

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	271	Skilled (SNF)	271	98,915	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	271	TOTALS	271	98,915	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	35,456	3,659	32,712	71,827	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,456	3,659	32,712	71,827	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.61%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve 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 8/1/2013

J. Was the facility purchased or leased after January 1, 1978?
YES Date 8/1/2013 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 24,771

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: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr # 0052415 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	825,672	93,315	513	919,500		919,500		919,500		1
2	Food Purchase		646,235		646,235		646,235	(32,547)	613,688		2
3	Housekeeping	322,830	77,601		400,431		400,431	360	400,791		3
4	Laundry	24,471	57,606	202,736	284,813		284,813	9	284,822		4
5	Heat and Other Utilities			342,054	342,054		342,054	(14,621)	327,433		5
6	Maintenance	237,203	61,346	353,138	651,687		651,687	107,380	759,067		6
7	Other (specify):*										7
8	TOTAL General Services	1,410,176	936,103	898,441	3,244,720		3,244,720	60,582	3,305,302		8
	B. Health Care and Programs										
9	Medical Director			110,497	110,497		110,497	1,106	111,603		9
10	Nursing and Medical Records	6,884,194	264,905	92,908	7,242,007		7,242,007	110,711	7,352,718		10
10a	Therapy	332,099			332,099		332,099		332,099		10a
11	Activities	138,422	23,901		162,323		162,323	8,402	170,725		11
12	Social Services	552,496	118,422	3,098	674,016		674,016	3,017	677,033		12
13	CNA Training										13
14	Program Transportation			187,816	187,816		187,816		187,816		14
15	Other (specify):*			56,419	56,419		56,419	28,834	85,253		15
16	TOTAL Health Care and Programs	7,907,211	407,228	450,738	8,765,177		8,765,177	152,071	8,917,248		16
	C. General Administration										
17	Administrative	331,097			331,097		331,097	288,918	620,015		17
18	Directors Fees										18
19	Professional Services			385,940	385,940	(386)	385,554	(43,459)	342,095		19
20	Dues, Fees, Subscriptions & Promotions			162,038	162,038		162,038	(44,899)	117,139		20
21	Clerical & General Office Expenses	317,889	16,648	1,132,064	1,466,601		1,466,601	(614,631)	851,970		21
22	Employee Benefits & Payroll Taxes			2,045,357	2,045,357		2,045,357	(1,237)	2,044,120		22
23	Inservice Training & Education										23
24	Travel and Seminar			20,315	20,315		20,315	(271)	20,044		24
25	Other Admin. Staff Transportation			3,822	3,822		3,822		3,822		25
26	Insurance-Prop.Liab.Malpractice			274,007	274,007		274,007	6,143	280,150		26
27	Other (specify):*							120,925	120,925		27
28	TOTAL General Administration	648,986	16,648	4,023,543	4,689,177	(386)	4,688,791	(288,510)	4,400,281		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,966,373	1,359,979	5,372,722	16,699,074	(386)	16,698,688	(75,857)	16,622,830		29

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

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

Facility Name & ID Number

Warren Barr Living & Rehab Ctr

#0052415

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation							1,280,661	1,280,661			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			144,917	144,917		144,917	1,464,941	1,609,858			32
33	Real Estate Taxes			912,000	912,000	386	912,386	7,779	920,165			33
34	Rent-Facility & Grounds			2,098,369	2,098,369		2,098,369	(2,092,931)	5,438			34
35	Rent-Equipment & Vehicles			27,367	27,367		27,367	458	27,825			35
36	Other (specify):*											36
37	TOTAL Ownership			3,182,653	3,182,653	386	3,183,039	660,908	3,843,947			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	2,751,996	2,007,859	425,384	5,185,239		5,185,239		5,185,239			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			425,567	425,567		425,567		425,567			42
43	Other (specify):*			1,361,709	1,361,709		1,361,709	(1,361,709)				43
44	TOTAL Special Cost Centers	2,751,996	2,007,859	2,212,660	6,972,515		6,972,515	(1,361,709)	5,610,806			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	12,718,369	3,367,838	10,768,035	26,854,242		26,854,242	(776,658)	26,077,584			45

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

Warren Barr Living & Rehab Ctr

ID# 0052415

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (710)	21	1
2	Pharmacy Discounts	(61,694)	10	2
3	Patient Personal Items	(11,786)	10	3
4	Credit Card Expense	(989)	21	4
5	Direct Mail	(117)	21	5
6	Bank Charges	(13)	21	6
7	State Income Tax	(354)	21	7
8	Sequestration Expense	(305,744)	21	8
9	Non-Allowable Expense	(1,361,709)	43	9
10	Bldg Co - Accounting	(3,289)	19	10
11	Bldg Co - Amortization	(193,113)	36	11
12	Non Allowable Auto Lease	(7,193)	35	12
13	PAC Dues	(13,032)	20	13
14	Non Allowable Seminar	(3,603)	24	14
15	Additional R&M	27,850	06	15
16	Capitalized R&M	(3,738)	06	16
17	Non Allowable Legal	(56,457)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,995,691)		49

