



Facility Name & ID Number Montebello Health Care Center

# 0047340 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 \_\_\_\_\_

	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	139	Skilled (SNF)	139	50,735	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	139	TOTALS	139	50,735	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	13,630	3,781	3,128	20,539	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,630	3,781	3,128	20,539	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 40.48%

D. How many bed reserve days during this year were paid by the Department? 4 (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)

NA

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 01/01/2005

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 01/01/2005 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 139 and days of care provided \_\_\_\_\_

Medicare Intermediary Novitas Solutions Inc

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Montebello Health Care Center # 0047340 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary		1,942	313,994	315,936	315,936	(77,227)	238,709			1
2	Food Purchase		2,244		2,244	2,244	77,002	79,246			2
3	Housekeeping		1,991	98,220	100,211	100,211		100,211			3
4	Laundry		9,483	65,484	74,967	74,967		74,967			4
5	Heat and Other Utilities			120,537	120,537	120,537	(4,697)	115,840			5
6	Maintenance	45,419	63,122	15,162	123,703	123,703	13,635	137,338			6
7	Other (specify):*			7,810	7,810	7,810		7,810			7
8	<b>TOTAL General Services</b>	45,419	78,782	621,207	745,408	745,408	8,713	754,121			8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,820	16,820	16,820		16,820			9
10	Nursing and Medical Records	1,281,747	113,832	48,683	1,444,262	1,444,262	153,670	1,597,932			10
10a	Therapy	369,579	21,690	49,890	441,159	441,159		441,159			10a
11	Activities	30,009	3,671	4,077	37,757	37,757		37,757			11
12	Social Services	45,313		2,934	48,247	48,247		48,247			12
13	CNA Training										13
14	Program Transportation	33,005	6,251	5,646	44,902	44,902		44,902			14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,759,653	145,444	128,050	2,033,147	2,033,147	153,670	2,186,817			16
	<b>C. General Administration</b>										
17	Administrative	100,882			100,882	100,882	2,640	103,522			17
18	Directors Fees			525	525	525		525			18
19	Professional Services			3,223	3,223	3,223	15,868	19,091			19
20	Dues, Fees, Subscriptions & Promotions			57,883	57,883	57,883	(5,937)	51,946			20
21	Clerical & General Office Expenses	87,463	13,066	460,782	561,311	561,311	(373,083)	188,228			21
22	Employee Benefits & Payroll Taxes			328,347	328,347	328,347	25,571	353,918			22
23	Inservice Training & Education										23
24	Travel and Seminar			11,021	11,021	11,021	9,848	20,869			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			12,428	12,428	12,428	7,244	19,672			26
27	Other (specify):* <b>Franchise Tax</b>			300	300	300		300			27
28	<b>TOTAL General Administration</b>	188,345	13,066	874,509	1,075,920	1,075,920	(317,849)	758,071			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,993,417	237,292	1,623,766	3,854,475	3,854,475	(155,466)	3,699,009			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 Montebello Health Care Center

#0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			(80,135)	(80,135)		(80,135)	105,707	25,572			30
31	Amortization of Pre-Op. & Org.			4,140	4,140		4,140		4,140			31
32	Interest			(262,248)	(262,248)		(262,248)	274,281	12,033			32
33	Real Estate Taxes			72,636	72,636		72,636	5,090	77,726			33
34	Rent-Facility & Grounds			132,242	132,242		132,242		132,242			34
35	Rent-Equipment & Vehicles			6,334	6,334		6,334		6,334			35
36	Other (specify):*							20,044	20,044			36
37	<b>TOTAL Ownership</b>			(127,031)	(127,031)		(127,031)	405,122	278,091			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		44,778	298	45,076		45,076		45,076			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			189,243	189,243		189,243		189,243			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		44,778	189,541	234,319		234,319		234,319			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,993,417	282,070	1,686,276	3,961,763		3,961,763	249,656	4,211,419			45

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

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(153)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,729)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(72)	2		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	(5)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(794)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(169,292)	21		24
25	Fund Raising, Advertising and Promotional	(6,368)	21		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	159,106			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (22,307)		\$	30

<b>BHF USE ONLY</b>							
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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	271,962		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 271,962		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 249,655		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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

