



Facility Name & ID Number Chalet Living And Rehab

# 0053843 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 | 219                                | Skilled (SNF)               | 219                          | 79,935                                 | 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 | 219                                | TOTALS                      | 219                          | 79,935                                 | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |             |       |        |    |
|----|--------------------|--|-------------|-------|--------|----|
|    |                    | Medicaid Recipient   | Private Pay | Other | Total  |    |
| 8  | SNF                | 61,935   | 3,078       | 3,526 | 68,539 | 8  |
| 9  | SNF/PED            |  |             |       |        | 9  |
| 10 | ICF                |  |             |       |        | 10 |
| 11 | ICF/DD             |  |             |       |        | 11 |
| 12 | SC                 |  |             |       |        | 12 |
| 13 | DD 16 OR LESS      |  |             |       |        | 13 |
| 14 | TOTALS             | 61,935   | 3,078       | 3,526 | 68,539 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.74%

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 10/1/2011

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

YES  Date 10/1/2011 NO

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

YES  NO  If YES, enter number of beds certified 219 and days of care provided 2,876

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL  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 Chalet Living And Rehab # 0053843 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<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |     |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|-----|
|     |  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10  |
|     | <b>A. General Services</b>                                   |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 1   | Dietary  | 451,473                  | 35,393        | 571        | 487,437    |                        | 487,437                    | 1,470             | 488,907                |                  | 1   |
| 2   | Food Purchase  |                          | 415,015       |            | 415,015    |                        | 415,015                    | (7,745)           | 407,270                |                  | 2   |
| 3   | Housekeeping   | 252,495                  | 61,923        |            | 314,418    |                        | 314,418                    | 2,312             | 316,730                |                  | 3   |
| 4   | Laundry  | 98,145                   | 19,917        |            | 118,062    |                        | 118,062                    | 14                | 118,076                |                  | 4   |
| 5   | Heat and Other Utilities                                     |                          |               | 309,448    | 309,448    |                        | 309,448                    | (13,725)          | 295,723                |                  | 5   |
| 6   | Maintenance  | 163,710                  | 24,977        | 154,503    | 343,190    |                        | 343,190                    | 11,548            | 354,738                |                  | 6   |
| 7   | Other (specify):*  |                          |               |            |            |                        |                            |                   |                        |                  | 7   |
| 8   | <b>TOTAL General Services</b>                                | 965,823                  | 557,225       | 464,522    | 1,987,570  |                        | 1,987,570                  | (6,125)           | 1,981,445              |                  | 8   |
|     | <b>B. Health Care and Programs</b>                           |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 9   | Medical Director   |                          |               | 22,559     | 22,559     |                        | 22,559                     |                   | 22,559                 |                  | 9   |
| 10  | Nursing and Medical Records                                  | 3,761,803                | 105,114       | 31,524     | 3,898,441  |                        | 3,898,441                  | 92,396            | 3,990,837              |                  | 10  |
| 10a | Therapy  | 266,923                  |               |            | 266,923    |                        | 266,923                    |                   | 266,923                |                  | 10a |
| 11  | Activities   | 125,814                  | 8,784         | 3,224      | 137,822    |                        | 137,822                    | 92                | 137,914                |                  | 11  |
| 12  | Social Services  | 262,033                  |               | 3,302      | 265,335    |                        | 265,335                    | 5,724             | 271,059                |                  | 12  |
| 13  | CNA Training   |                          |               |            |            |                        |                            |                   |                        |                  | 13  |
| 14  | Program Transportation                                       |                          |               | 13,313     | 13,313     |                        | 13,313                     |                   | 13,313                 |                  | 14  |
| 15  | Other (specify):*  |                          |               |            |            |                        |                            | 10,543            | 10,543                 |                  | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                        | 4,416,573                | 113,898       | 73,922     | 4,604,393  |                        | 4,604,393                  | 108,755           | 4,713,148              |                  | 16  |
|     | <b>C. General Administration</b>                             |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 17  | Administrative   | 175,513                  |               |            | 175,513    |                        | 175,513                    | 121,743           | 297,256                |                  | 17  |
| 18  | Directors Fees   |                          |               |            |            |                        |                            |                   |                        |                  | 18  |
| 19  | Professional Services  |                          |               | 168,203    | 168,203    | (5,003)                | 163,200                    | (12,190)          | 151,010                |                  | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                       |                          |               | 71,830     | 71,830     |                        | 71,830                     | (29,505)          | 42,325                 |                  | 20  |
| 21  | Clerical & General Office Expenses                           | 178,851                  | 4,020         | 346,013    | 528,884    |                        | 528,884                    | 256,317           | 785,201                |                  | 21  |
| 22  | Employee Benefits & Payroll Taxes                            |                          |               | 889,949    | 889,949    |                        | 889,949                    |                   | 889,949                |                  | 22  |
| 23  | Inservice Training & Education                               |                          |               |            |            |                        |                            |                   |                        |                  | 23  |
| 24  | Travel and Seminar   |                          |               | 1,585      | 1,585      |                        | 1,585                      | 4,033             | 5,618                  |                  | 24  |
| 25  | Other Admin. Staff Transportation                            |                          |               | 451        | 451        |                        | 451                        |                   | 451                    |                  | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                              |                          |               | 226,517    | 226,517    |                        | 226,517                    | 7,383             | 233,900                |                  | 26  |
| 27  | Other (specify):*  |                          |               |            |            |                        |                            | 77,148            | 77,148                 |                  | 27  |
| 28  | <b>TOTAL General Administration</b>                          | 354,364                  | 4,020         | 1,704,548  | 2,062,932  | (5,003)                | 2,057,929                  | 424,928           | 2,482,857              |                  | 28  |
| 29  | <b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b> | 5,736,760                | 675,143       | 2,242,992  | 8,654,895  | (5,003)                | 8,649,892                  | 527,558           | 9,177,451              |                  | 29  |

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

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

Facility Name & ID Number Chalet Living And Rehab

#0053843

Report Period Beginning:

01/01/18

Ending:

12/31/18

## 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<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                   |                    |              |                | 9                | 10 |    |
|    | <b>D. Ownership</b>                                   |                         |               |            |            |                   |                    |              |                |                  |    |    |
| 30 | Depreciation  |                         |               |            |            |                   |                    | 880,101      | 880,101        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                         |               |            |            |                   |                    |              |                |                  |    | 31 |
| 32 | Interest  |                         |               | 5,261      | 5,261      |                   | 5,261              | 1,709,031    | 1,714,292      |                  |    | 32 |
| 33 | Real Estate Taxes                                     |                         |               | 227,436    | 227,436    | 5,003             | 232,439            | 6,235        | 238,674        |                  |    | 33 |
| 34 | Rent-Facility & Grounds                               |                         |               | 2,718,819  | 2,718,819  |                   | 2,718,819          | (2,718,608)  | 211            |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                             |                         |               | 5,140      | 5,140      |                   | 5,140              | 5,503        | 10,643         |                  |    | 35 |
| 36 | Other (specify):*                                     |                         |               |            |            |                   |                    |              |                |                  |    | 36 |
| 37 | <b>TOTAL Ownership</b>                                |                         |               | 2,956,656  | 2,956,656  | 5,003             | 2,961,659          | (117,737)    | 2,843,921      |                  |    | 37 |
|    | <b>Ancillary Expense</b>                              |                         |               |            |            |                   |                    |              |                |                  |    |    |
|    | <b>E. Special Cost Centers</b>                        |                         |               |            |            |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation                    |                         |               |            |            |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                             |                         | 272,837       | 673,643    | 946,480    |                   | 946,480            |              | 946,480        |                  |    | 39 |
| 40 | Barber and Beauty Shops                               |                         |               |            |            |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                                 |                         |               |            |            |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                            |                         |               | 518,612    | 518,612    |                   | 518,612            |              | 518,612        |                  |    | 42 |
| 43 | Other (specify):*                                     |                         |               | 718,050    | 718,050    |                   | 718,050            | (718,050)    | (0)            |                  |    | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     |                         | 272,837       | 1,910,305  | 2,183,142  |                   | 2,183,142          | (718,050)    | 1,465,092      |                  |    | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | 5,736,760               | 947,980       | 7,109,953  | 13,794,693 |                   | 13,794,693         | (308,230)    | 13,486,463     |                  |    | 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 Chalet Living And Rehab

# 0053843

Report Period Beginning:

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**VI. ADJUSTMENT DETAIL**

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

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

|    |  | 1            | 2              | 3               |    |
|----|--|--------------|----------------|-----------------|----|
|    | NON-ALLOWABLE EXPENSES   | Amount       | Refer-<br>ence | BHF USE<br>ONLY |    |
| 1  | Day Care   | \$           |                | \$              | 1  |
| 2  | Other Care for Outpatients                                     |              |                |                 | 2  |
| 3  | Governmental Sponsored Special Programs                        |              |                |                 | 3  |
| 4  | Non-Patient Meals  |              |                |                 | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        | (15,100)     | 05             |                 | 5  |
| 6  | Rented Facility Space  |              |                |                 | 6  |
| 7  | Sale of Supplies to Non-Patients                               |              |                |                 | 7  |
| 8  | Laundry for Non-Patients                                       |              |                |                 | 8  |
| 9  | Non-Straightline Depreciation                                  | 880,101      | 30             |                 | 9  |
| 10 | Interest and Other Investment Income                           | (42,690)     | 32             |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       | (7,584)      | 02             |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |              |                |                 | 12 |
| 13 | Sales Tax  | (186)        | 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  | (558)        | 21             |                 | 18 |
| 19 | Entertainment  | (1,610)      | 21             |                 | 19 |
| 20 | Contributions  | (10,500)     | 20             |                 | 20 |
| 21 | Owner or Key-Man Insurance                                     |              |                |                 | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |              |                |                 | 22 |
| 23 | Malpractice Insurance for Individuals                          |              |                |                 | 23 |
| 24 | Bad Debt   | (213,178)    | 21             |                 | 24 |
| 25 | Fund Raising, Advertising and Promotional                      | (9,829)      | 20             |                 | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |              |                |                 | 26 |
| 27 | CNA Training for Non-Employees                                 |              |                |                 | 27 |
| 28 | Yellow Page Advertising  |              |                |                 | 28 |
| 29 | Other-Attach Schedule  | (1,164,203)  |                |                 | 29 |
| 30 | <b>SUBTOTAL (A): (Sum of lines 1-29)</b>                       | \$ (585,337) |                | \$              | 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 &<br>Pre-Operating Expense      |              |           | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | 277,107      |           | 34 |
| 35 | Other- Attach Schedule                                       |              |           | 35 |
| 36 | <b>SUBTOTAL (B): (sum of lines 31-35)</b>                    | \$ 277,107   |           | 36 |
|    | (sum of SUBTOTALS  |              |           |    |
| 37 | <b>TOTAL ADJUSTMENTS (A) and (B) )</b>                       | \$ (308,230) |           | 37 |

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

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

(See instructions.)