Warren Barr Living & Rehab Ctr

Report Period Beginning: 01/01/17
 Ending: 12/31/17

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

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	(32,659)		81	31								(32,547)	2
3	Housekeeping			360									360	3
4	Laundry			9									9	4
5	Heat and Other Utilities	(16,722)				2,101							(14,621)	5
6	Maintenance	24,112		4,863	75,749	2,656							107,380	6
7	Other (specify):*													7
8	TOTAL General Services	(25,269)		5,314	75,780	4,757							60,582	8
	B. Health Care and Programs													
9	Medical Director			1,106									1,106	9
10	Nursing and Medical Records	(73,480)		68	185,545		(1,422)						110,711	10
10a	Therapy													10a
11	Activities			8,370	32								8,402	11
12	Social Services			132	2,885								3,017	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				28,834								28,834	15
16	TOTAL Health Care and Programs	(73,480)		9,677	217,297		(1,422)						152,071	16
	C. General Administration													
17	Administrative			38,049	250,869								288,918	17
18	Directors Fees													18
19	Professional Services	(59,746)	3,289	25,850	633	528		(14,013)					(43,459)	19
20	Fees, Subscriptions & Promotions	(46,682)		1,470	309	4							(44,899)	20
21	Clerical & General Office Expenses	(961,241)	(329)	301,858	45,079	2							(614,631)	21
22	Employee Benefits & Payroll Taxes				(1,237)								(1,237)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(3,603)		1,943	1,390								(271)	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			1,630	3,970	544							6,143	26
27	Other (specify):*			61,939	58,986								120,925	27
28	TOTAL General Administration	(1,071,272)	2,960	432,738	359,999	1,078		(14,013)					(288,510)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,170,021)	2,960	447,728	653,076	5,834		(1,422)	(14,013)				(75,857)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	1,279,266			1,395								1,280,661	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(16,268)	1,471,687	31		9,491							1,464,941	32
33	Real Estate Taxes					7,779							7,779	33
34	Rent-Facility & Grounds		(2,093,196)	75,319	108	(75,162)							(2,092,931)	34
35	Rent-Equipment & Vehicles	(7,193)		5,515	2,135								458	35
36	Other (specify):*	(193,113)	193,113											36
37	TOTAL Ownership	1,062,692	(428,396)	80,866	3,638	(57,892)							660,908	37
	Ancillary Expense													
	E. Special Cost Centers													
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):*	(1,361,709)											(1,361,709)	43
44	TOTAL Special Cost Centers	(1,361,709)											(1,361,709)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,469,038)	(425,436)	528,594	656,714	(52,057)	(1,422)	(14,013)					(776,658)	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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 2,093,196	FNR WB, LLC	100.00%	\$	\$ (2,093,196)	1
2	V	32 Interest Income	8	FNR WB, LLC	100.00%		(8)	2
3	V	21 Bank Fees	15	FNR WB, LLC	100.00%		(15)	3
4	V	21 Misc Fees Expense	314	FNR WB, LLC	100.00%		(314)	4
5	V	19 Professional Fees - Accounting		FNR WB, LLC	100.00%	3,289	3,289	5
6	V	32 Interest Expense - Mortgage A		FNR WB, LLC	100.00%	1,289,281	1,289,281	6
7	V	32 Interest Expense - CapEx		FNR WB, LLC	100.00%	182,414	182,414	7
8	V	36 Amortization Expense		FNR WB, LLC	100.00%	193,113	193,113	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,093,533			\$ 1,668,097	\$ * (425,436)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	2	FOOD	Legacy Healthcare Financial Services	100.00%	\$ 81	\$	81	15
16	V	3	HOUSEKEEPING SUPPLIES	Legacy Healthcare Financial Services	100.00%	360		360	16
17	V	4	LINEN REPLACEMENT	Legacy Healthcare Financial Services	100.00%	9		9	17
18	V	6	UTILITIES	Legacy Healthcare Financial Services	100.00%	21		21	18
19	V	6	GROUNDS & MAINTENANCE	Legacy Healthcare Financial Services	100.00%	4,843		4,843	19
20	V	9	MEDICAL DIRECTOR CONSULTANT	Legacy Healthcare Financial Services	100.00%	1,106		1,106	20
21	V	10	MEDICAL SUPPLIES	Legacy Healthcare Financial Services	100.00%	68		68	21
22	V	11	ACTIVITIES PROGRAM	Legacy Healthcare Financial Services	100.00%	8,370		8,370	22
23	V	12	SOCIAL SERVICE CONSULTANT	Legacy Healthcare Financial Services	100.00%	132		132	23
24	V	17	ADMINISTRATIVE SALARY	Legacy Healthcare Financial Services	100.00%	38,049		38,049	24
25	V	19	PROFESSIONAL FEES	Legacy Healthcare Financial Services	100.00%	25,850		25,850	25
26	V	20	FEES, SUBSCRIPTIONS	Legacy Healthcare Financial Services	100.00%	1,470		1,470	26
27	V	21	CLERICAL & GENERAL WAGES	Legacy Healthcare Financial Services	100.00%	293,740		293,740	27
28	V	21	CLERICAL & GENERAL OTHER COSTS	Legacy Healthcare Financial Services	100.00%	8,118		8,118	28
29	V	24	SEMINARS	Legacy Healthcare Financial Services	100.00%	1,943		1,943	29
30	V	26	INSURANCE	Legacy Healthcare Financial Services	100.00%	1,630		1,630	30
31	V	27	EMP. BEN.-GEN. ADMIN.	Legacy Healthcare Financial Services	100.00%	61,939		61,939	31
32	V	32	INTEREST	Legacy Healthcare Financial Services	100.00%	31		31	32
33	V	34	RENT	Legacy Healthcare Financial Services	100.00%	75,162		75,162	33
34	V	34	STORAGE	Legacy Healthcare Financial Services	100.00%	157		157	34
35	V	35	EQUIPMENT RENTAL	Legacy Healthcare Financial Services	100.00%	38		38	35
36	V	35	AUTO RENTAL	Legacy Healthcare Financial Services	100.00%	5,477		5,477	36
37	V								37
38	V								38
39	Total		\$			\$ 528,594	\$ *	528,594	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	2	FOOD	Progressive Healthcare Consulting	100.00%	\$ 31	\$	31	15
16	V	6	MAINTENANCE SALARY	Progressive Healthcare Consulting	100.00%	75,524		75,524	16
17	V	6	BUILDING MAINTENANCE AND R&M	Progressive Healthcare Consulting	100.00%	225		225	17
18	V	10	NURSING SALARIES	Progressive Healthcare Consulting	100.00%	185,545		185,545	18
19	V	11	ACTIVITIES PROGRAM	Progressive Healthcare Consulting	100.00%	32		32	19
20	V	12	CLERGY CONSULTANT	Progressive Healthcare Consulting	100.00%	2,878		2,878	20
21	V	12	SOCIAL SERVICE	Progressive Healthcare Consulting	100.00%	7		7	21
22	V	15	EMP. BEN.-NURSING	Progressive Healthcare Consulting	100.00%	28,834		28,834	22
23	V	17	ADMIN SALARY- NON OWNER	Progressive Healthcare Consulting	100.00%	250,869		250,869	23
24	V	19	PROFESSIONAL FEES	Progressive Healthcare Consulting	100.00%	633		633	24
25	V	20	DUES, SUBSCRIPTIONS, LICENSES	Progressive Healthcare Consulting	100.00%	309		309	25
26	V	21	CLERICAL WAGES	Progressive Healthcare Consulting	100.00%	53,171		53,171	26
27	V	21	CLERICAL & GENERAL - OTHER	Progressive Healthcare Consulting	100.00%	567		567	27
28	V	24	SEMINARS	Progressive Healthcare Consulting	100.00%	1,390		1,390	28
29	V	27	EMP. BEN.-NON-NURSING	Progressive Healthcare Consulting	100.00%	58,986		58,986	29
30	V	26	INSURANCE	Progressive Healthcare Consulting	100.00%	3,970		3,970	30
31	V	30	DEPRECIATION	Progressive Healthcare Consulting	100.00%	1,395		1,395	31
32	V	34	STORAGE RENTAL	Progressive Healthcare Consulting	100.00%	108		108	32
33	V	35	AUTO RENTAL	Progressive Healthcare Consulting	100.00%	2,135		2,135	33
34	V								34
35	V								35
36	V	21	REIMB SALARIES - ADMINISTRATIVE	Progressive Healthcare Consulting	100.00%			(8,659)	36
37	V	22	REIMB PAYROLL TAXES	Progressive Healthcare Consulting	100.00%			(1,237)	37
38	V								38
39	Total		\$ 9,896			\$ 666,610	\$ *	656,714	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	CF ST. LOUIS, LLC	100.00%	\$ 2,101	\$	2,101	15
16	V	6 REPAIRS & MAINTENANCE		CF ST. LOUIS, LLC	100.00%	2,656		2,656	16
17	V	19 PROFESSIONAL FEES		CF ST. LOUIS, LLC	100.00%	528		528	17
18	V	20 DUES & SUBSCRIPTIONS		CF ST. LOUIS, LLC	100.00%	4		4	18
19	V	21 OFFICE EXPENSE		CF ST. LOUIS, LLC	100.00%	2		2	19
20	V	26 INSURANCE		CF ST. LOUIS, LLC	100.00%	544		544	20
21	V	32 INTEREST EXPENSE		CF ST. LOUIS, LLC	100.00%	9,491		9,491	21
22	V	33 REAL ESTATE TAXES		CF ST. LOUIS, LLC	100.00%	7,779		7,779	22
23	V								23
24	V								24
25	V								25
26	V	34 RENT	75,162	CF ST. LOUIS, LLC	100.00%			(75,162)	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		\$ 75,162			\$ 23,105	\$ *	(52,057)	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	10 Medical Supplies	\$ 34,934	ReMED Services		\$ 33,512	\$ (1,422)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 34,934			\$ 33,512	\$ * (1,422)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Payroll Services	\$ 58,386	ProPay HR, LLC	24.00%	\$ 44,373	\$ (14,013)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 58,386			\$ 44,373	\$ * (14,013)

