## I. IDPH License ID Number: 0054478

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Saline Care Nursing &amp; Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>120 S Land St Bx 468</td>
</tr>
<tr>
<td>County</td>
<td>Saline</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(618) 252-7405</td>
</tr>
<tr>
<td>HFS ID Number</td>
<td></td>
</tr>
<tr>
<td>Date of Initial License</td>
<td>31182</td>
</tr>
<tr>
<td>Type of Ownership</td>
<td>VOLUNTARY, NON-PROFIT</td>
</tr>
<tr>
<td>IRS Exemption Code</td>
<td>&quot;Sub-S&quot; Corp.</td>
</tr>
</tbody>
</table>

### Type of Ownership:

- **Charitable Corp.**
- **Trust**
- **Partnership**
- **Corporation**
- **Limited Liability Co.**
- **Other**

In the event there are further questions about this report, please contact:

Name: Larry Templin
Telephone Number: (630) 361-2868

---

## II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from ___/3/16 to 12/31/16, and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<table>
<thead>
<tr>
<th>Officer or Administrator of Provider</th>
<th>(Signed)</th>
<th>(Type or Print Name)</th>
<th>(Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Larry Templin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Templin Healthcare Accounting Services, LLP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.O. Box 9, Dunlap, IL 61525</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(630) 361-2868</td>
<td>Fax # ( )</td>
<td></td>
</tr>
</tbody>
</table>

In the event there are further questions about this report, please contact:

Name: Larry Templin
Telephone Number: (630) 361-2868

---

SEE ACCOUNTANTS’ PREPARATION REPORT
### III. STATISTICAL DATA

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

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>72</td>
<td>Skilled (SNF)</td>
<td>72</td>
<td>26,352</td>
</tr>
<tr>
<td>2</td>
<td>72</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td>70</td>
<td>25,620</td>
</tr>
<tr>
<td>3</td>
<td>70</td>
<td>Intermediate (ICF)</td>
<td>70</td>
<td>25,620</td>
</tr>
<tr>
<td>4</td>
<td>70</td>
<td>Intermediate/DD</td>
<td>70</td>
<td>25,620</td>
</tr>
<tr>
<td>5</td>
<td>70</td>
<td>Sheltered Care (SC)</td>
<td>70</td>
<td>25,620</td>
</tr>
<tr>
<td>6</td>
<td>142</td>
<td>ICF/DD 16 or Less</td>
<td>142</td>
<td>51,972</td>
</tr>
</tbody>
</table>

#### B. Census—For the entire report period.

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Patient Days by Level of Care and Primary Source of Payment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicaid Recipient</td>
<td>Private Pay</td>
</tr>
<tr>
<td>8</td>
<td>SNF</td>
<td>3,261</td>
</tr>
<tr>
<td>9</td>
<td>SNF/PED</td>
<td>3,261</td>
</tr>
<tr>
<td>10</td>
<td>ICF</td>
<td>36,181</td>
</tr>
<tr>
<td>11</td>
<td>ICF/DD</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>SC</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>DD 1Q OR LESS</td>
<td></td>
</tr>
</tbody>
</table>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.32%

### 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?

Non-allowable costs have been eliminated in Schedule V, Column 7

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

Non-care assets have been eliminated in Schedule V, Column 7

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

Date started 5/15/1985

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

Date 5/15/1985

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

If YES, enter number of beds certified 72 and days of care provided 2,610

Medicare Intermediary National Government Services

### IV. ACCOUNTING BASIS

MODIFIED

<table>
<thead>
<tr>
<th>MODIFIED</th>
<th>MODIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCRUAL</td>
<td>CASH*</td>
</tr>
</tbody>
</table>

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

SEE ACCOUNTANTS’ PREPARATION REPORT
## Facility Name & ID Number
Saline Care Nursing & Rehab #0054478

## State of Illinois

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

**Facility Name & ID Number:** Saline Care Nursing & Rehab #0054478

**Report Period Beginning:** 1/1/16  
**Ending:** 12/31/16  
**Page:** 3

#### Operating Expenses

<table>
<thead>
<tr>
<th>Costs Per General Ledger</th>
<th>Operating Expenses</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. General Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Dietry</td>
<td></td>
<td>317,494</td>
<td>13,887</td>
<td>63,522</td>
<td>344,933</td>
<td>344,933</td>
<td>344,933</td>
<td>344,933</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 Food Purchase</td>
<td></td>
<td>287,893</td>
<td></td>
<td>63,522</td>
<td>344,933</td>
<td>344,933</td>
<td>344,933</td>
<td>344,933</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Housekeeping</td>
<td></td>
<td>229,449</td>
<td>24,779</td>
<td></td>
<td>254,228</td>
<td>254,228</td>
<td>6,829</td>
<td>261,057</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Laundry</td>
<td></td>
<td>100,242</td>
<td>15,841</td>
<td></td>
<td>116,083</td>
<td>116,083</td>
<td></td>
<td>116,083</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Heat and Other Utilities</td>
<td></td>
<td>142,929</td>
<td></td>
<td>56,556</td>
<td>200,575</td>
<td>200,575</td>
<td></td>
<td>143,546</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Maintenance</td>
<td></td>
<td>73,761</td>
<td>23,671</td>
<td></td>
<td>100,675</td>
<td>100,675</td>
<td></td>
<td>153,988</td>
<td>6</td>
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</tbody>
</table>

#### TOTAL General Services

<table>
<thead>
<tr>
<th>Costs Per General Ledger</th>
<th>Operating Expenses</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Health Care and Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Medical Director</td>
<td></td>
<td>3,600</td>
<td>3,600</td>
<td></td>
<td>3,600</td>
<td>3,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Nursing and Medical Records</td>
<td></td>
<td>1,815,459</td>
<td>85,544</td>
<td>62,757</td>
<td>1,963,760</td>
<td>1,963,760</td>
<td>56,297</td>
<td>2,020,057</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>10a Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Activities</td>
<td></td>
<td>66,035</td>
<td></td>
<td></td>
<td>66,035</td>
<td>66,035</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Social Services</td>
<td></td>
<td>99,699</td>
<td>5,271</td>
<td></td>
<td>104,970</td>
<td>104,970</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other (specify): RDK/ SI Benefits Alloc</td>
<td></td>
<td>7,506</td>
<td>7,506</td>
<td>7,506</td>
<td>7,506</td>
<td>7,506</td>
<td>7,506</td>
<td>14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TOTAL Health Care and Programs

