### STATE OF ILLINOIS

**Report Period Beginning:** 07/01/2017  
**Ending:** 06/30/2018

#### 8. Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds*</td>
<td>FOR BHF USE ONLY</td>
<td>Year Acquired</td>
<td>Year Constructed</td>
<td>Cost</td>
<td>Current Book Depreciation</td>
<td>Life in Years</td>
<td>Straight Line Depreciation</td>
<td>Adjustments</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1989</td>
<td>$2,917,000</td>
<td>$63,425</td>
<td>10-40</td>
<td>$63,425</td>
<td>$</td>
<td>$2,214,040</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>2008</td>
<td>3,659,316</td>
<td>91,483</td>
<td>40</td>
<td>91,483</td>
<td>937,700</td>
<td>27</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>28</td>
<td>2015</td>
<td>471</td>
<td>10</td>
<td>471</td>
<td>247</td>
<td>19</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>29</td>
<td>2017</td>
<td>924</td>
<td>10</td>
<td>924</td>
<td>899</td>
<td>27</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>30</td>
<td>2018</td>
<td>981</td>
<td>10</td>
<td>981</td>
<td>981</td>
<td>28</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>2019</td>
<td>1014</td>
<td>10</td>
<td>1014</td>
<td>1014</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>2020</td>
<td>1016</td>
<td>10</td>
<td>1016</td>
<td>1016</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>2021</td>
<td>1017</td>
<td>10</td>
<td>1017</td>
<td>1017</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>2022</td>
<td>1018</td>
<td>10</td>
<td>1018</td>
<td>1018</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>15</td>
<td>2023</td>
<td>1019</td>
<td>10</td>
<td>1019</td>
<td>1019</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>2024</td>
<td>1020</td>
<td>10</td>
<td>1020</td>
<td>1020</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>17</td>
<td>2025</td>
<td>1021</td>
<td>10</td>
<td>1021</td>
<td>1021</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>2026</td>
<td>1022</td>
<td>10</td>
<td>1022</td>
<td>1022</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>2027</td>
<td>1023</td>
<td>10</td>
<td>1023</td>
<td>1023</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>20</td>
<td>2028</td>
<td>1024</td>
<td>10</td>
<td>1024</td>
<td>1024</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td>2029</td>
<td>1025</td>
<td>10</td>
<td>1025</td>
<td>1025</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>22</td>
<td>2030</td>
<td>1026</td>
<td>10</td>
<td>1026</td>
<td>1026</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>2031</td>
<td>1027</td>
<td>10</td>
<td>1027</td>
<td>1027</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>24</td>
<td>2032</td>
<td>1028</td>
<td>10</td>
<td>1028</td>
<td>1028</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>25</td>
<td>2033</td>
<td>1029</td>
<td>10</td>
<td>1029</td>
<td>1029</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>2034</td>
<td>1030</td>
<td>10</td>
<td>1030</td>
<td>1030</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>27</td>
<td>2035</td>
<td>1031</td>
<td>10</td>
<td>1031</td>
<td>1031</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>28</td>
<td>2036</td>
<td>1032</td>
<td>10</td>
<td>1032</td>
<td>1032</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>29</td>
<td>2037</td>
<td>1033</td>
<td>10</td>
<td>1033</td>
<td>1033</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td>2038</td>
<td>1034</td>
<td>10</td>
<td>1034</td>
<td>1034</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>31</td>
<td>2039</td>
<td>1035</td>
<td>10</td>
<td>1035</td>
<td>1035</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>32</td>
<td>2040</td>
<td>1036</td>
<td>10</td>
<td>1036</td>
<td>1036</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>33</td>
<td>2041</td>
<td>1037</td>
<td>10</td>
<td>1037</td>
<td>1037</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>34</td>
<td>2042</td>
<td>1038</td>
<td>10</td>
<td>1038</td>
<td>1038</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>35</td>
<td>2043</td>
<td>1039</td>
<td>10</td>
<td>1039</td>
<td>1039</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>36</td>
<td>2044</td>
<td>1040</td>
<td>10</td>
<td>1040</td>
<td>1040</td>
<td>54</td>
<td></td>
</tr>
</tbody>
</table>

*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.
### Building and Improvement Costs Including Fixed Equipment

