

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	130	Skilled (SNF)	130	47,450	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	130	TOTALS	130	47,450	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	16,566	5,410	18,666	40,642	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,566	5,410	18,666	40,642	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.65%

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

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 02/01/2006

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/2006 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 128 and days of care provided 10,561

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc # 0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	364,435	56,726	63,155	484,316		484,316	10,132	494,448		1
2	Food Purchase		283,912		283,912		283,912	(51)	283,861		2
3	Housekeeping	223,386	72,305		295,691		295,691	968	296,659		3
4	Laundry	74,740	41,275		116,015		116,015		116,015		4
5	Heat and Other Utilities			161,594	161,594		161,594	1,430	163,024		5
6	Maintenance	123,604	1,162	353,645	478,411		478,411	7,750	486,161		6
7	Other (specify):*							7,391	7,391		7
8	TOTAL General Services	786,165	455,380	578,394	1,819,939		1,819,939	27,620	1,847,559		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,698,590	306,548	882,812	3,887,950		3,887,950	36,686	3,924,636		10
10a	Therapy	170,028			170,028		170,028		170,028		10a
11	Activities	161,928	20,871		182,799		182,799		182,799		11
12	Social Services	196,893			196,893		196,893	28,365	225,258		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*	47,644			47,644		47,644	9,653	57,297		15
16	TOTAL Health Care and Programs	3,275,083	327,419	900,812	4,503,314		4,503,314	74,704	4,578,018		16
	C. General Administration										
17	Administrative	96,619			96,619		96,619	95,407	192,026		17
18	Directors Fees										18
19	Professional Services			525,338	525,338	(264)	525,074	(430,792)	94,282		19
20	Dues, Fees, Subscriptions & Promotions			130,822	130,822		130,822	(31,684)	99,138		20
21	Clerical & General Office Expenses	114,848	95,385	611,508	821,741		821,741	(417,047)	404,695		21
22	Employee Benefits & Payroll Taxes			681,709	681,709		681,709	(16,848)	664,861		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,393	2,393		2,393	1,022	3,415		24
25	Other Admin. Staff Transportation			6,211	6,211		6,211	791	7,002		25
26	Insurance-Prop.Liab.Malpractice			285,206	285,206		285,206	1,610	286,816		26
27	Other (specify):*							39,582	39,582		27
28	TOTAL General Administration	211,467	95,385	2,243,187	2,550,039	(264)	2,549,775	(757,959)	1,791,817		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,272,715	878,184	3,722,393	8,873,292	(264)	8,873,028	(655,634)	8,217,394		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			62,474	62,474		62,474	586,552	649,026			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,479	1,479		1,479	562,509	563,988			32
33	Real Estate Taxes			387,621	387,621	264	387,885	4,275	392,160			33
34	Rent-Facility & Grounds			1,080,000	1,080,000		1,080,000	(1,080,000)				34
35	Rent-Equipment & Vehicles			499	499		499	394	893			35
36	Other (specify):*											36
37	TOTAL Ownership			1,532,073	1,532,073	264	1,532,337	73,730	1,606,067			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		658,333	1,433,969	2,092,302		2,092,302	(38,600)	2,053,702			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			252,325	252,325		252,325		252,325			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		658,333	1,686,294	2,344,627		2,344,627	(38,600)	2,306,027			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,272,715	1,536,517	6,940,760	12,749,992		12,749,992	(620,505)	12,129,487			45

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	293,654	30		9
10	Interest and Other Investment Income	(15,908)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(372)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(535,568)	21		24
25	Fund Raising, Advertising and Promotional	(26,260)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(35,378)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (319,832)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(300,672)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (300,672)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (620,504)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Beecher Manor Nursing & Rehab Center, Llc

ID# 0047738

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Other Income	\$ (108)	21	1
2	Political Donations	(500)	20	2
3	Theft Loss	(1,067)	21	3
4	Collection Expense	(5,400)	21	4
5	Building Co - Management Fee	(6,350)	21	5
6	Building Co - Filing Fee	(75)	21	6
7	Building Co - Amortization Expense	(4,841)	31	7
8	Building Co - Bank Service Charges	(76)	21	8
9	Building Co - Professional Fee	(2,450)	21	9
10	Building Co - Loan Fee	(96)	21	10
11	Additional R & M	3,776	06	11
12	Capitalized R&M	(6,752)	06	12
13	PAC Dues	(7,238)	20	13
14	Chamber of Commerce Dues	(150)	20	14
15	Lobbying	(163)	21	15
16	Non Allowable Legal Fee	(3,738)	19	16
17	Non Allowable Accounting Fee	(136)	19	17
18	Non Allowable Data Processing	(15)	19	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(35,378)		49