<table>
<thead>
<tr>
<th>Costs Per General Ledger</th>
<th>Operating Expenses</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. General Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Administrative</td>
<td></td>
<td>129,702</td>
<td>603,852</td>
<td>733,554</td>
<td>733,554</td>
<td>(378,319)</td>
<td>355,235</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Directors Fees</td>
<td></td>
<td>79,270</td>
<td>79,270</td>
<td></td>
<td>79,270</td>
<td>3,098</td>
<td>82,368</td>
<td></td>
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</tr>
<tr>
<td>19 Professional Services</td>
<td></td>
<td>20,733</td>
<td>20,733</td>
<td></td>
<td>20,733</td>
<td>(271)</td>
<td>20,462</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Clerical &amp; General Office Expenses</td>
<td></td>
<td>366,163</td>
<td>366,163</td>
<td>366,163</td>
<td>366,163</td>
<td>366,163</td>
<td>366,163</td>
<td>366,163</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>22 Employee Benefits &amp; Payroll Taxes</td>
<td></td>
<td>1,855</td>
<td>1,855</td>
<td>1,855</td>
<td>1,855</td>
<td>1,855</td>
<td>1,855</td>
<td>1,855</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>23 Inservice Training &amp; Education</td>
<td></td>
<td>7,192</td>
<td>7,192</td>
<td>7,192</td>
<td>7,192</td>
<td>7,192</td>
<td>7,192</td>
<td>17,433</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>24 Travel and Seminar</td>
<td></td>
<td>94,882</td>
<td>94,882</td>
<td></td>
<td>94,882</td>
<td>(271)</td>
<td>97,253</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other (specify): RDK/ SI Benefits Alloc</td>
<td></td>
<td>24,011</td>
<td>24,011</td>
<td>24,011</td>
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<td>24,011</td>
<td>24,011</td>
<td>27</td>
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</tbody>
</table>

#### TOTAL General Administration

<table>
<thead>
<tr>
<th>Costs Per General Ledger</th>
<th>Operating Expenses</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</strong></td>
<td></td>
<td>2,939,204</td>
<td>484,455</td>
<td>4,494,912</td>
<td>4,918,571</td>
<td>4,918,571</td>
<td>(215,768)</td>
<td>4,702,803</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th>Reclassification</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary/Wage 1</td>
<td>Supplies 2</td>
<td>Other 3</td>
<td>Total 4</td>
<td>Total 5</td>
</tr>
<tr>
<td>D. Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent-Facility &amp; Grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ownership Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Special Cost Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancillary Service Centers</td>
<td>102,890</td>
<td>276,987</td>
<td></td>
<td>379,877</td>
<td></td>
</tr>
<tr>
<td>Barber and Beauty Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coffee and Gift Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Participation Fee</td>
<td>317,135</td>
<td>317,135</td>
<td></td>
<td>317,135</td>
<td></td>
</tr>
<tr>
<td>Other (specify):*</td>
<td>37,716</td>
<td>37,716</td>
<td></td>
<td>37,716</td>
<td></td>
</tr>
<tr>
<td>TOTAL Special Cost Centers</td>
<td>102,890</td>
<td>631,838</td>
<td>734,728</td>
<td></td>
<td>734,728</td>
</tr>
<tr>
<td>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</td>
<td>2,939,204</td>
<td>587,345</td>
<td>2,293,560</td>
<td>5,820,109</td>
<td>5,820,109</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Non-Allowable Expenses</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Care</td>
<td>$1,122</td>
<td>$1</td>
<td></td>
</tr>
<tr>
<td>2 Other Care for Outpatients</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Governmental Sponsored Special Programs</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Non-Patient Meals</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Telephone, TV &amp; Radio in Resident Rooms</td>
<td>(6,376)</td>
<td>43</td>
<td>5</td>
</tr>
<tr>
<td>6 Rented Facility Space</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Sale of Supplies to Non-Patients</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Laundry for Non-Patients</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Non-Straightline Depreciation</td>
<td>21,395</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>10 Interest and Other Investment Income</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Discounts, Allowances, Rebates &amp; Refunds</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Non-Working Officer's or Owner's Salary</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Sales Tax</td>
<td>(706)</td>
<td>43</td>
<td>13</td>
</tr>
<tr>
<td>14 Non-Care Related Interest</td>
<td>(200)</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>15 Non-Care Related Owner's Transactions</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Personal Expenses (Including Transportation)</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Non-Care Related Fees</td>
<td>(1,537)</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>18 Fines and Penalties</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Entertainment</td>
<td>(401)</td>
<td>43</td>
<td>19</td>
</tr>
<tr>
<td>20 Contributions</td>
<td>(450)</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>21 Owner or Key-Man Insurance</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Special Legal Fees &amp; Legal Retainers</td>
<td>(280)</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>23 Malpractice Insurance for Individuals</td>
<td>23</td>
<td></td>
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</tr>
<tr>
<td>24 Bad Debt</td>
<td>(12,789)</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>25 Fund Raising, Advertising and Promotional</td>
<td>(11,590)</td>
<td>43</td>
<td>25</td>
</tr>
<tr>
<td>26 Income Taxes and Illinois Personal Property</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27 CNA Training for Non-Employees</td>
<td>27</td>
<td></td>
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</tr>
<tr>
<td>28 Yellow Page Advertising</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Other-Attach Schedule</td>
<td>See Page 5A</td>
<td>(11,109)</td>
<td>29</td>
</tr>
<tr>
<td>30 Subtotal (A): (Sum of lines 1-29)</td>
<td>(24,043)</td>
<td>$</td>
<td>30</td>
</tr>
</tbody>
</table>

BHF USE ONLY

| 48 | 50 | 51 | 52 |

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

| 31 Non-Paid Workers-Attach Schedule* | $31 |
| 32 Donated Goods-Attach Schedule*    | 32  |
| 33 Amortization of Organization & Pre-Operating Expense | 33  |
| 34 Adjustments for Related Organization Costs (Schedule VII) | (206,656) 34 |
| 35 Other-Attach Schedule             | 35  |
| 36 Subtotal (B): (sum of lines 31-35) | $206,656 36 |
| 37 Total Adjustments (A and B)       | $230,699 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.)

<table>
<thead>
<tr>
<th>38 Yes</th>
<th>No</th>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

SEE ACCOUNTANTS' PREPARATION REPORT
<table>
<thead>
<tr>
<th>Sch. V Line</th>
<th>NON-ALLOWABLE EXPENSES</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Funeral Expense</td>
<td>$(958)</td>
<td>43</td>
</tr>
<tr>
<td>2</td>
<td>Birthday Expense</td>
<td>(4,090)</td>
<td>43</td>
</tr>
<tr>
<td>3</td>
<td>Meals</td>
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<td>43</td>
</tr>
<tr>
<td>4</td>
<td>Miscellaneous income offset</td>
<td>(596)</td>
<td>21</td>
</tr>
<tr>
<td>5</td>
<td>Vending Machine income offset</td>
<td>(4,309)</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
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<tr>
<td>49</td>
<td>Total</td>
<td>(11,109)</td>
<td>49</td>
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</table>
## Operating Expenses