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

**Chalet Living And Rehab**

ID# 0053843

Report Period Beginning: 01/01/18

Ending: 12/31/18

Sch. V Line

| NON-ALLOWABLE EXPENSES |                                 | Amount      | Reference | Sch. V Line |
|------------------------|---------------------------------|-------------|-----------|-------------|
| 1                      | Capitalized R&M                 | \$ (2,407)  | 06        | 1           |
| 2                      | Additional R&M                  | 1,195       | 06        | 2           |
| 3                      | Patient Personal Items          | (1,731)     | 10        | 3           |
| 4                      | Bank Charges                    | (650)       | 21        | 4           |
| 5                      | Sequestration                   | (36,138)    | 21        | 5           |
| 6                      | Pharmacy Discounts              | (447)       | 10        | 6           |
| 7                      | Rebates                         | (1,336)     | 21        | 7           |
| 8                      | Bldg Co - Tax Extension Fee     | (11,000)    | 19        | 8           |
| 9                      | Bldg Co - Title Fees            | (4,683)     | 20        | 9           |
| 10                     | Bldg Co - Accounting            | (3,012)     | 19        | 10          |
| 11                     | Bldg Co - Legal                 | (17,207)    | 19        | 11          |
| 12                     | Bldg Co - Loan Fee              | (91,892)    | 36        | 12          |
| 13                     | Bldg Co - Management Fee        | (225,311)   | 21        | 13          |
| 14                     | Bldg Co - Bank Fees             | (16,786)    | 21        | 14          |
| 15                     | Non-Allowable Expense           | (716,808)   | 43        | 15          |
| 16                     | Website Design                  | (624)       | 20        | 16          |
| 17                     | PAC Dues                        | (9,395)     | 20        | 17          |
| 18                     | Non Allowable Legal             | (24,729)    | 19        | 18          |
| 19                     | Non Allowable Professional Fees | (1,242)     | 43        | 19          |
| 20                     |                                 |             |           | 20          |
| 21                     |                                 |             |           | 21          |
| 22                     |                                 |             |           | 22          |
| 23                     |                                 |             |           | 23          |
| 24                     |                                 |             |           | 24          |
| 25                     |                                 |             |           | 25          |
| 26                     |                                 |             |           | 26          |
| 27                     |                                 |             |           | 27          |
| 28                     |                                 |             |           | 28          |
| 29                     |                                 |             |           | 29          |
| 30                     |                                 |             |           | 30          |
| 31                     |                                 |             |           | 31          |
| 32                     |                                 |             |           | 32          |
| 33                     |                                 |             |           | 33          |
| 34                     |                                 |             |           | 34          |
| 35                     |                                 |             |           | 35          |
| 36                     |                                 |             |           | 36          |
| 37                     |                                 |             |           | 37          |
| 38                     |                                 |             |           | 38          |
| 39                     |                                 |             |           | 39          |
| 40                     |                                 |             |           | 40          |
| 41                     |                                 |             |           | 41          |
| 42                     |                                 |             |           | 42          |
| 43                     |                                 |             |           | 43          |
| 44                     |                                 |             |           | 44          |
| 45                     |                                 |             |           | 45          |
| 46                     |                                 |             |           | 46          |
| 47                     |                                 |             |           | 47          |
| 48                     |                                 |             |           | 48          |
| 49                     | <b>Total</b>                    | (1,164,203) |           | 49          |



## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Chalet Living And Rehab# 0053843

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<br>5 & 5A  | PAGE<br>6      | PAGE<br>6A     | PAGE<br>6B    | PAGE<br>6C   | PAGE<br>6D   | PAGE<br>6E     | PAGE<br>6F   | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |           |
|-----|---|------------------|----------------|----------------|---------------|--------------|--------------|----------------|--------------|------------|------------|------------|--|-----------|
|     | <b>A. General Services</b>                                      |                  |                |                |               |              |              |                |              |            |            |            |  |           |
| 1   | Dietary   |                  |                | 1,470          |               |              |              |                |              |            |            |            | 1,470                                  | 1         |
| 2   | Food Purchase   | (7,770)          |                | 25             |               |              |              |                |              |            |            |            | (7,745)                                | 2         |
| 3   | Housekeeping  |                  |                | 2,312          |               |              |              |                |              |            |            |            | 2,312                                  | 3         |
| 4   | Laundry   |                  |                | 14             |               |              |              |                |              |            |            |            | 14                                     | 4         |
| 5   | Heat and Other Utilities  | (15,100)         |                |                |               | 1,375        |              |                |              |            |            |            | (13,725)                               | 5         |
| 6   | Maintenance   | (1,212)          |                | 11,545         |               | 1,851        | (636)        |                |              |            |            |            | 11,548                                 | 6         |
| 7   | Other (specify):*   |                  |                |                |               |              |              |                |              |            |            |            |  | 7         |
| 8   | <b>TOTAL General Services</b>                                   | <b>(24,082)</b>  |                | <b>15,367</b>  |               | <b>3,227</b> | <b>(636)</b> |                |              |            |            |            | <b>(6,125)</b>                         | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                              |                  |                |                |               |              |              |                |              |            |            |            |  |           |
| 9   | Medical Director  |                  |                |                |               |              |              |                |              |            |            |            |  | 9         |
| 10  | Nursing and Medical Records                                     | (2,178)          |                | 94,736         |               |              |              |                | (162)        |            |            |            | 92,396                                 | 10        |
| 10a | Therapy   |                  |                |                |               |              |              |                |              |            |            |            |  | 10a       |
| 11  | Activities  |                  |                | 92             |               |              |              |                |              |            |            |            | 92                                     | 11        |
| 12  | Social Services   |                  |                | 5,724          |               |              |              |                |              |            |            |            | 5,724                                  | 12        |
| 13  | CNA Training  |                  |                |                |               |              |              |                |              |            |            |            |  | 13        |
| 14  | Program Transportation  |                  |                |                |               |              |              |                |              |            |            |            |  | 14        |
| 15  | Other (specify):*   |                  |                |                | 10,543        |              |              |                |              |            |            |            | 10,543                                 | 15        |
| 16  | <b>TOTAL Health Care and Programs</b>                           | <b>(2,178)</b>   |                | <b>100,552</b> | <b>10,543</b> |              |              |                | <b>(162)</b> |            |            |            | <b>108,755</b>                         | <b>16</b> |
|     | <b>C. General Administration</b>                                |                  |                |                |               |              |              |                |              |            |            |            |  |           |
| 17  | Administrative  |                  |                | 121,743        |               |              |              |                |              |            |            |            | 121,743                                | 17        |
| 18  | Directors Fees  |                  |                |                |               |              |              |                |              |            |            |            |  | 18        |
| 19  | Professional Services   | (55,948)         | 31,219         | 14,801         |               | 57           |              | (2,319)        |              |            |            |            | (12,190)                               | 19        |
| 20  | Fees, Subscriptions & Promotions                                | (35,031)         | 4,683          | 842            |               | 1            |              |                |              |            |            |            | (29,505)                               | 20        |
| 21  | Clerical & General Office Expenses                              | (495,567)        | 242,097        | 509,335        |               | 453          |              |                |              |            |            |            | 256,317                                | 21        |
| 22  | Employee Benefits & Payroll Taxes                               |                  |                |                |               |              |              |                |              |            |            |            |  | 22        |
| 23  | Inservice Training & Education                                  |                  |                |                |               |              |              |                |              |            |            |            |  | 23        |
| 24  | Travel and Seminar  |                  |                | 4,033          |               |              |              |                |              |            |            |            | 4,033                                  | 24        |
| 25  | Other Admin. Staff Transportation                               |                  |                |                |               |              |              |                |              |            |            |            |  | 25        |
| 26  | Insurance-Prop.Liab.Malpractice                                 |                  |                | 6,852          |               | 530          |              |                |              |            |            |            | 7,383                                  | 26        |
| 27  | Other (specify):*   |                  |                | 77,148         |               |              |              |                |              |            |            |            | 77,148                                 | 27        |
| 28  | <b>TOTAL General Administration</b>                             | <b>(586,546)</b> | <b>277,998</b> | <b>734,753</b> |               | <b>1,041</b> |              | <b>(2,319)</b> |              |            |            |            | <b>424,928</b>                         | <b>28</b> |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8,16 &amp; 28)</b> | <b>(612,806)</b> | <b>277,998</b> | <b>850,671</b> | <b>10,543</b> | <b>4,268</b> | <b>(636)</b> | <b>(2,319)</b> | <b>(162)</b> |            |            |            | <b>527,558</b>                         | <b>29</b> |

## STATE OF ILLINOIS

Facility Name & ID Number Chalet Living And Rehab# 0053843

Report Period Beginning:

01/01/18

Ending:

Summary B

12/31/18

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

|    | Capital Expense                       | PAGES<br>5 & 5A  | PAGE<br>6        | PAGE<br>6A     | PAGE<br>6B    | PAGE<br>6C      | PAGE<br>6D   | PAGE<br>6E     | PAGE<br>6F   | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |           |
|----|---------------------------------------|------------------|------------------|----------------|---------------|-----------------|--------------|----------------|--------------|------------|------------|------------|--|-----------|
|    | <b>D. Ownership</b>                   |                  |                  |                |               |                 |              |                |              |            |            |            |  |           |
| 30 | Depreciation                          | 880,101          |                  |                |               |                 |              |                |              |            |            |            | 880,101                                | 30        |
| 31 | Amortization of Pre-Op. & Org.        |                  |                  |                |               |                 |              |                |              |            |            |            |  | 31        |
| 32 | Interest                              | (42,690)         | 1,745,124        | 45             |               | 6,551           |              |                |              |            |            |            | 1,709,031                              | 32        |
| 33 | Real Estate Taxes                     |                  |                  |                |               | 6,235           |              |                |              |            |            |            | 6,235                                  | 33        |
| 34 | Rent-Facility & Grounds               |                  | (2,718,819)      | 56,859         |               | (56,648)        |              |                |              |            |            |            | (2,718,608)                            | 34        |
| 35 | Rent-Equipment & Vehicles             |                  |                  |                | 5,503         |                 |              |                |              |            |            |            | 5,503                                  | 35        |
| 36 | Other (specify):*                     | (91,892)         | 91,892           |                |               |                 |              |                |              |            |            |            |  | 36        |
| 37 | <b>TOTAL Ownership</b>                | <b>745,519</b>   | <b>(881,803)</b> | <b>56,904</b>  | <b>5,503</b>  | <b>(43,861)</b> |              |                |              |            |            |            | <b>(117,737)</b>                       | <b>37</b> |
|    | <b>Ancillary Expense</b>              |                  |                  |                |               |                 |              |                |              |            |            |            |  |           |
|    | <b>E. Special Cost Centers</b>        |                  |                  |                |               |                 |              |                |              |            |            |            |  |           |
| 38 | Medically Necessary Transportation    |                  |                  |                |               |                 |              |                |              |            |            |            |  | 38        |
| 39 | Ancillary Service Centers             |                  |                  |                |               |                 |              |                |              |            |            |            |  | 39        |
| 40 | Barber and Beauty Shops               |                  |                  |                |               |                 |              |                |              |            |            |            |  | 40        |
| 41 | Coffee and Gift Shops                 |                  |                  |                |               |                 |              |                |              |            |            |            |  | 41        |
| 42 | Provider Participation Fee            |                  |                  |                |               |                 |              |                |              |            |            |            |  | 42        |
| 43 | Other (specify):*                     | (718,050)        |                  |                |               |                 |              |                |              |            |            |            | (718,050)                              | 43        |
| 44 | <b>TOTAL Special Cost Centers</b>     | <b>(718,050)</b> |                  |                |               |                 |              |                |              |            |            |            | <b>(718,050)</b>                       | <b>44</b> |
|    | <b>GRAND TOTAL COST</b>               |                  |                  |                |               |                 |              |                |              |            |            |            |  |           |
| 45 | <b>(sum of lines 29, 37 &amp; 44)</b> | <b>(585,337)</b> | <b>(603,805)</b> | <b>907,576</b> | <b>16,046</b> | <b>(39,594)</b> | <b>(636)</b> | <b>(2,319)</b> | <b>(162)</b> |            |            |            | <b>(308,230)</b>                       | <b>45</b> |