#### Table: Building and Improvement Costs

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 <strong>INSTALL A/C ROOF-TOP UNIT</strong></td>
<td>7/16/1997</td>
<td>$2,975</td>
<td>$2,975</td>
<td>10</td>
<td>$2,975</td>
<td>$2,975</td>
<td></td>
</tr>
<tr>
<td>38 <strong>INSTALL EMERGENCY GENERATOR</strong></td>
<td>1/12/1998</td>
<td>85,329</td>
<td>85,329</td>
<td>10</td>
<td>85,329</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 <strong>NEW ROOF TOP HVAC UNIT</strong></td>
<td>1/19/1999</td>
<td>4,340</td>
<td>4,340</td>
<td>10</td>
<td>4,340</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 <strong>TEAR OFF AND REPLACE ROOF</strong></td>
<td>7/30/1999</td>
<td>125</td>
<td>125</td>
<td>10</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 <strong>INSTALL NEW ROOF SHINGLES</strong></td>
<td>11/1/1999</td>
<td>3,727</td>
<td>186</td>
<td>20</td>
<td>186</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 <strong>INSTALL</strong></td>
<td>11/29/1999</td>
<td>3,265</td>
<td>3,265</td>
<td>15</td>
<td>3,265</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 <strong>PARTIAL PMT-TELEPHONE SYS</strong></td>
<td>3/7/2000</td>
<td>5,264</td>
<td>5,264</td>
<td>10</td>
<td>5,264</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 <strong>PARTIAL PMT-TELEPHONE SYS</strong></td>
<td>7/2/2000</td>
<td>6,226</td>
<td>6,226</td>
<td>10</td>
<td>6,226</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 <strong>FIRE SPRINKLER SYSTEM</strong></td>
<td>1/5/2001</td>
<td>37,774</td>
<td>37,774</td>
<td>25</td>
<td>1,511</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 <strong>DURO-LAST ROOF SYSTEM</strong></td>
<td>5/15/2001</td>
<td>40,846</td>
<td>40,846</td>
<td>25</td>
<td>1,634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 <strong>DONATION OF NURSES</strong></td>
<td>10/1/2001</td>
<td>6,594</td>
<td>6,594</td>
<td>15</td>
<td>6,594</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 <strong>ROOSTER PUMP</strong></td>
<td>12/31/2001</td>
<td>4,833</td>
<td>4,833</td>
<td>15</td>
<td>4,833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 <strong>NEW HEAT EXCHANGER, INDUCE</strong></td>
<td>9/20/2002</td>
<td>2,818</td>
<td>2,818</td>
<td>15</td>
<td>2,818</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 <strong>REMODELING PROJECT</strong></td>
<td>6/30/2003</td>
<td>2,541</td>
<td>2,541</td>
<td>10</td>
<td>2,541</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 <strong>New flooring in 2 rooms</strong></td>
<td>4/10/2004</td>
<td>2,576</td>
<td>2,576</td>
<td>10</td>
<td>2,576</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52 <strong>therapy room/spa</strong></td>
<td>7/30/2004</td>
<td>198,856</td>
<td>7,954</td>
<td>25</td>
<td>7,954</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 <strong>Water heater (75 gallon)</strong></td>
<td>6/30/2006</td>
<td>6,376</td>
<td>6,376</td>
<td>10</td>
<td>6,376</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54 <strong>HVC unit for B wing</strong></td>
<td>12/19/2006</td>
<td>7,600</td>
<td>7,600</td>
<td>10</td>
<td>7,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 <strong>Rooftop hvc unit</strong></td>
<td>4/24/2008</td>
<td>3,973</td>
<td>3,973</td>
<td>10</td>
<td>3,973</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56 <strong>Induct air purifiers (12)</strong></td>
<td>8/17/2009</td>
<td>3,912</td>
<td>3,912</td>
<td>10</td>
<td>3,912</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57 <strong>A.O. Smith water heater</strong></td>
<td>8/17/2010</td>
<td>7,019</td>
<td>7,019</td>
<td>10</td>
<td>7,019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58 <strong>Sentronic door closers (2) f</strong></td>
<td>6/23/2011</td>
<td>3,025</td>
<td>3,025</td>
<td>10</td>
<td>3,025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 <strong>Rpl roof and ceiling in main</strong></td>
<td>7/20/2012</td>
<td>5,450</td>
<td>5,450</td>
<td>10</td>
<td>5,450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 <strong>Remodel C wing bathing room</strong></td>
<td>7/16/2011</td>
<td>10,848</td>
<td>10,848</td>
<td>15</td>
<td>7,233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61 <strong>West side siding, maint. sho</strong></td>
<td>4/18/2012</td>
<td>4,929</td>
<td>4,929</td>
<td>10</td>
<td>4,929</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 <strong>Kitchen &amp; dining room remodel</strong></td>
<td>3/9/2012</td>
<td>19,099</td>
<td>12,737</td>
<td>15</td>
<td>12,737</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63 <strong>Exterior lights, interior re</strong></td>
<td>7/20/2012</td>
<td>3,304</td>
<td>3,304</td>
<td>10</td>
<td>3,304</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64 <strong>Roof top units (2)</strong></td>
<td>11/17/2012</td>
<td>12,868</td>
<td>12,868</td>
<td>10</td>
<td>12,868</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 <strong>BLACKTOP DRIVEWAY</strong></td>
<td>12/14/1993</td>
<td>10,800</td>
<td>10,800</td>
<td>10</td>
<td>10,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66 <strong>STRIP/SEAL NORTH PARKING</strong></td>
<td>9/25/1995</td>
<td>3,382</td>
<td>3,382</td>
<td>10</td>
<td>3,382</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 <strong>PARKING LOT</strong></td>
<td>9/22/1997</td>
<td>9,898</td>
<td>9,898</td>
<td>10</td>
<td>9,898</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68 <strong>FENCE ON BACK LOT</strong></td>
<td>10/7/1998</td>
<td>5,000</td>
<td>5,000</td>
<td>10</td>
<td>5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69 <strong>BLACKTOP NEW PARKING, DRIV</strong></td>
<td>7/7/1998</td>
<td>9,752</td>
<td>9,752</td>
<td>10</td>
<td>9,752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 <strong>TOTAL (lines 4 thru 69)</strong></td>
<td></td>
<td>$7,537,950</td>
<td>$195,817</td>
<td>$195,817</td>
<td>$3,653,534</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.**
### BUILDING AND IMPROVEMENT COSTS—INCLUDING FIXED EQUIPMENT

