         |                           | 20            | 173                        | 173            | 346                      | 29 |
| 30 | Boiler Repair   | 2014             | 6,804         |                           | 20            | 340                        | 340            | 680                      | 30 |
| 31 | 6Th Floor And Garage Sprinkler Repair                         | 2014             | 23,902        |                           | 20            | 1,195                      | 1,195          | 2,390                    | 31 |
| 32 | 6Th Floor - Electric Work, Nurse Station, Flooring            | 2014             | 175,750       |                           | 20            | 8,788                      | 8,788          | 17,575                   | 32 |
| 33 | Repaired Condenser  | 2014             | 4,975         |                           | 20            | 249                        | 249            | 498                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                |                  | \$ 25,927,630 | \$ 2,041,470              |               | \$ 697,375                 | \$ (1,344,095) | \$ 1,449,665             | 34 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

Report Period Beginning:

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Ending:

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## 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  | <b>Totals from Page 12C, Carried Forward</b>             |                  | \$ 25,927,630 | \$ 2,041,470              |               | \$ 697,375                 | \$ (1,344,095) | \$ 1,449,665             | 1  |
| 2  | Paging Sytem   | 2014             | 3,622         |                           | 20            | 181                        | 181            | 362                      | 2  |
| 3  | Repaired Dry Valve And Pipes                             | 2014             | 10,826        |                           | 20            | 541                        | 541            | 1,083                    | 3  |
| 4  | Sprinkler Repair   | 2014             | 8,228         |                           | 20            | 411                        | 411            | 823                      | 4  |
| 5  | Door Repairs - Egress Locks                              | 2014             | 3,888         |                           | 20            | 194                        | 194            | 389                      | 5  |
| 6  | 5Th-9Th Floor Fire Dampers                               | 2014             | 17,308        |                           | 20            | 865                        | 865            | 1,731                    | 6  |
| 7  | Signage  | 2014             | 6,715         |                           | 20            | 336                        | 336            | 671                      | 7  |
| 8  | 2Nd Floor Hydronic Pipe Repair                           | 2014             | 4,549         |                           | 20            | 227                        | 227            | 455                      | 8  |
| 9  | Repaired Pump For Chiller                                | 2014             | 18,989        |                           | 20            | 949                        | 949            | 1,899                    | 9  |
| 10 | Door And Frame   | 2014             | 35,368        |                           | 20            | 1,768                      | 1,768          | 3,537                    | 10 |
| 11 | Heating/Cooling Unit Repair                              | 2014             | 4,069         |                           | 20            | 203                        | 203            | 407                      | 11 |
| 12 | Fire Pump Anunciator                                     | 2014             | 4,311         |                           | 20            | 216                        | 216            | 431                      | 12 |
| 13 | Fire Dampers In Bathroom                                 | 2014             | 8,652         |                           | 20            | 433                        | 433            | 865                      | 13 |
| 14 | Repaired Colvent Plate Exchangers And Seals              | 2014             | 12,616        |                           | 20            | 631                        | 631            | 1,262                    | 14 |
| 15 | Anunciator System  | 2014             | 16,120        |                           | 20            | 806                        | 806            | 1,612                    | 15 |
| 16 | 5Th Floor Tiling   | 2014             | 69,501        |                           | 20            | 3,475                      | 3,475          | 6,950                    | 16 |
| 17 | Heating/Cooling Unit Repair                              | 2014             | 12,091        |                           | 20            | 605                        | 605            | 1,209                    | 17 |
| 18 | Replaced Hot Water Heater                                | 2014             | 16,463        |                           | 20            | 823                        | 823            | 1,646                    | 18 |
| 19 | Glass Mount Bracket                                      | 2014             | 4,226         |                           | 20            | 211                        | 211            | 423                      | 19 |
| 20 | Doors  | 2014             | 8,382         |                           | 20            | 419                        | 419            | 838                      | 20 |
| 21 | 5Th Floor Shower Room And Spa Tiling                     | 2014             | 3,248         |                           | 20            | 162                        | 162            | 325                      | 21 |
| 22 | Handrails For Common Corridors                           | 2014             | 7,198         |                           | 20            | 360                        | 360            | 720                      | 22 |
| 23 | 5Th Floor Resident Rooms Light Fixtures                  | 2014             | 6,968         |                           | 20            | 348                        | 348            | 697                      | 23 |
| 24 | 5Th Floor Corridors Floor Covering                       | 2014             | 9,254         |                           | 20            | 463                        | 463            | 925                      | 24 |
| 25 | 6Th Floor Resident Rooms Wallpaper                       | 2014             | 6,546         |                           | 20            | 327                        | 327            | 655                      | 25 |
| 26 | 6Th Floor Corridors Wallpaper                            | 2014             | 6,015         |                           | 20            | 301                        | 301            | 602                      | 26 |
| 27 | 3Rd And 4Th Floor Corridors And Resident Rooms Painting  | 2014             | 3,500         |                           | 20            | 175                        | 175            | 350                      | 27 |
| 28 | Wood Doors For Corridors And Resident Rooms              | 2014             | 21,042        |                           | 20            | 1,052                      | 1,052          | 2,104                    | 28 |
| 29 | 6Th Floor Common Area And Nurse Station - Fire Dampers   | 2014             | 22,570        |                           | 20            | 1,128                      | 1,128          | 2,257                    | 29 |
| 30 | Generator For 5Th Floor                                  | 2014             | 12,971        |                           | 20            | 649                        | 649            | 1,297                    | 30 |
| 31 | 5Th Floor Corridors, Resid Rm & Bath, Lounge & Dining Rm | 2014             |               |                           | 20            |                            |                |                          | 31 |
| 32 | Installed Fire Alarm System                              | 2015             | 5,880         |                           | 20            | 294                        | 294            | 294                      | 32 |
| 33 | 6Th And 7Th Floor Doors                                  | 2015             | 3,450         |                           | 20            | 173                        | 173            | 173                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                           |                  | \$ 26,302,196 | \$ 2,041,470              |               | \$ 716,104                 | \$ (1,325,366) | \$ 1,486,655             | 34 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