**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                  | \$ 2,718,819 | Chalet Real Property LLC       |                      | \$                                     | \$ (2,718,819)   | 1  |
| 2          | V            | 19 Tax extension fee              |              | Chalet Real Property LLC       |                      | 11,000                                 | 11,000   | 2  |
| 3          | V            | 21 Bank Fees                      |              | Chalet Real Property LLC       |                      | 16,786                                 | 16,786   | 3  |
| 4          | V            | 20 Title Fees                     |              | Chalet Real Property LLC       |                      | 4,683                                  | 4,683  | 4  |
| 5          | V            | 19 Professional Fees - Accounting |              | Chalet Real Property LLC       |                      | 3,012                                  | 3,012  | 5  |
| 6          | V            | 19 Professional Fees - Legal      |              | Chalet Real Property LLC       |                      | 17,207                                 | 17,207   | 6  |
| 7          | V            | 36 Professional Fees - Loan       |              | Chalet Real Property LLC       |                      | 91,892                                 | 91,892   | 7  |
| 8          | V            | 21 Property Management Fees       |              | Chalet Real Property LLC       |                      | 225,311                                | 225,311  | 8  |
| 9          | V            | 32 Interest Expense - Mortgage A  |              | Chalet Real Property LLC       |                      | 1,745,124                              | 1,745,124  | 9  |
| 10         | V            |                                   |              |                                |                      |  |  | 10 |
| 11         | V            |                                   |              |                                |                      |  |  | 11 |
| 12         | V            |                                   |              |                                |                      |  |  | 12 |
| 13         | V            |                                   |              |                                |                      |  |  | 13 |
| 14         | <b>Total</b> |                                   | \$ 2,718,819 |                                |                      | \$ 2,115,014                           | \$ * (603,805)   | 14 |

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

Facility Name &amp; ID Number

Chalet Living And Rehab

# 0053843

Report Period Beginning:

01/01/18

Ending:

12/31/18

## 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                        |        | Legacy Healthcare Financial Services |                      | \$ 1,385                               | \$ 1,385   | 15      |    |
| 16         | V     | 01                        |        | Legacy Healthcare Financial Services |                      | 85                                     | 85   | 16      |    |
| 17         | V     | 02                        |        | Legacy Healthcare Financial Services |                      | 25                                     | 25   | 17      |    |
| 18         | V     | 03                        |        | Legacy Healthcare Financial Services |                      | 2,312                                  | 2,312  | 18      |    |
| 19         | V     | 04                        |        | Legacy Healthcare Financial Services |                      | 14                                     | 14   | 19      |    |
| 20         | V     | 06                        |        | Legacy Healthcare Financial Services |                      | 9,831                                  | 9,831  | 20      |    |
| 21         | V     | 06                        |        | Legacy Healthcare Financial Services |                      | 1,714                                  | 1,714  | 21      |    |
| 22         | V     | 10                        |        | Legacy Healthcare Financial Services |                      | 90,908                                 | 90,908   | 22      |    |
| 23         | V     | 10                        |        | Legacy Healthcare Financial Services |                      | 3,723                                  | 3,723  | 23      |    |
| 24         | V     | 10                        |        | Legacy Healthcare Financial Services |                      | 104                                    | 104  | 24      |    |
| 25         | V     | 12                        |        | Legacy Healthcare Financial Services |                      | 5,691                                  | 5,691  | 25      |    |
| 26         | V     | 11                        |        | Legacy Healthcare Financial Services |                      | 92                                     | 92   | 26      |    |
| 27         | V     | 12                        |        | Legacy Healthcare Financial Services |                      | 33                                     | 33   | 27      |    |
| 28         | V     | 17                        |        | Legacy Healthcare Financial Services |                      | 121,743                                | 121,743  | 28      |    |
| 29         | V     | 19                        |        | Legacy Healthcare Financial Services |                      | 14,801                                 | 14,801   | 29      |    |
| 30         | V     | 20                        |        | Legacy Healthcare Financial Services |                      | 842                                    | 842  | 30      |    |
| 31         | V     | 21                        |        | Legacy Healthcare Financial Services |                      | 495,017                                | 495,017  | 31      |    |
| 32         | V     | 21                        |        | Legacy Healthcare Financial Services |                      | 14,318                                 | 14,318   | 32      |    |
| 33         | V     | 24                        |        | Legacy Healthcare Financial Services |                      | 4,033                                  | 4,033  | 33      |    |
| 34         | V     | 26                        |        | Legacy Healthcare Financial Services |                      | 6,852                                  | 6,852  | 34      |    |
| 35         | V     | 27                        |        | Legacy Healthcare Financial Services |                      | 77,148                                 | 77,148   | 35      |    |
| 36         | V     | 32                        |        | Legacy Healthcare Financial Services |                      | 45                                     | 45   | 36      |    |
| 37         | V     | 34                        |        | Legacy Healthcare Financial Services |                      | 56,648                                 | 56,648   | 37      |    |
| 38         | V     | 34                        |        | Legacy Healthcare Financial Services |                      | 211                                    | 211  | 38      |    |
| 39         | Total |                           | \$     |                                      |                      | \$ 907,576                             | \$ *   | 907,576 | 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     | 35 EQUIPMENT RENTAL               |        | Legacy Healthcare Financial Services |                      | 295                                    | \$   | 295    | 15 |
| 16         | V     | 35 AUTO RENTAL                    |        | Legacy Healthcare Financial Services |                      | 5,208                                  |  | 5,208  | 16 |
| 17         | V     | 15 NURSING PAYROLL TAXES/BENEFITS |        | Legacy Healthcare Financial Services |                      | 10,543                                 |  | 10,543 | 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 |                                   | \$     |                                      |                      | \$ 16,046                              | \$ *   | 16,046 | 39 |

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

VII. RELATED PARTIES (continued)

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

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

| 1          | 2     | 3 Cost Per General Ledger | 4         | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |
|------------|-------|---------------------------|-----------|--------------------------------|----------------------|--|--|
| Schedule V | Line  | Item                      | Amount    | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15         | V     | 5 UTILITIES               | \$        | CF St. Louis LLC               |                      | \$ 1,375                               | \$ 1,375   |
| 16         | V     | 6 REPAIRS & MAINTENANCE   |           | CF St. Louis LLC               |                      | 1,851                                  | 1,851  |
| 17         | V     | 19 PROFESSIONAL FEES      |           | CF St. Louis LLC               |                      | 57                                     | 57   |
| 18         | V     | 20 DUES & SUBSCRIPTIONS   |           | CF St. Louis LLC               |                      | 1                                      | 1  |
| 19         | V     | 21 OFFICE EXPENSE         |           | CF St. Louis LLC               |                      | 453                                    | 453  |
| 20         | V     | 26 INSURANCE              |           | CF St. Louis LLC               |                      | 530                                    | 530  |
| 21         | V     | 32 INTEREST EXPENSE       |           | CF St. Louis LLC               |                      | 6,551                                  | 6,551  |
| 22         | V     | 33 REAL ESTATE TAXES      |           | CF St. Louis LLC               |                      | 6,235                                  | 6,235  |
| 23         | V     |                           |           |                                |                      |  |  |
| 24         | V     |                           |           |                                |                      |  |  |
| 25         | V     |                           |           |                                |                      |  |  |
| 26         | V     | 34 RENT                   | 56,648    | CF St. Louis LLC               |                      |  | (56,648)   |
| 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 |                           | \$ 56,648 |                                |                      | \$ 17,054                              | \$ * (39,594)  |

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

VII. RELATED PARTIES (continued)

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

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

| 1          | 2     | 3 Cost Per General Ledger | 4        | 5 Cost to Related Organization  | 6                    | 7                                      | 8 Difference:  |
|------------|-------|---------------------------|----------|---------------------------------|----------------------|--|--|
| Schedule V | Line  | Item                      | Amount   | Name of Related Organization    | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15         | V     | 06 Maintenance            | \$ 8,550 | ML Group Design and Development |                      | \$ 7,914                               | \$ (636)   |
| 16         | V     |                           |          |                                 |                      |  |  |
| 17         | V     |                           |          |                                 |                      |  |  |
| 18         | V     |                           |          |                                 |                      |  |  |
| 19         | V     |                           |          |                                 |                      |  |  |
| 20         | V     |                           |          |                                 |                      |  |  |
| 21         | V     |                           |          |                                 |                      |  |  |
| 22         | V     |                           |          |                                 |                      |  |  |
| 23         | V     |                           |          |                                 |                      |  |  |
| 24         | V     |                           |          |                                 |                      |  |  |
| 25         | V     |                           |          |                                 |                      |  |  |
| 26         | V     |                           |          |                                 |                      |  |  |
| 27         | V     |                           |          |                                 |                      |  |  |
| 28         | V     |                           |          |                                 |                      |  |  |
| 29         | V     |                           |          |                                 |                      |  |  |
| 30         | V     |                           |          |                                 |                      |  |  |
| 31         | V     |                           |          |                                 |                      |  |  |
| 32         | V     |                           |          |                                 |                      |  |  |
| 33         | V     |                           |          |                                 |                      |  |  |
| 34         | V     |                           |          |                                 |                      |  |  |
| 35         | V     |                           |          |                                 |                      |  |  |
| 36         | V     |                           |          |                                 |                      |  |  |
| 37         | V     |                           |          |                                 |                      |  |  |
| 38         | V     |                           |          |                                 |                      |  |  |
| 39         | Total |                           | \$ 8,550 |                                 |                      | \$ 7,914                               | \$ * (636)   |

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

VII. RELATED PARTIES (continued)

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

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

| 1          | 2     | 3 Cost Per General Ledger | 4        | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |
|------------|-------|---------------------------|----------|--------------------------------|----------------------|--|--|
| Schedule V | Line  | Item                      | Amount   | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15         | V     | 19 Payroll Services       | \$ 8,859 | ProPay HR, LLC                 |                      | \$ 6,540                               | \$ (2,319)   |
| 16         | V     |                           |          |                                |                      |  |  |
| 17         | V     |                           |          |                                |                      |  |  |
| 18         | V     |                           |          |                                |                      |  |  |
| 19         | V     |                           |          |                                |                      |  |  |
| 20         | V     |                           |          |                                |                      |  |  |
| 21         | V     |                           |          |                                |                      |  |  |
| 22         | V     |                           |          |                                |                      |  |  |
| 23         | V     |                           |          |                                |                      |  |  |
| 24         | V     |                           |          |                                |                      |  |  |
| 25         | V     |                           |          |                                |                      |  |  |
| 26         | V     |                           |          |                                |                      |  |  |
| 27         | V     |                           |          |                                |                      |  |  |
| 28         | V     |                           |          |                                |                      |  |  |
| 29         | V     |                           |          |                                |                      |  |  |
| 30         | V     |                           |          |                                |                      |  |  |
| 31         | V     |                           |          |                                |                      |  |  |
| 32         | V     |                           |          |                                |                      |  |  |
| 33         | V     |                           |          |                                |                      |  |  |
| 34         | V     |                           |          |                                |                      |  |  |
| 35         | V     |                           |          |                                |                      |  |  |
| 36         | V     |                           |          |                                |                      |  |  |
| 37         | V     |                           |          |                                |                      |  |  |
| 38         | V     |                           |          |                                |                      |  |  |
| 39         | Total |                           | \$ 8,859 |                                |                      | \$ 6,540                               | \$ * (2,319)   |