* 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	06 Maintenance	\$ 24,000	ML Group Design and Development		\$ 24,000	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 24,000			\$ 24,000	\$ *	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:

01/01/17

Ending:

12/31/17

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr # 0052415 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr # 0052415 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 3450 Oakton Street
 City / State / Zip Code Skokie, IL 60076
 Phone Number (847) 679-9797
 Fax Number (847) 683-2900

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	30	\$ 1,460	\$	98,915	\$ 81	1
2	3	HOUSEKEEPING SUPPLIES	AVAIL. BED DAYS	30	6,519		98,915	360	2
3	4	LINEN REPLACEMENT	AVAIL. BED DAYS	30	171		98,915	9	3
4	6	UTILITIES	AVAIL. BED DAYS	30	372		98,915	21	4
5	6	GROUNDS & MAINTENANCE	AVAIL. BED DAYS	30	87,596		98,915	4,843	5
6	9	MEDICAL DIRECTOR CONSU	AVAIL. BED DAYS	30	20,000		98,915	1,106	6
7	10	MEDICAL SUPPLIES	AVAIL. BED DAYS	30	1,237		98,915	68	7
8	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	30	151,405		98,915	8,370	8
9	12	SOCIAL SERVICE CONSULTA	AVAIL. BED DAYS	30	2,392		98,915	132	9
10	17	ADMINISTRATIVE SALARY	AVAIL. BED DAYS	30	688,242	688,242	98,915	38,049	10
11	19	PROFESSIONAL FEES	AVAIL. BED DAYS	30	467,580		98,915	25,850	11
12	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	30	26,590		98,915	1,470	12
13	21	CLERICAL & GENERAL WAG	AVAIL. BED DAYS	30	5,313,296	5,313,296	98,915	293,740	13
14	21	CLERICAL & GENERAL OTH	AVAIL. BED DAYS	30	146,833		98,915	8,118	14
15	24	SEMINARS	AVAIL. BED DAYS	30	35,138		98,915	1,943	15
16	26	INSURANCE	AVAIL. BED DAYS	30	29,475		98,915	1,630	16
17	27	EMP. BEN.-GEN. ADMIN.	AVAIL. BED DAYS	30	1,120,380		98,915	61,939	17
18	32	INTEREST	AVAIL. BED DAYS	30	561		98,915	31	18
19	34	RENT	AVAIL. BED DAYS	30	1,359,562		98,915	75,162	19
20	34	STORAGE	AVAIL. BED DAYS	30	2,842		98,915	157	20
21	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	30	694		98,915	38	21
22	35	AUTO RENTAL	AVAIL. BED DAYS	30	99,069		98,915	5,477	22
23									23
24									24
25	TOTALS				\$ 9,561,416	\$ 6,001,539		\$ 528,594	25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Progressive Healthcare Consulting
 Street Address 3450 Oakton Street
 City / State / Zip Code Skokie, IL 60076
 Phone Number (847) 679-9797
 Fax Number (847) 683-2900