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  | <b>Totals from Page 12D, Carried Forward</b>                    |                  | \$ 26,302,196 | \$ 2,041,470              |               | \$ 716,104                 | \$ (1,325,366) | \$ 1,486,655             | 1  |
| 2  | Installed Fan Coil Unit For Resident Room                       | 2015             | 2,999         |                           | 20            | 150                        | 150            | 150                      | 2  |
| 3  | 6Th Floor Nurse Call System - Demo/Lights/Ceiling Mount         | 2015             | 31,775        |                           | 20            | 1,589                      | 1,589          | 1,589                    | 3  |
| 4  | Repaired Wiring For Phones                                      | 2015             | 2,654         |                           | 20            | 133                        | 133            | 133                      | 4  |
| 5  | Rewired Phones And Computers To Resident Rooms                  | 2015             | 5,636         |                           | 20            | 282                        | 282            | 282                      | 5  |
| 6  | Replaced Sprinkler Valve  | 2015             | 2,705         |                           | 20            | 135                        | 135            | 135                      | 6  |
| 7  | Installed Fan Coil Unit   | 2015             | 3,915         |                           | 20            | 196                        | 196            | 196                      | 7  |
| 8  | Repaired Cooling Tower  | 2015             | 5,478         |                           | 20            | 274                        | 274            | 274                      | 8  |
| 9  | Repaired Air Handler On 2Nd Floor                               | 2015             | 3,814         |                           | 20            | 191                        | 191            | 191                      | 9  |
| 10 | 2Nd Floor Blinds  | 2015             | 3,920         |                           | 20            | 196                        | 196            | 196                      | 10 |
| 11 | Repaired 2Nd Fl Air Handler                                     | 2015             | 4,140         |                           | 20            | 207                        | 207            | 207                      | 11 |
| 12 | Rewired Cable From 2Nd Fl Med Rec Rm To Office                  | 2015             | 3,180         |                           | 20            | 159                        | 159            | 159                      | 12 |
| 13 | Repaired 9Th Floor Pipes  | 2015             | 5,263         |                           | 20            | 263                        | 263            | 263                      | 13 |
| 14 | Repaired Insulation On 1St, 8Th And 9Th Floor                   | 2015             | 6,633         |                           | 20            | 332                        | 332            | 332                      | 14 |
| 15 | Repaired 2 Passenger Elevator                                   | 2015             | 18,000        |                           | 20            | 900                        | 900            | 900                      | 15 |
| 16 | Removed And Installed New Windows In Facility                   | 2015             | 13,750        |                           | 20            | 688                        | 688            | 688                      | 16 |
| 17 | Installed Fire Dampers On 9Th Floor                             | 2015             | 6,680         |                           | 20            | 334                        | 334            | 334                      | 17 |
| 18 | 8Th Floor - Drywall/Patchwork/Paint                             | 2015             | 6,500         |                           | 20            | 325                        | 325            | 325                      | 18 |
| 19 | Installed Air Compressor And Air Dyer In Boiler Room            | 2015             | 14,154        |                           | 20            | 708                        | 708            | 708                      | 19 |
| 20 | Fire Alarm System On 1St Floor                                  | 2015             | 5,475         |                           | 20            | 274                        | 274            | 274                      | 20 |
| 21 | Installed New Air Handlers/Water Lines For Pipe Insulation      | 2015             | 2,787         |                           | 20            | 139                        | 139            | 139                      | 21 |
| 22 | Installed Door For Garage                                       | 2015             | 4,936         |                           | 20            | 247                        | 247            | 247                      | 22 |
| 23 | Paint Hallway Doors And 25 Resident Rooms                       | 2015             | 22,300        |                           | 20            | 1,115                      | 1,115          | 1,115                    | 23 |
| 24 | Repaired Dampers On 3Rd And 4Th Floor                           | 2015             | 4,972         |                           | 20            | 249                        | 249            | 249                      | 24 |
| 25 | Repaired Elevators  | 2015             | 3,930         |                           | 20            | 197                        | 197            | 197                      | 25 |
| 26 | 1St Floor Fire Alarm System                                     | 2015             | 6,025         |                           | 20            | 301                        | 301            | 301                      | 26 |
| 27 | Fire Alarm In Elevator  | 2015             | 6,419         |                           | 20            | 321                        | 321            | 321                      | 27 |
| 28 | 8Th Floor - Tiling/Trim Moldings/Lights/Ceiling Paint           | 2015             | 9,543         |                           | 20            | 477                        | 477            | 477                      | 28 |
| 29 | 5Th Floor Bathroom Tiling                                       | 2015             | 9,692         |                           | 20            | 485                        | 485            | 485                      | 29 |
| 30 | 1St Floor Exterior - Installed Fabric And Level Existing Ground | 2015             | 3,345         |                           | 20            | 167                        | 167            | 167                      | 30 |
| 31 | Installed Zone Dampers For 3 Offices By Lobby                   | 2015             | 4,749         |                           | 20            | 237                        | 237            | 237                      | 31 |
| 32 | Signs For East/West Side Of Facility/1St And 9Th Floor          | 2015             | 7,918         |                           | 20            | 396                        | 396            | 396                      | 32 |
| 33 | Installed Glass And Brackets For Side And Back Walls            | 2015             | 3,400         |                           | 20            | 170                        | 170            | 170                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                  |                  | \$ 26,538,884 | \$ 2,041,470              |               | \$ 727,938                 | \$ (1,313,532) | \$ 1,498,490             | 34 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