<table>
<thead>
<tr>
<th>A. General Services</th>
<th>PAGES</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>SUMMARY TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 &amp; 5A</td>
<td>5A</td>
<td>6</td>
<td>6A</td>
<td>6B</td>
<td>6C</td>
<td>6D</td>
<td>6E</td>
<td>6F</td>
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<td>1. Dietary</td>
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<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td>2. Food Purchase</td>
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<tr>
<td>3. Housekeeping</td>
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<td>0</td>
<td>6,829</td>
<td>0</td>
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<td>4. Laundry</td>
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<td>5. Heat and Other Utilities</td>
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<td>617</td>
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<tr>
<td>7. Other (specify):*</td>
<td>0</td>
<td>0</td>
<td>2,877</td>
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<td>0</td>
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<tr>
<td>8. TOTAL General Services</td>
<td>(4,909)</td>
<td>0</td>
<td>15,321</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>B. Health Care and Programs</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>0</td>
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<tr>
<td>Nursing and Medical Records</td>
<td>0</td>
</tr>
<tr>
<td>Therapy</td>
<td>0</td>
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<tr>
<td>Activities</td>
<td>0</td>
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<tr>
<td>Social Services</td>
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</tr>
<tr>
<td>CNA Training</td>
<td>0</td>
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<tr>
<td>Program Transportation</td>
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</tr>
<tr>
<td>Other (specify):*</td>
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<tr>
<td>TOTAL Health Care and Programs</td>
<td>0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. General Administration</th>
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</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>0</td>
</tr>
<tr>
<td>Directors Fees</td>
<td>0</td>
</tr>
<tr>
<td>Professional Services</td>
<td>(280)</td>
</tr>
<tr>
<td>Fees, Subscriptions &amp; Promotions</td>
<td>(1,537)</td>
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<tr>
<td>Clerical &amp; General Office Expenses</td>
<td>(796)</td>
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<td>Employee Benefits &amp; Payroll Taxes</td>
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</tr>
<tr>
<td>Inservice Training &amp; Education</td>
<td>0</td>
</tr>
<tr>
<td>Travel and Seminar</td>
<td>0</td>
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<tr>
<td>Other Admin. Staff Transportation</td>
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<tr>
<td>Insurance-Prop.Liab.Malpractice</td>
<td>0</td>
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<tr>
<td>Other (specify):*</td>
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<td>TOTAL General Administration</td>
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<tr>
<td>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</td>
<td>(7,522)</td>
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<td>D. Ownership</td>
<td>Capital Expense</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------</td>
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<tr>
<td>30 Depreciation</td>
<td>21,395</td>
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<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
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<tr>
<td>32 Interest</td>
<td>(200)</td>
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<td>33 Real Estate Taxes</td>
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<tr>
<td>34 Rent-Facility &amp; Grounds</td>
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<td>35 Rent-Equipment &amp; Vehicles</td>
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</tr>
<tr>
<td>36 Other (specify):*</td>
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<tr>
<td>37 TOTAL Ownership</td>
<td>21,195</td>
</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
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<td>39 Ancillary Service Centers</td>
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<tr>
<td>40 Barber and Beauty Shops</td>
<td>0</td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
<td>0</td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
<td>0</td>
</tr>
<tr>
<td>43 Other (specify):*</td>
<td>(37,716)</td>
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<tr>
<td>44 TOTAL Special Cost Centers</td>
<td>(37,716)</td>
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<tr>
<td>45 GRAND TOTAL COST</td>
<td>(24,043)</td>
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</table>
## VII. RELATED PARTIES

### A. Names of ALL owners and related organizations (parties) as defined in the instructions.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ownership %</th>
<th>Name of Related Organization</th>
<th>City</th>
<th>Name</th>
<th>City</th>
<th>Type of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Larry Jones</td>
<td>50</td>
<td>Carrier Mills Nursing &amp; Rehab</td>
<td>Carrier Mills</td>
<td>RDK Management, Inc.</td>
<td>Harrisburg</td>
<td>Management Co.</td>
</tr>
<tr>
<td>Dr. Roger Herrin</td>
<td>50</td>
<td>Stonebridge Senior Living Center, LLC</td>
<td>Benton</td>
<td>SI Management Svc, L</td>
<td>Harrisburg</td>
<td>Management Co.</td>
</tr>
</tbody>
</table>

### B. Costs included as a result of transactions with related organizations.

- Yes [X]  
- No [ ]

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

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Item</th>
<th>Amount</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 V 10</td>
<td>Nursing Wages</td>
<td>$56,297</td>
<td>100.00%</td>
<td>$56,297</td>
<td>$0</td>
</tr>
<tr>
<td>2 V 15</td>
<td>Health Care and Prog Emp. Ben.</td>
<td>7,506</td>
<td>100.00%</td>
<td>7,506</td>
<td>$0</td>
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<tr>
<td>3 V 17</td>
<td>Administrative</td>
<td>95,381</td>
<td>100.00%</td>
<td>(109,529)</td>
<td>$27,148</td>
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<tr>
<td>4 V 19</td>
<td>Professional Fees</td>
<td>1,990</td>
<td>100.00%</td>
<td>1,990</td>
<td>$0</td>
</tr>
<tr>
<td>5 V 20</td>
<td>Fees, Subscriptions</td>
<td>1,103</td>
<td>100.00%</td>
<td>1,103</td>
<td>$0</td>
</tr>
<tr>
<td>6 V 21</td>
<td>Clerical And General</td>
<td>44,491</td>
<td>100.00%</td>
<td>44,491</td>
<td>$0</td>
</tr>
<tr>
<td>7 V 24</td>
<td>Travel and Seminar</td>
<td>66</td>
<td>100.00%</td>
<td>66</td>
<td>$0</td>
</tr>
<tr>
<td>8 V 25</td>
<td>Admin. Staff Trans.</td>
<td>5,086</td>
<td>100.00%</td>
<td>5,086</td>
<td>$0</td>
</tr>
<tr>
<td>9 V 26</td>
<td>Insurance-Prop./Liab./Malprac.</td>
<td>987</td>
<td>100.00%</td>
<td>987</td>
<td>$0</td>
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<tr>
<td>10 V 27</td>
<td>Gen. Admin. Emp. Ben.</td>
<td>18,538</td>
<td>100.00%</td>
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<tr>
<td>11 V 30</td>
<td>Depreciation</td>
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<td>100.00%</td>
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<td>$0</td>
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<td>12 V</td>
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<tr>
<td>14 Total</td>
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<td>$204,910</td>
<td></td>
<td>$232,702</td>
<td>$27,792</td>
</tr>
</tbody>
</table>

