

Facility Name & ID Number SSC Westchester Operating Company, LLC # 0047373 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## VII. RELATED PARTIES (continued)

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

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

|    | 1<br>Name | 2<br>Title | 3<br>Function | 4<br>Ownership Interest | 5<br>Compensation Received From Other Nursing Homes* | 6<br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br>Compensation Included in Costs for this Reporting Period** |        | 8<br>Schedule V. Line & Column Reference |    |
|----|-----------|------------|---------------|-------------------------|--|--|---------|---|--------|--|----|
|    |           |            |               |                         |  | Hours  | Percent | Description   | Amount |  |    |
| 1  |           |            |               |                         |  |  |         |   | \$     |  | 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 SSC Westchester Operating Company, LLC dba Westchest # 0047373 Report Period Beginning: 01/01/2017 Ending: 2/31/2017

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 SSC Equity Holdings LLC  
 Street Address 5300 W Sam Houston Pkwy N Ste 100  
 City / State / Zip Code Houston, TX 77041  
 Phone Number ( 832-467-6000  
 Fax Number ( 832-467-6984

| 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  |             |  | \$                                  | \$ 34                                       |                | \$ 1                            |
| 2                         | 6      | Repair and Maintenance                                   |             |  |                                     | 26,716                                      |                | 2                               |
| 3                         | 19     | Professional Services                                    |             |  |                                     | 26,076                                      |                | 3                               |
| 4                         | 20     | Fee, Subscriptions and Promos                            |             |  |                                     | 724   |                | 4                               |
| 5                         | 10     | Nursing & Medical Records                                |             |  |                                     | 285,341                                     |                | 5                               |
| 6                         | 21     | Clerical & Gen Office Exp                                |             |  |                                     | 3,163                                       |                | 6                               |
| 7                         | 24     | Travel & Seminar   |             |  |                                     | 27,233                                      |                | 7                               |
| 8                         | 26     | Insurance  |             |  |                                     | 3,823                                       |                | 8                               |
| 9                         | 36     | Drpreiation  |             |  |                                     | 37,371                                      |                | 9                               |
| 10                        | 17     | Communications   |             |  |                                     | 5,155                                       |                | 10                              |
| 11                        | 35     | Rental and Lease   |             |  |                                     |   |                | 11                              |
| 12                        | 32     | Interest Income/Expense                                  |             |  |                                     | 24,970                                      |                | 12                              |
| 13                        | 22     | Payroll Taxes  |             |  |                                     | 39,752                                      |                | 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 |  |             |  | \$                                  | \$ 480,358                                  |                | \$ 25                           |

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

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

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

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

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

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

**B. Real Estate Taxes**

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

|  |  |    |                |   |
|--|--|----|----------------|---|
| 1. Real Estate Tax accrual used on 2016 report.  |  | \$ | <b>282,703</b> | 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.)  |  | \$ | <b>355,878</b> | 2 |
| 3. Under or (over) accrual (line 2 minus line 1).  |  | \$ | <b>73,175</b>  | 3 |
| 4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)   |  | \$ | <b>374,561</b> | 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.<br><b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b> |  | \$ |                | 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.<br><b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>      |  | \$ |                | 6 |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.  |  | \$ | <b>447,736</b> | 7 |

Real Estate Tax History:

|   |      |                |    |
|---|------|----------------|----|
| Real Estate Tax Bill for Calendar Year: | 2012 | <b>283,745</b> | 8  |
|   | 2013 | <b>308,541</b> | 9  |
|   | 2014 | <b>308,541</b> | 10 |
|   | 2015 | <b>343,195</b> | 11 |
|   | 2016 | <b>355,878</b> | 12 |

**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:**

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.**



**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 37,531 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

NA

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

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

|    | 1                         | 2  | 3             | 4                | 5      | 6                         | 7             | 8                          | 9           |                          |    |
|----|---------------------------|--|---------------|------------------|--------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Beds*                     | FOR BHF USE ONLY                         | Year Acquired | Year Constructed | Cost   | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 4  | 120                       |  | 2005          | 197              | \$     | \$                        |               | \$                         | \$          | \$                       | 4  |
| 5  |                           |  |               |                  |        |                           |               |                            |             |                          | 5  |
| 6  |                           |  |               |                  |        |                           |               |                            |             |                          | 6  |
| 7  |                           |  |               |                  |        |                           |               |                            |             |                          | 7  |
| 8  |                           |  |               |                  |        |                           |               |                            |             |                          | 8  |
|    | <b>Improvement Type**</b> |  |               |                  |        |                           |               |                            |             |                          |    |
| 9  |                           | 12.5 Ton RTU - Kitchen - 50% downpayment | 2005          |                  | 6,484  |                           | 10            |                            |             | 6,484                    | 9  |
| 10 |                           | Concrete Sidewalk 1/3 downpayment        | 2005          |                  | 1,628  |                           | 12            |                            |             | 1,628                    | 10 |
| 11 |                           | 12.5 Ton RTU - Kitchen - Balance         | 2005          |                  | 6,484  |                           | 10            |                            |             | 6,484                    | 11 |
| 12 |                           | Concrete Sidewalk                        | 2005          |                  | 3,389  |                           | 11.5          |                            |             | 1,999                    | 12 |
| 13 |                           | Plumbing Project                         | 2005          |                  | 4,750  |                           | 11.8          |                            |             | 4,750                    | 13 |
| 14 |                           | Plumbing Repairs                         | 2005          |                  | 10,000 |                           | 11.8          |                            |             | 10,000                   | 14 |
| 15 |                           | Instl Door w/Closer - Exit Device        | 2005          |                  | 2,576  |                           | 11.5          |                            |             | 2,576                    | 15 |
| 16 |                           | Mixing Valve Spout - Kitchen             | 2005          |                  | 2,207  |                           | 11.5          |                            |             | 2,206                    | 16 |
| 17 |                           | Dry Sprinkler System Repair              | 2005          |                  | 2,159  |                           | 11.5          |                            |             | 2,159                    | 17 |
| 18 |                           | Repair Dry Sprinkler System              | 2005          |                  | 1,893  |                           | 11.5          |                            |             | 1,893                    | 18 |
| 19 |                           | Heat Pump                                | 2005          |                  | 1,255  |                           | 11.5          |                            |             | 1,255                    | 19 |
| 20 |                           | Double Swing Gates - Dumpster            | 2005          |                  | 1,226  |                           | 8             |                            |             | 1,226                    | 20 |
| 21 |                           | Heat - Shower Room                       | 2005          |                  | 19,832 |                           | 10            |                            |             | 19,832                   | 21 |
| 22 |                           | Remove Carpet and Install Tile           | 2005          |                  | 37,384 |                           | 10            |                            |             | 37,384                   | 22 |
| 23 |                           |  |               |                  |        |                           |               |                            |             |                          | 23 |
| 24 |                           | Emergency Generator                      | 2006          |                  | 2,907  |                           | 11.25         |                            |             | 1,680                    | 24 |
| 25 |                           | Paint Project - Deposit                  | 2006          |                  | 4,700  |                           | 5             |                            |             | 4,700                    | 25 |
| 26 |                           | 16: 2" Wood Blinds                       | 2006          |                  | 1,647  |                           | 5             |                            |             | 1,647                    | 26 |
| 27 |                           | Front Automatic Doors - 50% Deposit      | 2006          |                  | 7,122  |                           | 10            |                            |             | 7,122                    | 27 |
| 28 |                           | 13: Cubicle Curtains W/Mesh              | 2006          |                  | 2,037  |                           | 5             |                            |             | 2,037                    | 28 |
| 29 |                           | 16: Single Rod Valances                  | 2006          |                  | 1,623  |                           | 5             |                            |             | 1,623                    | 29 |
| 30 |                           | Paint and Light Fixtures                 | 2006          |                  | 7,050  |                           | 10.5          |                            |             | 7,050                    | 30 |
| 31 |                           | 16: Wood Blinds                          | 2006          |                  | 1,718  |                           | 5             |                            |             | 1,718                    | 31 |
| 32 |                           | 15: Cubicle Curtains W/Mesh              | 2006          |                  | 2,157  |                           | 5             |                            |             | 2,157                    | 32 |
| 33 |                           | 16: Single Rod Valances                  | 2006          |                  | 1,631  |                           | 5             |                            |             | 1,631                    | 33 |
| 34 |                           | Painting Patient Rooms                   | 2006          |                  | 3,889  |                           | 5             |                            |             | 3,889                    | 34 |
| 35 |                           | Painting Facility- Down Pmt              | 2006          |                  | 4,000  |                           | 5             |                            |             | 4,000                    | 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