#### (See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Totals from Page 12A, Carried Forward</td>
<td></td>
<td>$ 7,357,950</td>
<td>$ 195,817</td>
<td>$ 195,817</td>
<td>$ 3,653,534</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 REPLACE CONCRETE AT PAVIL</td>
<td>9/15/2000</td>
<td>2,700</td>
<td>15</td>
<td>2,700</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Drywell</td>
<td>11/12/2008</td>
<td>12,588</td>
<td>629</td>
<td>10</td>
<td>20</td>
<td>6,084</td>
<td>3</td>
</tr>
<tr>
<td>4 Concrete gazebo floor &amp; walk</td>
<td>5/11/2012</td>
<td>10,121</td>
<td>1,012</td>
<td>10</td>
<td>1,012</td>
<td>6,241</td>
<td>4</td>
</tr>
<tr>
<td>5 2 F2900 Controllers and Resi</td>
<td>2/25/2004</td>
<td>5,880</td>
<td>7</td>
<td>5,880</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 INSTALL SUMP PUMP &amp; MANHO</td>
<td>10/19/1994</td>
<td>3,200</td>
<td>10</td>
<td>3,200</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 WATER BOOSTER SYS REPLACE</td>
<td>1/30/1995</td>
<td>6,941</td>
<td>10</td>
<td>6,941</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 INSTALL NEW MIXING VALVE</td>
<td>4/20/1996</td>
<td>2,900</td>
<td>10</td>
<td>2,900</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Day Training/Education Assets Disallowed (See 5A)</td>
<td></td>
<td>(117,236)</td>
<td>(117,236)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 TOTAL (lines 1 thru 33)</td>
<td></td>
<td>$ 7,582,340</td>
<td>$ 80,222</td>
<td>$ 80,222</td>
<td>$ 3,687,540</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation 2</th>
<th>Straight Line Depreciation 3</th>
<th>4 Adjustments</th>
<th>Component Life 5</th>
<th>Accumulated Depreciation 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Purchased in Prior Years</td>
<td>$92,774</td>
<td>$17,667</td>
<td>$17,667</td>
<td>3-7</td>
<td>$49,158</td>
<td>71</td>
</tr>
<tr>
<td>72 Current Year Purchases</td>
<td>17,726</td>
<td>1,921</td>
<td>1,921</td>
<td>5-7</td>
<td>1,921</td>
<td>72</td>
</tr>
<tr>
<td>73 Fully Depreciated Assets</td>
<td>677,781</td>
<td>1,585</td>
<td>1,585</td>
<td>3-10</td>
<td>677,781</td>
<td>73</td>
</tr>
<tr>
<td>74 Depr Exp - Rel Pty Alloc Sch VIII</td>
<td>1,668</td>
<td>1,668</td>
<td></td>
<td></td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>75 TOTALS</td>
<td>$788,281</td>
<td>$22,841</td>
<td>$22,841</td>
<td></td>
<td></td>
<td>$728,860</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Use</th>
<th>Model, Make and Year</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Current Book Depreciation 5</th>
<th>Straight Line Depreciation 6</th>
<th>7</th>
<th>8</th>
<th>Accumulated Depreciation 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>76 Patient Transportation</td>
<td>2012 Ford E250 Van w/ Lift</td>
<td>2012</td>
<td>$40,670</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$40,670</td>
</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77</td>
</tr>
<tr>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>78</td>
</tr>
<tr>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>79</td>
</tr>
<tr>
<td>80 TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$40,670</td>
</tr>
</tbody>
</table>