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	2	FOOD	AVAIL. BED DAYS	1,374,590	21	\$ 432	\$ 98,915	\$ 31	1	
2	6	MAINTENANCE SALARY	AVAIL. BED DAYS	1,374,590	21	1,049,531	1,049,531	98,915	75,524	2
3	6	BUILDING MAINTENANCE A	AVAIL. BED DAYS	1,374,590	21	3,133		98,915	225	3
4	10	NURSING SALARIES	AVAIL. BED DAYS	1,374,590	21	2,578,462	2,578,462	98,915	185,545	4
5	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	1,374,590	21	443		98,915	32	5
6	12	CLERGY CONSULTANT	AVAIL. BED DAYS	1,374,590	21	39,998		98,915	2,878	6
7	12	SOCIAL SERVICE	AVAIL. BED DAYS	1,374,590	21	95		98,915	7	7
8	15	EMP. BEN.-NURSING	AVAIL. BED DAYS	1,374,590	21	400,703		98,915	28,834	8
9	17	ADMIN SALARY- NON OWNE	AVAIL. BED DAYS	1,374,590	21	3,486,246	3,486,246	98,915	250,869	9
10	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,374,590	21	8,800		98,915	633	10
11	20	DUES, SUBSCRIPTIONS, LICE	AVAIL. BED DAYS	1,374,590	21	4,293		98,915	309	11
12	21	CLERICAL WAGES	AVAIL. BED DAYS	1,374,590	21	738,904	738,904	98,915	53,171	12
13	21	CLERICAL & GENERAL - OTI	AVAIL. BED DAYS	1,374,590	21	7,880		98,915	567	13
14	24	SEMINARS	AVAIL. BED DAYS	1,374,590	21	19,314		98,915	1,390	14
15	27	EMP. BEN.-NON-NURSING	AVAIL. BED DAYS	1,374,590	21	819,705		98,915	58,986	15
16	26	INSURANCE	AVAIL. BED DAYS	1,374,590	21	55,168		98,915	3,970	16
17	30	DEPRECIATION	AVAIL. BED DAYS	1,374,590	21	19,384		98,915	1,395	17
18	34	STORAGE RENTAL	AVAIL. BED DAYS	1,374,590	21	1,500		98,915	108	18
19	35	AUTO RENTAL	AVAIL. BED DAYS	1,374,590	21	29,674		98,915	2,135	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 9,263,664	\$ 7,853,142	\$ 666,610		25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 CF St. Louis LLC
 Street Address 3450 Oakton Street
 City / State / Zip Code Skokie, IL 60076
 Phone Number (847) 676-5300
 Fax Number (847) 676-5348

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. BED DAYS	1,789,215	30	\$ 37,998	\$ 98,915	\$ 2,101	1
2	6	REPAIRS & MAINTENANCE	AVAIL. BED DAYS	1,789,215	30	48,042	98,915	2,656	2
3	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,789,215	30	9,551	98,915	528	3
4	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	1,789,215	30	76	98,915	4	4
5	21	OFFICE EXPENSE	AVAIL. BED DAYS	1,789,215	30	32	98,915	2	5
6	26	INSURANCE	AVAIL. BED DAYS	1,789,215	30	9,839	98,915	544	6
7	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,789,215	30	171,679	98,915	9,491	7
8	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,789,215	30	140,710	98,915	7,779	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					\$ 417,927	\$	\$ 23,105	25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 ReMED Services LLC
 Street Address 3424 Oakton Street, Suite 102
 City / State / Zip Code Skokie, IL
 Phone Number (847) 440-2600
 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	10	Medical Supplies	Direct		\$	\$		\$ 33,512	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 33,512	25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

ProPay HR LLC

Street Address

2201 W. Main Street

City / State / Zip Code

Evanston, IL 60202

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	19	Payroll Services	Direct		\$	\$		\$ 44,373	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 44,373	25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 ML Group Design and Development
 Street Address 3424 Oakton Street
 City / State / Zip Code Skokie, IL
 Phone Number (847) 676-5300
 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	6	Maintenance	Direct		\$	\$		\$ 24,000	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 24,000	25

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number

Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning:

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Ending:

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		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			
A. Directly Facility Related																		
Long-Term																		
1	The Private Bank		X	Mortgage			\$	\$ 36,622,569			\$	1,289,281						
2																		
3																		
4																		
5																		
Working Capital																		
6	The Private Bank		X					2,496,816				144,917						
7	CapEX		X	Line of Credit				4,844,901				182,414						
8																		
9	TOTAL Facility Related						\$	\$ 43,964,285			\$	1,616,612						
B. Non-Facility Related*																		
10	Interest Income		X									(16,268)						
11	Interest Income - Bldg Co		X									(8)						
12	Allocated from Legacy Healthca	X										31						
13	See Supplemental Schedule											9,491						
14	TOTAL Non-Facility Related						\$	\$			\$	(6,754)						
15	TOTALS (line 9+line14)						\$	\$ 43,964,285			\$	1,609,858						

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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2016 report.		\$	348,588	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	917,359	2
3. Under or (over) accrual (line 2 minus line 1).		\$	568,771	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	351,005	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	386	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	920,162	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	607,382	8
	2013	615,603	9
	2014	628,004	10
	2015	832,183	11
	2016	909,580	12

2017 Accrual = \$917,359 x .38 = \$351,005

Allocated from CF St. Louis, LLC: \$7,779

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415 Report Period Beginning:

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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

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.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an empty column. Rows include Facility (4,000,000), Allocated from CF St. Louis (35,935), and TOTALS (4,035,935).