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

VII. RELATED PARTIES (continued)

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

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

| 1          | 2     | 3 Cost Per General Ledger | 4        | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |
|------------|-------|---------------------------|----------|--------------------------------|----------------------|--|--|
| Schedule V | Line  | Item                      | Amount   | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15         | V     | 10 Medical Supplies       | \$ 5,625 | ReMED Services                 |                      | \$ 5,463                               | \$ (162)   |
| 16         | V     |                           |          |                                |                      |  |  |
| 17         | V     |                           |          |                                |                      |  |  |
| 18         | V     |                           |          |                                |                      |  |  |
| 19         | V     |                           |          |                                |                      |  |  |
| 20         | V     |                           |          |                                |                      |  |  |
| 21         | V     |                           |          |                                |                      |  |  |
| 22         | V     |                           |          |                                |                      |  |  |
| 23         | V     |                           |          |                                |                      |  |  |
| 24         | V     |                           |          |                                |                      |  |  |
| 25         | V     |                           |          |                                |                      |  |  |
| 26         | V     |                           |          |                                |                      |  |  |
| 27         | V     |                           |          |                                |                      |  |  |
| 28         | V     |                           |          |                                |                      |  |  |
| 29         | V     |                           |          |                                |                      |  |  |
| 30         | V     |                           |          |                                |                      |  |  |
| 31         | V     |                           |          |                                |                      |  |  |
| 32         | V     |                           |          |                                |                      |  |  |
| 33         | V     |                           |          |                                |                      |  |  |
| 34         | V     |                           |          |                                |                      |  |  |
| 35         | V     |                           |          |                                |                      |  |  |
| 36         | V     |                           |          |                                |                      |  |  |
| 37         | V     |                           |          |                                |                      |  |  |
| 38         | V     |                           |          |                                |                      |  |  |
| 39         | Total |                           | \$ 5,625 |                                |                      | \$ 5,463                               | \$ * (162)   |

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

Facility Name & ID Number **Chalet Living And Rehab**

# **0053843**

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

Ending: **12/31/18**

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

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

Report Period Beginning: 01/01/18

Ending: 12/31/18

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

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

Facility Name & ID Number **Chalet Living And Rehab**

# **0053843**

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

Ending: **12/31/18**

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

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





Facility Name & ID Number Chalet Living And Rehab # 0053843 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<br>Name | 2<br>Title | 3<br>Function | 4<br>Ownership Interest | 5<br>Compensation Received From Other Nursing Homes* | 6<br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br>Compensation Included in Costs for this Reporting Period** |        | 8<br>Schedule V. Line & Column Reference |
|----|-----------|------------|---------------|-------------------------|--|--|---------|---|--------|--|
|    |           |            |               |                         |  | Hours  | Percent | Description   | Amount |  |
| 1  | N/A       |            |               |                         |  |  |         |   | \$     | 1  |
| 2  |           |            |               |                         |  |  |         |   |        | 2  |
| 3  |           |            |               |                         |  |  |         |   |        | 3  |
| 4  |           |            |               |                         |  |  |         |   |        | 4  |
| 5  |           |            |               |                         |  |  |         |   |        | 5  |
| 6  |           |            |               |                         |  |  |         |   |        | 6  |
| 7  |           |            |               |                         |  |  |         |   |        | 7  |
| 8  |           |            |               |                         |  |  |         |   |        | 8  |
| 9  |           |            |               |                         |  |  |         |   |        | 9  |
| 10 |           |            |               |                         |  |  |         |   |        | 10                                       |
| 11 |           |            |               |                         |  |  |         |   |        | 11                                       |
| 12 |           |            |               |                         |  |  |         |   |        | 12                                       |
| 13 |           |            |               |                         |  |  |         | TOTAL   | \$     | 13                                       |

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

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843 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 Chalet Living And Rehab

# 0053843

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

Legacy Healthcare Financial Services

Street Address

3450 Oakton Street

City / State / Zip Code

Skokie, IL 60076

Phone Number

( 847) 679-9797

Fax Number

( 847) 683-2900

| 1                               | 2      | 3  | 4               | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|--|-----------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units     | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               | 01     | DIETICIAN SALARY   | AVAIL. BED DAYS | 1,918,919                                      | 34  | \$ 33,257   | \$ 79,935         | \$ 1,385                           | 1  |
| 2                               | 01     | DIETARY SUPPLIES   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 2,031   | 79,935            | 85                                 | 2  |
| 3                               | 02     | FOOD   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 595   | 79,935            | 25                                 | 3  |
| 4                               | 03     | HOUSEKEEPING   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 55,512  | 79,935            | 2,312                              | 4  |
| 5                               | 04     | LINEN REPLACEMENT  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 343   | 79,935            | 14                                 | 5  |
| 6                               | 06     | MAINTENANCE SALARY   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 235,999   | 79,935            | 9,831                              | 6  |
| 7                               | 06     | REPAIRS AND MAINTENANCE  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 41,154  | 79,935            | 1,714                              | 7  |
| 8                               | 10     | NURSING SALARY   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 2,182,345   | 79,935            | 90,908                             | 8  |
| 9                               | 10     | NURSE CONSULTANT   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 89,384  | 79,935            | 3,723                              | 9  |
| 10                              | 10     | MEDICAL SUPPLIES   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 2,503   | 79,935            | 104                                | 10 |
| 11                              | 12     | SOCIAL SERVICE SALARY  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 136,611   | 79,935            | 5,691                              | 11 |
| 12                              | 11     | ACTIVITIES PROGRAM   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 2,204   | 79,935            | 92                                 | 12 |
| 13                              | 12     | SOCIAL SERVICE CONSULTANT                                      | AVAIL. BED DAYS | 1,918,919                                      | 34  | 800   | 79,935            | 33                                 | 13 |
| 14                              | 17     | CFO/ADMINISTRATIVE SALARY                                      | AVAIL. BED DAYS | 1,918,919                                      | 34  | 2,922,553   | 79,935            | 121,743                            | 14 |
| 15                              | 19     | PROFESSIONAL FEES  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 355,302   | 79,935            | 14,801                             | 15 |
| 16                              | 20     | DUES/LICENSE/PERMITS   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 20,207  | 79,935            | 842                                | 16 |
| 17                              | 21     | CLERICAL AND GENERAL WAGES                                     | AVAIL. BED DAYS | 1,918,919                                      | 34  | 11,883,371  | 79,935            | 495,017                            | 17 |
| 18                              | 21     | CLERICAL AND OFFICE EXPENSES                                   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 343,715   | 79,935            | 14,318                             | 18 |
| 19                              | 24     | EDUCATION AND SEMINARS   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 96,819  | 79,935            | 4,033                              | 19 |
| 20                              | 26     | INSURANCE- GENERAL   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 164,496   | 79,935            | 6,852                              | 20 |
| 21                              | 27     | NON-NURSING PAYROLL TAX  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 1,852,008   | 79,935            | 77,148                             | 21 |
| 22                              | 32     | INTEREST   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 1,074   | 79,935            | 45                                 | 22 |
| 23                              | 34     | RENT   | AVAIL. BED DAYS | 1,918,919                                      | 34  | 1,359,900   | 79,935            | 56,648                             | 23 |
| 24                              | 34     | OFFSITE STORAGE/PARKING  | AVAIL. BED DAYS | 1,918,919                                      | 34  | 5,072   | 79,935            | 211                                | 24 |
| 25                              | TOTALS |  |                 |  |   | \$ 21,787,253                                     | \$ 17,394,136     | \$ 907,576                         | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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

Legacy Healthcare Financial Services

Street Address

3450 Oakton Street

City / State / Zip Code

Skokie, IL 60076

Phone Number

( 847) 679-9797

Fax Number

( 847) 683-2900

| 1                         | 2      | 3  | 4               | 5  | 6                                   | 7   | 8              | 9                               |    |
|---------------------------|--------|--|-----------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item   | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units     | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 |    |
| 1                         | 35     | EQUIPMENT RENTAL   | AVAIL. BED DAYS | 1,918,919                                | 34                                  | 7,088                                       | 79,935         | 295                             | 1  |
| 2                         | 35     | AUTO RENTAL  | AVAIL. BED DAYS | 1,918,919                                | 34                                  | 125,028                                     | 79,935         | 5,208                           | 2  |
| 3                         | 15     | NURSING PAYROLL TAXES/BE                                 | AVAIL. BED DAYS | 1,918,919                                | 34                                  | 253,092                                     | 79,935         | 10,543                          | 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 |  |                 |  |                                     | \$ 385,208                                  | \$             | \$ 16,046                       | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843 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 CF St. Louis LLC  
 Street Address 3450 Oakton Street  
 City / State / Zip Code Skokie, IL 60076  
 Phone Number ( 847) 676-5300  
 Fax Number ( 847) 676-5348

| 1                               | 2      | 3  | 4               | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|--|-----------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units     | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               | 5      | UTILITIES  | AVAIL. BED DAYS | 1,916,917                                      | 34  | \$ 32,982   | \$ 79,935         | \$ 1,375                           | 1  |
| 2                               | 6      | REPAIRS & MAINTENANCE  | AVAIL. BED DAYS | 1,916,917                                      | 34  | 44,396  | 79,935            | 1,851                              | 2  |
| 3                               | 19     | PROFESSIONAL FEES  | AVAIL. BED DAYS | 1,916,917                                      | 34  | 1,378   | 79,935            | 57                                 | 3  |
| 4                               | 20     | DUES & SUBSCRIPTIONS   | AVAIL. BED DAYS | 1,916,917                                      | 34  | 23  | 79,935            | 1                                  | 4  |
| 5                               | 21     | OFFICE EXPENSE   | AVAIL. BED DAYS | 1,916,917                                      | 34  | 10,860  | 79,935            | 453                                | 5  |
| 6                               | 26     | INSURANCE  | AVAIL. BED DAYS | 1,916,917                                      | 34  | 12,721  | 79,935            | 530                                | 6  |
| 7                               | 32     | INTEREST EXPENSE   | AVAIL. BED DAYS | 1,916,917                                      | 34  | 157,106   | 79,935            | 6,551                              | 7  |
| 8                               | 33     | REAL ESTATE TAXES  | AVAIL. BED DAYS | 1,916,917                                      | 34  | 149,528   | 79,935            | 6,235                              | 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 |  |                 |  |   | \$ 408,994  | \$                | \$ 17,054                          | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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

Name of Related Organization

ML Group Design and Development

Street Address

3424 Oakton Street

City / State / Zip Code

Skokie, IL

Phone Number

( 847) 676-5300

Fax Number

( )

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

| 1                         | 2      | 3  | 4           | 5  | 6                                   | 7   | 8              | 9                               |    |
|---------------------------|--------|--|-------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item   | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 |    |
| 1                         | 06     | Maintenance  | Direct      |  | \$                                  | \$  |                | 7,914                           | 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 |  |             |  | \$                                  | \$  |                | 7,914                           | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843 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 ProPay HR LLC  
 Street Address 2201 W. Main St.  
 City / State / Zip Code Evanston, IL 60202  
 Phone Number ( 847) 905-3268  
 Fax Number ( )

| 1                         | 2      | 3  | 4           | 5  | 6                                   | 7   | 8              | 9                               |    |
|---------------------------|--------|--|-------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item   | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 |    |
| 1                         | 19     | Payroll Services   | Direct      |  | \$                                  | \$  |                | \$ 6,540                        | 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 |  |             |  | \$                                  | \$  |                | \$ 6,540                        | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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