#### E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>1 Reference</th>
<th>2 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Total Historical Cost</td>
<td>$9,095,719</td>
</tr>
<tr>
<td>82 Current Book Depreciation</td>
<td>$103,063</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>$103,063</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>$</td>
</tr>
<tr>
<td>85 Accumulated Depreciation</td>
<td>$4,457,070</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Description &amp; Year Acquired</th>
<th>2 Cost</th>
<th>3 Current Book Depreciation</th>
<th>4 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>86 Transportation Equip Not Allowed</td>
<td>$51,528</td>
<td></td>
<td>$51,528</td>
</tr>
<tr>
<td>87 Assets below IL Capital Threshold</td>
<td>414,229</td>
<td>21,437</td>
<td>325,702</td>
</tr>
<tr>
<td>88 Other Assets Disallowed</td>
<td>285,913</td>
<td>4,765</td>
<td>285,913</td>
</tr>
<tr>
<td>89</td>
<td></td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td></td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>91 TOTALS</td>
<td>$751,670</td>
<td>$26,202</td>
<td>$663,143</td>
</tr>
</tbody>
</table>

#### G. Construction-in-Progress

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>$92</td>
</tr>
<tr>
<td>93</td>
<td>**</td>
</tr>
<tr>
<td>94</td>
<td>**</td>
</tr>
<tr>
<td>95</td>
<td>**</td>
</tr>
</tbody>
</table>

* 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: **Not Applicable - Facility Leased from 100% Commonly-owned Related Party (See Sch VII)**
   - If NO, see instructions.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   - YES NO

<table>
<thead>
<tr>
<th>Year Number</th>
<th>Original Rental Total</th>
<th>Total Years Constructed</th>
<th>Original Lease Date</th>
<th>Rental Amount</th>
<th>Total Years of Lease</th>
<th>Total Years Renewal Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Additions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Corp Grp Office Allocation</td>
<td>12/1/2011</td>
<td>11,039</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Effective dates of current rental agreement:
   - Beginning: 12/1/2011
   - Ending: 12/1/2021

11. Rent to be paid in future years under the current rental agreement:
   - Fiscal Year Ending: 6/30/2019
   - Annual Rent: $ Corp Alloc Amt
   - Fiscal Year Ending: 6/30/2020
   - Annual Rent: $ Corp Alloc Amt
   - Fiscal Year Ending: 6/30/2021
   - Annual Rent: $ Corp Alloc Amt

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: $ 8,513
   - Description: Postage Meter/Mail Equip: $1,328; Short Term Medical Equip: $6,190
   - (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

17. Use | Model Year and Make | Monthly Lease Payment | Rental Expense for this Period |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

* 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.
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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?  **X** YES  2. CLASSROOM PORTION:  **X** IN-HOUSE PROGRAM

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

3. CLINICAL PORTION:  **X** IN-HOUSE PROGRAM

   COMMUNITY COLLEGE

   HOURS PER CNA  80

B. EXPENSES

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td></td>
<td>Drop-outs</td>
<td>Completed</td>
<td>Contract</td>
</tr>
<tr>
<td>Community College Tuition</td>
<td>32</td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td></td>
<td>885</td>
<td>$46,957</td>
<td>$46,957</td>
</tr>
<tr>
<td>Classroom Wages (a)</td>
<td>15,200</td>
<td>15,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Wages (b)</td>
<td>24,320</td>
<td>24,320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-House Trainer Wages (c)</td>
<td>6,552</td>
<td>6,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>46,957</td>
<td>46,957</td>
<td>$46,957</td>
<td>$46,957</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. From this facility</th>
<th>2. From other facilities (f)</th>
<th>TOTAL TRAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>DROP-OUTS</td>
<td>32</td>
</tr>
</tbody>
</table>

(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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Speech and Language Development Therapist</td>
<td>10a.3</td>
<td>460</td>
<td>32,200</td>
<td>460</td>
<td>32,200</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Licensed Recreational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Physical Therapist</td>
<td>10a.1</td>
<td>2024</td>
<td>81,544</td>
<td>2,024</td>
<td>81,544</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Physician Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Dental Care</td>
<td>39.3</td>
<td>14</td>
<td>600</td>
<td>14</td>
<td>600</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Work Related Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Habilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>39.3</td>
<td>116</td>
<td>7,712</td>
<td>116</td>
<td>7,712</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>(Evaluation and Diagnosis/ Behavior Modification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Academic Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>81,544</td>
<td>590</td>
<td>40,512</td>
<td>2,614</td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