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0052415

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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		
	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	\$ 30,630,000	\$	39	\$ 785,385	\$ 785,385	\$ 2,829,898	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2013		891,734		20	46,717	46,717	225,366	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:

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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	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			431,964		20,339	20,339	40,255	68
69								69
70			\$ 31,953,698	\$	\$ 852,441	\$ 852,441	\$ 3,095,519	70

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

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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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 31,953,698	\$		\$ 852,441	\$ 852,441	\$ 3,095,519	1
2	Landscaping- Installed Upper Terrace For Lower Patio	2014	19,902		20	995	995	3,980	2
3	6Th Floor Nurse Call System	2014	25,053		20	1,253	1,253	5,011	3
4	6Th Floor - Prime And Paint, Flooring, Doors, Plumbing	2014	70,000		20	3,500	3,500	14,000	4
5	Elevator Repairs	2014	3,463		20	173	173	693	5
6	Boiler Repair	2014	6,804		20	340	340	1,361	6
7	6Th Floor And Garage Sprinkler Repair	2014	23,902		20	1,195	1,195	4,780	7
8	6Th Floor - Electric Work, Nurse Station, Flooring	2014	70,000		20	8,788	8,788	35,150	8
9	Repaired Condenser	2014	4,975		20	249	249	995	9
10	Paging Sytem	2014	3,622		20	181	181	724	10
11	Repaired Dry Valve And Pipes	2014	10,826		20	541	541	2,165	11
12	Sprinkler Repair	2014	8,228		20	411	411	1,646	12
13	Door Repairs - Egress Locks	2014	3,888		20	194	194	778	13
14	5Th-9Th Floor Fire Dampers	2014	17,308		20	865	865	3,462	14
15	Signage	2014	6,715		20	336	336	1,343	15
16	2Nd Floor Hydronic Pipe Repair	2014	4,549		20	227	227	910	16
17	Repaired Pump For Chiller	2014	18,989		20	949	949	3,798	17
18	Door And Frame	2014	35,368		20	1,768	1,768	7,074	18
19	Heating/Cooling Unit Repair	2014	4,069		20	203	203	814	19
20	Fire Pump Anunciator	2014	4,311		20	216	216	862	20
21	Fire Dampers In Bathroom	2014	8,652		20	433	433	1,730	21
22	Repaired Colvent Plate Exchangers And Seals	2014	12,616		20	631	631	2,523	22
23	Anunciator System	2014	16,120		20	806	806	3,224	23
24	5Th Floor Tiling	2014	69,501		20	3,475	3,475	13,900	24
25	Heating/Cooling Unit Repair	2014	12,091		20	605	605	2,418	25
26	Replaced Hot Water Heater	2014	16,463		20	823	823	3,293	26
27	Glass Mount Bracket	2014	4,226		20	211	211	845	27
28	Doors	2014	8,382		20	419	419	1,676	28
29	5Th Floor Shower Room And Spa Tiling	2014	3,248		20	162	162	650	29
30	Handrails For Common Corridors	2014	7,198		20	360	360	1,440	30
31	5Th Floor Resident Rooms Light Fixtures	2014	6,968		20	348	348	1,394	31
32	5Th Floor Corridors Floor Covering	2014	9,254		20	463	463	1,851	32
33	6Th Floor Resident Rooms Wallpaper	2014	6,546		20	327	327	1,309	33
34	TOTAL (lines 1 thru 33)		\$ 32,476,934	\$		\$ 883,890	\$ 883,890	\$ 3,221,316	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

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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	Totals from Page 12B, Carried Forward		\$ 32,476,934	\$		\$ 883,890	\$ 883,890	\$ 3,221,316	1
2	6Th Floor Corridors Wallpaper	2014	6,015		20	301	301	1,203	2
3	3Rd And 4Th Floor Corridors And Resident Rooms Painting	2014	3,500		20	175	175	700	3
4	Wood Doors For Corridors And Resident Rooms	2014	21,042		20	1,052	1,052	4,208	4
5	6Th Floor Common Area And Nurse Station - Fire Dampers	2014	22,570		20	1,128	1,128	4,514	5
6	Generator For 5Th Floor	2014	12,971		20	649	649	2,594	6
7	5Th Floor Corridors, Resid Rm & Bath, Lounge & Dining Rm	2014			20				7
8	Installed Fire Alarm System	2015	5,880		20	294	294	882	8
9	6Th And 7Th Floor Doors	2015	3,450		20	173	173	518	9
10	Installed Fan Coil Unit For Resident Room	2015	2,999		20	150	150	450	10
11	Repaired Wiring For Phones	2015	2,654		20	133	133	398	11
12	Rewired Phones And Computers To Resident Rooms	2015	5,636		20	282	282	845	12
13	Replaced Sprinkler Valve	2015	2,705		20	135	135	406	13
14	Installed Fan Coil Unit	2015	3,915		20	196	196	587	14
15	Repaired Cooling Tower	2015	5,478		20	274	274	822	15
16	Repaired Air Handler On 2Nd Floor	2015	3,814		20	191	191	572	16
17	2Nd Floor Blinds	2015	3,920		20	196	196	588	17
18	Repaired 2Nd Fl Air Handler	2015	4,140		20	207	207	621	18
19	Rewired Cable From 2Nd Fl Med Rec Rm To Office	2015	3,180		20	159	159	477	19
20	Repaired 9Th Floor Pipes	2015	5,263		20	263	263	789	20
21	Repaired Insulation On 1St, 8Th And 9Th Floor	2015	6,633		20	332	332	995	21
22	Repaired 2 Passenger Elevator	2015	18,000		20	900	900	2,700	22
23	Removed And Installed New Windows In Facility	2015	13,750		20	688	688	2,063	23
24	Installed Fire Dampers On 9Th Floor	2015	6,680		20	334	334	1,002	24
25	8Th Floor - Drywall/Patchwork/Paint	2015	6,500		20	325	325	975	25
26	Installed Air Compressor And Air Dver In Boiler Room	2015	14,154		20	708	708	2,123	26
27	Fire Alarm System On 1St Floor	2015	5,475		20	274	274	821	27
28	Installed New Air Handlers/Water Lines For Pipe Insulation	2015	2,787		20	139	139	418	28
29	Installed Door For Garage	2015	4,936		20	247	247	740	29
30	Repaired Dampers On 3Rd And 4Th Floor	2015	4,972		20	249	249	746	30
31	Repaired Elevators	2015	3,930		20	197	197	590	31
32	1St Floor Fire Alarm System	2015	6,025		20	301	301	904	32
33	Fire Alarm In Elevator	2015	6,419		20	321	321	963	33
34	TOTAL (lines 1 thru 33)		\$ 32,696,328	\$		\$ 894,860	\$ 894,860	\$ 3,257,530	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