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

| 1  | 2                                      | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                     | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 | Paint and Light Fixture                | 2006             | \$ 3,889   | \$                        | 5             | \$                         | \$          | \$ 3,889                 | 37 |
| 38 | Painting Resident Rooms                | 2006             | 4,400      |                           | 5             |                            |             | 4,400                    | 38 |
| 39 | New Carpet - Admissions Office         | 2006             | 4,737      |                           | 5             |                            |             | 4,737                    | 39 |
| 40 | New Carpet - Admissions Office         | 2006             | 148        |                           | 5             |                            |             | 148                      | 40 |
| 41 | Repair Fire Alarm System               | 2006             | 1,778      |                           | 10            |                            |             | 1,778                    | 41 |
| 42 | Cove Base/Refurb                       | 2006             | 2,462      |                           | 5             |                            |             | 2,462                    | 42 |
| 43 | Use Tax - Cove Base/Refurb             | 2006             | 171        |                           | 5             |                            |             | 171                      | 43 |
| 44 | Painting Resident Rooms - Balance      | 2006             | 6,700      |                           | 5             |                            |             | 6,700                    | 44 |
| 45 | Paint for Refurb                       | 2006             | 637        |                           | 5             |                            |             | 637                      | 45 |
| 46 | Paint for Refurb                       | 2006             | 499        |                           | 5             |                            |             | 499                      | 46 |
| 47 | Paint for Refurb                       | 2006             | 360        |                           | 5             |                            |             | 360                      | 47 |
| 48 | Crash Rails                            | 2006             | 550        |                           | 10.25         |                            |             | 550                      | 48 |
| 49 | Crash Rails for Walls                  | 2006             | 2,961      |                           | 10.42         |                            |             | 2,961                    | 49 |
| 50 |  |                  |            |                           |               |                            |             |                          | 50 |
| 51 | 13: Wall Boxes/Sconce Lights           | 2007             | 269        |                           | 10            |                            |             | 269                      | 51 |
| 52 | Use Tax - 13: Wall Boxes/Sconce Lights | 2007             | 21         |                           | 10            |                            |             | 21                       | 52 |
| 53 | Carpet/Labor                           | 2007             | 4,440      |                           | 5             |                            |             | 4,440                    | 53 |
| 54 | Front Automatic Doors - Balance        | 2007             | 7,122      |                           | 10            |                            |             | 7,122                    | 54 |
| 55 | 10: Overbed Lights                     | 2007             | 1,689      |                           | 10            |                            |             | 1,689                    | 55 |
| 56 | Use Tax - 10: Overbed Lights           | 2007             | 131        |                           | 10            |                            |             | 131                      | 56 |
| 57 | 59: Wall Boxes/Sconce Lights           | 2007             | 1,675      |                           | 10            |                            |             | 1,675                    | 57 |
| 58 | Use Tax - 59: Wall Boxes/Sconce Lights | 2007             | 127        |                           | 10            |                            |             | 127                      | 58 |
| 59 | Remodel North & South Front Exit       | 2007             | 1,049      |                           | 9.75          |                            |             | 1,049                    | 59 |
| 60 | Heat/Cool Unit                         | 2007             | 959        |                           | 9.83          |                            |             | 959                      | 60 |
| 61 | Connect Kit Heat/AC Unit               | 2007             | 46         |                           | 9.83          |                            |             | 46                       | 61 |
| 62 | Repair to Walk In Freezer              | 2007             | 5,177      |                           | 9.92          |                            |             | 5,177                    | 62 |
| 63 | Fire Sprinkler Repair                  | 2007             | 2,826      |                           | 9.92          |                            |             | 2,826                    | 63 |
| 64 | Design Fee                             | 2007             | 2,900      |                           | 10.08         |                            |             | 2,900                    | 64 |
| 65 | Design Fee                             | 2007             | 225        |                           | 10.08         |                            |             | 225                      | 65 |
| 66 | 50 Overbed Lights and Wall Sconces     | 2007             | 8,572      |                           | 10.16         |                            |             | 8,572                    | 66 |
| 67 | 50 Overbed Lights and Wall Sconces     | 2007             | 664        |                           | 10.16         |                            |             | 664                      | 67 |
| 68 | 61 Mount Wall Box Sconces              | 2007             | 1,741      |                           | 9.92          |                            |             | 1,741                    | 68 |
| 69 | 61 Mount Wall Box Sconces              | 2007             | 135        |                           | 9.92          |                            |             | 135                      | 69 |
| 70 | TOTAL (lines 4 thru 69)                |                  | \$ 210,809 | \$                        |               | \$                         | \$          | \$ 208,190               | 70 |