Montebello Health Care Center

ID# 0047340

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Back Office Services	\$ (199,326)	21	1
2	Prof Liability Insurance Adj	4,014	26	2
3	Depreciation Adj = Capital Lease Days	105,707	30	3
4	Reclass Raw Food Expense	(77,227)	1	4
5	Reclass Raw Food Expense	77,227	2	5
6	Real Estate Accrual Adj	5,090	33	6
7	Adjust Travel Expense	(7,688)	24	7
8	Non Allowable Advertising	(6,368)	20	8
9	Adjust Interest Expense	257,677	32	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
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>	159,106		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Montebello Health Care Center# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(77,227)	0	0	0	0	0	0	0	0	0	0	(77,227)	1
2	Food Purchase	77,002	0	0	0	0	0	0	0	0	0	0	77,002	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,729)	32	0	0	0	0	0	0	0	0	0	(4,697)	5
6	Maintenance	0	13,635	0	0	0	0	0	0	0	0	0	13,635	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(4,954)</b>	<b>13,667</b>	<b>0</b>	<b>8,713</b>	<b>8</b>								
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	153,670	0	0	0	0	0	0	0	0	0	153,670	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>153,670</b>	<b>0</b>	<b>153,670</b>	<b>16</b>								
	<b>C. General Administration</b>													
17	Administrative	0	2,640	0	0	0	0	0	0	0	0	0	2,640	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(794)	16,662	0	0	0	0	0	0	0	0	0	15,868	19
20	Fees, Subscriptions & Promotions	(6,368)	431	0	0	0	0	0	0	0	0	0	(5,937)	20
21	Clerical & General Office Expenses	(374,991)	1,908	0	0	0	0	0	0	0	0	0	(373,083)	21
22	Employee Benefits & Payroll Taxes	0	25,571	0	0	0	0	0	0	0	0	0	25,571	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(7,688)	17,536	0	0	0	0	0	0	0	0	0	9,848	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	4,014	3,230	0	0	0	0	0	0	0	0	0	7,244	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(385,827)</b>	<b>67,978</b>	<b>0</b>	<b>(317,849)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(390,781)</b>	<b>235,315</b>	<b>0</b>	<b>(155,466)</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Montebello Health Care Center# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	105,707	0	0	0	0	0	0	0	0	0	0	105,707	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	257,677	16,604	0	0	0	0	0	0	0	0	0	274,281	32
33	Real Estate Taxes	5,090	0	0	0	0	0	0	0	0	0	0	5,090	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	20,044	0	0	0	0	0	0	0	0	0	20,044	36
37	<b>TOTAL Ownership</b>	<b>368,474</b>	<b>36,648</b>	<b>0</b>	<b>405,122</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(22,307)</b>	<b>271,963</b>	<b>0</b>	<b>249,656</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
<u>Illinois Holdco LLC</u>	<u>100</u>	<u>Montebello Health Care Center</u>	<u>Hamilton</u>	<u>SSC Equity Holdings LLC</u>		<u>Holding Company</u>
		<u>Nature Traile Health Care Center</u>	<u>Mount Vernon</u>	<u>SSC Administrative Services LLC</u>		<u>Back Office Service</u>
		<u>Odin Health Care Center</u>	<u>Odin</u>	<u>SSC Consulting Services LLC</u>		<u>Consulting Services</u>
		<u>Westchester Health Care Center</u>	<u>Westchester</u>			

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	5	Utilities	SSC Equity Holdings LLC	100.00%	\$ 32	\$	32	1
2	V	6	Repair and Maintenance	SSC Equity Holdings LLC	100.00%	13,635		13,635	2
3	V	19	Professional Services	SSC Equity Holdings LLC	100.00%	16,662		16,662	3
4	V	20	Fee, Subscriptions and Promos	SSC Equity Holdings LLC	100.00%	431		431	4
5	V	10	Nursing & Medical Records	SSC Equity Holdings LLC	100.00%	153,670		153,670	5
6	V	21	Clerical & Gen Office Exp	SSC Equity Holdings LLC	100.00%	1,908		1,908	6
7	V	24	Travel & Seminar	SSC Equity Holdings LLC	100.00%	17,536		17,536	7
8	V	26	Insurance	SSC Equity Holdings LLC	100.00%	3,230		3,230	8
9	V	36	Depreciation	SSC Equity Holdings LLC	100.00%	20,044		20,044	9
10	V	17	Communications	SSC Equity Holdings LLC	100.00%	2,640		2,640	10
11	V	35	Rental and Lease	SSC Equity Holdings LLC	100.00%				11
12	V	32	Interest Income/Expense	SSC Equity Holdings LLC	100.00%	16,604		16,604	12
13	V	22	Payroll Taxes	SSC Equity Holdings LLC	100.00%	25,571		25,571	13
14	Total		\$			\$ 271,963	\$ *	271,963	14