Name of Related Organization

ReMED Services LLC

Street Address

3424 Oakton Street, Suite 102

City / State / Zip Code

Skokie, IL

Phone Number

( 847) 440-2600

Fax Number

( )

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

| 1                         | 2      | 3  | 4           | 5  | 6                                   | 7   | 8              | 9                               |    |
|---------------------------|--------|--|-------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item   | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 |    |
| 1                         | 10     | Medical Supplies   | Direct      |  | \$                                  | \$  |                | \$ 5,463                        | 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 |  |             |  | \$                                  | \$  |                | \$ 5,463                        | 25 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843 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 Chalet Living And Rehab

# 0053843

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843 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

Chalet Living And Rehab

# 0053843

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 |               |                          |                                   |
| <b>A. Directly Facility Related</b> |                                   |   |   |              |   |   |    |               |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Long-Term</b>                    |                                   |   |   |              |   |   |    |               |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 1                                   | The Private Bank                  |   | X | Mortgage     |   |   | \$ | \$ 27,417,122 |    | \$ 1,745,125   | 1         |    |                 |                          |              |                |         |               |                          |                                   |
| 2                                   |                                   |   |   |              |   |   |    |               |    |                | 2         |    |                 |                          |              |                |         |               |                          |                                   |
| 3                                   |                                   |   |   |              |   |   |    |               |    |                | 3         |    |                 |                          |              |                |         |               |                          |                                   |
| 4                                   |                                   |   |   |              |   |   |    |               |    |                | 4         |    |                 |                          |              |                |         |               |                          |                                   |
| 5                                   |                                   |   |   |              |   |   |    |               |    |                | 5         |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Working Capital</b>              |                                   |   |   |              |   |   |    |               |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 6                                   | The Private Bank                  |   | X | Note Payable |   |   |    |               |    | 5,261          | 6         |    |                 |                          |              |                |         |               |                          |                                   |
| 7                                   |                                   |   |   |              |   |   |    |               |    |                | 7         |    |                 |                          |              |                |         |               |                          |                                   |
| 8                                   |                                   |   |   |              |   |   |    |               |    |                | 8         |    |                 |                          |              |                |         |               |                          |                                   |
| 9                                   | <b>TOTAL Facility Related</b>     |   |   |              |   |   | \$ | \$ 27,417,122 |    | \$ 1,750,386   | 9         |    |                 |                          |              |                |         |               |                          |                                   |
| <b>B. Non-Facility Related*</b>     |                                   |   |   |              |   |   |    |               |    |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 10                                  | Interest Income                   |   | X |              |   |   |    |               |    | (42,690)       | 10        |    |                 |                          |              |                |         |               |                          |                                   |
| 11                                  | Allocated from Legacy HC          | X |   |              |   |   |    |               |    | 45             | 11        |    |                 |                          |              |                |         |               |                          |                                   |
| 12                                  | Allocated from CF St. Louis       | X |   |              |   |   |    |               |    | 6,551          | 12        |    |                 |                          |              |                |         |               |                          |                                   |
| 13                                  |                                   |   |   |              |   |   |    |               |    |                | 13        |    |                 |                          |              |                |         |               |                          |                                   |
| 14                                  | <b>TOTAL Non-Facility Related</b> |   |   |              |   |   | \$ | \$            |    | \$ (36,094)    | 14        |    |                 |                          |              |                |         |               |                          |                                   |
| 15                                  | <b>TOTALS (line 9+line14)</b>     |   |   |              |   |   | \$ | \$ 27,417,122 |    | \$ 1,714,292   | 15        |    |                 |                          |              |                |         |               |                          |                                   |

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

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

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



**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Chalet Living And Rehab COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053843

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

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)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|------------------------------|--------------------------------|-----------------------------|--|
| <u>Tax Index Number</u>      | <u>Property Description</u>    | <u>Total Tax</u>            |  |
| 1. <u>11-29-314-026-0000</u> | <u>Long Term Care Facility</u> | \$ <u>8,139.81</u>          | \$ <u>8,139.81</u>   |
| 2. <u>11-29-314-027-0000</u> | <u>Long Term Care Facility</u> | \$ <u>6,870.37</u>          | \$ <u>6,870.37</u>   |
| 3. <u>11-29-314-028-0000</u> | <u>Long Term Care Facility</u> | \$ <u>126,249.29</u>        | \$ <u>126,249.29</u>   |
| 4. <u>11-29-314-029-0000</u> | <u>Long Term Care Facility</u> | \$ <u>125,930.90</u>        | \$ <u>125,930.90</u>   |
| 5. <u>10-23-406-034-0000</u> | <u>Home Office Allocation</u>  | \$ <u>492,481.94</u>        | \$ <u>6,235.28</u>   |
| 6. _____                     | _____                          | \$ _____                    | \$ _____   |
| 7. _____                     | _____                          | \$ _____                    | \$ _____   |
| 8. _____                     | _____                          | \$ _____                    | \$ _____   |
| 9. _____                     | _____                          | \$ _____                    | \$ _____   |
| 10. _____                    | _____                          | \$ _____                    | \$ _____   |
| <b>TOTALS</b>                |                                | \$ <u><u>759,672.31</u></u> | \$ <u><u>273,425.65</u></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 Chalet Living And Rehab COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0053843  
 CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_  
 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)<br><u>Tax Index Number</u> | (B)<br><u>Property Description</u> | (C)<br><u>Total Tax</u> | (D)<br><u>Tax<br/>Applicable to<br/>Nursing Home</u> |
|-----|--------------------------------|------------------------------------|-------------------------|--|
| 1.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 2.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 3.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 4.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 5.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 6.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 7.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 8.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 9.  | _____                          | _____                              | \$ _____                | \$ _____   |
| 10. | _____                          | _____                              | \$ _____                | \$ _____   |
|     |                                | <b>TOTALS</b>                      | \$ _____                | \$ _____   |

**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.**

Facility Name & ID Number Chalet Living And Rehab

# 0053843

Report Period Beginning:

01/01/18 Ending:

12/31/18

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 76,920 B. General Construction Type: Exterior Masonry Frame \_\_\_\_\_ Number of Stories 4

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

|   | 1                                  | 2           | 3             | 4                   |   |
|---|------------------------------------|-------------|---------------|---------------------|---|
|   | Use                                | Square Feet | Year Acquired | Cost                |   |
| 1 | <u>Facility</u>                    |             | <u>2014</u>   | <u>\$ 1,752,000</u> | 1 |
| 2 | <u>Allocated from CF St. Louis</u> |             |               | <u>8,230</u>        | 2 |
| 3 | <b>TOTALS</b>                      |             |               | <b>\$ 1,760,230</b> | 3 |

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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  | 219                       |                  | 2014          | 1979             | \$ 14,673,000 | \$                        | 35            | \$ 419,229                 | \$ 419,229  | \$ 1,877,003             | 4  |
| 5  |                           |                  |               |                  |               |                           |               |                            |             |                          | 5  |
| 6  |                           |                  |               |                  |               |                           |               |                            |             |                          | 6  |
| 7  |                           |                  |               |                  |               |                           |               |                            |             |                          | 7  |
| 8  |                           |                  |               |                  |               |                           |               |                            |             |                          | 8  |
|    | <b>Improvement Type**</b> |                  |               |                  |               |                           |               |                            |             |                          |    |
| 9  | Various                   |                  | 2012          |                  | 858,803       |                           | 20            | 42,940                     | 42,940      | 171,766                  | 9  |
| 10 | Various                   |                  | 2013          |                  | 957,090       |                           | 20            | 47,855                     | 47,855      | 191,420                  | 10 |
| 11 | Various                   |                  | 2014          |                  | 91,923        |                           | 20            | 4,596                      | 4,596       | 22,984                   | 11 |
| 12 |                           |                  |               |                  |               |                           |               |                            |             |                          | 12 |
| 13 |                           |                  |               |                  |               |                           |               |                            |             |                          | 13 |
| 14 |                           |                  |               |                  |               |                           |               |                            |             |                          | 14 |
| 15 |                           |                  |               |                  |               |                           |               |                            |             |                          | 15 |
| 16 |                           |                  |               |                  |               |                           |               |                            |             |                          | 16 |
| 17 |                           |                  |               |                  |               |                           |               |                            |             |                          | 17 |
| 18 |                           |                  |               |                  |               |                           |               |                            |             |                          | 18 |
| 19 |                           |                  |               |                  |               |                           |               |                            |             |                          | 19 |
| 20 |                           |                  |               |                  |               |                           |               |                            |             |                          | 20 |
| 21 |                           |                  |               |                  |               |                           |               |                            |             |                          | 21 |
| 22 |                           |                  |               |                  |               |                           |               |                            |             |                          | 22 |
| 23 |                           |                  |               |                  |               |                           |               |                            |             |                          | 23 |
| 24 |                           |                  |               |                  |               |                           |               |                            |             |                          | 24 |
| 25 |                           |                  |               |                  |               |                           |               |                            |             |                          | 25 |
| 26 |                           |                  |               |                  |               |                           |               |                            |             |                          | 26 |
| 27 |                           |                  |               |                  |               |                           |               |                            |             |                          | 27 |
| 28 |                           |                  |               |                  |               |                           |               |                            |             |                          | 28 |
| 29 |                           |                  |               |                  |               |                           |               |                            |             |                          | 29 |
| 30 |                           |                  |               |                  |               |                           |               |                            |             |                          | 30 |
| 31 |                           |                  |               |                  |               |                           |               |                            |             |                          | 31 |
| 32 |                           |                  |               |                  |               |                           |               |                            |             |                          | 32 |
| 33 |                           |                  |               |                  |               |                           |               |                            |             |                          | 33 |
| 34 |                           |                  |               |                  |               |                           |               |                            |             |                          | 34 |
| 35 |                           |                  |               |                  |               |                           |               |                            |             |                          | 35 |
| 36 |                           |                  |               |                  |               |                           |               |                            |             |                          | 36 |