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

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

| 1  | 2  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12A, Carried Forward</b> |                  | \$ 210,809 | \$                        |               | \$                         | \$          | \$ 208,190               | 1  |
| 2  | 29 Oxygen Concentrators                      | 2007             | 15,536     |                           | 9.75          |                            |             | 15,536                   | 2  |
| 3  | 29 Oxygen Concentrators                      | 2007             | 1,204      |                           | 9.75          |                            |             | 1,204                    | 3  |
| 4  | Cr: Void Ck Village Westchester              | 2007             | (1,049)    |                           | 9.75          |                            |             | (1,049)                  | 4  |
| 5  | Permit Fee to Remode;                        | 2007             | 1,049      |                           | 9.66          |                            |             | 1,049                    | 5  |
| 6  | Connection Kit Heat/Cool Unit                | 2007             | 46         |                           | 9.83          |                            |             | 46                       | 6  |
| 7  | 2 Connect Kits Heat/AC Units                 | 2007             | 92         |                           | 9.83          |                            |             | 92                       | 7  |
| 8  | Cr on Heat/AC Unit                           | 2007             | (891)      |                           | 9.75          |                            |             | (891)                    | 8  |
| 9  | 4 Heat/Cool Units                            | 2007             | 3,564      |                           | 9.83          |                            |             | 3,564                    | 9  |
| 10 | 4 Power Conn Kits Heat/AC Units              | 2007             | 201        |                           | 9.83          |                            |             | 201                      | 10 |
| 11 | Furnace Repair                               | 2007             | 1,380      |                           | 9.83          |                            |             | 1,380                    | 11 |
| 12 | Heat Repair                                  | 2007             | 3,033      |                           | 10            |                            |             | 3,033                    | 12 |
| 13 | Repair 8 Heat AC Units                       | 2007             | 11,700     |                           | 10            |                            |             | 11,700                   | 13 |
| 14 | Boiler Repair                                | 2007             | 661        |                           | 9.75          |                            |             | 661                      | 14 |
| 15 | Remodel North/Southwest Exits                | 2007             | 53,930     |                           | 9.58          |                            |             | 53,930                   | 15 |
| 16 | AC Unit                                      | 2007             | 4,835      |                           | 10            |                            |             | 4,835                    | 16 |
| 17 | AC Unit                                      | 2007             | 375        |                           | 10            |                            |             | 375                      | 17 |
| 18 | Water Heater                                 | 2007             | 1,866      |                           | 9.75          |                            |             | 1,866                    | 18 |
| 19 | Stainless Steel End Wall Kitchen             | 2007             | 1,261      |                           | 9.41          |                            |             | 1,261                    | 19 |
| 20 |  |                  |            |                           |               |                            |             |                          | 20 |
| 21 | 2:AC Compressor Units                        | 2008             | 9,874      |                           | 9.25          |                            |             | 9,874                    | 21 |
| 22 | Steel Door                                   | 2008             | 1,675      |                           | 9             |                            |             | 1,675                    | 22 |
| 23 | Furnace 50% Deposit                          | 2008             | 2,759      |                           | 8.75          |                            |             | 2,759                    | 23 |
| 24 | Compressor For Cooling System                | 2008             | 3,993      |                           | 9.33          |                            |             | 3,993                    | 24 |
| 25 | Furnace -Final Payment                       | 2008             | 2,759      |                           | 8.66          |                            |             | 2,759                    | 25 |
| 26 | Steel Door - Balance                         | 2008             | 1,675      |                           | 8.75          |                            |             | 1,675                    | 26 |
| 27 | 2: Zonline Heat/Cool Units                   | 2008             | 1,341      |                           | 8.66          |                            |             | 1,341                    | 27 |
| 28 | Heat Exchanger for Boiler                    | 2008             | 7,510      |                           | 8.58          |                            |             | 7,510                    | 28 |
| 29 | 6: Zonline heat/Cool Units                   | 2008             | 3,636      |                           | 5             |                            |             | 3,636                    | 29 |
| 30 | AT&T Circuit Conversion                      | 2008             | 32,788     |                           | 8.16          |                            |             | 32,788                   | 30 |
| 31 | AT&T Circuit Conversion                      | 2008             | 6,306      |                           | 8             |                            |             | 6,306                    | 31 |
| 32 | Blower Assembly                              | 2008             | 3,511      |                           | 8             |                            |             | 3,511                    | 32 |
| 33 |  |                  |            |                           |               |                            |             |                          | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 387,429 | \$                        |               | \$                         | \$          | \$ 384,810               | 34 |

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

Facility Name & ID Number SSC Westchester Operating Company, LLC dba Westchester Health & Rel# 0047373 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**XI. OWNERSHIP COSTS (continued)**