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

- X 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>3 Cost Per General Ledger</th>
<th>4 Amount</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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<tr>
<td>15 V</td>
<td>3 Housekeeping</td>
<td>$398,942</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>$6,829</td>
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<tr>
<td>16 V</td>
<td>5 Utilities</td>
<td>$617</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>617</td>
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<tr>
<td>17 V</td>
<td>6 Maintenance</td>
<td>$4,998</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>4,998</td>
<td>4,998</td>
<td>17</td>
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<tr>
<td>18 V</td>
<td>7 General Svs. Emp. Ben.</td>
<td>$2,877</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>2,877</td>
<td>2,877</td>
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</tr>
<tr>
<td>19 V</td>
<td>17 Administrative</td>
<td>$130,152</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>130,152</td>
<td>(268,790)</td>
<td>19</td>
</tr>
<tr>
<td>20 V</td>
<td>19 Professional Services</td>
<td>$1,388</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>1,388</td>
<td>1,388</td>
<td>20</td>
</tr>
<tr>
<td>21 V</td>
<td>20 Dues, Fees, Subs &amp; Promotions</td>
<td>$163</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>163</td>
<td>163</td>
<td>21</td>
</tr>
<tr>
<td>22 V</td>
<td>21 Clerical and General Office</td>
<td>$5,053</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>5,053</td>
<td>5,053</td>
<td>22</td>
</tr>
<tr>
<td>23 V</td>
<td>24 Travel and Seminar</td>
<td>$72</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>72</td>
<td>72</td>
<td>23</td>
</tr>
<tr>
<td>24 V</td>
<td>25 Other Admin. Staff Transport.</td>
<td>$5,155</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>5,155</td>
<td>5,155</td>
<td>24</td>
</tr>
<tr>
<td>25 V</td>
<td>26 Insurance-Prop./Liab./Malprac.</td>
<td>$1,384</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>1,384</td>
<td>1,384</td>
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</tr>
<tr>
<td>26 V</td>
<td>27 Mgmt. Allocation of Benefits</td>
<td>$5,473</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>5,473</td>
<td>5,473</td>
<td>26</td>
</tr>
<tr>
<td>27 V</td>
<td>33 Real Estate Taxes</td>
<td>$333</td>
<td>RDK Management, Inc.</td>
<td>100.00%</td>
<td>333</td>
<td>333</td>
<td>27</td>
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</tbody>
</table>

Total: $398,942  
$164,494  
$ (234,448)
**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Ownership Interest</th>
<th>Compensation Received From Other Nursing Homes*</th>
<th>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
<th>Schedule V, Line &amp; Column</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dr. Roger Herrin</td>
<td>Stockholder</td>
<td>Administrative</td>
<td>50.00</td>
<td>See Att Sch 7A</td>
<td>20.76</td>
<td>30.53</td>
<td>Alloc. Fee</td>
<td>$109,550</td>
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<td></td>
<td>$109,550</td>
<td>L17, C7</td>
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</tr>
</tbody>
</table>

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

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<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>2 Item</th>
<th>3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>4 Total Units</th>
<th>5 Number of Subunits Being Allocated Among</th>
<th>6 Total Indirect Cost Being Allocated</th>
<th>7 Amount of Salary Cost Contained in Column 6</th>
<th>8 Facility Units</th>
<th>9 Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10 Nursing Wages</td>
<td>Census 134,154</td>
<td>5</td>
<td>162,702</td>
<td>162,702</td>
<td>46,419</td>
<td>$56,297</td>
<td>1</td>
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<tr>
<td>2</td>
<td>15 Health Care and Prog Emp. Ben.</td>
<td>Census 134,154</td>
<td>5</td>
<td>21,694</td>
<td>46,419</td>
<td>7,506</td>
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<td>17 Administrative</td>
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<td>275,658</td>
<td>275,657</td>
<td>95,381</td>
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<tr>
<td>4</td>
<td>19 Professional Fees</td>
<td>Census 134,154</td>
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<td>5,751</td>
<td>46,419</td>
<td>1,990</td>
<td>4</td>
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<td>5</td>
<td>20 Fees, Subscriptions</td>
<td>Census 134,154</td>
<td>5</td>
<td>3,189</td>
<td>46,419</td>
<td>1,103</td>
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<td>21 Clerical And General</td>
<td>Census 134,154</td>
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<td>128,583</td>
<td>126,166</td>
<td>44,491</td>
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<td>24 Travel and Seminar</td>
<td>Census 134,154</td>
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<td>54,568</td>
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<td>8</td>
<td>25 Admin. Staff Trans.</td>
<td>Census 134,154</td>
<td>5</td>
<td>14,998</td>
<td>46,419</td>
<td>5,163</td>
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<td>9</td>
<td>26 Insurance-Prop./Llal./Malprac.</td>
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<td>2,853</td>
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<td>Census 134,154</td>
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<td>25</td>
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<td>$672,529</td>
<td>$564,525</td>
<td>$232,702</td>
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</tbody>
</table>

**SEE ACCOUNTANTS' PREPARATION REPORT**
## 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.)

<p>| | | | | | | |</p>
<table>
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<tr>
<td></td>
<td>Schedule V Line Reference</td>
<td>Item</td>
<td>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</td>
<td>Total Units</td>
<td>Number of Subunits Being Allocated Among</td>
<td>Total Indirect Cost Being Allocated</td>
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<td>1</td>
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<td>Housekeeping</td>
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<td>1,783</td>
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<td>Maintenance</td>
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<td>General Svs. Emp. Ben.</td>
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<td>Dues, Fees, Subs &amp; Promotions</td>
<td>Census</td>
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<td>21</td>
<td>Clerical and General Office</td>
<td>Census</td>
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<td>5</td>
<td>14,604</td>
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<td>Travel and Seminar</td>
<td>Census</td>
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<td>Other Admin. Staff Transport.</td>
<td>Census</td>
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<td>Ins.-Prop.Liab.Malpractice</td>
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<tr>
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<td>Mgmt. Allocation of Benefits</td>
<td>Census</td>
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<td>5</td>
<td>15,817</td>
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<td>Real Estate Taxes</td>
<td>Census</td>
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<td>$475,392</td>
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</tbody>
</table>

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

**NAME OF RELATED ORGANIZATION:** RDK Management, Inc.

**STREET ADDRESS:** 607 South Commercial

**CITY / STATE / ZIP CODE:** Harrisburg, Illinois

**PHONE NUMBER:** (618) 252-7707

**FAX NUMBER:** ( )

**Amount of Salary Cost Contained in Column 6 
**Facility Units 
**Allocation (col.8/col.4)x col.6**

<p>| | | | | | | |</p>
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<td>$475,392</td>
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SEE ACCOUNTANTS' PREPARATION REPORT
## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

### A. Interest:

Complete details must be provided for each loan - attach a separate schedule if necessary.