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

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

See Page 12A, Line 70 for total

**XI. OWNERSHIP COSTS (continued)**

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

| 1   | 3                | 4    | 5                         | 6             | 7                          | 8           | 9                        |    |           |
|---|------------------|------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|-----------|
| Improvement Type**                          | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |           |
| 37  |                  | \$   | \$                        |               | \$                         | \$          | \$                       | 37 |           |
| 38  |                  |      |                           |               |                            |             |                          | 38 |           |
| 39  |                  |      |                           |               |                            |             |                          | 39 |           |
| 40  |                  |      |                           |               |                            |             |                          | 40 |           |
| 41  |                  |      |                           |               |                            |             |                          | 41 |           |
| 42  |                  |      |                           |               |                            |             |                          | 42 |           |
| 43  |                  |      |                           |               |                            |             |                          | 43 |           |
| 44  |                  |      |                           |               |                            |             |                          | 44 |           |
| 45  |                  |      |                           |               |                            |             |                          | 45 |           |
| 46  |                  |      |                           |               |                            |             |                          | 46 |           |
| 47  |                  |      |                           |               |                            |             |                          | 47 |           |
| 48  |                  |      |                           |               |                            |             |                          | 48 |           |
| 49  |                  |      |                           |               |                            |             |                          | 49 |           |
| 50  |                  |      |                           |               |                            |             |                          | 50 |           |
| 51  |                  |      |                           |               |                            |             |                          | 51 |           |
| 52  |                  |      |                           |               |                            |             |                          | 52 |           |
| 53  |                  |      |                           |               |                            |             |                          | 53 |           |
| 54  |                  |      |                           |               |                            |             |                          | 54 |           |
| 55  |                  |      |                           |               |                            |             |                          | 55 |           |
| 56  |                  |      |                           |               |                            |             |                          | 56 |           |
| 57  |                  |      |                           |               |                            |             |                          | 57 |           |
| 58  |                  |      |                           |               |                            |             |                          | 58 |           |
| 59  |                  |      |                           |               |                            |             |                          | 59 |           |
| 60  |                  |      |                           |               |                            |             |                          | 60 |           |
| 61  |                  |      |                           |               |                            |             |                          | 61 |           |
| 62  |                  |      |                           |               |                            |             |                          | 62 |           |
| 63  |                  |      |                           |               |                            |             |                          | 63 |           |
| 64  |                  |      |                           |               |                            |             |                          | 64 |           |
| 65  |                  |      |                           |               |                            |             |                          | 65 |           |
| 66  |                  |      |                           |               |                            |             |                          | 66 |           |
| 67  |                  |      |                           |               |                            |             |                          | 67 |           |
| 68  |                  |      |                           |               |                            |             |                          | 68 |           |
| 69  |                  |      |                           |               |                            |             |                          | 69 |           |
| 70  |                  |      |                           |               |                            |             |                          | 70 |           |
| Related Building Company (Pages 12F & 12G)  |                  |      |                           |               |                            |             |                          |    |           |
| Related Party Allocations (Pages 12H & 12I) |                  |      | 326,151                   |               | 15,358                     | 15,358      | 45,722                   |    |           |
| Financial Statement Depreciation            |                  |      |                           |               |                            |             |                          |    |           |
| TOTAL (lines 4 thru 69)                     |                  | \$   | 16,906,967                | \$            | 529,977                    | \$          | 529,977                  | \$ | 2,308,895 |

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

Facility Name & ID Number Chalet Living And Rehab# 0053843

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  | <b>Totals from Page 12A, Carried Forward</b>                      |                  | \$ 16,906,967 | \$                        |               | \$ 529,977                 | \$ 529,977  | \$ 2,308,895             | 1  |
| 2  | Painting - Exterior Railings And Gate                             | 2015             | 6,876         |                           | 20            | 344                        | 344         | 1,376                    | 2  |
| 3  | Elevator Handrails  | 2015             | 3,618         |                           | 20            | 181                        | 181         | 724                      | 3  |
| 4  | Pavement Repairs - Wheelstops/Milling/Priming/Striping            | 2015             | 43,290        |                           | 20            | 2,165                      | 2,165       | 8,658                    | 4  |
| 5  | 32 Fire Rated Drop Ceiling Light Fixtures-4Th Floor               | 2015             | 9,280         |                           | 20            | 464                        | 464         | 1,856                    | 5  |
| 6  | Plumbing - Faucet/Levers/Valves/Drains                            | 2015             | 4,950         |                           | 20            | 248                        | 248         | 990                      | 6  |
| 7  | Concrete Work On Smoking Deck                                     | 2015             | 2,500         |                           | 20            | 125                        | 125         | 500                      | 7  |
| 8  | Repaired Chiller  | 2015             | 9,436         |                           | 20            | 472                        | 472         | 1,888                    | 8  |
| 9  | Installed Water Heater In Kitchen                                 | 2015             | 3,400         |                           | 20            | 170                        | 170         | 680                      | 9  |
| 10 | Shower Room - Remove Wall Tiles/Framing/Valves                    | 2016             | 11,950        |                           | 20            | 598                        | 598         | 1,794                    | 10 |
| 11 | Installed Ceiling Tile Boxes Firelight Fixtures                   | 2016             | 9,680         |                           | 20            | 484                        | 484         | 1,452                    | 11 |
| 12 | Upgrade Elevator Doors & Sector                                   | 2016             | 11,655        |                           | 20            | 583                        | 583         | 1,749                    | 12 |
| 13 | Installed 4Th Floor Tamper/Fire Alarm System                      | 2016             | 5,033         |                           | 20            | 252                        | 252         | 756                      | 13 |
| 14 | Repaired Deck - Permits/Gate Handle/Electrical Switch             | 2016             | 12,550        |                           | 20            | 1,255                      | 1,255       | 3,765                    | 14 |
| 15 | Repaired 3Rd/4Th Floor Bathrooms - Tiles/Shower Heads/Pipes       | 2016             | 4,630         |                           | 20            | 463                        | 463         | 1,389                    | 15 |
| 16 | Installation For Door Security On 6 Doors                         | 2016             | 6,546         |                           | 20            | 327                        | 327         | 981                      | 16 |
| 17 | Repaired 4Th Floor Main Line/Ac Condensation                      | 2016             | 2,775         |                           | 20            | 139                        | 139         | 417                      | 17 |
| 18 | Architect Fees - Shower Room                                      | 2016             | 2,500         |                           | 20            | 125                        | 125         | 375                      | 18 |
| 19 | Installed New Insulation And Drywall/Prime/Paint - Back Loading   | 2016             | 7,945         |                           | 20            | 397                        | 397         | 1,191                    | 19 |
| 20 | Installed New Garbage Disposal                                    | 2016             | 3,250         |                           | 20            | 163                        | 163         | 489                      | 20 |
| 21 | Repaired Elevator   | 2016             | 2,511         |                           | 20            | 126                        | 126         | 378                      | 21 |
| 22 | Installed Ceiling Tile/Hvac Film Tape/Fire Barriers               | 2016             | 2,618         |                           | 20            | 131                        | 131         | 393                      | 22 |
| 23 | Remove Wall, Drop Ceiling Installment, Install Wallpaper/Vinyl Ti | 2017             | 11,900        |                           | 20            | 545                        | 545         | 1,090                    | 23 |
| 24 | Wiring On Wander Guard Security System                            | 2017             | 4,750         |                           | 20            | 178                        | 178         | 356                      | 24 |
| 25 | Fire Damper Inspection & Service                                  | 2017             | 6,883         |                           | 20            | 258                        | 258         | 516                      | 25 |
| 26 | Install New Fire Proof Insulation/Framing/Drywall & Paint         | 2017             | 2,884         |                           | 20            | 96                         | 96          | 192                      | 26 |
| 27 | Replace Defective Batery/Block Heater/Water-Pump/Breather Hose    | 2017             | 5,795         |                           | 20            | 869                        | 869         | 1,738                    | 27 |
| 28 | Radiator/Alternator/Pulley  | 2017             | 4,486         |                           | 20            | 299                        | 299         | 598                      | 28 |
| 29 | Replacement Of South Exit Door                                    | 2017             | 3,240         |                           | 20            | 54                         | 54          | 108                      | 29 |
| 30 | Pump Repair   | 2017             | 3,933         |                           | 20            | 16                         | 16          | 32                       | 30 |
| 31 | Serving Shelf, Freezer  | 2017             | 3,571         |                           | 20            | 60                         | 60          | 120                      | 31 |
| 32 | Elevator Repairs  | 2017             | 6,641         |                           | 20            | 498                        | 498         | 996                      | 32 |
| 33 | Elevator Repairs  | 2017             | 39,537        |                           | 20            | 2,636                      | 2,636       | 5,272                    | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                    |                  | \$ 17,167,579 | \$                        |               | \$ 544,697                 | \$ 544,697  | \$ 2,351,713             | 34 |

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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<br>Year<br>Constructed | 4<br>Cost     | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|--|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Totals from Page 12B, Carried Forward</b>                     |                          | \$ 17,167,579 | \$                                |                       | \$ 544,697                         | \$ 544,697       | \$ 2,351,713                     | 1  |
| 2  | Electrical Work  | 2017                     | 7,925         |                                   | 20                    | 396                                | 396              | 793                              | 2  |
| 3  | Boiler - Replacement Of Flame Safety And Ignition Controls       | 2017                     | 5,851         |                                   | 20                    | 293                                | 293              | 585                              | 3  |
| 4  | Repairs Of Mixing Valve And Gate Valve                           | 2017                     | 3,773         |                                   | 20                    | 189                                | 189              | 377                              | 4  |
| 5  | Install Three 4" Cast Iron P-Traps And Section Of Pipe - Reconne | 2017                     | 2,935         |                                   | 20                    | 147                                | 147              | 294                              | 5  |
| 6  | Hot Water Tank Replacement (11,070)                              | 2018                     | 10,246        |                                   | 20                    | 512                                | 512              | 512                              | 6  |
| 7  | Floor Tile In Basement & North Stairwell; Repair Dmgd Doors (4,2 | 2018                     | 3,934         |                                   | 20                    | 197                                | 197              | 197                              | 7  |
| 8  | Install New Wander Systems (23,197)                              | 2018                     | 21,471        |                                   | 20                    | 1,074                              | 1,074            | 1,074                            | 8  |
| 9  | Install Backflows For Water Lines (11,205)                       | 2018                     | 10,371        |                                   | 20                    | 519                                | 519              | 519                              | 9  |
| 10 | Install 3 Ton A/C Heating Unit On 3Rd Floor For Cable Room (6,4  | 2018                     | 5,949         |                                   | 20                    | 297                                | 297              | 297                              | 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 | <b>TOTAL (lines 1 thru 33)</b>                                   |                          | \$ 17,240,034 | \$                                |                       | \$ 548,320                         | \$ 548,320       | \$ 2,356,360                     | 34 |

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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<br>Year<br>Constructed | 4<br>Cost     | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Totals from Page 12C, Carried Forward |                          | \$ 17,240,034 | \$                                |                       | \$ 548,320                         | \$ 548,320       | \$ 2,356,360                     | 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)               |                          | \$ 17,240,034 | \$                                |                       | \$ 548,320                         | \$ 548,320       | \$ 2,356,360                     | 34 |

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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<br>Year<br>Constructed | 4<br>Cost     | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Totals from Page 12D, Carried Forward |                          | \$ 17,240,034 | \$                                |                       | \$ 548,320                         | \$ 548,320       | \$ 2,356,360                     | 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)               |                          | \$ 17,240,034 | \$                                |                       | \$ 548,320                         | \$ 548,320       | \$ 2,356,360                     | 34 |