Beecher Manor Nursing & Rehab Center, Llc

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 Ending: 12/31/18

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc# 0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			158		9,974							10,132	1
2	Food Purchase	(372)		321									(51)	2
3	Housekeeping			857		111							968	3
4	Laundry													4
5	Heat and Other Utilities			1,280		150							1,430	5
6	Maintenance	(2,976)		3,428	7,244	54							7,750	6
7	Other (specify):*				5,991	1,400							7,391	7
8	TOTAL General Services	(3,348)		6,044	13,235	11,689							27,620	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records					40,388		(3,702)					36,686	10
10a	Therapy													10a
11	Activities													11
12	Social Services					28,365							28,365	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					9,653							9,653	15
16	TOTAL Health Care and Programs					78,406		(3,702)					74,704	16
	C. General Administration													
17	Administrative			1,228	14,105	80,074							95,407	17
18	Directors Fees													18
19	Professional Services	(3,889)	2,450	(321,488)		(107,865)							(430,792)	19
20	Fees, Subscriptions & Promotions	(34,148)		1,575		889							(31,684)	20
21	Clerical & General Office Expenses	(551,352)	6,597	8,081	92,276	27,352							(417,047)	21
22	Employee Benefits & Payroll Taxes				(16,848)								(16,848)	22
23	Inservice Training & Education													23
24	Travel and Seminar			299		723							1,022	24
25	Other Admin. Staff Transportation			791									791	25
26	Insurance-Prop.Liab.Malpractice			1,439		171							1,610	26
27	Other (specify):*				24,755	14,827							39,582	27
28	TOTAL General Administration	(589,389)	9,047	(308,075)	114,288	16,171							(757,959)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(592,737)	9,047	(302,031)	127,523	106,266		(3,702)					(655,634)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc # 0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	293,654	290,690	2,091		117							586,552	30
31	Amortization of Pre-Op. & Org.	(4,841)	4,841											31
32	Interest	(15,908)	560,348	17,936		133							562,509	32
33	Real Estate Taxes		0	3,786		489							4,275	33
34	Rent-Facility & Grounds		(1,080,000)										(1,080,000)	34
35	Rent-Equipment & Vehicles			394									394	35
36	Other (specify):*													36
37	TOTAL Ownership	272,905	(224,121)	24,207		739							73,730	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers							(38,600)					(38,600)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers							(38,600)					(38,600)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(319,832)	(215,074)	(277,824)	127,523	107,005		(42,302)					(620,505)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,080,000	Beecher Properties, LLC		\$	(1,080,000)	1
2	V	33 Rental Income	387,621	Beecher Properties, LLC		387,621	0	2
3	V	21 Management Fee		Beecher Properties, LLC		6,350	6,350	3
4	V	21 Filing Fee		Beecher Properties, LLC		75	75	4
5	V	30 Depreciation Expense		Beecher Properties, LLC		290,690	290,690	5
6	V	31 Amortization Expense		Beecher Properties, LLC		4,841	4,841	6
7	V	32 Interest Expense		Beecher Properties, LLC		560,348	560,348	7
8	V	21 Bank Service Charges		Beecher Properties, LLC		76	76	8
9	V	19 Professional Fee		Beecher Properties, LLC		2,450	2,450	9
10	V	21 Loan Fee		Beecher Properties, LLC		96	96	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,467,621			\$ 1,252,547	\$ * (215,074)	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01 Dietary	\$	Extended Care Consulting, LLC		\$ 158	\$ 158	15	
16	V	02 Food		Extended Care Consulting, LLC		321	321	16	
17	V	03 Housekeeping		Extended Care Consulting, LLC		857	857	17	
18	V	05 Utilities		Extended Care Consulting, LLC		1,280	1,280	18	
19	V	06 Maintenance		Extended Care Consulting, LLC		3,428	3,428	19	
20	V	17 Administrative		Extended Care Consulting, LLC		1,228	1,228	20	
21	V	19 Professional Fees	325,968	Extended Care Consulting, LLC		4,480	(321,488)	21	
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC		1,575	1,575	22	
23	V	21 Office and Clerical		Extended Care Consulting, LLC		8,081	8,081	23	
24	V	24 Seminar and Travel		Extended Care Consulting, LLC		299	299	24	
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC		791	791	25	
26	V	26 Insurance		Extended Care Consulting, LLC		1,439	1,439	26	
27	V	30 Depreciation		Extended Care Consulting, LLC		2,091	2,091	27	
28	V	32 Interest		Extended Care Consulting, LLC		17,936	17,936	28	
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC		3,786	3,786	29	
30	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC		394	394	30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 325,968			\$ 48,144	\$ * (277,824)	39	