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

| 1  | 2  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12B, Carried Forward</b> |                  | \$ 387,429 | \$                        |               | \$                         | \$          | \$ 384,810               | 1  |
| 2  | 3: Zoneline Heat/Cool Units                  | 2009             | 1,999      |                           | 7.42          |                            |             | 1,999                    | 2  |
| 3  | Condenser fan motor                          | 2009             | 8,348      |                           | 7.5           |                            |             | 8,348                    | 3  |
| 4  | 2: Zoneline Heat/Cool Units                  | 2009             | 1,333      |                           | 7.34          |                            |             | 1,333                    | 4  |
| 5  | Front Entry Paint                            | 2009             | 6,241      |                           | 5             |                            |             | 6,241                    | 5  |
| 6  | Replace Gaas Valve & Thermometer             | 2009             | 2,500      |                           | 7             |                            |             | 2,500                    | 6  |
| 7  |  |                  |            |                           |               |                            |             |                          | 7  |
| 8  | 2: Zoneline Heat/Cool Units                  | 2010             | 1,346      |                           | 7             |                            |             | 1,346                    | 8  |
| 9  | Wanderguard                                  | 2010             | 2,744      |                           | 7             |                            |             | 2,744                    | 9  |
| 10 | Attic Sprikler System                        | 2010             | 33,760     |                           | 6.66          |                            |             | 33,760                   | 10 |
| 11 | Replaced Heat Exchanger                      | 2010             | 8,224      |                           | 6.92          |                            |             | 8,224                    | 11 |
| 12 | Rplc Furnace Thermostate & Sensor            | 2010             | 2,512      |                           | 6.92          |                            |             | 2,512                    | 12 |
| 13 | Zoneline Heat/Cool Unit                      | 2010             | 568        |                           | 5             |                            |             | 568                      | 13 |
| 14 | 3: Zoneline Heat/Cool Units                  | 2010             | 1,968      |                           | 6.75          |                            |             | 1,968                    | 14 |
| 15 | Attic Sprikler System                        | 2010             | 52,686     |                           | 0.92          |                            |             | 52,686                   | 15 |
| 16 | Attic Sprikler System                        | 2010             | 47,056     |                           | 6.92          |                            |             | 47,056                   | 16 |
| 17 | Rplc Bearing Assembly & Blower Motor         | 2010             | 6,357      |                           | 6.83          |                            |             | 6,357                    | 17 |
| 18 | Attic Sprikler System                        | 2010             | 8,025      |                           | 6.92          |                            |             | 8,025                    | 18 |
| 19 | Site Survey                                  | 2010             | 225        |                           | 6.16          |                            |             | 225                      | 19 |
| 20 | Compressor Unit                              | 2010             | 3,102      |                           | 6.16          |                            |             | 3,102                    | 20 |
| 21 | Rplc Water Heater                            | 2010             | 10,077     |                           | 6.25          |                            |             | 10,077                   | 21 |
| 22 | Replace Tempering Valves                     | 2010             | 4,740      |                           | 6.08          |                            |             | 4,740                    | 22 |
| 23 |  |                  |            |                           |               |                            |             |                          | 23 |
| 24 | Maglock                                      | 2011             | 798        |                           | 6.34          |                            |             | 798                      | 24 |
| 25 | 3: Zoneline Heat/Cool Units                  | 2011             | 2,202      |                           | 6             |                            |             | 2,202                    | 25 |
| 26 | Facility Building Sign                       | 2011             | 2,203      |                           | 6.5           |                            |             | 2,203                    | 26 |
| 27 |  |                  |            |                           |               |                            |             |                          | 27 |
| 28 | Dry Pendant Sprinkler Heads                  | 2012             | 5,598      |                           | 5             |                            |             | 5,598                    | 28 |
| 29 | 3: Zoneline Heat/Cool Units                  | 2012             | 2,343      |                           | 5             |                            |             | 2,343                    | 29 |
| 30 | Garbage Disposal                             | 2012             | 756        |                           | 5             |                            |             | 756                      | 30 |
| 31 |  |                  |            |                           |               |                            |             |                          | 31 |
| 32 |  |                  |            |                           |               |                            |             |                          | 32 |
| 33 |  |                  |            |                           |               |                            |             |                          | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 605,140 | \$                        |               | \$                         | \$          | \$ 602,521               | 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  | 2  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12C, Carried Forward</b> |                  | \$ 605,140 | \$                        |               | \$                         | \$          | \$ 602,521               | 1  |
| 2  | Mixing Valves                                | 2013             | 5,790      |                           | 44            |                            |             | 5,790                    | 2  |
| 3  | Heat Draft Inducer Motor                     | 2013             | 4,043      |                           | 4             |                            |             | 4,043                    | 3  |
| 4  | Aluminum Light Pole                          | 2013             | 3,200      |                           | 4             |                            |             | 3,200                    | 4  |
| 5  | Inducer                                      | 2013             | 3,571      |                           | 3.75          |                            |             | 3,571                    | 5  |
| 6  | 5: Duct Detectors                            | 2013             | 3,035      |                           | 3.75          |                            |             | 3,035                    | 6  |
| 7  | Inducer - Credit Memo                        | 2013             | (689)      |                           | 3.83          |                            |             | (689)                    | 7  |
| 8  | A/C Motor Kitchen Area                       | 2013             | 1,642      |                           | 3.75          |                            |             | 1,642                    | 8  |
| 9  | Relays for Duct Smoke Detector               | 2013             | 1,000      |                           | 3.67          |                            |             | 1,000                    | 9  |
| 10 | 19: Damper Actuators                         | 2013             | 4,370      |                           | 3.58          |                            |             | 4,370                    | 10 |
| 11 | 12: Damper Actuators                         | 2013             | 1,338      |                           | 3.58          |                            |             | 1,338                    | 11 |
| 12 | Generator Transfer Switch                    | 2013             | 4,722      |                           | 3.58          |                            |             | 4,722                    | 12 |
| 13 | 12 Damper Actuators                          | 2013             | 1,338      |                           | 3.58          |                            |             | 1,338                    | 13 |
| 14 | A/C Compressor Unit #1                       | 2013             | 3,668      |                           | 3.5           |                            |             | 3,668                    | 14 |
| 15 | A/C Compressor & Condenser Fan               | 2013             | 3,580      |                           | 3.42          |                            |             | 3,580                    | 15 |
| 16 | Hot Water Booster Heater - Dishwasher        | 2013             | 2,529      |                           | 3.42          |                            |             | 2,529                    | 16 |
| 17 | 7: Exhaust Vents                             | 2013             | 1,332      |                           | 3.25          |                            |             | 1,332                    | 17 |
| 18 | Motor for Unit #8                            | 2013             | 2,268      |                           | 3.25          |                            |             | 2,268                    | 18 |
| 19 | Bearing Assembly Water Heater                | 2013             | 2,960      |                           | 3.25          |                            |             | 2,960                    | 19 |
| 20 | Gas Valve and Ignifion Control               | 2013             | 2,294      |                           | 3.17          |                            |             | 2,294                    | 20 |
| 21 |  |                  |            |                           |               |                            |             |                          | 21 |
| 22 | PTAC Unit                                    | 2014             | 847        |                           | 3             |                            |             | 847                      | 22 |
| 23 | PTAC Unit                                    | 2014             | 847        |                           | 3             |                            |             | 847                      | 23 |
| 24 | A/C Heating Units 9A & 9B                    | 2014             | 14,770     |                           | 3             |                            |             | 14,770                   | 24 |
| 25 | 3: Exhaust Fan Motors                        | 2014             | 3,235      | 332                       | 9.75          | 332                        |             | 1,244                    | 25 |
| 26 | Condensing Unit for # 3 A/C                  | 2014             | 3,157      | 265                       | 12            | 265                        |             | 927                      | 26 |
| 27 | A/C Condenser Fan Motors                     | 2014             | 1,766      | 148                       | 12            | 148                        |             | 519                      | 27 |
| 28 | Mixing Valve Cartridge                       | 2014             | 2,535      | 254                       | 10            | 254                        |             | 887                      | 28 |
| 29 | Split A/C System- Laundry & Hall             | 2014             | 14,370     | 1,437                     | 10            | 1,437                      |             | 4,910                    | 29 |
| 30 | Condesner for Walkin Freezer                 | 2014             | 7,790      | 658                       | 11.83         | 658                        |             | 2,249                    | 30 |
| 31 | Door Closer & Hing System                    | 2014             | 3,074      | 262                       | 11.83         | 262                        |             | 872                      | 31 |
| 32 | 10: LCN 4040 24v Door Holder                 | 2014             | 7,329      | 733                       | 10            | 733                        |             | 2,565                    | 32 |
| 33 | 11: Aluminum 24 LCN Closer Door              | 2014             | 7,376      | 636                       | 11.58         | 636                        |             | 2,016                    | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 724,227 | \$ 4,725                  |               | \$ 4,725                   | \$          | \$ 687,165               | 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  | 2  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**   | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12D, Carried Forward</b>                 |                  | \$ 724,227 | \$ 4,725                  |               | \$ 4,725                   | \$          | \$ 687,165               | 1  |
| 2  | Fan Guard on Walk In Cooler                                  | 2015             | 1,956      | 196                       | 10            | 196                        |             | 522                      | 2  |
| 3  | Installed LP Switch on A/C Units                             | 2015             | 2,227      | 223                       | 10            | 223                        |             | 594                      | 3  |
| 4  | Replaced Water Level Probe n Ice Machine                     | 2015             | 2,447      | 245                       | 10            | 245                        |             | 652                      | 4  |
| 5  | Unit Pump on Boiler/Furnace #1                               | 2015             | 3,185      | 318                       | 10            | 318                        |             | 902                      | 5  |
| 6  | Unit Pump on Boiler/Furnace #2                               | 2015             | 2,650      | 265                       | 10            | 265                        |             | 751                      | 6  |
| 7  | R22 Condensor Replacement on A/C                             | 2015             | 2,325      | 211                       | 11            | 211                        |             | 546                      | 7  |
| 8  | Water Heater Part - Heat                                     | 2015             | 643        | 63                        | 10            | 63                         |             | 241                      | 8  |
| 9  | Compressor for A/C Unit                                      | 2015             | 2,325      | 211                       | 11            | 211                        |             | 546                      | 9  |
| 10 | Install 15 door closers and magnets                          | 2015             | 4,906      | 490                       | 10            | 490                        |             | 1,676                    | 10 |
| 11 | CMBS Asphalt Pavement  | 2015             | 25,125     | 3,140                     | 8             | 3,140                      |             | 10,207                   | 11 |
| 12 | Install Parking Lot Tactile & Sign                           | 2015             | 2,000      | 171                       | 11.67         | 171                        |             | 557                      | 12 |
| 13 | Wood Window and Doors  | 2015             | 5,958      | 511                       | 11.67         | 511                        |             | 1,660                    | 13 |
| 14 | Shower Room Renovation - ADA Bariatric Shower Rebuilds       | 2015             | 55,600     | 5,026                     | 11.33         | 5,026                      |             | 13,880                   | 14 |
| 15 | Install New Control Board Blower on Furnace                  | 2015             | 2,947      | 258                       | 11.41         | 258                        |             | 774                      | 15 |
| 16 | Install Gas Valve on Furnace                                 | 2015             | 1,488      | 149                       | 10            | 149                        |             | 447                      | 16 |
| 17 | Replaced Air Curtain on Freezer                              | 2015             | 895        | 79                        | 11.33         | 79                         |             | 230                      | 17 |
| 18 | Walk in Freezer Aluminum Plate                               | 2015             | 1,795      | 161                       | 11.16         | 161                        |             | 442                      | 18 |
| 19 | Norstar Phone System Install                                 | 2015             | 6,179      | 618                       | 10            | 618                        |             | 1,339                    | 19 |
| 20 | PTAC Resistance Heater                                       | 2015             | 767        | 153                       | 5             | 153                        |             | 320                      | 20 |
| 21 |  |                  |            |                           |               |                            |             |                          | 21 |
| 22 | Replaced Bearing and Shaft                                   | 2016             | 3,165      | 275                       | 11.5          | 275                        |             | 849                      | 22 |
| 23 | Circulating Pump   | 2016             | 2,707      | 271                       | 10            | 271                        |             | 654                      | 23 |
| 24 | Motor for Walk in Freezer                                    | 2016             | 5,367      | 495                       | 10.8          | 495                        |             | 1,197                    | 24 |
| 25 | Valves, Coupling and Thermometer                             | 2016             | 6,185      | 618                       | 10            | 618                        |             | 1,495                    | 25 |
| 26 | Door Closer  | 2016             | 1,777      | 176                       | 10            | 176                        |             | 294                      | 26 |
| 27 | Data Board for Water Heater                                  | 2016             | 1,488      | 149                       | 10            | 149                        |             | 447                      | 27 |
| 28 | Kitchen Hot Water Compliance                                 | 2016             | 6,443      | 629                       | 10.1          | 629                        |             | 1,152                    | 28 |
| 29 | PTAC Resistance Heater                                       | 2016             | 1,468      | 294                       | 5             | 294                        |             | 538                      | 29 |
| 30 | Remove and Replace all plumbing, electrical and shower walls | 2016             | 12,931     | 1,176                     | 11            | 1,176                      |             | 3,037                    | 30 |
| 31 | PTAC Resistance Heater                                       | 2016             | 734        | 147                       | 5             | 147                        |             | 257                      | 31 |
| 32 | Mixing Valve Cartridges                                      | 2016             | 3,276      | 328                       | 10            | 328                        |             | 546                      | 32 |
| 33 | PTAC Resistance Heater                                       | 2016             | 734        | 147                       | 5             | 147                        |             | 220                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                               |                  | \$ 895,920 | \$ 21,918                 |               | \$ 21,918                  | \$          | \$ 734,137               | 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  | 2  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12E, Carried Forward</b> |                  | \$ 895,920 | \$ 21,918                 |               | \$ 21,918                  | \$          | \$ 734,137               | 1  |
| 2  | Upgrading Landscape                          | 2016             | 12,000     | 1,210                     | 11            | 1,210                      |             | 1,815                    | 2  |
| 3  | Installed New Mini Split AC                  | 2016             | 10,294     | 1,047                     | 5             | 1,047                      |             | 1,483                    | 3  |
| 4  | Installed Backflow Fire Device               | 2016             | 12,167     | 1,237                     | 10            | 1,237                      |             | 1,753                    | 4  |
| 5  | Replaced Radiator Generator                  | 2016             | 4,542      | 466                       | 5             | 466                        |             | 621                      | 5  |
| 6  | Garbage Disposal 2 hp                        | 2016             | 1,651      | 330                       | 10            | 330                        |             | 385                      | 6  |
| 7  | 5 PTACs                                      | 2016             | 3,671      | 734                       | 9.83          | 734                        |             | 795                      | 7  |
| 8  |  |                  |            |                           |               |                            |             |                          | 8  |
| 9  | Control Board - Furnace                      | 2017             | 1,133      | 57                        | 15            | 57                         |             | 57                       | 9  |
| 10 | Commercial Garbage Disposal                  | 2017             | 1,088      | 109                       | 5             | 109                        |             | 109                      | 10 |
| 11 | 3: Exhaust Fan Motors - Kitchen              | 2017             | 3,391      | 170                       | 10            | 170                        |             | 170                      | 11 |
| 12 | Condensor Motor for AC Unit #15              | 2017             | 2,260      | 63                        | 15            | 63                         |             | 63                       | 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 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 948,117 | \$ 27,341                 |               | \$ 27,341                  | \$          | \$ 741,388               | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost  | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 535,433 | \$ 17,723                      | \$ 17,723                       | \$               |                     | \$ 463,010                    | 71 |
| 72 | Current Year Purchases   | 17,120     | 994                            | 994                             |                  |                     | 994                           | 72 |
| 73 | Fully Depreciated Assets |            |                                |                                 |                  |                     |                               | 73 |
| 74 |                          |            |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$ 552,553 | \$ 18,717                      | \$ 18,717                       | \$               |                     | \$ 464,004                    | 75 |