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related*</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
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<td>Farmer's State Bank</td>
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<td>8/27/12</td>
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<td>8/27/17</td>
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<td><strong>B. Non-Facility Related</strong></td>
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<td>TOTALS (line 9+line14)</td>
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</tbody>
</table>

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # __________

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

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

SEE ACCOUNTANTS' PREPARATION REPORT
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

#### B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.
   - $50,990

2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)
   - 2015: $51,268

3. Under or (over) accrual (line 2 minus line 1).
   - $278

4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)
   - $51,548

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)
   - $5

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.
   - TOTAL REFUND $333

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.
   - $52,159

**Real Estate Tax History:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>49,823</td>
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<tr>
<td>2012</td>
<td>50,704</td>
</tr>
<tr>
<td>2013</td>
<td>51,601</td>
</tr>
<tr>
<td>2014</td>
<td>50,989</td>
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<tr>
<td>2015</td>
<td>51,268</td>
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</tbody>
</table>

**FOR BHF USE ONLY**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM R. E. TAX STATEMENT FOR 2015</td>
<td>$13</td>
</tr>
<tr>
<td>PLUS APPEAL COST FROM LINE 5</td>
<td>$14</td>
</tr>
<tr>
<td>LESS REFUND FROM LINE 6</td>
<td>$15</td>
</tr>
<tr>
<td>AMOUNT TO USE FOR RATE CALCULATION</td>
<td>$16</td>
</tr>
</tbody>
</table>

**NOTES:**

1. Please indicate a negative number by use of brackets ( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' PREPARATION REPORT
2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

**Facility Name:** Saline Care Nursing & Rehab  
**County:** Saline

**Facility IDPH License Number:** 0054478

**Contact Person Regarding This Report:** Scott Stout  
**Telephone:** (618) 252-7707  
**Fax:**

---

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

<table>
<thead>
<tr>
<th>(A) Tax Index Number</th>
<th>(B) Property Description</th>
<th>(C) Total Tax</th>
<th>(D) Tax Applicable to Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 06-1-098-06</td>
<td>Long Term Care Property</td>
<td>$19,816.18</td>
<td>$19,816.18</td>
</tr>
<tr>
<td>2. 06-1-098-01</td>
<td>Long Term Care Property</td>
<td>$31,451.72</td>
<td>$31,451.72</td>
</tr>
<tr>
<td>3. 06-2-275-02</td>
<td>Home Office Allocation</td>
<td>$963.32</td>
<td>$333.00</td>
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</tbody>
</table>

**TOTALS** $52,231.22 $51,600.90

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**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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

**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.
A. Square Feet: 37,506
B. General Construction Type: Exterior Brick, Frame Masonry Brick
C. Does the Operating Entity? (a) Own the Facility, (b) Rent from a Related Organization, (c) Rent from Completely Unrelated Organization.
D. Does the Operating Entity? (a) Own the Equipment, (b) Rent equipment from a Related Organization, (c) Rent equipment from Completely Unrelated Organization.
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.)
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: _____________________________

XI. OWNERSHIP COSTS:
A. Land.

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<td>Facility</td>
<td>514,920</td>
<td>1985</td>
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<td>Home Office Allocation</td>
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<td>TOTALS</td>
<td>514,920</td>
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<td>$58,406</td>
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</table>

SEE ACCOUNTANTS' PREPARATION REPORT
### B. Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

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<th>1</th>
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<th>7</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Beds*</td>
<td>Year</td>
<td>Year</td>
<td>Cost</td>
<td>Current Book Depreciation</td>
<td>Life in Years</td>
<td>Straight Line Depreciation</td>
<td>Adjustments</td>
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</table>

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

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

See Page 12A, Line 70 for total

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
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<td>70 TOTAL (lines 4 thru 69)</td>
<td></td>
<td>$2,684,767</td>
<td>$48,693</td>
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<td>$48,693</td>
<td>$2,247,127</td>
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**Improvement type must be detailed in order for the cost report to be considered complete.**
## STATE OF ILLINOIS
### Facility Name & ID Number
Saline Care Nursing & Rehab

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<th>Life in Years</th>
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<th>Straight Line Depreciation</th>
<th>7</th>
<th>Adjustments</th>
<th>8</th>
<th>Accumulated Depreciation</th>
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<td>$</td>
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<tr>
<td>7</td>
<td>Resident Bathrooms - Install new cabinets, toilets, flooring, fixtures, shower tile, trim, repair walls &amp; ceiling, paint</td>
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<td>36,105</td>
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<tr>
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<td>New wallcovering, bumper guards, window coverings, &amp; privacy curtains in 2 resident rooms - 300 wing</td>
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</table>

SEE ACCOUNTANTS’ PREPARATION REPORT

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
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12 TOTAL (lines 1 thru 33) | $2,858,519 | $83,555 | | | | $2,307,421 |

SEE ACCOUNTANTS' PREPARATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.
### XI. OWNERSHIP COSTS (continued)
#### C. Equipment Costs-Excluding Transportation
(See instructions.)

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<th>3</th>
<th>Straight Line Depreciation</th>
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<th>Adjustments</th>
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<th>Component Life</th>
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#### D. Vehicle Costs. (See instructions.)*

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<th>Adjustments</th>
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<th>Life in Years</th>
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<td>$9,594</td>
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<tr>
<td>Allocated from Mgmt Co</td>
<td>79</td>
<td>37,092</td>
<td></td>
<td>5</td>
<td>5</td>
<td>37,092</td>
<td></td>
<td></td>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>80</td>
<td>$125,340</td>
<td></td>
<td>$9,594</td>
<td></td>
<td>$9,594</td>
<td></td>
<td></td>
<td>$119,949</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>1</th>
<th>Use</th>
<th>2</th>
<th>Reference Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Historical Cost</td>
<td>81</td>
<td>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)</td>
<td>$3,944,467</td>
</tr>
<tr>
<td>Current Book Depreciation</td>
<td>82</td>
<td>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)</td>
<td>$83,555</td>
</tr>
<tr>
<td>Straight Line Depreciation</td>
<td>83</td>
<td>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)</td>
<td>$106,207</td>
</tr>
<tr>
<td>Adjustments</td>
<td>84</td>
<td>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)</td>
<td>$22,652</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>85</td>
<td>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)</td>
<td>$3,154,930</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>Description &amp; Year Acquired</th>
<th>2</th>
<th>Cost</th>
<th>3</th>
<th>Current Book Depreciation</th>
<th>4</th>
<th>Accumulated Depreciation</th>
<th>5</th>
<th>Description</th>
<th>6</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>$</td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>$</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>$</td>
<td>89</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>$</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEE ACCOUNTANTS' PREPARATION REPORT**

---

* 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.
Saline Care Nursing & Rehab