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  | <b>Totals from Page 12E, Carried Forward</b>             |                  | \$ 26,538,884 | \$                        |               | \$ 727,938                 | \$          | \$ 1,498,490             | 1  |
| 2  | Welded Window For 9Th Floor                              | 2015             | 3,086         |                           | 20            | 154                        | 154         | 154                      | 2  |
| 3  | 9Th Floor - Repaired Carpet/Floor/Bathroom Walls/Tiles   | 2015             | 2,780         |                           | 20            | 139                        | 139         | 139                      | 3  |
| 4  | Sprinkler System In Garage/Generator/Storage Room        | 2015             | 17,406        |                           | 20            | 870                        | 870         | 870                      | 4  |
| 5  | 9Th Floor Window Washing                                 | 2015             | 4,200         |                           | 20            | 210                        | 210         | 210                      | 5  |
| 6  | 4 Resid Rm - Tiling/Outlet Cover And Paint               | 2015             | 11,118        |                           | 20            | 556                        | 556         | 556                      | 6  |
| 7  | Paint Ceiling/Post On 1St Fl Exterior/9Th Fl Window      | 2015             | 4,715         |                           | 20            | 236                        | 236         | 236                      | 7  |
| 8  | Fire Alarm System  | 2015             | 15,865        |                           | 20            | 793                        | 793         | 793                      | 8  |
| 9  | Seal Existing Stone Floor                                | 2015             | 3,350         |                           | 20            | 168                        | 168         | 168                      | 9  |
| 10 | Repaired Tempering Valves                                | 2015             | 3,405         |                           | 20            | 170                        | 170         | 170                      | 10 |
| 11 | 8Th Floor Mirrors/Tiling                                 | 2015             | 7,543         |                           | 20            | 377                        | 377         | 377                      | 11 |
| 12 | Installed Floor Tile On Entrance Floor                   | 2015             | 6,000         |                           | 20            | 300                        | 300         | 300                      | 12 |
| 13 | Signs For 9Th Floor                                      | 2015             | 3,241         |                           | 20            | 162                        | 162         | 162                      | 13 |
| 14 | Repaired Heaters   | 2015             | 33,426        |                           | 20            | 1,671                      | 1,671       | 1,671                    | 14 |
| 15 | 1St Floor Shades   | 2015             | 6,186         |                           | 20            | 309                        | 309         | 309                      | 15 |
| 16 | Fire Alarm System  | 2015             | 8,395         |                           | 20            | 420                        | 420         | 420                      | 16 |
| 17 | Musics System In Lobby                                   | 2015             | 3,000         |                           | 20            | 150                        | 150         | 150                      | 17 |
| 18 | Chandelier And Hand Rails                                | 2015             | 5,906         |                           | 20            | 295                        | 295         | 295                      | 18 |
| 19 | Ring Chandelier  | 2015             | 13,744        |                           | 20            | 687                        | 687         | 687                      | 19 |
| 20 | Light Fixture For 5Th Floor Corridor                     | 2015             | 5,258         |                           | 20            | 263                        | 263         | 263                      | 20 |
| 21 | Bathroom Tiling  | 2015             | 7,058         |                           | 20            | 353                        | 353         | 353                      | 21 |
| 22 | 9Th Floor Doors  | 2015             | 2,875         |                           | 20            | 144                        | 144         | 144                      | 22 |
| 23 | Polished Marble For 1St Floor Welcome Center             | 2015             | 2,532         |                           | 20            | 127                        | 127         | 127                      | 23 |
| 24 | Repaired Elevator Handrails                              | 2015             | 18,900        |                           | 20            | 945                        | 945         | 945                      | 24 |
| 25 | Bathroom Shower Curtains                                 | 2015             | 2,728         |                           | 20            | 136                        | 136         | 136                      | 25 |
| 26 | 9Th Floor - Removal Of Floor Tile                        | 2015             | 52,224        |                           | 20            | 2,611                      | 2,611       | 2,611                    | 26 |
| 27 | 9Th Fl Pt Room - Concrete Support Brackets               | 2015             | 2,890         |                           | 20            | 145                        | 145         | 145                      | 27 |
| 28 | 9Th Floor Exit Sign                                      | 2015             | 7,649         |                           | 20            | 382                        | 382         | 382                      | 28 |
| 29 | 9Th Floor Pt Room - Fire Alarm                           | 2015             | 5,993         |                           | 20            | 300                        | 300         | 300                      | 29 |
| 30 | 9Th Floor Pt Room - New Roof                             | 2015             | 13,200        |                           | 20            | 660                        | 660         | 660                      | 30 |
| 31 | 9Th Floor Pt Room - New Metal Panels                     | 2015             | 4,330         |                           | 20            | 217                        | 217         | 217                      | 31 |
| 32 | 5Th Floor Corridors, Resid Rm & Bath, Lounge & Dining Rm | 2015             |               |                           | 20            |                            |             |                          | 32 |
| 33 | Electric, Plumbing, Tiling, Flooring                     | 2015             | 375,000       |                           | 20            | 18,750                     | 18,750      | 18,750                   | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                           |                  | \$ 27,192,884 | \$                        |               | \$ 741,888                 | \$ 32,700   | \$ 32,700                | 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                  |                         | \$ 27,192,884 | \$                        |               | \$ 741,888                 | \$ 741,888  | \$ 32,700                | 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) | \$ 27,192,884 | \$                        |               | \$ 741,888                 | \$ 741,888  | \$ 32,700                | 34 |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