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

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	06 Maintenance (Pooled)		Extended Care Consulting, LLC		7,243	\$ 7,243 15
16	V	06 Maintenance (Direct)	29,800	Extended Care Consulting, LLC		29,801	1 16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC		628	628 17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC		5,363	5,363 18
19	V						19
20	V						20
21	V	17 Administrative (Pooled)		Extended Care Consulting, LLC		14,105	14,105 21
22	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC		92,364	92,364 22
23	V	21 Office and Clerical (Direct)	26,360	Extended Care Consulting, LLC		26,272	(88) 23
24	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC		21,291	21,291 24
25	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC		3,464	3,464 25
26	V	22 Employee Benefits	16,848	Extended Care Consulting, LLC			(16,848) 26
27	V						27
28	V						28
29	V						29
30	V						30
31	V						31
32	V						32
33	V						33
34	V						34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 73,008			\$ 200,531	\$ * 127,523 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	03 Housekeeping	\$	Extended Care Clinical, LLC		\$ 111	\$	111	15
16	V	05 Utilities		Extended Care Clinical, LLC		150		150	16
17	V	06 Maintenance		Extended Care Clinical, LLC		54		54	17
18	V	19 Professional Fees	108,660	Extended Care Clinical, LLC		795		(107,865)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC		889		889	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC		1,820		1,820	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC		723		723	21
22	V	26 Insurance		Extended Care Clinical, LLC		171		171	22
23	V	30 Depreciation		Extended Care Clinical, LLC		117		117	23
24	V	32 Interest		Extended Care Clinical, LLC		133		133	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC		489		489	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC		9,974		9,974	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC		1,400		1,400	27
28	V	10 Nursing Salary		Extended Care Clinical, LLC		40,388		40,388	28
29	V	12 Social Service Salary		Extended Care Clinical, LLC		28,365		28,365	29
30	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC		9,653		9,653	30
31	V	17 Administration Salary		Extended Care Clinical, LLC		80,074		80,074	31
32	V	21 Office Salary		Extended Care Clinical, LLC		25,532		25,532	32
33	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC		14,827		14,827	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 108,660			\$ 215,665	\$ *	107,005	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Various Equipment	1,920	Vent Lease LLC		1,920	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,920			\$ 1,920	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Nursing and Medical Records	42,948	MAC Rx, LLC		39,247	(3,702)	15
16	V	39 Ancillary	447,873	MAC Rx, LLC		409,273	(38,600)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 490,821			\$ 448,519	\$ * (42,302)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 Employee Health Insurance	\$	CCS Employee Benefits Group		\$ 291,268	\$ 291,268
16	V						
17	V						
18	V						
19	V	22 Employee Health Insurance	291,268	CCS Employee Benefits Group			(291,268)
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 291,268			\$ 291,268	\$ *

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, LI # 0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A									1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$		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 Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Extended Care Consulting, LLC
2201 West Main Street
Evanston, Illinois 60202
(847) 905-3000
(847) 905-3030