Period Beginning 1/1/16
Period End 12/31/16

Schedule XI D. Ownership Costs - Vehicles

<table>
<thead>
<tr>
<th>Use</th>
<th>Make, Model and Year</th>
<th>Year Acquired</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Life in Years</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>1998 Ford Truck</td>
<td>1998</td>
<td>26,502</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>26,502</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>2005 Ford Ranger</td>
<td>2005</td>
<td>13,770</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>13,770</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>2012 Dodge Grand Caravan</td>
<td>2012</td>
<td>36,479</td>
<td>7,295</td>
<td>7,295</td>
<td>5</td>
<td>36,479</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>2015 Kia Sorrento</td>
<td>2014</td>
<td>10,017</td>
<td>2,003</td>
<td>2,003</td>
<td>5</td>
<td>5,341</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>2001 Ford Mustang</td>
<td>2014</td>
<td>1,480</td>
<td>296</td>
<td>296</td>
<td>5</td>
<td>765</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>88,248</strong></td>
<td><strong>9,594</strong></td>
<td><strong>9,594</strong></td>
<td></td>
<td></td>
<td><strong>82,857</strong></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Number</td>
<td>Original Lease Date</td>
<td>Rental Amount</td>
<td>Total Years of Lease</td>
<td>Total Years Renewal Option</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Original Building:</td>
<td>$</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4 Additions:</td>
<td>$</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>$</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>$</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7 TOTAL:</td>
<td>$</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

8. List separately any amortization of lease expense included on page 4, line 34.
   - This amount was calculated by dividing the total amount to be amortized by the length of the lease...

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: $ 8,335

   Description: Medical Equipment $7,628 ; Office Equipment $707

   (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Model Year and Make</td>
<td>Monthly Lease Payment</td>
<td>Rental Expense for this Period</td>
</tr>
<tr>
<td>N/A</td>
<td>$</td>
<td>$</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>$</td>
<td>$</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>$</td>
<td>$</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>$</td>
<td>$</td>
<td>20</td>
</tr>
<tr>
<td>21 TOTAL</td>
<td>$</td>
<td>$</td>
<td>21</td>
</tr>
</tbody>
</table>

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

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

SEE ACCOUNTANTS' PREPARATION REPORT
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>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IN-HOUSE PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMMUNITY COLLEGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOURS PER CNA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. EXPENSES

ALLOCATION OF COSTS (d)

<table>
<thead>
<tr>
<th>Facility</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Community College Tuition</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2 Books and Supplies</td>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Classroom Wages</td>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Clinical Wages</td>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 In-House Trainer Wages</td>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Contractual Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 CNA Competency Tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10 SUM OF line 9, col. 1 and 2</td>
<td>(e)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. From other facilities</td>
<td>(f)</td>
<td>DROP-OUTS</td>
<td></td>
</tr>
<tr>
<td>1. From this facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. From other facilities</td>
<td>(f)</td>
<td>TOTAL TRAINED</td>
<td></td>
</tr>
</tbody>
</table>

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

SEE ACCOUNTANTS' PREPARATION REPORT
### XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

<table>
<thead>
<tr>
<th>Schedule V Line &amp; Column Reference</th>
<th>Staff</th>
<th>Outside Practitioner (other than consultant)</th>
<th>Supplies Cost (Actual or Allocated)</th>
<th>Total Units</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 License Occupational Therapist 39(3) hrs</td>
<td></td>
<td>$118,084</td>
<td></td>
<td>$118,084</td>
<td></td>
</tr>
<tr>
<td>2 2 Licensed Speech and Language Development Therapist 39(3) hrs</td>
<td></td>
<td>$31,090</td>
<td></td>
<td>$31,090</td>
<td></td>
</tr>
<tr>
<td>3 3 Licensed Recreational Therapist hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 4 Licensed Physical Therapist 39(3) hrs</td>
<td></td>
<td>$127,813</td>
<td></td>
<td>$127,813</td>
<td></td>
</tr>
<tr>
<td>5 5 Physician Care visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 6 Dental Care visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 7 Work Related Program hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 8 Habilitation hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 9 Pharmacy 39(2) prescrpts</td>
<td></td>
<td>102,890</td>
<td></td>
<td>102,890</td>
<td></td>
</tr>
<tr>
<td>10 10 Psychological Services (Evaluation and Diagnosis/ Behavior Modification) hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 11 Academic Education hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 12 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 13 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 14 TOTAL</td>
<td></td>
<td>276,987</td>
<td>102,890</td>
<td>379,877</td>
<td></td>
</tr>
</tbody>
</table>

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

SEE ACCOUNTANTS' PREPARATION REPORT
**Facility Name & ID Number:** Saline Care Nursing & Rehab # 0054478

**Report Period Beginning:** 1/1/16  **Ending:** 12/31/16

**As of:** 12/31/16  **(last day of reporting year)**

### XV. BALANCE SHEET - Unrestricted Operating Fund.

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

#### A. Current Assets

<table>
<thead>
<tr>
<th></th>
<th>Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash on Hand and in Banks</td>
<td>$90,486</td>
</tr>
<tr>
<td>2</td>
<td>Cash-Patient Deposits</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>1,761,748</td>
</tr>
<tr>
<td>4</td>
<td>Supply Inventory (priced at)</td>
<td>3,500</td>
</tr>
<tr>
<td>5</td>
<td>Short-Term Investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Prepaid Insurance</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other Prepaid Expenses</td>
<td>101,123</td>
</tr>
<tr>
<td>8</td>
<td>Accounts Receivable (owners or related parties)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other(specify):</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>TOTAL Current Assets (sum of lines 1 thru 9)</td>
<td>$1,956,857</td>
</tr>
</tbody>
</table>

#### B. Long-Term Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Long-Term Notes Receivable</td>
</tr>
<tr>
<td>12</td>
<td>Long-Term Investments</td>
</tr>
<tr>
<td>13</td>
<td>Land</td>
</tr>
<tr>
<td>14</td>
<td>Buildings, at Historical Cost</td>
</tr>
<tr>
<td>15</td>
<td>Leasehold Improvements, at Historical Cost</td>
</tr>
<tr>
<td>16</td>
<td>Equipment, at Historical Cost</td>
</tr>
<tr>
<td>17</td>
<td>Accumulated Depreciation (book methods)</td>
</tr>
<tr>
<td>18</td>
<td>Deferred Charges</td>
</tr>
<tr>
<td>19</td>
<td>Organization &amp; Pre-Operating Costs</td>
</tr>
<tr>
<td>20</td>
<td>Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
</tr>
<tr>
<td>21</td>
<td>Restricted Funds</td>
</tr>
<tr>
<td>22</td>
<td>Other Long-Term Assets (specify):</td>
</tr>
<tr>
<td>23</td>
<td>Other(specify): Goodwill</td>
</tr>
<tr>
<td>24</td>
<td>TOTAL Long-Term Assets (sum of lines 11 thru 23)</td>
</tr>
<tr>
<td>25</td>
<td>TOTAL ASSETS (sum of lines 10 and 24)</td>
</tr>
</tbody>
</table>