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

Facility Name &amp; ID Number

Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holdings Company LLC		Excell Health Care Center	Oakland				1
2			Flagship Heath care Center	Newport Beach				2
3			Tarzana Health & Rehab Center	Tarzana				3
4			Diamond Ridge Health Care Center	Pittsburgh				4
5			Courtyard Care Center	San Jose				5
6			Mission Carmichael Health Care Center	Carmichael				6
7			AlpineLiving Center	Thornton				7
8			Boulder Manor	Boulder				8
9			Pearl Street Health Care Center	Englewood				9
10			Applewood Living Center	Longmont				10
11			Fort Collins Health Care Center	Fort Collins				11
12			Spring Creek Healthcare Center	Fort Collins				12
13			Berthoud Living Center	Berthoud				13
14			Sierra Vista Health Care Center	Loveland				14
15			Windsor Health Care Center	Windsor				15
16			San Juan Living Center	Montrose				16
17			Four Corners Health Care Center	Durango				17
18			Palisade Living Center	Palisade				18
19			Colonial Columns Nursing Center	Colorado Springs				19
20			Cedarwood Health Care Center	Colorado Springs				20
21			Minnequa Medicenter	Pueblo				21
22			Terrace Gaedens Healthcare Center	Colorado Springs				22
23			Aspen Living Cente	Colorado Springs				23
24			Centennial Heathcare Center	Greeley				24
25			Kenton Manor	Greeley				25
26			Stering Living Center	Sterling				26
27			Sunset Manor	Brush				27
28			Yuma Life Care Center	Yuma				28
29			Jewell Care Center of Denver	Denver				29
30			Monaco Parkway	Denver				30

Facility Name &amp; ID Number

Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Garden Square at Spring Creek	Fort Collins				1
2			Pendleton Health & Rehab	Mystic				2
3			Bride Brook Health & Rehab	Niantic				3
4			Brian Center Nursing Care Austell	Austll				4
5			Brian Center Health & Rehab Canton	Canton				5
6			Northeast Atlanta Healty & Rehab	Atlanta				6
7			Brighton Place West	Topeka				7
8			Indian Creek Healht Care Center	Overland Park				8
9			SE Massachusetts Health & Rehab	New Bedford				9
10			Methuen Health & Rehab Center	Methuen				10
11			Patuxent River Health & Rehab Center	Laurel				11
12			Arcola Heathh & Rehab Center	Silver Spring				12
13			Glen Burnie Health & Rehab Center	Glen Burnie				13
14			Overlea Health & Rehab Center	Baltimore				14
15			Bethesda Health & Rehab Center	Bethesda				15
16			Summit Park Health & Rehab Center	Catonsville				16
17			North Arundel Health & Rehab Center	Glen Burnie				17
18			Bel Air Health & Rehab Center	Bel Air				18
19			Forest Hill Health & Rehab Center	Forest Hill				19
20			Heritage Harbour Health & Rehab Center	Annapolis				20
21			Cambridge East	Madison Heights				21
22			Cambridge North	Clawson				22
23			Cambridge South	Beverly Hills				23
24			Clarkston	Clarkston				24
25			Clinton-Aire Healthcare Center	Clinton Township				25
26			Crestmont NursingCare Center	Fenton				26
27			Heritage Manor	Flint				27
28			Hope Health Care Center	Westland				28
29			Warren Woods Health Care Center	Warren				29
30			Superior Woods Health Care Center	Ypsilanti				30

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Countrybrook Living Center	Brook Haven				1
2			Brian Center Health & Rehab Eden	Eden				2
3			Brian Center Nursing Care Lexington	Lexington				3
4			Brian Center Health & Rehab Hickory East	Hickory				4
5			Brian Center Health & Rehab Wilson	Wilson				5
6			Randolph Health & Rehab Center	Asheboro				6
7			Brian Center Health & Rehab Winston Salem	Winston Salem				7
8			Brian Center Health & Rehab Charlotte	Charlotte				8
9			Brian Center Health & Rehab Windsor	Windsor				9
10			Maple Leaf Health Care	Statesville				10
11			Brian Center Health & Rehab Weaverville	Weaverville				11
12			Brian Center Health & Rehab Lincolnton	Lincolnton				12
13			Brian Center Health & Rehab Wallace	Wallace				13
14			Brian Center Health & Rehab Monroe	Monroe				14
15			Brian Center Health & Rehab Durham	Durham				15
16			Brian Center Health & Rehab Goldsboro	Goldsboro				16
17			Brian Center Health & Rehab Cabarrus	Concord				17
18			Brian Center Nursing Care Shamrock	Charlotte				18
19			Brian Center Nursing Care Hickory	Hickory				19
20			Brian Center Health & Rehab Center Waynesville	Waynesville				20
21			Brian Center Health & Rehab Clayton	Clayton				21
22			Brian Center Health & Rehab Brevard	Brevard				22
23			Brian Center Health & Rehab Yanceyville	Yanceyville				23
24			Brian Center Health & Rehab Hertford	Hertford				24
25			Brian Center Health & Rehab Spruce Pine	Spruce Pine				25
26			Brian Center Health & Rehab Hendersonville	Hendersonville				26
27			Brian Center Health & Rehab Salisbury	Salisbury				27
28			Mariner Health Care of Wilmington	Wilmington				28
29			Silver Stream Health & Rehab	Wilmington				29
30			Kenansville Health & Rehab	Kenansville				30