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

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

E. Summary of Care-Related Assets

|    |                            | 1<br>Reference   | 2<br>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) | \$ 1,500,670 | 81   |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$ 46,058    | 82   |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$ 46,058    | 83** |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$           | 84   |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$ 1,205,392 | 85   |

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

|   |                    | 1<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |          |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|----------|
| 3 | Original Building: | <u>1988</u>              | <u>120</u>             | <u>10/11/2013</u>           | \$                    | <u>12</u>                    |                                     | 3        |
| 4 | Additions          |                          |                        |                             |                       |                              |                                     | 4        |
| 5 |                    |                          |                        |                             |                       |                              |                                     | 5        |
| 6 |                    |                          |                        |                             |                       |                              |                                     | 6        |
| 7 | <b>TOTAL</b>       |                          | <b>120</b>             |                             | \$                    |                              |                                     | <b>7</b> |

10. Effective dates of current rental agreement:

Beginning 06/02/2014

Ending 05/31/2026

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

Fiscal Year Ending Annual Rent

|     |              |                     |
|-----|--------------|---------------------|
| 12. | <u>/2018</u> | \$ <u>1,199,522</u> |
| 13. | <u>/2019</u> | \$ <u>1,199,522</u> |
| 14. | <u>/2020</u> | \$ <u>1,199,522</u> |

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

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

|    | 1<br>Use     | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |           |
|----|--------------|-----------------------------|-------------------------------|--|-----------|
| 17 |              |                             | \$                            | \$                                     | 17        |
| 18 |              |                             |                               |  | 18        |
| 19 |              |                             |                               |  | 19        |
| 20 |              |                             |                               |  | 20        |
| 21 | <b>TOTAL</b> |                             | \$                            | \$                                     | <b>21</b> |

\* 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  | <b>TOTALS</b>                          | \$        | \$        | \$       | \$    |
| 10 | <b>SUM OF line 9, col. 1 and 2 (e)</b> | \$        |           |          |       |

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

| COMPLETED                    |  |
|------------------------------|--|
| 1. From this facility        |  |
| 2. From other facilities (f) |  |
| DROP-OUTS                    |  |
| 1. From this facility        |  |
| 2. From other facilities (f) |  |
| <b>TOTAL TRAINED</b>         |  |

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

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

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

|    | Service  | Schedule V<br>Line & Column<br>Reference | Staff               |            | Outside Practitioner<br>(other than consultant) |      | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |
|----|--|--|---------------------|------------|---|------|--------------------------------------|-------------------------------|--------------------------------|----|
|    |  |  | Units of<br>Service | Cost       | Units   | Cost |                                      |                               |                                |    |
|    |  |  |                     |            |   |      |                                      |                               |                                |    |
| 1  | Licensed Occupational Therapist  | 10a-03                                   | 4652 hrs            | \$ 207,584 |   | \$   |                                      | 4,652                         | \$ 207,584                     | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 10a-03                                   | 1445 hrs            | 72,535     |   |      |                                      | 1,445                         | 72,535                         | 2  |
| 3  | Licensed Recreational Therapist  | 10a-03                                   | hrs                 |            |   |      |                                      |                               |                                | 3  |
| 4  | Licensed Physical Therapist  | 10a-03                                   | 8216 hrs            | 389,370    |   |      |                                      | 8,216                         | 389,370                        | 4  |
| 5  | Physician Care   |  | visits              |            |   |      |                                      |                               |                                | 5  |
| 6  | Dental Care  |  | visits              |            |   |      |                                      |                               |                                | 6  |
| 7  | Work Related Program   |  | hrs                 |            |   |      |                                      |                               |                                | 7  |
| 8  | Habilitation   |  | hrs                 |            |   |      |                                      |                               |                                | 8  |
| 9  | Pharmacy   | 39                                       | # of<br>prescrpts   |            |   |      | 91,133                               |                               | 91,133                         | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |  | hrs                 |            |   |      |                                      |                               |                                | 10 |
| 11 | Academic Education   |  | hrs                 |            |   |      |                                      |                               |                                | 11 |
| 12 | Other (specify): _____   |  |                     |            |   |      |                                      |                               |                                | 12 |
| 13 | Other (specify): _____   |  |                     |            |   |      |                                      |                               |                                | 13 |
| 14 | <b>TOTAL</b>   |  |                     | \$ 669,489 |   | \$   | \$ 91,133                            | 14,313                        | \$ 760,622                     | 14 |