**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

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

<table>
<thead>
<tr>
<th>A. Current Assets</th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash on Hand and in Banks</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>2 Cash-Patient Deposits</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>$68,978</td>
<td>929,600</td>
</tr>
<tr>
<td>4 Supply Inventory (priced at cost)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 Short-Term Investments</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 Prepaid Insurance</td>
<td>$(29,569)</td>
<td>$(1,508)</td>
</tr>
<tr>
<td>7 Other Prepaid Expenses</td>
<td>1,307</td>
<td>1,307</td>
</tr>
<tr>
<td>8 Accounts Receivable (owners or related parties)</td>
<td>8,867,271</td>
<td>8,889,192</td>
</tr>
<tr>
<td>9 Other(specify):</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>TOTAL Current Assets</td>
<td>$9,769,109</td>
<td>$9,819,591</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Long-Term Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Long-Term Notes Receivable</td>
<td>11</td>
</tr>
<tr>
<td>12 Long-Term Investments</td>
<td>12</td>
</tr>
<tr>
<td>13 Land</td>
<td>684,428</td>
</tr>
<tr>
<td>14 Buildings, at Historical Cost</td>
<td>8,012,141</td>
</tr>
<tr>
<td>15 Leasinghold Improvements, at Historical Cost</td>
<td>15</td>
</tr>
<tr>
<td>16 Equipment, at Historical Cost</td>
<td>1,150,819</td>
</tr>
<tr>
<td>17 Accumulated Depreciation (book methods)</td>
<td>(5,120,212)</td>
</tr>
<tr>
<td>18 Deferred Charges</td>
<td>163,095</td>
</tr>
<tr>
<td>19 Organization &amp; Pre-Operating Costs</td>
<td>19</td>
</tr>
<tr>
<td>20 Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td>20</td>
</tr>
<tr>
<td>21 Restricted Funds</td>
<td>412,849</td>
</tr>
<tr>
<td>22 Other Long-Term Assets (spec CIP)</td>
<td>22</td>
</tr>
<tr>
<td>23 Other(specify): Goodwill</td>
<td>261,131</td>
</tr>
<tr>
<td>TOTAL Long-Term Assets</td>
<td>261,131</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$10,030,240</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Current Liabilities</th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Accounts Payable</td>
<td>$179,662</td>
<td>$191,362</td>
</tr>
<tr>
<td>27 Officer's Accounts Payable</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>28 Accounts Payable-Patient Deposits</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>29 Short-Term Notes Payable</td>
<td>188,803</td>
<td></td>
</tr>
<tr>
<td>30 Accrued Salaries Payable</td>
<td>480,171</td>
<td>480,171</td>
</tr>
<tr>
<td>31 Accrued Taxes Payable (excluding real estate taxes)</td>
<td>14,174</td>
<td>14,174</td>
</tr>
<tr>
<td>32 Accrued Real Estate Taxes(Sch.IX-B)</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33 Accrued Interest Payable</td>
<td>13,405</td>
<td></td>
</tr>
<tr>
<td>34 Deferred Compensation</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>35 Federal and State Income Taxes</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>36 Other Current Liabilities(specify):</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>TOTAL Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Long-Term Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EQUITY(page 18, line 24)</td>
<td>$9,356,232</td>
<td>$8,351,700</td>
</tr>
<tr>
<td>TOTAL LIABILITIES AND EQUITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(See instructions.)
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Total</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$8,272,101</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>YE Audit Adj - Rent Revenue/Expense</td>
<td>38,593</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$8,310,694</td>
<td>6</td>
</tr>
</tbody>
</table>

A. Additions (deductions):

<table>
<thead>
<tr>
<th></th>
<th>7</th>
<th>1,045,538</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>( )</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$1,045,538</td>
<td>17</td>
</tr>
</tbody>
</table>

B. Transfers (Itemize):

<table>
<thead>
<tr>
<th></th>
<th>18</th>
<th>18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>$9,356,232</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</td>
<td>$9,356,232</td>
<td>24</td>
</tr>
</tbody>
</table>

* This must agree with page 17, line 47.
## XVII. INCOME STATEMENT

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

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

### I. Revenue

<table>
<thead>
<tr>
<th>A. Inpatient Care</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$6,996,335</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>( )</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$6,996,335</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Ancillary Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Day Care</td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
</tr>
<tr>
<td>6 Therapy</td>
</tr>
<tr>
<td>7 Oxygen</td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Other Operating Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Payments for Education</td>
</tr>
<tr>
<td>10 Other Government Grants</td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
</tr>
<tr>
<td>12 Golf and Coffee Shop</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
</tr>
<tr>
<td>19 Laboratory</td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
</tr>
<tr>
<td>21 Other Medical Services</td>
</tr>
<tr>
<td>22 Laundry</td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Non-Operating Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Contributions</td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
</tr>
</tbody>
</table>