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Charlotte Apts	Charlotte				1
2			Forest City Health & Rehab	Forest City				2
3			North Hills Health & Rehab	Wexford				3
4			West Hills Health & Rehab	Coraopolis				4
5			Broomall Health & Rehab	Broomall				5
6			Seneca Health & Rehab	Seneca				6
7			Sumter East Health & Rehab	Sumter				7
8			Golden Age Inman	Inman				8
9			Inman Healthcare	Inman				9
10			Lebanon Health & REhab	Lebanon				10
11			Greenhills Health & Rehab	Nashville				11
12			Norris Health & Rehab	Andersonville				12
13			Newport Health & Rehab	Newport				13
14			Cheyenne Healthcare	Cheyenne				14
15			Poplar Living Center	Casper				15
16			Sheridan Manor	Sheridan				16
17			Huntington Health Care	Huntington				17
18			Bastrop Nursing Center	Bastrop				18
19			Care Inn of La Grange	La Grange				19
20			Kountze Nursing Center	Kountze				20
21			Retama Manor Nursing Center San Antonio No	San Antonio				21
22			Retama Manor Nursing Center San Antonio We	San Antonio				22
23			Retama Manor Nursing Center Alice	Alice				23
24			Retama Manor Nursing Center Edinburg	Edinburg				24
25			Retama Manor Nursing Center Harlingen	Harlingen				25
26			Retama Manor Nursing Center Jourdanton	Jourdanton				26
27			Retama Manor Nursing Center Laredo South	Laredo				27
28			Retama Manor Nursing Center Laredo West	Laredo				28
29			Retama Manor Nursing Center McAllen	McAllen				29
30			Retama Manor Nursing Center Pleasanton Nort	Pleasanton				30

IF THIS PAGE IS NOT NEEDED, YOU MAY HIDE IT SO IT WILL NOT PRINT

STATE OF ILLINOIS

Facility Name & ID Number Montebello Health Care Center # 0047340 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Retama Manor Nursing Center Pleasanton Sout Pleasanton					1
2			Retama Manor Nursing Center Rio Grande City Rio Grande City					2
3			Retama Manor Nursing Center Robstown	Robstown				3
4			Retama Manor Nursing Center Weslaco	Weslaco				4
5			Weatherford health Care Center	Weatherford				5
6			Peach Tree Place	Weatherford				6
7			Retama Manor Nursing Center Raymondville	Raymondville				7
8			Memorial City Health and Rehab	Houston				8
9			Jacinto City Healthcare Center	Houston				9
10			Spring Branch Healthcare Center	Houston				10
11			Retama Manor Nursing Center Corpus Christi	Corpus Christi				11
12			Downtown Health & Rehab	Fort Worth				12
13			Lakeshore Village Healthcare Center	Waco				13
14			Deer Creek of Wimberley	Wimberley				14
15			La Paloma Nursing Center	San Diego				15
16			Pine Arbor	Silsbee				16
17			Las Palmas Healthcare Center	McAllen				17
18			Hilltop Village	Kerville				18
19			Silver Creek Manor	San Antonio				19
20			Alpine Terrace	Kerrville				20
21			Edgewater Care Center	Kerrville				21
22			Arlington Heights Health & Rehab	Fort Worth				22
23			The Meadows Health & Rehab	Dallas				23
24			Northgate Health & Rehab	San Antonio				24
25			Interlochen Health & Rehab	Arlington				25
26			First Colony Health & Rehab	Missouri City				26
27			Cypresswood Health & Rehab	Houston				27
28			Northwest Health & Rehab	Houston				28
29			The Westbury Place	Houston				29
30			Westchase Health & Rehab	Houston				30