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

Facility Name & ID Number SSC Westchester Operating Company, LLC dba Westchester # 0047373 Report Period Beginning: 01/01/2017 Ending: 12/31/2017  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2017 (last day of reporting year)

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

|    |   | 1            | 2              |    |
|----|---|--------------|----------------|----|
|    |   | Operating    | After          |    |
|    |   |              | Consolidation* |    |
|    | <b>A. Current Assets</b>  |              |                |    |
| 1  | Cash on Hand and in Banks   | \$ 300       | \$             | 1  |
| 2  | Cash-Patient Deposits   | 116,473      |                | 2  |
| 3  | Accounts & Short-Term Notes Receivable-<br>Patients (less allowance ) | 960,160      |                | 3  |
| 4  | Supply Inventory (priced at )   |              |                | 4  |
| 5  | Short-Term Investments  |              |                | 5  |
| 6  | Prepaid Insurance   | 1,931        |                | 6  |
| 7  | Other Prepaid Expenses  | 6,280        |                | 7  |
| 8  | Accounts Receivable (owners or related parties)                       |              |                | 8  |
| 9  | Other(specify):   |              |                | 9  |
| 10 | <b>TOTAL Current Assets<br/>(sum of lines 1 thru 9)</b>               | \$ 1,085,144 | \$             | 10 |
|    | <b>B. Long-Term Assets</b>  |              |                |    |
| 11 | Long-Term Notes Receivable  |              |                | 11 |
| 12 | Long-Term Investments   | 7,363        |                | 12 |
| 13 | Land  |              |                | 13 |
| 14 | Buildings, at Historical Cost   |              |                | 14 |
| 15 | Leasehold Improvements, at Historical Cost                            | 9,447,360    |                | 15 |
| 16 | Equipment, at Historical Cost   | 552,553      |                | 16 |
| 17 | Accumulated Depreciation (book methods)                               | (1,735,189)  |                | 17 |
| 18 | Deferred Charges  |              |                | 18 |
| 19 | Organization & Pre-Operating Costs                                    |              |                | 19 |
| 20 | Accumulated Amortization -<br>Organization & Pre-Operating Costs      |              |                | 20 |
| 21 | Restricted Funds  |              |                | 21 |
| 22 | Other Long-Term Assets (specify):                                     |              |                | 22 |
| 23 | Other(specify): <u>Asset Clearing</u>                                 | 2,791        |                | 23 |
| 24 | <b>TOTAL Long-Term Assets<br/>(sum of lines 11 thru 23)</b>           | \$ 8,274,878 | \$             | 24 |
| 25 | <b>TOTAL ASSETS<br/>(sum of lines 10 and 24)</b>                      | \$ 9,360,022 | \$             | 25 |

|    |  | 1              | 2              |    |
|----|--|----------------|----------------|----|
|    |  | Operating      | After          |    |
|    |  |                | Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                    |                |                |    |
| 26 | Accounts Payable   | \$ 351,989     | \$             | 26 |
| 27 | Officer's Accounts Payable                                       |                |                | 27 |
| 28 | Accounts Payable-Patient Deposits                                |                |                | 28 |
| 29 | Short-Term Notes Payable   |                |                | 29 |
| 30 | Accrued Salaries Payable   | 525,910        |                | 30 |
| 31 | Accrued Taxes Payable<br>(excluding real estate taxes)           | 213            |                | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                              | 396,887        |                | 32 |
| 33 | Accrued Interest Payable   |                |                | 33 |
| 34 | Deferred Compensation  | 41,527         |                | 34 |
| 35 | Federal and State Income Taxes                                   |                |                | 35 |
|    | <b>Other Current Liabilities(specify):</b>                       |                |                |    |
| 36 | <u>Other Accuals</u>   | 104,722        |                | 36 |
| 37 |  |                |                | 37 |
| 38 | <b>TOTAL Current Liabilities<br/>(sum of lines 26 thru 37)</b>   | \$ 1,421,248   | \$             | 38 |
|    | <b>D. Long-Term Liabilities</b>                                  |                |                |    |
| 39 | Long-Term Notes Payable  |                |                | 39 |
| 40 | Mortgage Payable   |                |                | 40 |
| 41 | Bonds Payable  |                |                | 41 |
| 42 | Deferred Compensation  |                |                | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                     |                |                |    |
| 43 | <u>CLO &amp; Intercompany</u>                                    | 11,039,068     |                | 43 |
| 44 |  |                |                | 44 |
| 45 | <b>TOTAL Long-Term Liabilities<br/>(sum of lines 39 thru 44)</b> | \$ 11,039,068  | \$             | 45 |
| 46 | <b>TOTAL LIABILITIES<br/>(sum of lines 38 and 45)</b>            | \$ 12,460,316  | \$             | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                            | \$ (3,099,294) | \$             | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY<br/>(sum of lines 46 and 47)</b> | \$ 9,361,022   | \$             | 48 |

\*(See instructions.)

## XVI. STATEMENT OF CHANGES IN EQUITY

|           |   | 1<br>Total     |             |
|-----------|---|----------------|-------------|
| <b>1</b>  | <b>Balance at Beginning of Year, as Previously Reported</b>         | \$ (923,123)   | <b>1</b>    |
| <b>2</b>  | Restatements (describe):  |                | <b>2</b>    |
| <b>3</b>  |   |                | <b>3</b>    |
| <b>4</b>  |   |                | <b>4</b>    |
| <b>5</b>  |   |                | <b>5</b>    |
| <b>6</b>  | <b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b> | \$ (923,123)   | <b>6</b>    |
|           | <b>A. Additions (deductions):</b>                                   |                |             |
| <b>7</b>  | NET Income (Loss) (from page 19, line 43)                           | (2,176,171)    | <b>7</b>    |
| <b>8</b>  | Aquisitions of Pooled Companies                                     |                | <b>8</b>    |
| <b>9</b>  | Proceeds from Sale of Stock   |                | <b>9</b>    |
| <b>10</b> | Stock Options Exercised   |                | <b>10</b>   |
| <b>11</b> | Contributions and Grants  |                | <b>11</b>   |
| <b>12</b> | Expenditures for Specific Purposes                                  |                | <b>12</b>   |
| <b>13</b> | Dividends Paid or Other Distributions to Owners                     | ( )            | <b>13</b>   |
| <b>14</b> | Donated Property, Plant, and Equipment                              |                | <b>14</b>   |
| <b>15</b> | Other (describe)  |                | <b>15</b>   |
| <b>16</b> | Other (describe)  |                | <b>16</b>   |
| <b>17</b> | <b>TOTAL Additions (deductions) (sum of lines 7-16)</b>             | \$ (2,176,171) | <b>17</b>   |
|           | <b>B. Transfers (Itemize):</b>                                      |                |             |
| <b>18</b> |   |                | <b>18</b>   |
| <b>19</b> |   |                | <b>19</b>   |
| <b>20</b> |   |                | <b>20</b>   |
| <b>21</b> |   |                | <b>21</b>   |
| <b>22</b> |   |                | <b>22</b>   |
| <b>23</b> | <b>TOTAL Transfers (sum of lines 18-22)</b>                         | \$             | <b>23</b>   |
| <b>24</b> | <b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>            | \$ (3,099,294) | <b>24</b> * |

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

Facility Name & ID Number SSC Westchester Operating Company, LLC dba W # 0047373 Report Period Beginning: 01/01/2017Ending: 12/31/2017**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

| 1                                      |   | Amount        |     |
|--|---|---------------|-----|
| <b>I. Revenue</b>                      |   |               |     |
| <b>A. Inpatient Care</b>               |   |               |     |
| 1                                      | Gross Revenue -- All Levels of Care                       | \$ 31,341,760 | 1   |
| 2                                      | Discounts and Allowances for all Levels                   | (24,750,567)  | 2   |
| 3                                      | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 6,591,193  | 3   |
| <b>B. Ancillary Revenue</b>            |   |               |     |
| 4                                      | Day Care  |               | 4   |
| 5                                      | Other Care for Outpatients                                |               | 5   |
| 6                                      | Therapy   | 1,640,618     | 6   |
| 7                                      | Oxygen  |               | 7   |
| 8                                      | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 1,640,618  | 8   |
| <b>C. Other Operating Revenue</b>      |   |               |     |
| 9                                      | Payments for Education                                    |               | 9   |
| 10                                     | Other Government Grants                                   |               | 10  |
| 11                                     | CNA Training Reimbursements                               |               | 11  |
| 12                                     | Gift and Coffee Shop                                      |               | 12  |
| 13                                     | Barber and Beauty Care                                    |               | 13  |
| 14                                     | Non-Patient Meals   | (805)         | 14  |
| 15                                     | Telephone, Television and Radio                           |               | 15  |
| 16                                     | Rental of Facility Space                                  |               | 16  |
| 17                                     | Sale of Drugs   | 82,064        | 17  |
| 18                                     | Sale of Supplies to Non-Patients                          |               | 18  |
| 19                                     | Laboratory  | 8,091         | 19  |
| 20                                     | Radiology and X-Ray                                       | 825           | 20  |
| 21                                     | Other Medical Services                                    |               | 21  |
| 22                                     | Laundry   |               | 22  |
| 23                                     | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 90,175     | 23  |
| <b>D. Non-Operating Revenue</b>        |   |               |     |
| 24                                     | Contributions   |               | 24  |
| 25                                     | Interest and Other Investment Income***                   |               | 25  |
| 26                                     | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$            | 26  |
| <b>E. Other Revenue (specify):****</b> |   |               |     |
| 27                                     | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |               | 27  |
| 28                                     | <u>Misc Receipts Vending</u>                              | 1,598         | 28  |
| 28a                                    | <u>Misc Receipts Administrative</u>                       | 291           | 28a |
| 29                                     | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 1,889      | 29  |
| 30                                     | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 8,323,875  | 30  |

| 2                                   |  | Amount         |    |
|-------------------------------------|--|----------------|----|
| <b>II. Expenses</b>                 |  |                |    |
| <b>A. Operating Expenses</b>        |  |                |    |
| 31                                  | General Services   | 1,343,565      | 31 |
| 32                                  | Health Care  | 3,569,485      | 32 |
| 33                                  | General Administration   | 3,673,351      | 33 |
| <b>B. Capital Expense</b>           |  |                |    |
| 34                                  | Ownership  | 1,571,129      | 34 |
| <b>C. Ancillary Expense</b>         |  |                |    |
| 35                                  | Special Cost Centers   | 105,557        | 35 |
| 36                                  | Provider Participation Fee                                     | 236,959        | 36 |
| <b>D. Other Expenses (specify):</b> |  |                |    |
| 37                                  |  |                | 37 |
| 38                                  |  |                | 38 |
| 39                                  |  |                | 39 |
| 40                                  | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 10,500,046  | 40 |
| 41                                  | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | (2,176,171)    | 41 |
| 42                                  | <b>Income Taxes</b>  |                | 42 |
| 43                                  | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ (2,176,171) | 43 |

| <b>III. Net Inpatient Revenue detailed by Payer Source</b> |   |              |    |
|--|---|--------------|----|
| 44   | Medicaid - Net Inpatient Revenue                                      | \$ 5,462,544 | 44 |
| 45   | Private Pay - Net Inpatient Revenue                                   | 367,479      | 45 |
| 46   | Medicare - Net Inpatient Revenue                                      | 606,617      | 46 |
| 47   | Other-(specify) <u>HMO/Ins</u>  | 34,116       | 47 |
| 48   | Other-(specify) <u>VA/Hospice/Charity</u>                             | 120,437      | 48 |
| 49   | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 6,591,193 | 49 |

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

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

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

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

Facility Name & ID Number SSC Westchester Operating Company, LLC dba Westcheste

# 0047373

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

|    | 1  | 2**                        | 3                                      | 4                   |          |    |
|----|--|----------------------------|--|---------------------|----------|----|
|    | # of Hrs. Actually Worked                | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage |          |    |
| 1  | Director of Nursing                      | 1,981                      | 2,085                                  | \$ 105,028          | \$ 50.37 | 1  |
| 2  | Assistant Director of Nursing            | 400                        | 465                                    | 18,125              | 38.98    | 2  |
| 3  | Registered Nurses                        | 7,575                      | 8,269                                  | 277,967             | 33.62    | 3  |
| 4  | Licensed Practical Nurses                | 33,246                     | 35,315                                 | 1,002,274           | 28.38    | 4  |
| 5  | CNAs & Orderlies                         | 66,878                     | 70,700                                 | 998,842             | 14.13    | 5  |
| 6  | CNA Trainees                             |                            | 14,313                                 |                     | 0.00     | 6  |
| 7  | Licensed Therapist                       | 13,789                     |  | 669,489             |          | 7  |
| 8  | Rehab/Therapy Aides                      |                            | 2,393                                  |                     | 0.00     | 8  |
| 9  | Activity Director                        | 2,230                      | 1,356                                  | 58,802              | 43.36    | 9  |
| 10 | Activity Assistants                      | 1,180                      | 3,011                                  | 16,532              | 5.49     | 10 |
| 11 | Social Service Workers                   | 2,867                      |  | 68,202              |          | 11 |
| 12 | Dietician                                |                            |  |                     |          | 12 |
| 13 | Food Service Supervisor                  |                            |  |                     |          | 13 |
| 14 | Head Cook                                |                            |  |                     |          | 14 |
| 15 | Cook Helpers/Assistants                  |                            |  |                     |          | 15 |
| 16 | Dishwashers                              |                            |  |                     |          | 16 |
| 17 | Maintenance Workers                      | 3,338                      | 3,514                                  | 71,004              | 20.21    | 17 |
| 18 | Housekeepers                             |                            |  |                     |          | 18 |
| 19 | Laundry                                  |                            |  |                     |          | 19 |
| 20 | Administrator                            | 1,861                      | 1,946                                  | 109,527             | 56.28    | 20 |
| 21 | Assistant Administrator                  |                            |  |                     |          | 21 |
| 22 | Other Administrative                     | 7,196                      | 7,760                                  | 180,501             | 23.26    | 22 |
| 23 | Office Manager                           |                            |  |                     |          | 23 |
| 24 | Clerical                                 | 1,103                      | 1,424                                  | 129,367             | 90.85    | 24 |
| 25 | Vocational Instruction                   |                            |  |                     |          | 25 |
| 26 | Academic Instruction                     |                            |  |                     |          | 26 |
| 27 | Medical Director                         |                            |  |                     |          | 27 |
| 28 | Qualified MR Prof. (QMRP)                |                            |  |                     |          | 28 |
| 29 | Resident Services Coordinator            |                            |  |                     |          | 29 |
| 30 | Habilitation Aides (DD Homes)            |                            |  |                     |          | 30 |
| 31 | Medical Records                          |                            |  |                     |          | 31 |
| 32 | Other Health Care: <u>Medicare Coord</u> |                            |  |                     |          | 32 |
| 33 | Other(specify)                           |                            |  |                     |          | 33 |
| 34 | TOTAL (lines 1 - 33)                     | 143,644                    | 152,551                                | \$ 3,705,660 *      | \$ 24.29 | 34 |