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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	Totals from Page 12C, Carried Forward		\$ 32,696,328	\$		\$ 894,860	\$ 894,860	\$ 3,257,530	1
2	8Th Floor - Tiling/Trim Moldings/Lights/Ceiling Paint	2015	9,543		20	477	477	1,431	2
3	5Th Floor Bathroom Tiling	2015	9,692		20	485	485	1,454	3
4	1St Floor Exterior - Installed Fabric And Level Existing Ground	2015	3,345		20	167	167	502	4
5	Installed Zone Dampers For 3 Offices By Lobby	2015	4,749		20	237	237	712	5
6	Signs For East/West Side Of Facility/1St And 9Th Floor	2015	7,918		20	396	396	1,188	6
7	Installed Glass And Brackets For Side And Back Walls	2015	3,400		20	170	170	510	7
8	Welded Window For 9Th Floor	2015	3,086		20	154	154	463	8
9	9Th Floor - Repaired Carpet/Floor/Bathroom Walls/Tiles	2015	2,780		20	139	139	417	9
10	Sprinkler System In Garage/Generator/Storage Room	2015	17,406		20	870	870	2,611	10
11	9Th Floor Window Washing	2015	4,200		20	210	210	630	11
12	4 Resid Rm - Tiling/Outlet Cover And Paint	2015	11,118		20	556	556	1,668	12
13	Paint Ceiling/Post On 1St Fl Exterior/9Th Fl Window	2015	4,715		20	236	236	707	13
14	Fire Alarm System	2015	15,865		20	793	793	2,380	14
15	Seal Existing Stone Floor	2015	3,350		20	168	168	503	15
16	Repaired Tempering Valves	2015	3,405		20	170	170	511	16
17	8Th Floor Mirrors/Tiling	2015	7,543		20	377	377	1,131	17
18	Installed Floor Tile On Entrance Floor	2015	6,000		20	300	300	900	18
19	Signs For 9Th Floor	2015	3,241		20	162	162	486	19
20	Repaired Heaters	2015	33,426		20	1,671	1,671	5,014	20
21	1St Floor Shades	2015	6,186		20	309	309	928	21
22	Fire Alarm System	2015	8,395		20	420	420	1,259	22
23	Musics System In Lobby	2015	3,000		20	150	150	450	23
24	Chandelier And Hand Rails	2015	5,906		20	295	295	886	24
25	Ring Chandelier	2015	13,744		20	687	687	2,062	25
26	Light Fixture For 5Th Floor Corridor	2015	5,258		20	263	263	789	26
27	Bathroom Tiling	2015	7,058		20	353	353	1,059	27
28	9Th Floor Doors	2015	2,875		20	144	144	431	28
29	Polished Marble For 1St Floor Welcome Center	2015	2,532		20	127	127	380	29
30	Repaired Elevator Handrails	2015	18,900		20	945	945	2,835	30
31	Bathroom Shower Curtains	2015	2,728		20	136	136	409	31
32	9Th Floor - Removal Of Floor Tile	2015	52,224		20	2,611	2,611	7,834	32
33	9Th Fl Pt Room - Concrete Support Brackets	2015	2,890		20	145	145	434	33
34	TOTAL (lines 1 thru 33)		\$ 32,982,805	\$		\$ 909,184	\$ 909,184	\$ 3,300,501	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