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  | Related Party                               |                  | \$         | \$                        |               | \$                         | \$          | \$                       | 1  |
| 2  | Buildings:                                  |                  |            |                           |               |                            |             |                          | 2  |
| 3  | Allocated from Legacy Real Properties       | 2009             | 50,014     | 1,702                     | 35            | 1,667                      | (35)        | 10,836                   | 3  |
| 4  |   |                  |            |                           |               |                            |             |                          | 4  |
| 5  |   |                  |            |                           |               |                            |             |                          | 5  |
| 6  |   |                  |            |                           |               |                            |             |                          | 6  |
| 7  |   |                  |            |                           |               |                            |             |                          | 7  |
| 8  | Leasehold Improvements:                     |                  |            |                           |               |                            |             |                          | 8  |
| 9  | Allocated from Legacy HC Financial Services | 2012             | 2,250      | 147                       | 20            | 112                        | (35)        | 450                      | 9  |
| 10 | Allocated from Legacy HC Financial Services | 2013             | 7,197      | 469                       | 20            | 360                        | (109)       | 1,079                    | 10 |
| 11 | Allocated from Legacy HC Financial Services | 2014             | 703        | 46                        | 20            | 35                         | (11)        | 70                       | 11 |
| 12 | Allocated from Legacy HC Financial Services | 2015             | 969        | 63                        | 20            | 48                         | (15)        | 48                       | 12 |
| 13 |   |                  |            |                           |               |                            |             |                          | 13 |
| 14 | Allocated from Legacy Real Properties       | 2009             | 28,402     | 421                       | 20            | 1,420                      | 999         | 8,166                    | 14 |
| 15 | Allocated from Legacy Real Properties       | 2010             | 8,637      | 128                       | 20            | 346                        | 218         | 1,902                    | 15 |
| 16 | Allocated from Legacy Real Properties       | 2011             | 12,275     | 182                       | 20            | 614                        | 432         | 3,069                    | 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)                     |                  | \$ 110,447 | \$ 3,158                  |               | \$ 4,602                   | \$ 1,444    | \$ 25,620                | 34 |

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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                  | 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                  |                         | \$ 110,447 | \$ 3,158                  |               | \$ 4,602                   | \$ 1,444    | \$ 25,620                | 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) | \$ 110,447 | \$ 3,158                  |               | \$ 4,602                   | \$ 1,444    | \$ 25,620                | 34 |

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

# 0052415

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<br>Cost    | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 2,325,317 | \$ 3,136                       | \$ 232,531                      | \$ 229,395       | 10                  | \$ 546,882                    | 71 |
| 72 | Current Year Purchases   | 521,042      | 103                            | 52,104                          | 52,001           | 10                  | 52,104                        | 72 |
| 73 | Fully Depreciated Assets |              |                                |                                 |                  |                     |                               | 73 |
| 74 |                          |              |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$ 2,846,359 | \$ 3,239                       | \$ 284,636                      | \$ 281,397       |                     | \$ 598,986                    | 75 |

D. Vehicle Costs. (See instructions.)\*

|    | 1<br>Use | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|----------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 |          | Bus                       | 2015               | \$ 23,822 | \$                             | \$ 4,764                        | \$ 4,764         | 5                  | \$ 4,764                      | 76 |
| 77 |          |                           |                    |           |                                |                                 |                  |                    |                               | 77 |
| 78 |          |                           |                    |           |                                |                                 |                  |                    |                               | 78 |
| 79 |          |                           |                    |           |                                |                                 |                  |                    |                               | 79 |
| 80 | TOTALS   |                           |                    | \$ 23,822 | \$                             | \$ 4,764                        | \$ 4,764         |                    | \$ 4,764                      | 80 |

E. Summary of Care-Related Assets

|    | 1<br>Reference  | 2<br>Amount    |    |
|----|---|----------------|----|
| 81 | Total Historical Cost<br>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 33,415,519  | 81 |
| 82 | Current Book Depreciation<br>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$ 2,044,709   | 82 |
| 83 | Straight Line Depreciation<br>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$ 1,017,338   | 83 |
| 84 | Adjustments<br>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$ (1,027,371) | 84 |
| 85 | Accumulated Depreciation<br>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$ 2,102,240   | 85 |

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

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

G. Construction-in-Progress

|    | Description                | Cost         |    |
|----|----------------------------|--------------|----|
| 92 | 9th Floor PT Rm/Flooring & | \$ 2,938,437 | 92 |
| 93 | 1st Floor Lobby Exterior   |              | 93 |
| 94 |                            |              | 94 |
| 95 |                            | \$ 2,938,437 | 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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions          |                          |                        |                             |                       |                              |                                     | 4 |
| 5 | Storage            |                          |                        |                             | 3,302                 |                              |                                     | 5 |
| 6 |                    |                          |                        |                             |                       |                              |                                     | 6 |
| 7 | TOTAL              |                          |                        |                             | \$ 3,302              |                              |                                     | 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: \$ 27,621 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

|    | 1<br>Use                      | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|-------------------------------|-----------------------------|-------------------------------|--|----|
| 17 | Allocated from Progressive HC |                             | \$                            | \$ 1,060                               | 17 |
| 18 |                               |                             |                               |  | 18 |
| 19 |                               |                             |                               |  | 19 |
| 20 |                               |                             |                               |  | 20 |
| 21 | TOTAL                         |                             | \$                            | \$ 1,060                               | 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  | <b>TOTALS</b>                          | \$        | \$        | \$       | \$    |
| 10 | <b>SUM OF line 9, col. 1 and 2 (e)</b> | \$        |           |          |       |