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|--------------------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Building Company</b>        |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2  |                                |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3  |                                |                          |           |                                   |                       |                                    |                  |                                  | 3  |
| 4  |                                |                          |           |                                   |                       |                                    |                  |                                  | 4  |
| 5  |                                |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                                |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                                |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  | <b>Leasehold Improvements:</b> |                          |           |                                   |                       |                                    |                  |                                  | 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 | <b>TOTAL (lines 1 thru 33)</b> |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 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<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Totals from Page 12F, Carried Forward |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 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)               |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 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<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Related Party</b>                    |                          | \$         | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2  | <b>Buildings:</b>                       |                          |            |                                   |                       |                                    |                  |                                  | 2  |
| 3  | <b>Allocated from CF St. Louis, LLC</b> | 2016                     | 44,313     |                                   | 35                    | 1,266                              | 1,266            | 3,798                            | 3  |
| 4  |   |                          |            |                                   |                       |                                    |                  |                                  | 4  |
| 5  |   |                          |            |                                   |                       |                                    |                  |                                  | 5  |
| 6  |   |                          |            |                                   |                       |                                    |                  |                                  | 6  |
| 7  |   |                          |            |                                   |                       |                                    |                  |                                  | 7  |
| 8  | <b>Leasehold Improvements:</b>          |                          |            |                                   |                       |                                    |                  |                                  | 8  |
| 9  | <b>Allocated from CF St. Louis, LLC</b> | 2016                     | 275,123    |                                   | 20                    | 13,756                             | 13,756           | 41,269                           | 9  |
| 10 | <b>Allocated from CF St. Louis, LLC</b> | 2017                     | 6,386      |                                   | 20                    | 319                                | 319              | 639                              | 10 |
| 11 | <b>Allocated from CF St. Louis, LLC</b> | 2018                     |            |                                   |                       |                                    |                  |                                  | 11 |
| 12 |   |                          |            |                                   |                       |                                    |                  |                                  | 12 |
| 13 | <b>Allocated from Legacy HC</b>         | 2018                     | 328        |                                   | 20                    | 16                                 | 16               | 16                               | 13 |
| 14 |   |                          |            |                                   |                       |                                    |                  |                                  | 14 |
| 15 |   |                          |            |                                   |                       |                                    |                  |                                  | 15 |
| 16 |   |                          |            |                                   |                       |                                    |                  |                                  | 16 |
| 17 |   |                          |            |                                   |                       |                                    |                  |                                  | 17 |
| 18 |   |                          |            |                                   |                       |                                    |                  |                                  | 18 |
| 19 |   |                          |            |                                   |                       |                                    |                  |                                  | 19 |
| 20 |   |                          |            |                                   |                       |                                    |                  |                                  | 20 |
| 21 |   |                          |            |                                   |                       |                                    |                  |                                  | 21 |
| 22 |   |                          |            |                                   |                       |                                    |                  |                                  | 22 |
| 23 |   |                          |            |                                   |                       |                                    |                  |                                  | 23 |
| 24 |   |                          |            |                                   |                       |                                    |                  |                                  | 24 |
| 25 |   |                          |            |                                   |                       |                                    |                  |                                  | 25 |
| 26 |   |                          |            |                                   |                       |                                    |                  |                                  | 26 |
| 27 |   |                          |            |                                   |                       |                                    |                  |                                  | 27 |
| 28 |   |                          |            |                                   |                       |                                    |                  |                                  | 28 |
| 29 |   |                          |            |                                   |                       |                                    |                  |                                  | 29 |
| 30 |   |                          |            |                                   |                       |                                    |                  |                                  | 30 |
| 31 |   |                          |            |                                   |                       |                                    |                  |                                  | 31 |
| 32 |   |                          |            |                                   |                       |                                    |                  |                                  | 32 |
| 33 |   |                          |            |                                   |                       |                                    |                  |                                  | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>          |                          | \$ 326,151 | \$                                |                       | \$ 15,358                          | \$ 15,358        | \$ 45,722                        | 34 |

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

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<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Totals from Page 12H, Carried Forward |                          | \$ 326,151 | \$                                |                       | \$ 15,358                          | \$ 15,358        | \$ 45,722                        | 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)               |                          | \$ 326,151 | \$                                |                       | \$ 15,358                          | \$ 15,358        | \$ 45,722                        | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost    | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 3,309,268 | \$                             | \$ 330,556                      | \$ 330,556       | 10                  | \$ 1,473,868                  | 71 |
| 72 | Current Year Purchases   | 12,526       |                                | 1,226                           | 1,226            | 10                  | 1,226                         | 72 |
| 73 | Fully Depreciated Assets |              |                                |                                 |                  |                     |                               | 73 |
| 74 |                          |              |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$ 3,321,794 | \$                             | \$ 331,781                      | \$ 331,781       |                     | \$ 1,475,094                  | 75 |

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

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

E. Summary of Care-Related Assets

|    |                            | 1<br>Reference   | 2<br>Amount   |      |
|----|----------------------------|--|---------------|------|
| 81 | Total Historical Cost      | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 22,322,058 | 81   |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$            | 82   |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$ 880,101    | 83** |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$ 880,101    | 84   |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$ 3,831,454  | 85   |

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

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

G. Construction-in-Progress

|    | Description | Cost      |    |
|----|-------------|-----------|----|
| 92 | CIP         | \$ 11,863 | 92 |
| 93 |             |           | 93 |
| 94 |             |           | 94 |
| 95 |             | \$ 11,863 | 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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:       |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions                |                          |                        |                             |                       |                              |                                     | 4 |
| 5 |                          |                          |                        |                             |                       |                              |                                     | 5 |
| 6 | Allocated from Legacy HC |                          |                        |                             | 211                   |                              |                                     | 6 |
| 7 | TOTAL                    |                          |                        |                             | \$ 211                |                              |                                     | 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: \$ 5,435 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

|    | 1<br>Use                 | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|--------------------------|-----------------------------|-------------------------------|--|----|
| 17 | Allocated from Legacy HC |                             | \$                            | \$ 5,208                               | 17 |
| 18 |                          |                             |                               |  | 18 |
| 19 |                          |                             |                               |  | 19 |
| 20 |                          |                             |                               |  | 20 |
| 21 | TOTAL                    |                             | \$                            | \$ 5,208                               | 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 Chalet Living And Rehab # 0053843 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p> |
|---|---|--|

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

|    | Service  | 1<br>Schedule V<br>Line & Column<br>Reference | 2                   |    | 3    | 4   |         | 5                                    | 6                             | 7                              | 8       |    |
|----|--|---|---------------------|----|------|---|---------|--------------------------------------|-------------------------------|--------------------------------|---------|----|
|    |  |   | Staff               |    | Cost | Outside Practitioner<br>(other than consultant) |         | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |         |    |
|    |  |   | Units of<br>Service |    |      | Units   | Cost    |                                      |                               |                                |         |    |
| 1  | Licensed Occupational Therapist  | 39 - 03                                       | hrs                 | \$ |      | \$  | 257,501 | \$                                   |                               | \$                             | 257,501 | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39 - 03                                       | hrs                 |    |      |   | 97,935  |                                      |                               |                                | 97,935  | 2  |
| 3  | Licensed Recreational Therapist  |   | hrs                 |    |      |   |         |                                      |                               |                                |         | 3  |
| 4  | Licensed Physical Therapist  | 39 - 03                                       | hrs                 |    |      |   | 284,604 |                                      |                               |                                | 284,604 | 4  |
| 5  | Physician Care   |   | visits              |    |      |   |         |                                      |                               |                                |         | 5  |
| 6  | Dental Care  |   | visits              |    |      |   |         |                                      |                               |                                |         | 6  |
| 7  | Work Related Program   |   | hrs                 |    |      |   |         |                                      |                               |                                |         | 7  |
| 8  | Habilitation   |   | hrs                 |    |      |   |         |                                      |                               |                                |         | 8  |
| 9  | Pharmacy   | 39 - 02                                       | # of<br>prescripts  |    |      |   |         | 94,733                               |                               |                                | 94,733  | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |   | hrs                 |    |      |   |         |                                      |                               |                                |         | 10 |
| 11 | Academic Education   |   | hrs                 |    |      |   |         |                                      |                               |                                |         | 11 |
| 12 | Other (specify):   |   |                     |    |      |   |         |                                      |                               |                                |         | 12 |
| 13 | Other (specify):   |   |                     |    |      |   | 33,603  | 178,104                              |                               |                                | 211,707 | 13 |
| 14 | TOTAL  |   |                     | \$ |      | \$  | 673,643 | \$                                   | 272,837                       | \$                             | 946,480 | 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 &amp; ID Number Chalet Living And Rehab

# 0053843

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* |    |
|    | <b>A. Current Assets</b>  |              |                      |    |
| 1  | Cash on Hand and in Banks   | \$           | \$ 8,622             | 1  |
| 2  | Cash-Patient Deposits   |              |                      | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 1,592,066    | 1,592,066            | 3  |
| 4  | Supply Inventory (priced at )                                     |              |                      | 4  |
| 5  | Short-Term Investments  |              |                      | 5  |
| 6  | Prepaid Insurance   | 64,504       | 64,504               | 6  |
| 7  | Other Prepaid Expenses  | 29,015       | 314,048              | 7  |
| 8  | Accounts Receivable (owners or related parties)                   |              |                      | 8  |
| 9  | Other(specify): <u>See Attached Schedule</u>                      | 672,759      | 672,759              | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 2,358,344 | \$ 2,651,999         | 10 |
|    | <b>B. Long-Term Assets</b>  |              |                      |    |
| 11 | Long-Term Notes Receivable  |              |                      | 11 |
| 12 | Long-Term Investments   |              |                      | 12 |
| 13 | Land  |              | 1,752,000            | 13 |
| 14 | Buildings, at Historical Cost                                     |              | 11,891,700           | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        | 159,002      | 2,066,818            | 15 |
| 16 | Equipment, at Historical Cost                                     | 166,875      | 1,250,748            | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (41,945)     | (3,372,415)          | 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>                      | 1,257,666    | 5,372,531            | 23 |
| 24 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 1,541,598 | \$ 18,961,382        | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 3,899,942 | \$ 21,613,381        | 25 |

|    |  | 1            | 2                    |    |
|----|--|--------------|----------------------|----|
|    |  | Operating    | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |              |                      |    |
| 26 | Accounts Payable   | \$ 678,159   | \$ 682,907           | 26 |
| 27 | Officer's Accounts Payable                                   |              |                      | 27 |
| 28 | Accounts Payable-Patient Deposits                            |              |                      | 28 |
| 29 | Short-Term Notes Payable                                     |              |                      | 29 |
| 30 | Accrued Salaries Payable                                     | 300,562      | 300,562              | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes)          | 12,138       | 12,138               | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                          |              | 216,299              | 32 |
| 33 | Accrued Interest Payable                                     |              | 150,226              | 33 |
| 34 | Deferred Compensation  |              |                      | 34 |
| 35 | Federal and State Income Taxes                               |              |                      | 35 |
|    | <b>Other Current Liabilities(specify):</b>                   |              |                      |    |
| 36 | <u>See Attached Schedule</u>                                 | 92,290       | 92,290               | 36 |
| 37 |  |              |                      | 37 |
| 38 | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 1,083,149 | \$ 1,454,422         | 38 |
|    | <b>D. Long-Term Liabilities</b>                              |              |                      |    |
| 39 | Long-Term Notes Payable                                      |              |                      | 39 |
| 40 | Mortgage Payable   |              | 27,417,122           | 40 |
| 41 | Bonds Payable  |              |                      | 41 |
| 42 | Deferred Compensation  |              |                      | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |              |                      |    |
| 43 | <u>See Attached Schedule</u>                                 | 1,730,009    | 100,000              | 43 |
| 44 |  |              |                      | 44 |
| 45 | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 1,730,009 | \$ 27,517,122        | 45 |
| 46 | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 2,813,158 | \$ 28,971,544        | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 1,086,784 | \$ (7,358,163)       | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 3,899,942 | \$ 21,613,381        | 48 |