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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	Totals from Page 12D, Carried Forward		\$ 32,982,805	\$		\$ 909,184	\$ 909,184	\$ 3,300,501	1
2	9Th Floor Exit Sign	2015	7,649		20	382	382	1,147	2
3	9Th Floor Pt Room - Fire Alarm	2015	5,993		20	300	300	899	3
4	9Th Floor Pt Room - New Roof	2015	13,200		20	660	660	1,980	4
5	9Th Floor Pt Room - New Metal Panels	2015	4,330		20	217	217	650	5
6	5Th Floor Corridors, Resid Rm & Bath, Lounge & Dining Rm	2015			20				6
7	Electric, Plumbing, Tiling, Flooring	2015	373,250		20	18,750	18,750	56,250	7
8	Installed Alarm System/Wanderguard System	2016	3,451		20	173	173	345	8
9	Installed Cables For Speakers/Phones	2016	36,172		20	1,809	1,809	3,617	9
10	Installed Outlets On 9Th Floor	2016	4,500		20	225	225	450	10
11	Lobby Area Office Dampers	2016	5,306		20	265	265	531	11
12	Pa Amplifier And Speakers	2016	5,897		20	295	295	590	12
13	Installed Pedestrian Door And Frame	2016	2,790		20	140	140	279	13
14	Corridor Sprinkler System	2016	7,187		20	359	359	719	14
15	Repaired Elevator	2016	15,059		20	753	753	1,506	15
16	Repaired Door Motor/Cables	2016	8,021		20	401	401	802	16
17	Kitchen - Replaced Walk In Cooler, New Coil Unit, Temperature	2016	6,944		20	347	347	694	17
18	Main Entrance - Installed Wander Guard System	2016	5,176		20	259	259	518	18
19	5Th Floor Drapery	2016	8,826		20	441	441	883	19
20	9Th Floor Shades	2016	2,975		20	149	149	298	20
21	Kitchen Millwork	2016	19,888		20	994	994	1,989	21
22	Repaired South Elevator Doors	2016	3,575		20	179	179	358	22
23	Roof Repair Over Glass Entrance	2016	8,700		20	435	435	870	23
24	Furnished And Installed Door Sensor For Elevators	2016	5,100		20	255	255	510	24
25	Installed New Springs/Air Switch For Doors	2016	2,592		20	130	130	259	25
26	Repaired 9Th Floor Nurse Call System	2016	4,350		20	218	218	435	26
27	Repaired Roof	2016	3,572		20	179	179	357	27
28	Repaired Motor/Valves/Pipes On Air Handlers	2016	3,730		20	187	187	373	28
29	7Th And 8Th Floor Bathrooms Sprinkler Repair	2016	9,667		20	483	483	967	29
30	5Th-8Th Floor Shower Rooms - Tiling/Paint/Flooring	2016	40,163		20	2,008	2,008	4,016	30
31	East/West Spa Room - Demo/Framing/Floor/Tiling/Millwork/Elec	2016	268,825		20	15,000	15,000	30,000	31
32	Kitchen - Stationary/Millwork	2016	22,819		20	1,141	1,141	2,282	32
33	Security System For 1St Floor And 9Th Floor Therapy Room	2016	18,914		20	946	946	1,891	33
34	TOTAL (lines 1 thru 33)		\$ 33,911,426	\$		\$ 957,261	\$ 957,261	\$ 3,416,965	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:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 33,911,426	\$		\$ 957,261	\$ 957,261	\$ 3,416,965	1
2	8Th Flr Resid Rms/Lobby/Dining-Demo/Lighting/Framing/Floorin	2016	39,370		20	1,969	1,969	3,937	2
3	5Th Floor Electric/Plumbing/Paint/Flooring/Sprinkler	2016	74,401		20	3,758	3,758	7,515	3
4	2Nd Flr Offices - Demo/Masonry/Carpentry/Millwork/Electrical/P	2016	228,132		20	11,407	11,407	22,813	4
5	9Th Flr Pt Room - Flooring/Roof Deck/Doors/Demo/Electrical/Pai	2016			20				5
6	Concrete/Sprinkler/Architectural And Engineering Fees	2016	1,184,223		20	59,211	59,211	118,422	6
7	1St Flr Lobby/Exterior-A/C System/Electrical/Plumbing/Demo/Til	2016			20				7
8	Doors/Sprinkler/Carpentry/Architectural And Engineering Fees/P	2016	1,479,480		20	73,974	73,974	147,948	8
9	Electrical Work For Corridor Door Operator	2017	4,350		20	218	218	218	9
10	Installed Glass Mirror Rooms 401 And 405	2017	3,070		20	154	154	154	10
11	Installed Two Keypads-3Rd Flr West Stairwell/Egress Locks 2Nd	2017	8,876		20	444	444	444	11
12	Installed New Drain In Kitchen/Cut Floor Tile/Pipes	2017	3,650		20	183	183	183	12
13	Repaired Pipes In Rooms 814 And 815	2017	3,870		20	194	194	194	13
14	Medical Curtains	2017	5,775		20	289	289	289	14
15	Fire Sprinkler System Repair	2017	3,473		20	174	174	174	15
16	Repaired Leaking Pipes	2017	3,245		20	162	162	162	16
17	Hvac Repair - Thermostat, Sensor, Wires, Relays, Filters, Belts	2017	3,682		20	184	184	184	17
18	Hvac-Air Handler Control System	2017	10,892		20	545	545	545	18
19	Parking Entrance Door Repair	2017	3,968		20	198	198	198	19
20	Hvac - Air Handler Control System	2017	11,308		20	565	565	565	20
21	Cubicle Curtain Tracks For 5Th And 6Th Floor	2017	6,224		20	311	311	311	21
22	Removal & Repair Of #1 Heating Pump	2017	4,250		20	213	213	213	22
23	Replace Broken Pipe In Dishwasher Area	2017	3,500		20	175	175	175	23
24	Elevator Flooring & 9Th Fl Outlets	2017	4,340		20	217	217	217	24
25	Repair Handrails On 5Th,6Th, 7Th Floors & 9Th Fl Hvac	2017	30,261		20	1,513	1,513	1,513	25
26	90 Cubicle Curtains	2017	18,749		20	937	937	937	26
27	Repair & Adjusted Elevator Roller Guide	2017	3,738		20	187	187	187	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 37,054,253	\$		\$ 1,114,440	\$ 1,114,440	\$ 3,724,461	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:

01/01/17

Ending:

12/31/17

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

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from CF St. Louis	2016	58,749		35	1,679	1,679	3,357	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from CF St. Louis	2016	364,749		20	18,237	18,237	36,475	9
10	Allocated from CF St. Louis	2017	8,466		20	423	423	423	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)		\$ 431,964	\$		\$ 20,339	\$ 20,339	\$ 40,255	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		\$ 431,964	\$		\$ 20,339	\$ 20,339	\$ 40,255	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)	\$ 431,964	\$		\$ 20,339	\$ 20,339	\$ 40,255	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:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,086,699	\$ 1,395	\$ 307,299	\$ 305,904	10	\$ 1,203,859	71
72	Current Year Purchases	106,378		10,637	10,637	10	10,637	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 3,193,077	\$ 1,395	\$ 317,936	\$ 316,541		\$ 1,214,496	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Bus	2015	\$ 23,822	\$	\$ 4,764	\$ 4,764	5	\$ 14,293	76
77		Therapy Bus	2016	3,500		700	700	5	1,400	77
78										78
79										79
80	TOTALS			\$ 27,322	\$	\$ 5,464	\$ 5,464		\$ 15,693	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 41,167,760	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,395	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,280,661	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 1,279,266	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,647,154	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 624,551	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning: 01/01/17