**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) |  |
| <b>TOTAL TRAINED</b>         |  |

- (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  | Schedule V<br>Line & Column<br>Reference | 2 Staff             |              | 4 Outside Practitioner<br>(other than consultant) |            | 6 Supplies<br>(Actual or<br>Allocated) | 7 Total Units<br>(Column 2 + 4) | 8 Total Cost<br>(Col. 3 + 5 + 6) |    |
|----|--|--|---------------------|--------------|---|------------|--|---------------------------------|----------------------------------|----|
|    |  |  | Units of<br>Service | Cost         | Units   |            |  |                                 |                                  |    |
|    |  |  |                     |              | Units   | Cost       |  |                                 |                                  |    |
| 1  | Licensed Occupational Therapist  | 39 - 01                                  | hrs                 | \$ 1,278,197 |   | \$         | \$                                     |                                 | \$ 1,278,197                     | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39 - 01                                  | hrs                 | 261,555      |   |            |  |                                 | 261,555                          | 2  |
| 3  | Licensed Recreational Therapist  |  | hrs                 |              |   |            |  |                                 |                                  | 3  |
| 4  | Licensed Physical Therapist  | 39 - 01                                  | hrs                 | 1,488,000    |   |            |  |                                 | 1,488,000                        | 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<br>prescripts  |              |   |            | 1,864,914                              |                                 | 1,864,914                        | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |  | hrs                 |              |   |            |  |                                 |                                  | 10 |
| 11 | Academic Education   |  | hrs                 |              |   |            |  |                                 |                                  | 11 |
| 12 | Other (specify):   |  |                     |              |   |            |  |                                 |                                  | 12 |
| 13 | Other (specify): <u>See Supplemental</u>                                       |  |                     |              |   | 182,473    | 311,692                                |                                 | 494,165                          | 13 |
| 14 | TOTAL  |  |                     | \$ 3,027,752 |   | \$ 182,473 | \$ 2,176,606                           |                                 | \$ 5,386,831                     | 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 **Warren Barr Living & Rehab Ctr**

# **0052415**

Report 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             | 2                    |    |
|----------------------------|---|---------------|----------------------|----|
|                            |   | Operating     | After Consolidation* |    |
| <b>A. Current Assets</b>   |   |               |                      |    |
| 1                          | Cash on Hand and in Banks   | \$            | \$ 742,227           | 1  |
| 2                          | Cash-Patient Deposits   | 1,000         | 1,000                | 2  |
| 3                          | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 7,942,192     | 7,942,192            | 3  |
| 4                          | Supply Inventory (priced at )                                     |               |                      | 4  |
| 5                          | Short-Term Investments  |               |                      | 5  |
| 6                          | Prepaid Insurance   | 198,956       | 198,956              | 6  |
| 7                          | Other Prepaid Expenses  | 23,523        | 731,955              | 7  |
| 8                          | Accounts Receivable (owners or related parties)                   | 213,111       | 213,111              | 8  |
| 9                          | Other(specify):   | 1,098,049     | 6,829,030            | 9  |
| 10                         | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 9,476,831  | \$ 16,658,471        | 10 |
| <b>B. Long-Term Assets</b> |   |               |                      |    |
| 11                         | Long-Term Notes Receivable  |               |                      | 11 |
| 12                         | Long-Term Investments   |               |                      | 12 |
| 13                         | Land  |               | 4,302,371            | 13 |
| 14                         | Buildings, at Historical Cost                                     | 7,649         | 20,689,736           | 14 |
| 15                         | Leasehold Improvements, at Historical Cost                        | 2,378,898     | 2,378,898            | 15 |
| 16                         | Equipment, at Historical Cost                                     | 2,107,531     | 6,796,073            | 16 |
| 17                         | Accumulated Depreciation (book methods)                           | (939,434)     | (4,513,763)          | 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):   | 9,015,437     | 9,102,393            | 23 |
| 24                         | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 12,570,081 | \$ 38,755,708        | 24 |
| 25                         | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 22,046,912 | \$ 55,414,179        | 25 |

|  |  | 1             | 2                    |    |
|--|--|---------------|----------------------|----|
|  |  | Operating     | After Consolidation* |    |
| <b>C. Current Liabilities</b>                |  |               |                      |    |
| 26   | Accounts Payable   | \$ 6,758,956  | \$ 6,758,957         | 26 |
| 27   | Officer's Accounts Payable                                   | 830,000       | 830,000              | 27 |
| 28   | Accounts Payable-Patient Deposits                            |               |                      | 28 |
| 29   | Short-Term Notes Payable                                     | 4,012,000     | 8,479,061            | 29 |
| 30   | Accrued Salaries Payable                                     | 814,154       | 814,154              | 30 |
| 31   | Accrued Taxes Payable (excluding real estate taxes)          | 30,091        | 30,091               | 31 |
| 32   | Accrued Real Estate Taxes(Sch.IX-B)                          |               | 586,773              | 32 |
| 33   | Accrued Interest Payable                                     |               | 1,036,149            | 33 |
| 34   | Deferred Compensation  |               |                      | 34 |
| 35   | Federal and State Income Taxes                               |               |                      | 35 |
| <b>Other Current Liabilities(specify):</b>   |  |               |                      |    |
| 36   | See Attached Schedule  | 526,222       | 526,222              | 36 |
| 37   |  |               |                      | 37 |
| 38   | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 12,971,423 | \$ 19,061,407        | 38 |
| <b>D. Long-Term Liabilities</b>              |  |               |                      |    |
| 39   | Long-Term Notes Payable                                      |               |                      | 39 |
| 40   | Mortgage Payable   |               | 37,543,181           | 40 |
| 41   | Bonds Payable  |               |                      | 41 |
| 42   | Deferred Compensation  |               |                      | 42 |
| <b>Other Long-Term Liabilities(specify):</b> |  |               |                      |    |
| 43   | See Attached Schedule  | 2,968,608     | 3,193,898            | 43 |
| 44   |  |               |                      | 44 |
| 45   | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 2,968,608  | \$ 40,737,079        | 45 |
| 46   | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 15,940,031 | \$ 59,798,486        | 46 |
| 47   | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 6,106,881  | \$ (4,384,307)       | 47 |
| 48   | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 22,046,912 | \$ 55,414,179        | 48 |