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SSC Equity Holding Company LLC	100	Woodwind Lakes Health & Rehab	Houston				1
2			Pasadena Care Center	Pasadena				2
3			Bay Villa	Bay City				3
4			Alice Health care Center	Alice				4
5			Bangs Nursing Home	Bangs				5
6			Brazosview	Richmond				6
7			Courtyards at Fort Worth	Fort Worth				7
8			Faith Memorial	Pasadena				8
9			Golden Years	Marlin				9
10			Greenview Manor	Waco				10
11			Hillview Health & Rehab	Goldthwaite				11
12			Levelland Health Care	Levelland				12
13			Longmeadow Health Care	Justin				13
14			Memorial Medical Nursing Center	San Antonio				14
15			Mount Pleasant	Mount Pleasant				15
16			North Park Health & Rehab	McKinney				16
17			Pampa Health Care Center	Pampa				17
18			Park Highlands Health Care Center	Athens				18
19			Pleasant Springs Health Care Center	Mount Pleasant				19
20			Sweeny Health Care Center	Sweeny				20
21			Texoma Health Care Center	Sherman				21
22			The Park in Plano	Plano				22
23			Ashland Health & Rehab	Ashland				23
24			Southpointe Health Care Center	Greenfield				24
25			Virginia Highlands Health & Rehab Center	Germantown				25
26			Grande Prairie Health & Rehab Center	Pleasant Prairie				26
27			Pleasant Valley Health Care Center	Derry				27
28			The Village at Alameda	Albuquerque				28
29			Hobbs Healthcare Center	Hobbs				29
30			Lake Mead Health Care Center	Henderson				30

Facility Name & ID Number Montebello Health Care Center # 0047340 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		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 Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities			\$	\$		\$ 32	1
2	6	Repair and Maintenance						13,635	2
3	19	Professional Services						16,662	3
4	20	Fee, Subscriptions and Promos						431	4
5	10	Nursing & Medical Records						153,670	5
6	21	Clerical & Gen Office Exp						1,908	6
7	24	Travel & Seminar						17,536	7
8	26	Insurance						3,230	8
9	36	Drpreiation						20,044	9
10	17	Communications						2,640	10
11	35	Rental and Lease							11
12	32	Interest Income/Expense						16,604	12
13	22	Payroll Taxes						25,571	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				\$	\$		\$ 271,963	25

Facility Name & ID Number

Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

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

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

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

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

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

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2017 report.		\$	<b>62,881</b>	<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>67,671</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>4,790</b>	<b>3</b>
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>72,936</b>	<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>77,726</b>	<b>7</b>
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	<b>62,828</b>	<b>8</b>	
	2014	<b>67,047</b>	<b>9</b>	
	2015	<b>68,287</b>	<b>10</b>	
	2016	<b>70,574</b>	<b>11</b>	
	2017	<b>67,671</b>	<b>12</b>	
				<b>FOR BHF USE ONLY</b>
	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2017	\$	<b>13</b>
	<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
	<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**NOTES:**

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

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

FACILITY NAME Montebello Health Care Center COUNTY Hancock

FACILITY IDPH LICENSE NUMBER 0047340

CONTACT PERSON REGARDING THIS REPORT Martha McDaniel

TELEPHONE 832 467 6317 FAX #: 832 467 6984

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

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>11-29-999-119</u>	<u>Lot B Sub (Ex 2A SE Corner &amp;</u>	\$ <u>67,671.00</u>	\$ <u>67,671.00</u>
2. _____	<u>377 x 145 SW Corner) NE</u>	\$ _____	\$ _____
3. _____	<u>Montebello 5-8 12-29B 11-538</u>	\$ _____	\$ _____
4. _____	<u>12-29-255-011 Keokuk Street</u>	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>67,671.00</u></u>	\$ <u><u>67,671.00</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?        YES   X   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 Montebello Health Care Center

# 0047340 Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,581 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

NA

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column with values 1, 2, 3. Row 3 contains 'TOTALS'.