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

|    | 1                                     | 2  | 3                                  |    |
|----|---------------------------------------|--|------------------------------------|----|
|    | Number of Hrs. Paid & Accrued         | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference |    |
| 35 | Dietary Consultant                    | \$ 373,089                                 | 1-3                                | 35 |
| 36 | Medical Director                      | 26,100                                     | 9-3                                | 36 |
| 37 | Medical Records Consultant            | 4,800                                      |                                    | 37 |
| 38 | Nurse Consultant                      |  |                                    | 38 |
| 39 | Pharmacist Consultant                 | 10,834                                     | 10-3                               | 39 |
| 40 | Physical Therapy Consultant           |  |                                    | 40 |
| 41 | Occupational Therapy Consultant       |  |                                    | 41 |
| 42 | Respiratory Therapy Consultant        | 1,031                                      | 10a-3                              | 42 |
| 43 | Speech Therapy Consultant             |  |                                    | 43 |
| 44 | Activity Consultant                   | 9,578                                      | 11-3                               | 44 |
| 45 | Social Service Consultant             | 1,609                                      | 12-3                               | 45 |
| 46 | Other(specify)                        | 25,373                                     | 10-3                               | 46 |
| 47 | <u>Xray &amp; Laboratory</u>          | 13,553                                     | 39-3                               | 47 |
| 48 | <u>Dentist/Physician/Psychiatrist</u> |  | 39-3                               | 48 |
| 49 | TOTAL (lines 35 - 48)                 | \$ 465,967                                 |                                    | 49 |

**C. CONTRACT NURSES**

|    | 1                                | 2                    | 3                                  |    |
|----|----------------------------------|----------------------|------------------------------------|----|
|    | Number of Hrs. Paid & Accrued    | Total Contract Wages | Schedule V Line & Column Reference |    |
| 50 | Registered Nurses                | \$ 10,818            | 10                                 | 50 |
| 51 | Licensed Practical Nurses        |                      |                                    | 51 |
| 52 | Certified Nurse Assistants/Aides |                      |                                    | 52 |
| 53 | TOTAL (lines 50 - 52)            | \$ 10,818            |                                    | 53 |

**XIX. SUPPORT SCHEDULES**

| A. Administrative Salaries                              |                        |             |            | D. Employee Benefits and Payroll Taxes                           |            |                                     | F. Dues, Fees, Subscriptions and Promotions |  |  |           |                           |  |  |  |          |           |
|---|------------------------|-------------|------------|--|------------|-------------------------------------|---|--|--|-----------|---------------------------|--|--|--|----------|-----------|
| Name  | Function               | Ownership % | Amount     | Description  | Amount     | Description                         | Amount                                      |  |  |           |                           |  |  |  |          |           |
| Katie Dewerd  | Administrator          | 0           | \$ 109,894 | Workers' Compensation Insurance                                  | \$ 345,183 | IDPH License Fee                    | \$  |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Unemployment Compensation Insurance                              | 40,702     | Advertising: Employee Recruitment   | 9,937                                       |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | FICA Taxes   | 273,768    | Health Care Worker Background Check | 8,924                                       |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Employee Health Insurance  | 129,774    | (Indicate # of checks performed )   |   |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Employee Meals   |            | Patient Background Checks           |   |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Illinois Municipal Retirement Fund (IMRF)*                       |            | Publications and Manuals            | 1,218                                       |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Employee Life Insurance  | 2,194      | Dues                                | 12,394                                      |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Other Benefits   | 8,181      | Other Licenses                      | 2,940                                       |  |  |           |                           |  |  |  |          |           |
|   |                        |             |            | Home Office Payroll Taxes  | 39,752     | Fees, Subscriptions and Promos      | 724   |  |  |           |                           |  |  |  |          |           |
| TOTAL (agree to Schedule V, line 17, col. 1)            |                        |             | \$ 109,894 | TOTAL (agree to Schedule V, line 22, col.8)                      |            |                                     | \$ 839,554                                  | TOTAL (agree to Sch. V, line 20, col. 8) |  | \$ 37,692 |                           |  |  |  |          |           |
| (List each licensed administrator separately.)          |                        |             |            |  |            |                                     |   | Less: Public Relations Expense ( )       |  |           |                           |  |  |  |          |           |
|   |                        |             |            |  |            |                                     |   | Non-allowable advertising                |  | 1,555     |                           |  |  |  |          |           |
|   |                        |             |            |  |            |                                     |   | Yellow page advertising ( )              |  |           |                           |  |  |  |          |           |
|   |                        |             |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| TOTAL (agree to Schedule V, line 17, col. 3)            |                        |             | \$         | E. Schedule of Non-Cash Compensation Paid to Owners or Employees |            |                                     | G. Schedule of Travel and Seminar**         |  |  |           |                           |  |  |  |          |           |
| (Attach a copy of any management service agreement)     |                        |             |            | Description  |            |                                     |   | Amount                                   |  |           |                           |  |  |  |          |           |
| C. Professional Services                                |                        |             |            | Description  |            |                                     |   | Line #                                   |  |           |                           | Amount                                   |  |  |          |           |
| Vendor/Payee  | Type                   | Amount      |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| Cass Information Systems                                |                        | \$ 868      |            |  |            |                                     |   |  |  |           | Out-of-State Travel       |  |  |  | \$ 2,731 |           |
| Compyrch  | Employee Asst Program  | 901         |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| Arnall Golden & Gregory                                 | Legal                  | 108         |            |  |            |                                     |   |  |  |           | In-State Travel           |  |  |  | 5,072    |           |
| Engie Insight   | Utility Management     | 74          |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| Equifax   | New Hire Reporting     | 524         |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| LexisNexis  | Regulatory Information | 315         |            |  |            |                                     |   |  |  |           | Seminar Expense           |  |  |  | 7,585    |           |
| NRC Health  | Survey Program         | 568         |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| Medical Collection Group                                | Collections            | 150         |            |  |            |                                     |   |  |  |           | Home Office Allocation    |  |  |  | 27,233   |           |
| ProTitle  | Property Search        | 101         |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |
| Worsek Vihon  | Legal                  | 8,891       |            |  |            |                                     |   |  |  |           | Entertainment Expense ( ) |  |  |  |          |           |
| TOTAL (agree to Schedule V, line 19, column 3)          |                        |             | \$ 12,500  | TOTAL  |            |                                     |   | \$                                       |  |           |                           | TOTAL (agree to Sch. V, line 24, col. 8) |  |  |          | \$ 42,621 |
| (For legal fee disclosure, see page 39 of instructions) |                        |             |            |  |            |                                     |   |  |  |           |                           |  |  |  |          |           |

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number SSC Westchester Operating Company, LLC dba Westchester Health & R # 0047373 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Health Care Association \$11,671
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? \_\_\_\_\_
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,685 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 236,959  
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. \$ \_\_\_\_\_ Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? Yes  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
g. **Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: BDO Seidman LLC (Corporate Level)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NA  
Attach invoices and a summary of services for all architect and appraisal fees