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

|           |   | <b>1</b>            |             |
|-----------|---|---------------------|-------------|
|           |   | <b>Total</b>        |             |
| <b>1</b>  | <b>Balance at Beginning of Year, as Previously Reported</b>         | \$ <b>7,899,914</b> | <b>1</b>    |
| <b>2</b>  | Restatements (describe):  |                     | <b>2</b>    |
| <b>3</b>  | <b>PY Amortization</b>  | <b>(607,700)</b>    | <b>3</b>    |
| <b>4</b>  | <b>PY Depreciation</b>  | <b>(307,151)</b>    | <b>4</b>    |
| <b>5</b>  | <b>PY Maintenance/Office Expense</b>                                | <b>(25,209)</b>     | <b>5</b>    |
| <b>6</b>  | <b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b> | \$ <b>6,959,854</b> | <b>6</b>    |
|           | <b>A. Additions (deductions):</b>                                   |                     |             |
| <b>7</b>  | NET Income (Loss) (from page 19, line 43)                           | <b>(22,958)</b>     | <b>7</b>    |
| <b>8</b>  | Aquisitions of Pooled Companies                                     |                     | <b>8</b>    |
| <b>9</b>  | Proceeds from Sale of Stock   |                     | <b>9</b>    |
| <b>10</b> | Stock Options Exercised   |                     | <b>10</b>   |
| <b>11</b> | Contributions and Grants  |                     | <b>11</b>   |
| <b>12</b> | Expenditures for Specific Purposes                                  |                     | <b>12</b>   |
| <b>13</b> | Dividends Paid or Other Distributions to Owners                     | <b>(830,015)</b>    | <b>13</b>   |
| <b>14</b> | Donated Property, Plant, and Equipment                              |                     | <b>14</b>   |
| <b>15</b> | Other (describe)  |                     | <b>15</b>   |
| <b>16</b> | Other (describe)  |                     | <b>16</b>   |
| <b>17</b> | <b>TOTAL Additions (deductions) (sum of lines 7-16)</b>             | \$ <b>(852,973)</b> | <b>17</b>   |
|           | <b>B. Transfers (Itemize):</b>                                      |                     |             |
| <b>18</b> |   |                     | <b>18</b>   |
| <b>19</b> |   |                     | <b>19</b>   |
| <b>20</b> |   |                     | <b>20</b>   |
| <b>21</b> |   |                     | <b>21</b>   |
| <b>22</b> |   |                     | <b>22</b>   |
| <b>23</b> | <b>TOTAL Transfers (sum of lines 18-22)</b>                         | \$                  | <b>23</b>   |
| <b>24</b> | <b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>            | \$ <b>6,106,881</b> | <b>24</b> * |

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

Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

Report Period Beginning: 01/01/15

Ending:

12/31/15

**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**

| I. Revenue                             |   | Amount        |     |
|--|---|---------------|-----|
| <b>A. Inpatient Care</b>               |   |               |     |
| 1                                      | Gross Revenue -- All Levels of Care                       | \$ 25,821,950 | 1   |
| 2                                      | Discounts and Allowances for all Levels                   | (18,144,195)  | 2   |
| 3                                      | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 7,677,755  | 3   |
| <b>B. Ancillary Revenue</b>            |   |               |     |
| 4                                      | Day Care  |               | 4   |
| 5                                      | Other Care for Outpatients                                |               | 5   |
| 6                                      | Therapy   | 19,395,895    | 6   |
| 7                                      | Oxygen  |               | 7   |
| 8                                      | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 19,395,895 | 8   |
| <b>C. Other Operating Revenue</b>      |   |               |     |
| 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   | 1,862,993     | 17  |
| 18                                     | Sale of Supplies to Non-Patients                          |               | 18  |
| 19                                     | Laboratory  | 417,659       | 19  |
| 20                                     | Radiology and X-Ray                                       | 67,105        | 20  |
| 21                                     | Other Medical Services                                    | 40,980        | 21  |
| 22                                     | Laundry   |               | 22  |
| 23                                     | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 2,388,737  | 23  |
| <b>D. Non-Operating Revenue</b>        |   |               |     |
| 24                                     | Contributions   |               | 24  |
| 25                                     | Interest and Other Investment Income***                   | 14,098        | 25  |
| 26                                     | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 14,098     | 26  |
| <b>E. Other Revenue (specify):****</b> |   |               |     |
| 27                                     | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |               | 27  |
| 28                                     | <b>See Supplemental Schedule</b>                          | 57,672        | 28  |
| 28a                                    |   |               | 28a |
| 29                                     | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 57,672     | 29  |
| 30                                     | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 29,534,157 | 30  |