Ending: 12/31/17

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?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage				5,173			5
6	Allocated from Legacy Healthcare/Progressive				265			6
7	TOTAL				\$ 5,438			7

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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 12,017 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	GM	\$ 600	\$ 8,195	17
18	Allocated from Legacy Healthcare			5,477	18
19	Allocated from Progressive Healthcare			2,135	19
20					20
21	TOTAL		\$ 600	\$ 15,807	21

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

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

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 1,203,611							\$ 1,203,611	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	269,844							269,844	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 01	hrs	1,278,541		15,429					1,293,970	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 prescrpts						1,561,087		1,561,087	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): _____						409,955		446,772		856,727	13
14	TOTAL			\$ 2,751,996		\$ 425,384		\$ 2,007,859		\$ 5,185,239		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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 107,040	\$ 321,699	1
2	Cash-Patient Deposits	1,000	1,000	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,604,580	4,604,580	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(497,683)	(497,683)	6
7	Other Prepaid Expenses	60,704	421,393	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	709,845	709,845	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,985,486	\$ 5,560,834	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	23,562	4,325,933	13
14	Buildings, at Historical Cost	82,505	20,764,592	14
15	Leasehold Improvements, at Historical Cost	6,661,538	6,661,538	15
16	Equipment, at Historical Cost	2,658,229	7,346,771	16
17	Accumulated Depreciation (book methods)	(933,133)	(5,995,638)	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): <u>See Attached Schedule</u>	7,169,731	7,169,731	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,662,432	\$ 40,272,927	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,647,918	\$ 45,833,761	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,750,584	\$ 1,750,583	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,496,816	7,341,717	29
30	Accrued Salaries Payable	987,408	987,408	30
31	Accrued Taxes Payable (excluding real estate taxes)	40,873	40,873	31
32	Accrued Real Estate Taxes(Sch.IX-B)		351,005	32
33	Accrued Interest Payable	109,453	1,350,863	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	856,476	1,059,905	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,241,610	\$ 12,882,354	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		36,622,569	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>	7,482,799	724,152	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,482,799	\$ 37,346,721	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,724,409	\$ 50,229,075	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,923,509	\$ (4,395,314)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 20,647,918	\$ 45,833,761	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,819,655	1
2	Restatements (describe):		2
3	Equity Adjustment	607,714	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,427,369	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	496,156	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(16)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 496,140	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 6,923,509	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Warren Barr Living & Rehab Ctr

0052415

Report Period Beginning: 01/01/17

Ending:

12/31/17

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 26,181,819	1
2	Discounts and Allowances for all Levels	(16,500,948)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,680,871	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	15,710,600	6
7	Oxygen	41	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 15,710,641	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,520,524	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	167,351	19
20	Radiology and X-Ray		20
21	Other Medical Services	160,007	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,847,882	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	16,268	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 16,268	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	94,736	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 94,736	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 27,350,398	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,244,720	31
32	Health Care	8,765,177	32
33	General Administration	4,689,177	33
B. Capital Expense			
34	Ownership	3,182,653	34
C. Ancillary Expense			
35	Special Cost Centers	6,546,948	35
36	Provider Participation Fee	425,567	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 26,854,242	40
41	Income before Income Taxes (line 30 minus line 40)**	496,156	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 496,156	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,680,871	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Insurance</u>		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,680,871	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:

01/01/17

Ending:

12/31/17

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	2,816	2,862	\$ 180,208	\$ 62.97	1
2	Assistant Director of Nursing	1,992	2,080	103,975	49.99	2
3	Registered Nurses	62,980	67,917	2,501,973	36.84	3
4	Licensed Practical Nurses	53,502	57,730	1,772,973	30.71	4
5	CNAs & Orderlies	140,543	153,378	2,233,597	14.56	5
6	CNA Trainees					6
7	Licensed Therapist	66,454	74,516	2,751,996	36.93	7
8	Rehab/Therapy Aides	11,632	12,746	271,513	21.30	8
9	Activity Director	2,247	2,459	57,044	23.20	9
10	Activity Assistants	6,583	7,039	81,378	11.56	10
11	Social Service Workers	18,428	19,545	432,292	22.12	11
12	Dietician	1,216	1,280	34,005	26.57	12
13	Food Service Supervisor	4,671	5,274	160,930	30.51	13
14	Head Cook	8,123	8,641	149,967	17.36	14
15	Cook Helpers/Assistants	37,826	40,336	480,770	11.92	15
16	Dishwashers					16
17	Maintenance Workers	10,116	11,100	237,203	21.37	17
18	Housekeepers	25,450	27,873	322,830	11.58	18
19	Laundry	1,868	2,067	24,471	11.84	19
20	Administrator	1,406	2,344	181,231	77.32	20
21	Assistant Administrator	840	966	30,205	31.27	21
22	Other Administrative	1,864	1,952	119,661	61.30	22
23	Office Manager					23
24	Clerical	17,318	18,630	317,889	17.06	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	3,152	3,362	56,775	16.89	31
32	Other Health Care(specify)					32
33	Other(specify)	14,609	15,297	215,483	14.09	33
34	TOTAL (lines 1 - 33)	495,636	539,394	\$ 12,718,369 *	\$ 23.58	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	Monthly	\$ 513	01-03	35
36	Medical Director	Monthly	110,497	09-03	36
37	Medical Records Consultant	Monthly	4,800	10-03	37
38	Nurse Consultant	Monthly	50,827	10-03	38
39	Pharmacist Consultant	Monthly	31,660	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	Monthly	3,098	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 201,395		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	225	5,621	10-03	52
53	TOTAL (lines 50 - 52)	225	\$ 5,621		53

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

Report Period Beginning:

01/01/17

Ending:

12/31/17**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. ICLTC \$26,063
- (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. \$ 73,310 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. \$ 425,567
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