### II. Expenses

<table>
<thead>
<tr>
<th>A. Operating Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 General Services</td>
<td>$983,659</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>3,413,875</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>1,995,007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Capital Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 Ownership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Ancillary Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 Special Cost Centers</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Other Expenses (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
</tr>
<tr>
<td>38</td>
</tr>
<tr>
<td>39</td>
</tr>
</tbody>
</table>

| 40 TOTAL EXPENSES (sum of lines 31 thru 39)* | $8,606,817 |
| 41 Income before Income Taxes (line 30 minus line 40)** | 1,045,538 |
| 42 Income Taxes | 42 |
| 43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | $1,045,538 |

### III. Net Inpatient Revenue detailed by Payer Source

| 44 Medicaid - Net Inpatient Revenue | $6,996,335 |
| 45 Private Pay - Net Inpatient Revenue | 45 |
| 46 Medicare - Net Inpatient Revenue | 46 |
| 47 Other-(specify) | 47 |
| 48 Other-(specify) | 48 |
| 49 TOTAL Inpatient Care Revenue (This total must agree to Line 3) | $6,996,335 |

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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.
### XVIII. A. STAFFING AND SALARY COSTS

(Please report each line separately.)

(This schedule must cover the entire reporting period.)

<table>
<thead>
<tr>
<th>#</th>
<th>Director of Nursing</th>
<th># of Hrs. Actually Worked</th>
<th># of Hrs. Paid and Accrued</th>
<th>Reporting Period Total Salaries, Wages</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,653</td>
<td>1,894</td>
<td>$123,059</td>
<td>$64.97</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Assistant Director of Nursing</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Registered Nurses</td>
<td>22,072</td>
<td>24,282</td>
<td>799,443</td>
<td>37.64</td>
</tr>
<tr>
<td>4</td>
<td>Licensed Practical Nurses</td>
<td>15,292</td>
<td>17,546</td>
<td>660,497</td>
<td>37.64</td>
</tr>
<tr>
<td>5</td>
<td>CNAs &amp; Orderlies</td>
<td>94,478</td>
<td>101,925</td>
<td>1,354,881</td>
<td>13.29</td>
</tr>
<tr>
<td>6</td>
<td>CNA Trainees</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Licensed Therapist</td>
<td>1,825</td>
<td>2,023</td>
<td>81,545</td>
<td>40.31</td>
</tr>
<tr>
<td>8</td>
<td>Rehab Therapy Aides</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Activity Director</td>
<td>1,611</td>
<td>1,832</td>
<td>33,309</td>
<td>18.18</td>
</tr>
<tr>
<td>10</td>
<td>Activity Assistants</td>
<td>3,910</td>
<td>4,128</td>
<td>39,451</td>
<td>9.56</td>
</tr>
<tr>
<td>11</td>
<td>Social Service Workers</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Dietician</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Food Service Supervisor</td>
<td>2,002</td>
<td>2,158</td>
<td>45,807</td>
<td>21.23</td>
</tr>
<tr>
<td>14</td>
<td>Head Cook</td>
<td>5,779</td>
<td>6,401</td>
<td>90,666</td>
<td>14.16</td>
</tr>
<tr>
<td>15</td>
<td>Cook Helpers/Assistants</td>
<td>1,594</td>
<td>1,638</td>
<td>16,323</td>
<td>10.03</td>
</tr>
<tr>
<td>16</td>
<td>Dishwashers</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Maintenance Workers</td>
<td>3,859</td>
<td>4,125</td>
<td>69,390</td>
<td>16.82</td>
</tr>
<tr>
<td>18</td>
<td>Housekeepers</td>
<td>14,428</td>
<td>15,803</td>
<td>203,431</td>
<td>12.87</td>
</tr>
<tr>
<td>19</td>
<td>Laundry</td>
<td>7,516</td>
<td>8,061</td>
<td>88,813</td>
<td>11.02</td>
</tr>
<tr>
<td>20</td>
<td>Administrator</td>
<td>1,862</td>
<td>2,096</td>
<td>127,940</td>
<td>61.84</td>
</tr>
<tr>
<td>21</td>
<td>Assistant Administrator</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Other Administrative</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Office Manager</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Clerical</td>
<td>4,611</td>
<td>5,106</td>
<td>114,321</td>
<td>22.39</td>
</tr>
<tr>
<td>25</td>
<td>Vocational Instruction</td>
<td>65,829</td>
<td>60,665</td>
<td>1,143,240</td>
<td>18.85</td>
</tr>
<tr>
<td>26</td>
<td>Academic Instruction</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Medical Director</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Qualified MR Prof. (QMRP)</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Resident Services Coordinator</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Habilitation Aides (DD Homes)</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Medical Records</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Other Health Care(specify)</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Other(specify)</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>TOTAL (lines 1 - 33)</td>
<td>238,621</td>
<td>259,683</td>
<td>4,992,216</td>
<td>19.22</td>
</tr>
</tbody>
</table>