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	01	Dietary	Patient Days	1,389,746	40	\$ 5,386	\$ 40,642	\$ 158	1
2	02	Food	Patient Days	1,389,746	40	10,961	40,642	321	2
3	03	Housekeeping	Patient Days	1,389,746	40	29,295	40,642	857	3
4	05	Utilities	Patient Days	1,389,746	40	43,781	40,642	1,280	4
5	06	Maintenance	Patient Days	1,389,746	40	117,234	40,642	3,428	5
6	17	Administrative	Patient Days	1,389,746	40	42,000	40,642	1,228	6
7	19	Professional Fees	Patient Days	1,389,746	40	153,207	40,642	4,480	7
8	20	Dues and Subscriptions	Patient Days	1,389,746	40	53,847	40,642	1,575	8
9	21	Office and Clerical	Patient Days	1,389,746	40	276,330	40,642	8,081	9
10	24	Seminar and Travel	Patient Days	1,389,746	40	10,217	40,642	299	10
11	25	Other Staff Admin. Trans.	Patient Days	1,389,746	40	27,054	40,642	791	11
12	26	Insurance	Patient Days	1,389,746	40	49,193	40,642	1,439	12
13	30	Depreciation	Patient Days	1,389,746	40	71,516	40,642	2,091	13
14	32	Interest	Patient Days	1,389,746	40	613,328	40,642	17,936	14
15	33	Real Estate Taxes	Patient Days	1,389,746	40	129,471	40,642	3,786	15
16	35	Rent - Equipment & Auto	Patient Days	1,389,746	40	13,470	40,642	394	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,646,291	\$	\$ 48,144	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Extended Care Consulting, LLC
2201 West Main Street
Evanston, Illinois 60202
(847) 905-3000
(847) 905-3030

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	06	Maintenance (Pooled)	Patient Days	1,389,746	40	247,664	247,664	40,642	7,243	1
2	06	Maintenance (Direct)	Direct		25	357,298	357,298		29,801	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,389,746	40	21,482		40,642	628	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		25	47,140			5,363	4
5										5
6										6
7	17	Administrative (Pooled)	Patient Days	1,389,746	40	482,303	482,303	40,642	14,105	7
8	21	Office and Clerical (Pooled)	Patient Days	1,389,746	40	3,158,355	3,158,355	40,642	92,364	8
9	21	Office and Clerical (Direct)	Direct		28	484,472	484,472		26,272	9
10	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,389,746	40	728,044		40,642	21,291	10
11	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		28	72,742			3,464	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,599,498	\$ 4,730,091		\$ 200,531	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Extended Care Clinical, LLC
2201 Main Street
Evanston, Illinois 60202
(847) 905-3000
(847) 905-3030

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	03	Housekeeping	Patient Days	710,509	22	\$ 1,936	\$ 40,642	\$ 111	1
2	05	Utilities	Patient Days	710,509	22	2,630	40,642	150	2
3	06	Maintenance	Patient Days	710,509	22	952	40,642	54	3
4	19	Professional Fees	Patient Days	710,509	22	13,906	40,642	795	4
5	20	Dues and Subscriptions	Patient Days	710,509	22	15,540	40,642	889	5
6	21	Office & Clerical	Patient Days	710,509	22	31,816	40,642	1,820	6
7	24	Travel and Seminar	Patient Days	710,509	22	12,645	40,642	723	7
8	26	Insurance	Patient Days	710,509	22	2,983	40,642	171	8
9	30	Depreciation	Patient Days	710,509	22	2,046	40,642	117	9
10	32	Interest	Patient Days	710,509	22	2,330	40,642	133	10
11	33	Real Estate Taxes	Patient Days	710,509	22	8,555	40,642	489	11
12	01	Dietary Salary	Patient Days	710,509	22	174,364	174,364	9,974	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	710,509	22	24,481	40,642	1,400	13
14	10	Nursing Salary	Patient Days	710,509	22	706,073	706,073	40,388	14
15	12	Social Service Salary	Patient Days	710,509	22	495,889	495,889	28,365	15
16	15	Emp. Ben. - Healthcare	Patient Days	710,509	22	168,758	40,642	9,653	16
17	17	Administration Salary	Patient Days	710,509	22	1,399,873	1,399,873	80,074	17
18	21	Office Salary	Patient Days	710,509	22	446,345	446,345	25,532	18
19	27	Emp. Ben. - Gen. Admin.	Patient Days	710,509	22	259,213	40,642	14,827	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,770,337	\$ 3,222,544		\$ 215,665	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

Vent Lease, LLC

Street Address

2201 Main Street

City / State / Zip Code

Evanston, Illinois 60202

Phone Number

(847) 674-1180

Fax Number

(847) 673-7741

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Various Equipment	Direct Allocation					1,920	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 1,920	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