**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	139				\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	6 Ton 230V RTU		2005		27,558		10			27,558	9
10	Four Heat Run Duct System		2005		1,500		11.5			1,500	10
11	Repair Damaged Phone System		2005		1,576		10			1,576	11
12	Watermain Repair		2005		8,682		11.5			8,682	12
13	Retaining Wall - Partial Payment		2005		6,359		11.5			6,359	13
14	Fire Alarm Control Panel		2005		2,404		10			2,404	14
15	Construct Walkway Cover		2005		5,022		11.5			5,022	15
16	Leveled Ground around Stairway		2005		525		11.5			525	16
17	Fire Alarm System		2005		1,824		10			1,824	17
18	Install New Handrails		2005		415		11.5			415	18
19	Fire Alarm Control Panel		2005		872		10			872	19
20	Drywall Repairs - Water Break		2005		3,975		11.5			3,975	20
21	16: Toilet and Shower Floors		2005		10,166		11.3			10,166	21
22	Front Entry Concrete		2005		7,081		11.3			7,081	22
23	6: Smoke Detectors		2005		1,480		10			1,480	23
24	Relays for Emergency Lights		2005		2,776		11.3			2,776	24
25											25
26	119 Gallon Electric Water Heater		2006		4,362		10			4,362	26
27	Use Tax: Water Heater		2006		268		10			268	27
28	Install Water Heater		2006		659		10			659	28
29	Install Electrical Water Heater		2006		384		10			384	29
30	42' Sidewalk - Outside Patio		2006		1,820		10.175			1,820	30
31	Sprinkler		2006		2,296		10.175			2,296	31
32	Repair Sprinkler System		2006		6,893		10			6,893	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Deposit - Vinyl Floor	2007	\$ 1,928	\$	9.25	\$	\$	\$ 1,928	37
38	Vinyl Flooring	2007	2,153		9.08			2,153	38
39	Replace AC Compressor - Laundry	2007	1,663		9.08			1,663	39
40	Sprinkler System Install	2007	1,744		9.16			1,744	40
41	Vinyl Flooring 2 Shower/Bathroom	2007	475		9			475	41
42									42
43									43
44	Backflow Devices - Sprinkler System	2008	21,646		9			21,646	44
45	Generator Water Pump	2008	4,412		8.58			4,412	45
46	Foundation Upgrade	2008	5,340		8.5			5,340	46
47	Sealed 3 Cracks Below Windows	2008	1,400		8.66			1,400	47
48	Water Abatement & Concrete Work	2008	2,670		8.41			2,670	48
49	Fire Alarm Maintenance	2008	3,191		8.25			3,191	49
50	Genset Wiring	2008	1,903		8.25			1,903	50
51	Generatro Remote Annunicator	2008	2,349		8.25			2,349	51
52	Dry System Accelerator	2008	8,020		8.25			8,020	52
53	Water Abatement & Concrete Work	2008	2,670		8.25			2,670	53
54									54
55									55
56	Wandeguard Monitor	2009	880		7.3			880	56
57	Concrete Sidewalk	2009	3,190		7.08			3,190	57
58	Anti Scald Mixing Valve	2009	1,074		7.25			1,074	58
59									59
60	Basement Door Locks	2010	2,263		6.92			2,263	60
61	Fire Alarm/Air Handler Connection	2010	5,363		7.83			5,363	61
62	Wandeguard System Credit	2010	(880)		6.75			(880)	62
63	Recepticles in 20 Rooms	2010	6,800		6.67			6,800	63
64	Intumescent Firestop	2010	18,880		6.58			18,880	64
65	5 Ton Central Air Conditioner	2010	4,580		6.34			4,580	65
66	Replaced Roof Membrane	2010	4,800		6			4,800	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 207,409	\$		\$	\$	\$ 207,409	70

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

Facility Name &amp; ID Number Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

**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>		\$ 207,409	\$		\$	\$	\$ 207,409	1
2	Fire Alarm / Air Handler	2011	348		10			348	2
3	Install 2 Roof Top Units	2011	15,694		10			15,694	3
4	20 Wood Blinds	2011	2,964		5			2,964	4
5	17 Room Signs	2011	627		5			627	5
6	Shirred Valances and Rods	2011	2,912		5			2,912	6
7	Replace Tile & Vinyl flooring, walls, plumbing, & paint in 15 resid	2011	138,295		15			138,295	7
8	Replace electrical wiring and crown molding	2011	8,467		15			8,467	8
9									9
10	2 3 Ton Min Split Systems	2012	13,456		5			13,456	10
11	Commercial Disposal	2012	1,042		5			1,042	11
12									12
13	Stair Rail Panels	2013	1,991		4			1,991	13
14	Electrical for New Range	2013	1,285		3.75			1,285	14
15	NW Wing RTU Evaporator Coil	2013	2,986		3.4			2,986	15
16	Walk In Cooler Compressor	2013	1,193		3.4			1,193	16
17	Nortstar Phone System	2013	15,745		3.4			15,745	17
18	A/C Blower Motor	2013	959		3.25			959	18
19									19
20	Polycom Phones	2014	521		3			521	20
21									21
22	CMBS Parking Curbs and Signs	2015	4,330		2			4,330	22
23	CMBS Strobe Fire Alarm Device	2015	2,000	200	10	200		850	23
24	CMBS Toilet Rooms	2015	1,400	120	11.66	120		510	24
25	CMBS Windows and Frame Replace	2015	1,320	113	11.66	113		481	25
26	Electrical Conduit	2015	2,064	166	12.42	166		831	26
27	50 ESA36-5, 3 Phase U	2015	6,418	1,284	5	1,284		4,920	27
28	Fire Panel	2015	2,387	238	5	238		838	28
29									29
30	Mounting Gasket for Commercial Disposal	2016	30	6	5	6		16	30
31	Commercial Disposal	2016	1,079	216	5	216		594	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 436,922	\$ 2,343		\$ 2,343	\$	\$ 429,264	34