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

### B. CONSULTANT SERVICES

<table>
<thead>
<tr>
<th>#</th>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Consultant Cost for Reporting Period</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>300</td>
<td>12,360</td>
<td>1,3</td>
</tr>
<tr>
<td>36</td>
<td>N/A</td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
</tbody>
</table>

### C. CONTRACT NURSES

<table>
<thead>
<tr>
<th>#</th>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>51</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
<tr>
<td>52</td>
<td></td>
<td>13,250</td>
<td>9.3</td>
</tr>
</tbody>
</table>

TOTAL (lines 50 - 52) $ 13,250
## Facility Name & ID Number
Walter Lawson Childrens Home # 0035469

## Report Period
Beginning: 07/01/2017  
Ending: 06/30/2018

### XIX. SUPPORT SCHEDULES

#### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Thornbloom</td>
<td>Administrator</td>
<td>0</td>
<td>$127,939</td>
</tr>
</tbody>
</table>

#### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Relations Expense</td>
<td>(12,716)</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 1)**  
(List each licensed administrator separately.)  
$127,939

#### C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Rehab (dba Ex Living Ctrs)</td>
<td>Management Services</td>
<td>$511,896</td>
</tr>
<tr>
<td>ADP / Paycor</td>
<td>Payroll Processing</td>
<td>20,557</td>
</tr>
<tr>
<td>Various</td>
<td>Accounting/audit services</td>
<td>22,601</td>
</tr>
<tr>
<td>Various (see 21.1 for detail)</td>
<td>Legal services</td>
<td>14,322</td>
</tr>
<tr>
<td>Choice! Energy Services, Tolliver Mg Cost savings consulting</td>
<td>1,672</td>
<td></td>
</tr>
<tr>
<td>Paper Recovery, Marco Technologies Document management</td>
<td>474</td>
<td></td>
</tr>
<tr>
<td>VCPI / Phones Plus, Biz, others</td>
<td>Information tech services</td>
<td>1,825</td>
</tr>
<tr>
<td>Various</td>
<td>Misc admin</td>
<td>6,732</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 22, col.8)**  
$662,066

#### D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Insurance</td>
<td>$84,480</td>
</tr>
<tr>
<td>Unemployment Compensation Insurance</td>
<td>19,891</td>
</tr>
<tr>
<td>FICA Taxes</td>
<td>267,345</td>
</tr>
<tr>
<td>Employee Health Insurance</td>
<td>4,003</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 3)**  
$580,099

#### E. Schedule of Non-Cash Compensation Paid to Owners or Employees

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-State Travel</td>
<td>$744</td>
</tr>
<tr>
<td>In-State Travel</td>
<td>4,895</td>
</tr>
<tr>
<td>See Page 21.2 for Detail</td>
<td></td>
</tr>
<tr>
<td>SCH VI Adj - Unallowable items</td>
<td>(748)</td>
</tr>
<tr>
<td>Corporate/Group Travel Alloc - G&amp;A</td>
<td>21,221</td>
</tr>
<tr>
<td>Seminar Expense</td>
<td></td>
</tr>
<tr>
<td>SCH VI Adj - DT/EDU Alloc</td>
<td>(649)</td>
</tr>
<tr>
<td>Entertainment Expense</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL (agree to Sch. V, line 24, col. 8)**  
$24,719

#### F. Dues, Fees, Subscriptions and Promotions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPH License Fee</td>
<td>$12,716</td>
</tr>
<tr>
<td>Advertising: Employee Recruitment</td>
<td>5,328</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td>4,003</td>
</tr>
<tr>
<td>(Indicate # of checks performed)</td>
<td>132</td>
</tr>
<tr>
<td>Public Rel/Mktng/Fundraising</td>
<td>29,947</td>
</tr>
<tr>
<td>Bank Fees</td>
<td>5,434</td>
</tr>
<tr>
<td>Less: Public Relations Expense</td>
<td>(12,716)</td>
</tr>
<tr>
<td>Less: Non-allowable advertising</td>
<td></td>
</tr>
<tr>
<td>Less: Yellow page advertising</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 20, col. 8)**  
$27,614

#### G. Schedule of Travel and Seminar**

**See instructions.**

---

*Attach copy of IMRF notifications  
**See instructions.
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/2017</td>
<td>Legal Fees detail for SCH XIX - C</td>
<td>$28.00</td>
</tr>
<tr>
<td>10/10/2017</td>
<td>Baker, Donelson, Bearman, Caldwell &amp; Berkowitz</td>
<td>$598.00</td>
</tr>
<tr>
<td>10/31/2017</td>
<td>Baker, Donelson, Bearman, Caldwell &amp; Berkowitz</td>
<td>$485.40</td>
</tr>
<tr>
<td>1/17/2018</td>
<td>Smith Amundsen</td>
<td>$175.00</td>
</tr>
<tr>
<td>1/23/2018</td>
<td>The Arc of Winnebago, Boone &amp; Ogle Co.</td>
<td>$700.00</td>
</tr>
<tr>
<td>4/18/2018</td>
<td>Smith Amundsen</td>
<td>$250.00</td>
</tr>
<tr>
<td>5/30/2018</td>
<td>Smith Amundsen</td>
<td>$54.17</td>
</tr>
<tr>
<td>7/31/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$856.10</td>
</tr>
<tr>
<td>8/31/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$884.41</td>
</tr>
<tr>
<td>9/30/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$617.32</td>
</tr>
<tr>
<td>9/30/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$340.91</td>
</tr>
<tr>
<td>10/31/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,031.34</td>
</tr>
<tr>
<td>11/30/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$303.83</td>
</tr>
<tr>
<td>11/30/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$427.64</td>
</tr>
<tr>
<td>12/31/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,086.86</td>
</tr>
<tr>
<td>12/31/2017</td>
<td>In-House Counsel Legal Fees</td>
<td>$(52.37)</td>
</tr>
<tr>
<td>1/31/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,389.31</td>
</tr>
<tr>
<td>2/28/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$921.95</td>
</tr>
<tr>
<td>3/31/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,091.16</td>
</tr>
<tr>
<td>4/30/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,023.87</td>
</tr>
<tr>
<td>5/31/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,080.29</td>
</tr>
<tr>
<td>6/30/2018</td>
<td>In-House Counsel Legal Fees</td>
<td>$1,028.53</td>
</tr>
</tbody>
</table>

$14,321.72

See Schedule VI for adjustment for unallowable portion.
## Walter Lawson Children’s Home

### Schedule XIX Supplemental Schedule

**Travel & Seminar In-State detail:**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Amount</th>
<th>SCH V LINE.COL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 In-State Travel Detail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melissa Thornbloom, Exec Dir, care-related in-state travel</td>
<td>1,236</td>
<td>24.3</td>
</tr>
<tr>
<td>Mike Pond, Maintenance Director; Life Safety Seminar</td>
<td>479</td>
<td>24.3</td>
</tr>
<tr>
<td>Paula Braconier, Business Office Manager; meetings</td>
<td>616</td>
<td>24.3</td>
</tr>
<tr>
<td>Katie Johnson, Education, in-state travel</td>
<td>2,296</td>
<td>24.3</td>
</tr>
<tr>
<td>Corporate/Group travel allocation of operations personnel</td>
<td>2,296</td>
<td>24.3</td>
</tr>
<tr>
<td>In-state business meals</td>
<td>65</td>
<td>24.3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>4,691</td>
<td></td>
</tr>
</tbody>
</table>

| **1 Out of State Travel Detail** | | |
| Melissa Thornbloom, Executive Director | 204 | 24.3 |

Line 24 Column 4 Total: 4,895 0

Line 24 Column 7 Adjustment - Corporate/Home Office Alloc: 21,221

Unallowable Amounts above removed through SCH 5 Adjustments:

- A Non-care & out-of-state related amounts noted above: (748)
- Allocation for non-care-related Education and Day Training: (649)
  (See Pg 11.2 & 5A)

Line 24 Column 8 Total: 24,719 (1)
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

(3) Did the nursing home make political contributions or payments to a political action organization? No

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No

(5) Have you properly capitalized all major repairs and equipment purchases? Yes

(6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. $87,271 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes

(8) Are you presently operating under a sale and leaseback arrangement? No

(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. $413,064

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No

(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? YES See pg 11.2 For example, is a portion of the building used for rental, a pharmacy, day care, etc.? YES

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. Yes Indicate the amount. $51,902

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? No

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. $100

c. What percent of all travel expense relates to transportation of nurses and patients? 100%

d. Have vehicle usage logs been maintained? Yes

e. Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes


g. Does the facility transport residents to and from day training? No

  Indicate the amount of income earned from providing such transportation during this reporting period. $0

(17) Has an audit been performed by an independent certified public accounting firm? Yes

  Firm Name: Crowe Horwath

(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? Yes

See page 39 of the instructions for details. Attach invoices and a summary of services for all architect and appraisal fees.