MAC Rx, LLC

Street Address

2307 S. Mount Prospect Road

City / State / Zip Code

Des Plaines, IL 60018

Phone Number

(224)220-2700

Fax Number

(224)220-2730

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing And Medical Records	Direct Allocation					39,247	1
2	39	Ancillary	Direct Allocation					409,273	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		448,519	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

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 CCS Employee Benefits Group, Inc.
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847)905-4000
 Fax Number (847)905-4040

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	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 291,268	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 291,268	25

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc # 0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	CIBM Bank		X	Mortgage			\$	10,878,092		\$	560,348	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	CIB Bank		X	Line of Credit								6								
7	Alliance Laundry Systems		X	Note Payable F & E				21,396			1,479	7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related						\$	10,899,488		\$	561,827	9								
B. Non-Facility Related*																				
10	Interest Income		X								(15,908)	10								
11	Alloc. From Exted Care Consulting										17,936	11								
12	Alloc. From Exted Care Clinical										133	12								
13												13								
14	TOTAL Non-Facility Related						\$			\$	2,161	14								
15	TOTALS (line 9+line14)						\$	10,899,488		\$	563,988	15								

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

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

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

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 2017 report.	\$	188,737	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.)	\$	285,425	2
3. Under or (over) accrual (line 2 minus line 1).	\$	96,688	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	295,208	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$	264	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>646</u> For <u>13,14,15</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	392,160	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<u>163,746</u>	8			
	2014	<u>171,788</u>	9			
	2015	<u>178,218</u>	10			
	2016	<u>179,750</u>	11			
	2017	<u>281,150</u>	12			
2018 Accrual = \$281,150 x 1.05 = \$295,208						
Allocated from Extended Care Consulting \$3786				13	FROM R. E. TAX STATEMENT FOR 2017	\$ 13
Allocated from Extended Care Clinical \$489				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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2017 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2017 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2017.

Please complete the Real Estate Tax Statement below and include it in the 2018 cost report along with a copy of your 2017 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Beecher Manor Nursing & Rehab Center, Llc COUNTY Will
 FACILITY IDPH LICENSE NUMBER 0047738
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>22-22-16-200-021-0000</u>	<u>Long Term Care Property</u>	\$ <u>4,006.88</u>	\$ <u>4,006.88</u>
2. <u>22-22-16-200-028-0000</u>	<u>Long Term Care Property</u>	\$ <u>277,143.60</u>	\$ <u>277,143.60</u>
3. <u>See Attached</u>	<u>Alloc. From Extended Care Consulting</u>	\$ <u>190,923.89</u>	\$ <u>3,786.26</u>
4. <u>See Attached</u>	<u>Alloc. From Extended Care Clinical</u>	\$ <u>190,923.89</u>	\$ <u>489.36</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>662,998.26</u>	\$ <u>285,426.10</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2017 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2017 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2017.

Please complete the Real Estate Tax Statement below and include it in the 2018 cost report along with a copy of your 2017 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Beecher Manor Nursing & Rehab Center, Llc COUNTY Will
 FACILITY IDPH LICENSE NUMBER 0047738
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____
6.	_____	\$ _____	\$ _____
7.	_____	\$ _____	\$ _____
8.	_____	\$ _____	\$ _____
9.	_____	\$ _____	\$ _____
10.	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,799 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>123,116</u>	<u>2006</u>	<u>\$ 163,718</u>	<u>1</u>
2	<u>Allocated from Care Center Building</u>			<u>18,363</u>	<u>2</u>
3	TOTALS			\$ 182,081	3