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

Facility Name & ID Number **Montebello Health Care Center**

# **0047340**

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 436,922	\$ 2,343		\$ 2,343	\$	\$ 429,264	1
2	Demo and rebuild shower room - drywall, floors, plumbing	2017	27,238	1,816	15	1,816		3,783	2
3	Cleanspace liners, DryTrak, &labor for basement drainage	2017	4,475	299	15	299		429	3
4									4
5	5 Ton AC Unit - Laundry	2018	2,962	296	5	296		296	5
6	6 Ton Carrier RTU	2018	7,968	398	10	398		398	6
7	6T Carrier RTU-Mid Center Hall	2018	7,968	266	10	266		266	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 487,533	\$ 5,418		\$ 5,418	\$	\$ 434,436	34

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

Facility Name & ID Number Montebello Health Care Center

# 0047340

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 296,069	\$ 17,747	\$ 17,747	\$		\$ 209,640	71
72	Current Year Purchases	5,411	2,407	2,407			2,645	72
73	Fully Depreciated Assets	(17,510)						73
74								74
75	TOTALS	\$ 283,970	\$ 20,154	\$ 20,154	\$		\$ 212,285	75

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

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 771,503	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 25,572	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 25,572	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 646,721	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Montebello Health Care Center

# 0047340

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**XII. RENTAL COSTS**

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

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

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1974</u>	<u>139</u>	<u>10/16/2013</u>	\$ <u>132,242</u>	<u>12</u>		3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>		<b>139</b>		\$ <b>132,242</b>			<b>7</b>

10. Effective dates of current rental agreement:

Beginning 06/02/2014

Ending 05/31/2026

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

Fiscal Year Ending                      Annual Rent

12.	<u>/2019</u>	\$ <u>                    </u>
13.	<u>/2020</u>	\$ <u>                    </u>
14.	<u>/2021</u>	\$ <u>                    </u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

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

(Attach a schedule detailing the breakdown of movable equipment)

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

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

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

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

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	10a-03	3425 hrs	\$ 116,065		\$	\$		3,425	\$ 116,065	1	
2	Licensed Speech and Language Development Therapist	10a-03	1161 hrs	54,300					1,161	54,300	2	
3	Licensed Recreational Therapist	10a-03	hrs	0							3	
4	Licensed Physical Therapist	10a-03	4939 hrs	199,214					4,939	199,214	4	
5	Physician Care		visits								5	
6	Dental Care		visits								6	
7	Work Related Program		hrs								7	
8	Habilitation		hrs								8	
9	Pharmacy	39	# of prescrpts					44,778		44,778	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify):										12	
13	Other (specify):										13	
14	TOTAL			\$ 369,579		\$	\$ 44,778		9,525	\$ 414,357	14	

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

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

As of **12/31/2018**

(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	\$ 550	\$	1
2	Cash-Patient Deposits	29,110		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	470,609		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	341		6
7	Other Prepaid Expenses	5,127		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 505,737	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	5,940		12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	487,533		15
16	Equipment, at Historical Cost	290,484		16
17	Accumulated Depreciation (book methods)	(647,264)		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): <b>Asset Clearing</b>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 136,693	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 642,430	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 211,703	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	237,798		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	67,671		32
33	Accrued Interest Payable			33
34	Deferred Compensation	2,831		34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<b>Other Accruals</b>	(8,574)		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 511,429	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<b>CLO &amp; Intercompany</b>	(134,586)		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ (134,586)	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 376,843	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 265,587	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 642,430	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>234,882</b>	<b>1</b>
<b>2</b>	Restatements (describe):	<b>6</b>	<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>234,888</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>30,699</b>	<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>30,699</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>265,587</b>	<b>24</b> *