| II. Expenses                        |  | Amount        |    |
|-------------------------------------|--|---------------|----|
| <b>A. Operating Expenses</b>        |  |               |    |
| 31                                  | General Services   | 3,111,386     | 31 |
| 32                                  | Health Care  | 8,624,708     | 32 |
| 33                                  | General Administration   | 6,446,606     | 33 |
| <b>B. Capital Expense</b>           |  |               |    |
| 34                                  | Ownership  | 4,197,297     | 34 |
| <b>C. Ancillary Expense</b>         |  |               |    |
| 35                                  | Special Cost Centers   | 6,854,954     | 35 |
| 36                                  | Provider Participation Fee                                     | 322,164       | 36 |
| <b>D. Other Expenses (specify):</b> |  |               |    |
| 37                                  |  |               | 37 |
| 38                                  |  |               | 38 |
| 39                                  |  |               | 39 |
| 40                                  | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 29,557,115 | 40 |
| 41                                  | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | (22,958)      | 41 |
| 42                                  | <b>Income Taxes</b>  |               | 42 |
| 43                                  | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ (22,958)   | 43 |

| III. Net Inpatient Revenue detailed by Payer Source |   |              |    |
|---|---|--------------|----|
| 44  | Medicaid - Net Inpatient Revenue                                      | \$ 2,937,183 | 44 |
| 45  | Private Pay - Net Inpatient Revenue                                   | 1,660,545    | 45 |
| 46  | Medicare - Net Inpatient Revenue                                      | 2,488,115    | 46 |
| 47  | Other-(specify) <u>Insurance</u>                                      | 591,912      | 47 |
| 48  | Other-(specify)   |              | 48 |
| 49  | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 7,677,755 | 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 **Warren Barr Living & Rehab Ctr**

# **0052415**

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                    | 2,500                     | 2,510                      | \$ 165,168                             | \$ 65.80            | 1  |
| 2  | Assistant Director of Nursing          | 2,808                     | 2,864                      | 143,978                                | 50.27               | 2  |
| 3  | Registered Nurses                      | 69,009                    | 70,457                     | 2,559,267                              | 36.32               | 3  |
| 4  | Licensed Practical Nurses              | 54,375                    | 55,620                     | 1,587,742                              | 28.55               | 4  |
| 5  | CNAs & Orderlies                       | 142,372                   | 146,435                    | 1,731,661                              | 11.83               | 5  |
| 6  | CNA Trainees                           |                           |                            |  |                     | 6  |
| 7  | Licensed Therapist                     | 78,874                    | 80,286                     | 3,027,752                              | 37.71               | 7  |
| 8  | Rehab/Therapy Aides                    | 12,314                    | 12,591                     | 336,960                                | 26.76               | 8  |
| 9  | Activity Director                      | 1,789                     | 1,813                      | 44,540                                 | 24.57               | 9  |
| 10 | Activity Assistants                    | 10,649                    | 10,869                     | 119,827                                | 11.02               | 10 |
| 11 | Social Service Workers                 | 18,876                    | 19,166                     | 449,615                                | 23.46               | 11 |
| 12 | Dietician                              | 2,068                     | 2,108                      | 48,438                                 | 22.98               | 12 |
| 13 | Food Service Supervisor                | 3,429                     | 3,453                      | 102,858                                | 29.79               | 13 |
| 14 | Head Cook                              | 6,643                     | 6,776                      | 108,032                                | 15.94               | 14 |
| 15 | Cook Helpers/Assistants                | 28,878                    | 29,536                     | 384,857                                | 13.03               | 15 |
| 16 | Dishwashers                            |                           |                            |  |                     | 16 |
| 17 | Maintenance Workers                    | 9,102                     | 9,250                      | 186,999                                | 20.22               | 17 |
| 18 | Housekeepers                           | 30,354                    | 31,157                     | 335,013                                | 10.75               | 18 |
| 19 | Laundry                                | 5,464                     | 5,646                      | 55,545                                 | 9.84                | 19 |
| 20 | Administrator                          | 3,647                     | 3,839                      | 210,261                                | 54.77               | 20 |
| 21 | Assistant Administrator                | 3,292                     | 3,332                      | 69,427                                 | 20.84               | 21 |
| 22 | Other Administrative                   |                           |                            |  |                     | 22 |
| 23 | Office Manager                         |                           |                            |  |                     | 23 |
| 24 | Clerical                               | 53,748                    | 54,879                     | 839,160                                | 15.29               | 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                        | 2,158                     | 2,190                      | 34,280                                 | 15.65               | 31 |
| 32 | Other Health Care(specify)             |                           |                            |  |                     | 32 |
| 33 | Other(specify) <u>See Supplemental</u> | 24,157                    | 24,415                     | 370,907                                | 15.19               | 33 |
| 34 | TOTAL (lines 1 - 33)                   | 566,507                   | 579,192                    | \$ 12,912,287 *                        | \$ 22.29            | 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              |                               | \$   |                                    | 35 |
| 36 | Medical Director                | Monthly                       | 96,841                                     | 09-03                              | 36 |
| 37 | Medical Records Consultant      | Monthly                       | 3,600                                      | 10-03                              | 37 |
| 38 | Nurse Consultant                | Monthly                       | 52,232                                     | 10-03                              | 38 |
| 39 | Pharmacist Consultant           |                               |  |                                    | 39 |
| 40 | Physical Therapy Consultant     |                               |  |                                    | 40 |
| 41 | Occupational Therapy Consultant |                               |  |                                    | 41 |
| 42 | Respiratory Therapy Consultant  | 26                            | 1,722                                      | 10a-03                             | 42 |
| 43 | Speech Therapy Consultant       |                               |  |                                    | 43 |
| 44 | Activity Consultant             | Per Visit                     | 362  | 11-03                              | 44 |
| 45 | Social Service Consultant       | Monthly                       | 3,508                                      | 12-03                              | 45 |
| 46 | Other(specify)                  |                               |  |                                    | 46 |
| 47 | Psychiatric Consultant          | Monthly                       | 21,000                                     | 09-03                              | 47 |
| 48 |                                 |                               |  |                                    | 48 |
| 49 | TOTAL (lines 35 - 48)           | 26                            | \$ 179,265                                 |                                    | 49 |