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	130	2006	1985	\$ 2,546,584	\$	39	\$ 65,297	\$ 65,297	\$ 840,698	4
5			2008	1,794,872		39	46,022	46,022	477,504	5
6			2009	3,618,157		39	92,773	92,773	921,667	6
7			2010	4,953		39	127	127	1,108	7
8					290,690			(290,690)		8
Improvement Type**										
9	Various		2006	44,583		20	2,229	2,229	27,632	9
10	Various		2007	35,433		20	1,641	1,641	22,048	10
11	Various		2008	107,367		20	4,698	4,698	65,313	11
12	Various		2009	113,868		20	1,539	1,539	97,684	12
13	Various		2010	20,272		20	857	857	10,454	13
14	Various		2011	3,519		20			3,519	14
15	Various		2012	56,708		20	2,082	2,082	29,040	15
16	Various		2013	54,694		20	4,091	4,091	22,664	16
17	Various		2014	8,280		20	414	414	1,927	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		7,780,686			389,034	389,034	389,034	67
68		90,858	1,393		1,393		61,591	68
69			62,474			(62,474)		69
70		\$ 16,280,834	\$ 354,557		\$ 612,199	\$ 257,642	\$ 2,971,881	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	Totals from Page 12A, Carried Forward		\$ 16,280,834	\$ 354,557		\$ 612,199	\$ 257,642	\$ 2,971,881	1
2	South Corridor Hvac	2015	29,612		20	1,481	1,481	5,429	2
3	Replace Faulty Sprinkler Valve	2015	3,710		20	186	186	649	3
4	2 White Sinks	2017	8,990		20	450	450	899	4
5	Wireless Access Points	2017	15,480		20	774	774	1,161	5
6	Faux Stucco Exterior Sign With Light Fixtures	2017	22,364		20	1,118	1,118	1,584	6
7	2 Trane 7.5 Ton Condensers	2018	21,400		20	624	624	624	7
8	Repaired Kitchen	2018	4,000		20	100	100	100	8
9	Walk In Cooler And Freezer Doors Replacement	2018	7,303		20	183	183	183	9
10	13 Custom Cornice Boards	2018	5,500		20	69	69	69	10
11	Double Face Sign Preparation	2018	5,275		20	66	66	66	11
12	Patio And Landscaping	2018	39,699		20	331	331	331	12
13	Repaired Walk In Freezer	2018	6,339		20	79	79	79	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	34

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

Facility Name & ID Number **Beecher Manor Nursing & Rehab Center, Llc**

0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,450,506	\$ 354,557		\$ 617,658	\$ 263,101	\$ 2,983,055	34

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Facility Renovation: contractor fee, demolition, concrete,	2018	7,780,686		20	389,034	389,034	389,034	9
10	site utilities, structural steel, masonry, roofing, doors,								10
11	fence, paving, insulation, ceilings, millwork, flooring,								11
12	painting, fire protection, HVAC, plumbing, drywall,								12
13	carpentry, electrical, landscaping								13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,780,686	\$		\$ 389,034	\$ 389,034	\$ 389,034	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 7,780,686	\$		\$ 389,034	\$ 389,034	\$ 389,034	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,780,686	\$		\$ 389,034	\$	\$ 389,034	34

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc# 0047738

Report Period Beginning:

01/01/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Related Party								1
2	Buildings:								2
3	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2002	22,409	575	35	575		9,361	3
4	<u>Allocated from Extended Care Consulting - Dyer Building</u>	2007	7,019	155	35	155		1,788	4
5	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2002	2,896	74	35	74		1,210	5
6									6
7	Leasehold Improvements:								7
8	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2002	18,512		20			18,512	8
9	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2003	21,816		20			21,816	9
10	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2005	1,084		20			1,084	10
11	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2009	196	10	20	10		98	11
12	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2014	1,877	94	20	94		469	12
13	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2015	308	15	20	15		133	13
14	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2016	1,218	61	20	61		183	14
15	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2017	2,113	106	20	106		211	15
16	<u>Allocated from Extended Care Consulting-Care Center Bldg</u>	2018	968	48	20	48		48	16
17	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2002	2,393		20			2,393	17
18	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2003	2,820		20			2,820	18
19	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2005	140		20			140	19
20	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2009	25	1	20	1		13	20
21	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2014	235	12	20	12		59	21
22	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2015	40	2	20	2		17	22
23	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2016	157	8	20	8		24	23
24	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2017	273	14	20	14		27	24
25	<u>Allocated from Extended Care Clinical - Care Center Bldg</u>	2018	125	6	20	6		6	25
26	<u>Allocated from Extended Care Consulting</u>	2007	135	7	20	7		81	26
27	<u>Allocated from Extended Care Consulting</u>	2009	80	4	20	4		40	27
28	<u>Allocated from Extended Care Consulting</u>	2010	789	39	20	39		355	28
29	<u>Allocated from Extended Care Consulting</u>	2011	284	14	20	14		114	29
30	<u>Allocated from Extended Care Consulting</u>	2012	94	5	20	5		33	30
31	<u>Allocated from Extended Care Consulting</u>	2014	1,297	65	20	65		324	31
32	<u>Allocated from Extended Care Consulting</u>	2016	1,555	78	20	78		233	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 90,858	\$ 1,393		\$ 1,393	\$	\$ 61,591	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 90,858	\$ 1,393		\$ 1,393	\$	\$ 61,591	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 90,858	\$ 1,393		\$ 1,393	\$	\$ 61,591	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 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 217,533	\$ 667	\$ 27,314	\$ 26,647	10	\$ 92,058	71
72	Current Year Purchases	121,298		3,905	3,905	10	3,905	72
73	Fully Depreciated Assets	728,584				10	728,584	73
74								74
75	TOTALS	\$ 1,067,415	\$ 667	\$ 31,219	\$ 30,553		\$ 824,547	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Alloc. Extended Care Clinical	2012	\$ 2,939	\$	\$	\$	5	\$ 2,939	76
77		Alloc. Extended Care Consulting	2014	745	149	149	0	5	745	77
78										78
79										79
80	TOTALS			\$ 3,683	\$ 149	\$ 149	\$ 0		\$ 3,683	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,703,686	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 355,372	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 649,026	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 293,654	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,811,285	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 199,799	92
93			93
94			94
95		\$ 199,799	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2019 \$ _____