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

|                                   |   | <b>1</b><br><b>Total</b> |             |
|-----------------------------------|---|--------------------------|-------------|
| <b>1</b>                          | <b>Balance at Beginning of Year, as Previously Reported</b>         | \$ <b>678,207</b>        | <b>1</b>    |
| <b>2</b>                          | Restatements (describe):  |                          | <b>2</b>    |
| <b>3</b>                          | <b>Prior Year Bank Charges</b>                                      | (21,732)                 | <b>3</b>    |
| <b>4</b>                          | <b>Prior Year Depreciation</b>                                      | (29,546)                 | <b>4</b>    |
| <b>5</b>                          | <b>Prior Year Bad Debt Expense</b>                                  | (137,189)                | <b>5</b>    |
| <b>6</b>                          | <b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b> | \$ <b>489,740</b>        | <b>6</b>    |
| <b>A. Additions (deductions):</b> |   |                          |             |
| <b>7</b>                          | NET Income (Loss) (from page 19, line 43)                           | 597,044                  | <b>7</b>    |
| <b>8</b>                          | Aquisitions of Pooled Companies                                     |                          | <b>8</b>    |
| <b>9</b>                          | Proceeds from Sale of Stock   |                          | <b>9</b>    |
| <b>10</b>                         | Stock Options Exercised   |                          | <b>10</b>   |
| <b>11</b>                         | Contributions and Grants  |                          | <b>11</b>   |
| <b>12</b>                         | Expenditures for Specific Purposes                                  |                          | <b>12</b>   |
| <b>13</b>                         | Dividends Paid or Other Distributions to Owners                     | ( )                      | <b>13</b>   |
| <b>14</b>                         | Donated Property, Plant, and Equipment                              |                          | <b>14</b>   |
| <b>15</b>                         | Other (describe)  |                          | <b>15</b>   |
| <b>16</b>                         | Other (describe)  |                          | <b>16</b>   |
| <b>17</b>                         | <b>TOTAL Additions (deductions) (sum of lines 7-16)</b>             | \$ <b>597,044</b>        | <b>17</b>   |
| <b>B. Transfers (Itemize):</b>    |   |                          |             |
| <b>18</b>                         |   |                          | <b>18</b>   |
| <b>19</b>                         |   |                          | <b>19</b>   |
| <b>20</b>                         |   |                          | <b>20</b>   |
| <b>21</b>                         |   |                          | <b>21</b>   |
| <b>22</b>                         |   |                          | <b>22</b>   |
| <b>23</b>                         | <b>TOTAL Transfers (sum of lines 18-22)</b>                         | \$                       | <b>23</b>   |
| <b>24</b>                         | <b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>            | \$ <b>1,086,784</b>      | <b>24</b> * |

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

Facility Name &amp; ID Number Chalet Living And Rehab

# 0053843

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        |     |
|--|---|---------------|-----|
| <b>A. Inpatient Care</b>               |   |               |     |
| 1                                      | Gross Revenue -- All Levels of Care                       | \$ 20,845,039 | 1   |
| 2                                      | Discounts and Allowances for all Levels                   | (9,100,982)   | 2   |
| 3                                      | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 11,744,057 | 3   |
| <b>B. Ancillary Revenue</b>            |   |               |     |
| 4                                      | Day Care  |               | 4   |
| 5                                      | Other Care for Outpatients                                |               | 5   |
| 6                                      | Therapy   | 2,472,400     | 6   |
| 7                                      | Oxygen  |               | 7   |
| 8                                      | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 2,472,400  | 8   |
| <b>C. Other Operating Revenue</b>      |   |               |     |
| 9                                      | Payments for Education                                    |               | 9   |
| 10                                     | Other Government Grants                                   |               | 10  |
| 11                                     | CNA Training Reimbursements                               |               | 11  |
| 12                                     | Gift and Coffee Shop                                      |               | 12  |
| 13                                     | Barber and Beauty Care                                    |               | 13  |
| 14                                     | Non-Patient Meals   |               | 14  |
| 15                                     | Telephone, Television and Radio                           |               | 15  |
| 16                                     | Rental of Facility Space                                  |               | 16  |
| 17                                     | Sale of Drugs   | 100,091       | 17  |
| 18                                     | Sale of Supplies to Non-Patients                          |               | 18  |
| 19                                     | Laboratory  | 14,573        | 19  |
| 20                                     | Radiology and X-Ray                                       | 65            | 20  |
| 21                                     | Other Medical Services                                    | 8,494         | 21  |
| 22                                     | Laundry   |               | 22  |
| 23                                     | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 123,223    | 23  |
| <b>D. Non-Operating Revenue</b>        |   |               |     |
| 24                                     | Contributions   |               | 24  |
| 25                                     | Interest and Other Investment Income***                   | 42,690        | 25  |
| 26                                     | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 42,690     | 26  |
| <b>E. Other Revenue (specify):****</b> |   |               |     |
| 27                                     | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |               | 27  |
| 28                                     | See Supplemental Schedule                                 | 9,367         | 28  |
| 28a                                    |   |               | 28a |
| 29                                     | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 9,367      | 29  |
| 30                                     | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 14,391,737 | 30  |

2

| II. Expenses                        |  | Amount        |    |
|-------------------------------------|--|---------------|----|
| <b>A. Operating Expenses</b>        |  |               |    |
| 31                                  | General Services   | 1,987,570     | 31 |
| 32                                  | Health Care  | 4,604,393     | 32 |
| 33                                  | General Administration   | 2,062,932     | 33 |
| <b>B. Capital Expense</b>           |  |               |    |
| 34                                  | Ownership  | 2,956,656     | 34 |
| <b>C. Ancillary Expense</b>         |  |               |    |
| 35                                  | Special Cost Centers   | 1,664,530     | 35 |
| 36                                  | Provider Participation Fee                                     | 518,612       | 36 |
| <b>D. Other Expenses (specify):</b> |  |               |    |
| 37                                  |  |               | 37 |
| 38                                  |  |               | 38 |
| 39                                  |  |               | 39 |
| 40                                  | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 13,794,693 | 40 |
| 41                                  | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | 597,044       | 41 |
| 42                                  | <b>Income Taxes</b>  |               | 42 |
| 43                                  | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ 597,044    | 43 |

| III. Net Inpatient Revenue detailed by Payer Source |   | Amount        |    |
|---|---|---------------|----|
| 44  | Medicaid - Net Inpatient Revenue                                      | \$ 10,835,807 | 44 |
| 45  | Private Pay - Net Inpatient Revenue                                   | 537,786       | 45 |
| 46  | Medicare - Net Inpatient Revenue                                      | 319,726       | 46 |
| 47  | Other-(specify) <u>Insurance</u>                                      | 50,738        | 47 |
| 48  | Other-(specify)   |               | 48 |
| 49  | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 11,744,057 | 49 |

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

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

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

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

Facility Name & ID Number Chalet Living And Rehab

# 0053843

Report Period Beginning:

01/01/18

Ending:

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                | 1,872                     | 2,080                      | \$ 101,613                             | \$ 48.85            | 1  |
| 2  | Assistant Director of Nursing      | 1,960                     | 2,080                      | 85,125                                 | 40.93               | 2  |
| 3  | Registered Nurses                  | 19,120                    | 21,072                     | 728,349                                | 34.56               | 3  |
| 4  | Licensed Practical Nurses          | 46,485                    | 49,738                     | 1,507,612                              | 30.31               | 4  |
| 5  | CNAs & Orderlies                   | 84,373                    | 90,722                     | 1,205,530                              | 13.29               | 5  |
| 6  | CNA Trainees                       |                           |                            |  |                     | 6  |
| 7  | Licensed Therapist                 |                           |                            |  |                     | 7  |
| 8  | Rehab/Therapy Aides                | 12,355                    | 13,485                     | 266,923                                | 19.79               | 8  |
| 9  | Activity Director                  | 2,388                     | 2,511                      | 42,626                                 | 16.98               | 9  |
| 10 | Activity Assistants                | 6,465                     | 7,040                      | 83,188                                 | 11.82               | 10 |
| 11 | Social Service Workers             | 11,760                    | 12,750                     | 262,033                                | 20.55               | 11 |
| 12 | Dietician                          | 1,936                     | 2,080                      | 54,357                                 | 26.13               | 12 |
| 13 | Food Service Supervisor            | 1,984                     | 2,110                      | 48,072                                 | 22.78               | 13 |
| 14 | Head Cook                          | 4,931                     | 5,665                      | 77,976                                 | 13.76               | 14 |
| 15 | Cook Helpers/Assistants            | 19,796                    | 21,824                     | 271,068                                | 12.42               | 15 |
| 16 | Dishwashers                        |                           |                            |  |                     | 16 |
| 17 | Maintenance Workers                | 7,746                     | 8,444                      | 163,710                                | 19.39               | 17 |
| 18 | Housekeepers                       | 18,913                    | 20,405                     | 252,495                                | 12.37               | 18 |
| 19 | Laundry                            | 7,028                     | 7,845                      | 98,145                                 | 12.51               | 19 |
| 20 | Administrator                      | 2,476                     | 2,845                      | 152,251                                | 53.52               | 20 |
| 21 | Assistant Administrator            | 713                       | 784                        | 23,262                                 | 29.67               | 21 |
| 22 | Other Administrative               |                           |                            |  |                     | 22 |
| 23 | Office Manager                     |                           |                            |  |                     | 23 |
| 24 | Clerical                           | 10,232                    | 10,942                     | 178,851                                | 16.35               | 24 |
| 25 | Vocational Instruction             |                           |                            |  |                     | 25 |
| 26 | Academic Instruction               |                           |                            |  |                     | 26 |
| 27 | Medical Director                   |                           |                            |  |                     | 27 |
| 28 | Qualified MR Prof. (QMRP)          |                           |                            |  |                     | 28 |
| 29 | Resident Services Coordinator      |                           |                            |  |                     | 29 |
| 30 | Habilitation Aides (DD Homes)      |                           |                            |  |                     | 30 |
| 31 | Medical Records                    | 3,788                     | 4,160                      | 103,447                                | 24.87               | 31 |
| 32 | Other Health Care(specify)         |                           |                            |  |                     | 32 |
| 33 | Other(specify) <u>See Attached</u> | 1,705                     | 1,871                      | 30,127                                 | 16.10               | 33 |
| 34 | TOTAL (lines 1 - 33)               | 268,026                   | 290,453                    | \$ 5,736,760 *                         | \$ 19.75            | 34 |

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

\*\* See instructions.

B. CONSULTANT SERVICES

|    |                                 | 1                             | 2  | 3                                  |    |
|----|---------------------------------|-------------------------------|--|------------------------------------|----|
|    |                                 | Number of Hrs. Paid & Accrued | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference |    |
| 35 | Dietary Consultant              | Monthly                       | \$ 571                                     | 01-03                              | 35 |
| 36 | Medical Director                | Monthly                       | 22,559                                     | 09-03                              | 36 |
| 37 | Medical Records Consultant      |                               |  |                                    | 37 |
| 38 | Nurse Consultant                | Monthly                       | 12,216                                     | 10-03                              | 38 |
| 39 | Pharmacist Consultant           | Monthly                       | 19,308                                     | 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             | Monthly                       | 3,224                                      | 11-03                              | 44 |
| 45 | Social Service Consultant       | Monthly                       | 3,302                                      | 12-03                              | 45 |
| 46 | Other(specify)                  |                               |  |                                    | 46 |
| 47 |                                 |                               |  |                                    | 47 |
| 48 |                                 |                               |  |                                    | 48 |
| 49 | TOTAL (lines 35 - 48)           |                               | \$ 61,180                                  |                                    | 49 |

C. CONTRACT NURSES

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