**C. CONTRACT NURSES**

|    |                                  | 1                             | 2                    | 3                                  |    |
|----|----------------------------------|-------------------------------|----------------------|------------------------------------|----|
|    |                                  | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference |    |
| 50 | Registered Nurses                | 4,922                         | \$ 246,089           | 10-03                              | 50 |
| 51 | Licensed Practical Nurses        |                               |                      |                                    | 51 |
| 52 | Certified Nurse Assistants/Aides |                               |                      |                                    | 52 |
| 53 | TOTAL (lines 50 - 52)            | 4,922                         | \$ 246,089           |                                    | 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                                      |          |
| Brittany Hall   | Administrator         | 0.00%       | \$ 43,987  | Workers' Compensation Insurance                                  | \$ 382,503   | IDPH License Fee                             | \$ 1,243                                    |          |
| Scott Sklar   | Administrator         | 0.00%       | 105,201    | Unemployment Compensation Insurance                              | 287,224      | Advertising: Employee Recruitment            | 2,750                                       |          |
| John Lindsay  | Administrator         | 0.00%       | 61,072     | FICA Taxes   | 983,965      | Health Care Worker Background Check          | 39,094                                      |          |
| Sinead O'Sullivan                                       | Assist Admin          | 0.00%       | 10,811     | Employee Health Insurance  | 546,494      | (Indicate # of checks performed <u>391</u> ) |   |          |
| Kevin O'Hare  | Assist Admin          | 0.00%       | 25,386     | Employee Meals   |              | Patient Background Checks                    |   |          |
| Abbie Davis   | Assist Admin          | 0.00%       | 33,229     | Illinois Municipal Retirement Fund (IMRF)*                       |              | Dues and Subscriptions                       | 51,018                                      |          |
|   |                       |             |            | Union Pension  | 45,275       | License and Permits                          | 5,192                                       |          |
|   |                       |             |            | 401K Contribution  | 22,824       | Allocated from Legacy HC Financial Serv      | 1,619                                       |          |
|   |                       |             |            | Employee Physical Exam   | 34,109       | Allocated from Progressive HC                | 134   |          |
|   |                       |             |            | Other Employee Benefits  | 185,170      |  |   |          |
|   |                       |             |            |  |              | Less: Public Relations Expense               | ( )   |          |
|   |                       |             |            |  |              | Non-allowable advertising                    | ( )   |          |
|   |                       |             |            |  |              | Yellow page advertising                      | ( )   |          |
| TOTAL (agree to Schedule V, line 17, col. 1)            |                       |             | \$ 279,687 | TOTAL (agree to Schedule V, line 22, col.8)                      | \$ 2,487,565 | TOTAL (agree to Sch. V, line 20, col. 8)     | \$ 101,050                                  |          |
| (List each licensed administrator separately.)          |                       |             |            |  |              |  |   |          |
| 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   |
| Yair Zuckerman - Management Fees                        |                       |             | \$ 2,779   |  |              |  | Out-of-State Travel                         | \$       |
|   |                       |             |            |  |              |  |   |          |
|   |                       |             |            |  |              |  | In-State Travel                             |          |
|   |                       |             |            |  |              |  |   |          |
| TOTAL (agree to Schedule V, line 17, col. 3)            |                       |             | \$ 2,779   | TOTAL  |              | \$   | Seminar Expense                             | 7,310    |
| (Attach a copy of any management service agreement)     |                       |             |            |  |              |  | Allocated from Legacy HC Financial Serv     | 1,630    |
|   |                       |             |            |  |              |  | Allocated from Progressive HC               | 130      |
|   |                       |             |            |  |              |  | Entertainment Expense                       | ( )      |
| C. Professional Services                                |                       |             |            |  |              |  | (agree to Sch. V, line 24, col. 8)          |          |
| Vendor/Payee  | Type                  |             | Amount     |  |              |  | TOTAL                                       | \$ 9,070 |
| FRR/Marcum LLP  | Accounting            |             | \$ 24,000  |  |              |  |   |          |
| Legacy Healthcare                                       | Bookkeeping           |             | 240,000    |  |              |  |   |          |
| Adam Zollinger  | Design Consultant     |             | 1,200      |  |              |  |   |          |
| Sara J. Edwards   | Accounting            |             | 6,000      |  |              |  |   |          |
| Simon/Myers   | Strategy Management   |             | 37,459     |  |              |  |   |          |
| Zimmet HC Services Group                                | Management Consultant |             | 4,371      |  |              |  |   |          |
| Document Solutions                                      | Compliance Audit      |             | 14,505     |  |              |  |   |          |
| Creative Technology                                     | Data Processing       |             | 23,715     |  |              |  |   |          |
| Emdeon  | Data Processing       |             | 859        |  |              |  |   |          |
| Health Data Systems                                     | Data Processing       |             | 9,440      |  |              |  |   |          |
| Illinois Health Information                             | Data Processing       |             | 120        |  |              |  |   |          |
| See Supplemental Schedule                               |                       |             | 149,828    |  |              |  |   |          |
| TOTAL (agree to Schedule V, line 19, column 3)          |                       |             | \$ 511,496 |  |              |  |   |          |
| (For legal fee disclosure, see page 39 of instructions) |                       |             |            |  |              |  |   |          |

\* Attach copy of IMRF notifications

\*\*See instructions.



Facility Name &amp; ID Number Warren Barr Living &amp; Rehab Ctr

# 0052415

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 \$23,833
- (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. \$ 96,733 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. \$ 322,164  
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. \$ No Has any meal income been offset against related costs? No 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.