13. _____ /2020 \$ _____

14. _____ /2021 \$ _____

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: \$ 892 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc # 0047738 Report Period Beginning: 01/01/18 Ending: 12/31/18
 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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)							
			Units of Service			Units	Cost										
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	655,703	\$		\$	655,703					1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				89,917									89,917	2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist	39 - 03	hrs				643,511									643,511	4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy	39 - 02	# of prescripts							465,334						465,334	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs														10
11	Academic Education		hrs														11
12	Other (specify):																12
13	Other (specify):						44,838			192,999						237,837	13
14	TOTAL			\$		\$	1,433,969	\$		658,333	\$		\$		2,092,302		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 **Beecher Manor Nursing & Rehab Center, Llc**

0047738

Report Period Beginning: **01/01/18**

Ending: **12/31/18**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/18**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 89,497	\$ 91,487	1
2	Cash-Patient Deposits	25,589	25,589	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,931,337	1,931,337	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	82,252	82,252	6
7	Other Prepaid Expenses	13,243	13,243	7
8	Accounts Receivable (owners or related parties)	2,991,269	1,152,044	8
9	Other(specify): <u>See Attached Schedule</u>	544,931	544,931	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,678,118	\$ 3,840,883	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		163,718	13
14	Buildings, at Historical Cost		15,502,488	14
15	Leasehold Improvements, at Historical Cost	546,241	546,241	15
16	Equipment, at Historical Cost	483,457	915,155	16
17	Accumulated Depreciation (book methods)	(732,837)	(4,336,278)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	3,509	275,646	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 300,370	\$ 13,066,970	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,978,488	\$ 16,907,853	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,018,900	\$ 1,018,901	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,602	17,602	28
29	Short-Term Notes Payable	21,396	21,396	29
30	Accrued Salaries Payable	178,894	178,894	30
31	Accrued Taxes Payable (excluding real estate taxes)	8,646	8,646	31
32	Accrued Real Estate Taxes(Sch.IX-B)	295,208	295,208	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	1,273	1,273	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,541,919	\$ 1,541,920	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,878,092	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 10,878,092	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,541,919	\$ 12,420,012	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,436,569	\$ 4,487,841	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,978,488	\$ 16,907,853	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,781,322	1
2	Restatements (describe):		2
3	Bad Debt	(45,924)	3
4	Rounding	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,735,399	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	85,170	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(384,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (298,830)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,436,569	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning: 01/01/18