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

Facility Name &amp; ID Number Montebello Health Care Center

# 0047340

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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	\$ 16,393,689	1
2	Discounts and Allowances for all Levels	(13,428,141)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,965,548	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	953,185	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 953,185	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	(441)	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	64,473	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,684	19
20	Radiology and X-Ray	1,278	20
21	Other Medical Services	6,200	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 73,194	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>General Rental Receipts</u>	217	28
28a	<u>Misc receipts Vending</u>	318	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 535	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 3,992,462	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	745,408	31
32	Health Care	2,033,147	32
33	General Administration	1,075,920	33
<b>B. Capital Expense</b>			
34	Ownership	(127,031)	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	45,076	35
36	Provider Participation Fee	189,243	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 3,961,763	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	30,699	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 30,699	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,700,262	44
45	Private Pay - Net Inpatient Revenue	707,617	45
46	Medicare - Net Inpatient Revenue	473,322	46
47	Other-(specify) <u>HMO/Ins</u>	(2,881)	47
48	Other-(specify) <u>VA/Hospice/Charity</u>	87,228	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 2,965,548	49

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

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

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

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

Facility Name & ID Number Montebello Health Care Center

# 0047340

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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	1,664	1,736	\$ 80,926	\$ 46.62	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,550	10,059	319,785	31.79	3
4	Licensed Practical Nurses	10,586	11,043	275,477	24.95	4
5	CNAs & Orderlies	37,771	40,797	573,234	14.05	5
6	CNA Trainees					6
7	Licensed Therapist	8,859	9,525	369,579	38.80	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,687	1,832	29,989	16.37	9
10	Activity Assistants	2	2	20	10.00	10
11	Social Service Workers	1,971	2,091	45,313	21.67	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	1,979	2,091	45,419	21.72	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,771	1,937	100,882	52.08	20
21	Assistant Administrator					21
22	Other Administrative	3,478	4,037	87,463	21.67	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,013	2,169	32,325	14.90	31
32	Other Health Care(specify)	2,319	2,339	33,005	14.11	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	83,650	89,658	\$ 1,993,417 *	\$ 22.23	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	\$ 232,936	1-3	35
36	Medical Director	16,820	9-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,703	10-3	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	216	10a-3	42
43	Speech Therapy Consultant			43
44	Activity Consultant	2,840	11-3	44
45	Social Service Consultant	2,934	12-3	45
46	Other(specify)	5,691	10-3	46
47	Xray & Laboratory	(1,043)	39-3	47
48	Dentist/Physician/Psychiatrist			48
49	TOTAL (lines 35 - 48)	\$ 267,097		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	5,499		51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$ 5,499		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jonni Bullington	Administrator	0	\$ 100,882	Workers' Compensation Insurance	\$ 95,573	IDPH License Fee	\$	
				Unemployment Compensation Insurance	11,382	Advertising: Employee Recruitment	31,081	
				FICA Taxes	147,744	Health Care Worker Background Check	5,876	
				Employee Health Insurance	64,476	(Indicate # of checks performed _____)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Publications and Manuals	798	
				Employee Life Insurance	1,683	Dues	10,556	
				Other Benefits	7,489	Other Licenses	3,204	
				Home Office Payroll Taxes	25,571	Fees, Subscriptions and Promos	431	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 100,882			Less: Public Relations Expense	( )	
B. Administrative - Other						Non-allowable advertising	( )	
Description			Amount			Yellow page advertising	( )	
			\$					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 353,918	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 51,946	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Compsych	Employee Asst Progra		\$ 1,159			\$	Out-of-State Travel	\$ 1,529
Duane Morris LLP	Legal		794					
Equifax	Background		583					
LexisNexis	Regs Resource		88				In-State Travel	1,503
NRC Health	Survey Program		599					
							Seminar Expense	301
							Home Office Allocation	17,536
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 3,223	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 20,869

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Montebello Health Care Center# 0047340Report Period Beginning: 01/01/2018Ending: 12/31/2018**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Health Care Association
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? \_\_\_\_\_
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? \_\_\_\_\_  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ \_\_\_\_\_  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? Yes  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
g. **Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: BDO Seidman LLC (Corporate Level)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NA  
Attach invoices and a summary of services for all architect and appraisal fees