#### C. Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Accounts Payable</td>
<td>$155,088</td>
</tr>
<tr>
<td>27</td>
<td>Officer's Accounts Payable</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Accounts Payable-Patient Deposits</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Short-Term Notes Payable</td>
<td>$539,894</td>
</tr>
<tr>
<td>30</td>
<td>Accrued Salaries Payable</td>
<td>34,991</td>
</tr>
<tr>
<td>31</td>
<td>Accrued Taxes Payable (excluding real estate taxes)</td>
<td>3,258</td>
</tr>
<tr>
<td>32</td>
<td>Accrued Real Estate Taxes(Sch.IX-B)</td>
<td>51,548</td>
</tr>
<tr>
<td>33</td>
<td>Accrued Interest Payable</td>
<td>8,509</td>
</tr>
<tr>
<td>34</td>
<td>Deferred Compensation</td>
<td>34</td>
</tr>
<tr>
<td>35</td>
<td>Federal and State Income Taxes</td>
<td>35</td>
</tr>
<tr>
<td>36</td>
<td>Other Current Liabilities(specify):</td>
<td>(1,708)</td>
</tr>
<tr>
<td>37</td>
<td>TOTAL Current Liabilities (sum of lines 26 thru 37)</td>
<td>$791,580</td>
</tr>
</tbody>
</table>

#### D. Long-Term Liabilities

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Long-Term Notes Payable</td>
</tr>
<tr>
<td>40</td>
<td>Mortgage Payable</td>
</tr>
<tr>
<td>41</td>
<td>Bonds Payable</td>
</tr>
<tr>
<td>42</td>
<td>Deferred Compensation</td>
</tr>
<tr>
<td>43</td>
<td>Other Long-Term Liabilities(specify):</td>
</tr>
<tr>
<td>44</td>
<td>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</td>
</tr>
<tr>
<td>45</td>
<td>TOTAL LIABILITIES (sum of lines 38 and 45)</td>
</tr>
<tr>
<td>46</td>
<td>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS** = **TOTAL LIABILITIES AND EQUITY**

**TOTAL EQUITY**(page 18, line 24) $2,114,622

**TOTAL EQUITY**(sum of lines 46 and 47) $2,906,202

**TOTAL LIABILITIES** $791,580

**TOTAL LIABILITIES AND EQUITY** $2,906,202

SEE ACCOUNTANTS' PREPARATION REPORT *(See instructions,)*

HFS 3745 (N-4-99)  

IL478-2471
## XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$1,751,518</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Rounding</td>
<td>(1)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$1,751,517</td>
<td>6</td>
</tr>
</tbody>
</table>

### A. Additions (deductions):

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td>$763,620</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>($404,229)</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td>$3,714</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$363,105</td>
<td>17</td>
</tr>
</tbody>
</table>

### B. Transfers (Itemize):

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>$2,114,622</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</td>
<td>$2,114,622</td>
<td>24</td>
</tr>
</tbody>
</table>

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT
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.

<table>
<thead>
<tr>
<th>I. Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Inpatient Care</td>
<td></td>
</tr>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$6,471,385</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>2</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$6,471,385</td>
</tr>
<tr>
<td>B. Ancillary Revenue</td>
<td></td>
</tr>
<tr>
<td>4 Day Care</td>
<td>4</td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
<td>5</td>
</tr>
<tr>
<td>6 Therapeutic Services</td>
<td>104,505</td>
</tr>
<tr>
<td>7 Oxygen</td>
<td>7</td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$104,505</td>
</tr>
<tr>
<td>C. Other Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>9 Payments for Education</td>
<td>9</td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td>10</td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td>11</td>
</tr>
<tr>
<td>12 Grill and Coffee Shop</td>
<td>4,909</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td>13</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td>14</td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td>15</td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
<td>16</td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
<td>17</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td>18</td>
</tr>
<tr>
<td>19 Laboratory</td>
<td>19</td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td>20</td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td>21</td>
</tr>
<tr>
<td>22 Laundry</td>
<td>22</td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$4,909</td>
</tr>
<tr>
<td>D. Non-Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>24 Contributions</td>
<td>24</td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
<td>200</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$200</td>
</tr>
<tr>
<td>E. Other Revenue (specify):****</td>
<td></td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td>2,730</td>
</tr>
<tr>
<td>28 See Attached Schedule 19A</td>
<td>28</td>
</tr>
<tr>
<td>29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)</td>
<td>$2,730</td>
</tr>
<tr>
<td>30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$6,583,729</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>31 General Services</td>
<td>1,310,690</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>2,147,523</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>1,460,358</td>
</tr>
<tr>
<td>B. Capital Expense</td>
<td></td>
</tr>
<tr>
<td>34 Ownership</td>
<td>166,810</td>
</tr>
<tr>
<td>C. Ancillary Expense</td>
<td></td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>417,593</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
<td>317,135</td>
</tr>
<tr>
<td>D. Other Expenses (specify):</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40 TOTAL EXPENSES (sum of lines 31 thru 39)*</td>
<td>$5,820,109</td>
</tr>
<tr>
<td>41 Income before Income Taxes (line 30 minus line 40)**</td>
<td>763,620</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td></td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>$763,620</td>
</tr>
</tbody>
</table>

| III. Net Inpatient Revenue detailed by Payer Source | |
| 44 Medicaid - Net Inpatient Revenue | $4,335,544 |
| 45 Private Pay - Net Inpatient Revenue | 818,662 |
| 46 Medicare - Net Inpatient Revenue | 1,066,085 |
| 47 Other-(specify) Insurance | 251,094 |
| 48 Other-(specify) | |
| 49 TOTAL Inpatient Care Revenue (This total must agree to Line 3) | $6,471,385 |

* 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.

SEE ACCOUNTANTS' PREPARATION REPORT
Facility Name: Saline Care Nursing & Rehab
IDPH License ID Number: 0054478
Fiscal Year End: 12/31/16

Schedule 19A

XVII. Income Statement
Line 28  Other Revenue (specify):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation Income</td>
<td>3,446</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>796</td>
</tr>
<tr>
<td>SI Mgmt Income/Loss</td>
<td>(1,512)</td>
</tr>
</tbody>
</table>

Total - Line 28              | 2,730   |
### Staffing and Salary Costs

This schedule must cover the entire reporting period.

<table>
<thead>
<tr>
<th>Position</th>
<th># of Hrs. Actually Worked</th>
<th># of Hrs. Paid and Accrued</th>
<th>Reporting Period Total Salaries, Wages</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>2,144</td>
<td>2,224</td>
<td>$ 59,312</td>
<td>$ 26.67</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>1,360</td>
<td>1,376</td>
<td>32,538</td>
<td>23.65</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>7,030</td>
<td>7,336</td>
<td>180,299</td>
<td>24.58</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>33,308</td>
<td>34,356</td>
<td>669,578</td>
<td>19.20</td>
</tr>
<tr>
<td>CNAs &amp; Orderlies</td>
<td>77,007</td>
<td>78,873</td>
<td>883,732</td>
<td>11.20</td>
</tr>
<tr>
<td>Dietary Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Dietary Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Dieticians</td>
<td>6,349</td>
<td>6,802</td>
<td>66,035</td>
<td>9.71</td>
</tr>
<tr>
<td>Social Service Workers</td>
<td>7,828</td>
<td>8,160</td>
<td>99,699</td>
<td>12.22</td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Supervisor</td>
<td>1,865</td>
<td>1,989</td>
<td>21,951</td>
<td>11.04</td>
</tr>
<tr>
<td>Head Cook</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook Helpers/Assistants</td>
<td>31,736</td>
<td>32,897</td>
<td>295,543</td>
<td>9.89</td>
</tr>
<tr>
<td>Dishwashers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Workers</td>
<td>5,935</td>
<td>6,246</td>
<td>73,761</td>
<td>11.81</td>
</tr>
<tr>
<td>Housekeepers</td>
<td>24,118</td>
<td>25,081</td>
<td>229,449</td>
<td>9.15</td>
</tr>
<tr>
<td>Laundry</td>
<td>10,307</td>
<td>11,265</td>
<td>100,242</td>
<td>8.80</td>
</tr>
<tr>
<td>Administrator</td>
<td>2,080</td>
<td>2,080</td>
<td>89,427</td>
<td>42.99</td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>1,832</td>
<td>1,856</td>
<td>40,275</td>
<td>21.70</td>
</tr>
<tr>
<td>Other Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified MR Prof. (QMRP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Services Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habilitation Aides (DD Homes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Health Care(specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 1 - 33)</td>
<td>221,311</td>
<td>229,094</td>
<td>$ 2,939,204</td>
<td>$ 12.83</td>
</tr>
</tbody>
</table>

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

### Consultant Services

<table>
<thead>
<tr>
<th>Consultant Type</th>
<th>Number of Hrs. Actually Worked</th>
<th>Number of Hrs. Paid and Accrued</th>
<th>Total Consultant Cost for Reporting Period</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>386</td>
<td>13,552</td>
<td>L1, C3</td>
<td>35</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Monthly</td>
<td>3,600</td>
<td>L9, C3</td>
<td>36</td>
</tr>
<tr>
<td>Medical Records Consultant</td>
<td></td>
<td>1,927</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>Nurse Consultant</td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Pharmacist Consultant</td>
<td>Monthly</td>
<td>600</td>
<td>L10, C3</td>
<td>39</td>
</tr>
<tr>
<td>Physical Therapy Consultant</td>
<td></td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Occupational Therapy Consultant</td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Respiratory Therapy Consultant</td>
<td></td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Speech Therapy Consultant</td>
<td></td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Activity Consultant</td>
<td></td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>Social Service Consultant</td>
<td>51</td>
<td>3,158</td>
<td>L12, C3</td>
<td>45</td>
</tr>
<tr>
<td>Other(specify) Psychiatric</td>
<td>Monthly</td>
<td>6,000</td>
<td>L12, C3</td>
<td>46</td>
</tr>
<tr>
<td>TOTAL (lines 35 - 48)</td>
<td>337</td>
<td>26,910</td>
<td></td>
<td>49</td>
</tr>
</tbody>
</table>

### Contract Nurses

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Hrs. Actually Worked</th>
<th>Number of Hrs. Paid and Accrued</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>12</td>
<td>602</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>756</td>
<td>23,381</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Assistants/Aides</td>
<td>1,927</td>
<td>38,174</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 50 - 52)</td>
<td>2,695</td>
<td>62,157</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

See Accountants' Preparation Report
## A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>%</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Pierce</td>
<td>Administrator</td>
<td>0</td>
<td>$89,427</td>
<td>Workers’ Compensation Insurance</td>
</tr>
<tr>
<td>Paula Lindsey</td>
<td>Asst Admin</td>
<td>0</td>
<td>$40,275</td>
<td>Unemployment Compensation Insurance</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 1)** $129,702

## B. Administrative - Other

**TOTAL (agree to Schedule V, line 17, col. 3)** $603,852

## C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
<th>Description</th>
<th>Line #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawler Brown Law Firm</td>
<td>Legal</td>
<td>$175</td>
<td>Legal</td>
<td></td>
<td>$175</td>
</tr>
<tr>
<td>Daniel Maher Law Office</td>
<td>Legal</td>
<td>$27</td>
<td>Legal</td>
<td></td>
<td>$27</td>
</tr>
<tr>
<td>Thomas J. Wolf, Attorney</td>
<td>Legal</td>
<td>$105</td>
<td>Legal</td>
<td></td>
<td>$105</td>
</tr>
<tr>
<td>Templin Healthcare Accounting</td>
<td>Accounting</td>
<td>$4,694</td>
<td>Accounting</td>
<td></td>
<td>$4,694</td>
</tr>
<tr>
<td>James Henson PC</td>
<td>Accounting</td>
<td>$5,703</td>
<td>Accounting</td>
<td></td>
<td>$5,703</td>
</tr>
<tr>
<td>Payroll Services by Extra Help</td>
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<td>Payroll Service</td>
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<td>Information Controls</td>
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<td>ESolutions</td>
<td>Health Info Management</td>
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<td>WH Administrators, Inc</td>
<td>ACA Compliance Consultant</td>
<td>$35,770</td>
<td>ACA Compliance Consultant</td>
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<tr>
<td>See Attached Sch 21C</td>
<td></td>
<td>$25,597</td>
<td></td>
<td></td>
<td>$25,597</td>
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</tbody>
</table>

**TOTAL (agree to Schedule V, line 19, column 3)** $79,270

*Attach copy of IMRF notifications*

SEE ACCOUNTANTS' PREPARATION REPORT

**HFS 3745 (N-4-99) IL478-2471**
Schedule 21C

XIX. SUPPORT SCHEDULES
   C. Professional Services

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Health Tech</td>
<td>LTC Software</td>
<td>25,213</td>
</tr>
<tr>
<td>Passport Software</td>
<td>Accounting Software</td>
<td>384</td>
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</tbody>
</table>

| Total              |                     | 25,597 |
Facility Name & ID Number: Saline Care Nursing & Rehab #0054478

STATE OF ILLINOIS
Report Period Beginning: 1/1/16 Ending: 12/31/16

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN, LPN, NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes

(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? 5-7 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. $3,367 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

(9) Are you presently operating under a sublease agreement? Yes NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $317,135 This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.? If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $0 Has any meal income been offset against related costs? N/A Indicate the amount. $0

(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% Line 14

d. Have vehicle usage logs been maintained? Yes If YES, give effective date of lease.
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

(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? Yes See page 39 of the instructions for details. Attach invoices and a summary of services for all architect and appraisal fees
SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage reimbursement for allowable travel</td>
<td>131</td>
</tr>
<tr>
<td>Fuel, repairs and miscellaneous supplies</td>
<td>7,061</td>
</tr>
<tr>
<td>Allocated from Mgmt Co</td>
<td>10,241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,433</strong></td>
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