Ending: 12/31/18

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,572,387	1
2	Discounts and Allowances for all Levels	(6,361,938)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,210,449	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,879,527	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,879,527	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	522	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	449,098	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	91,912	19
20	Radiology and X-Ray	40,509	20
21	Other Medical Services	147,129	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 729,170	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	15,908	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15,908	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	108	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 108	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,835,162	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,819,939	31
32	Health Care	4,503,314	32
33	General Administration	2,550,039	33
B. Capital Expense			
34	Ownership	1,532,073	34
C. Ancillary Expense			
35	Special Cost Centers	2,092,302	35
36	Provider Participation Fee	252,325	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,749,992	40
41	Income before Income Taxes (line 30 minus line 40)**	85,170	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 85,170	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,704,492	44
45	Private Pay - Net Inpatient Revenue	1,643,468	45
46	Medicare - Net Inpatient Revenue	702,457	46
47	Other-(specify) <u>Hospice</u>	1,127,825	47
48	Other-(specify) <u>Insurance</u>	32,207	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,210,449	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not completed 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 Beecher Manor Nursing & Rehab Center, Llc

0047738

Report Period Beginning: 01/01/18

Ending: 12/31/18

12/31/18

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	1,802	2,123	\$ 134,022	\$ 63.14	1
2	Assistant Director of Nursing	1,714	1,939	92,842	47.88	2
3	Registered Nurses	22,138	24,653	816,585	33.12	3
4	Licensed Practical Nurses	26,986	29,969	903,657	30.15	4
5	CNAs & Orderlies	45,210	49,435	673,474	13.62	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,645	8,564	170,028	19.85	8
9	Activity Director	1,938	2,173	59,857	27.55	9
10	Activity Assistants	8,369	8,577	102,071	11.90	10
11	Social Service Workers	7,467	8,282	193,354	23.35	11
12	Dietician					12
13	Food Service Supervisor	2,408	2,722	81,280	29.86	13
14	Head Cook	7,144	8,050	101,760	12.64	14
15	Cook Helpers/Assistants	17,000	19,047	181,395	9.52	15
16	Dishwashers					16
17	Maintenance Workers	6,155	6,875	123,604	17.98	17
18	Housekeepers	19,078	19,954	223,386	11.20	18
19	Laundry	7,005	7,224	74,740	10.35	19
20	Administrator	1,893	2,118	96,619	45.62	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,038	8,612	114,848	13.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,013	2,213	39,460	17.83	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Attached</u>	6,677	7,173	89,734	12.51	33
34	TOTAL (lines 1 - 33)	200,679	219,702	\$ 4,272,716 *	\$ 19.45	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	1,242	\$ 63,155	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	8,774	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,242	\$ 89,929		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,098	\$ 124,440	10-03	50
51	Licensed Practical Nurses	1,168	43,881	10-03	51
52	Certified Nurse Assistants/Aides	31,765	705,717	10-03	52
53	TOTAL (lines 50 - 52)	35,031	\$ 874,038		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		
Michael Stoudt	Administrator	0	\$ 96,619	Workers' Compensation Insurance	\$ 118,060	IDPH License Fee	\$ 1,326		
				Unemployment Compensation Insurance	38,548	Advertising: Employee Recruitment	67,445		
				FICA Taxes	316,528	Health Care Worker Background Check (Indicate # of checks performed)			
				Employee Health Insurance	162,679	Patient Background Checks	399 4,431		
				Employee Meals		Dues & Subscriptions	17,292		
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Permits	6,180		
				Other Employee Welfare	28,088				
				Holiday Expense	958				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 96,619	TOTAL (agree to Schedule V, line 22, col.8)		\$ 664,861	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 99,138
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	2,393	
							Allocated from Extended Care Consulting	299	
							Allocated from Extended Care Clinical	723	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 3,415
C. Professional Services									
Vendor/Payee	Type	Amount							
Resolute Healthcare	Automation Technology	\$ 2,486							
Blymas	Tax Credit Services	1,820							
Pinnacle Quality Insight	Customer Satisfaction	2,535							
Kelleher Helmrich	MSDS Services	728							
Marcum LLP	Accounting	24,736							
Legat Architects	Architect Services	680							
ECC Clinical	Home Office Expense	108,660							
ECC Consulting	Home Office Expense	325,968							
Personnel Planners	Unemployment Consulting	760							
ProPay	Payroll Services	24,573							
Ability Network	Medicare Billing Services	7,401							
See Supplemental Schedule		24,991							
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 525,338						

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Beecher Manor Nursing & Rehab Center, Llc# 0047738

Report Period Beginning:

01/01/18Ending: 12/31/18**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. Healthcare Council \$14,476.80
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 91,133 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 252,325
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 benefit on Schedule V. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? 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? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees