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|  |  | FOR BHF USE |  |  |  |  |  |
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2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2011)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|-------------------------------------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--|------------------------------------------------|--|--|--------------------------------|--|--|--------------------------------------|--|
| <b>I. IDPH License ID Number:</b> <u>0010918</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          | <b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Facility Name:</b> <u>Little Angels Nursing Home</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                          | <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/11</u> to <u>12/31/11</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>                                                                                                                                                                                             |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Address:</b> <u>Rr #4 Box 304</u> <u>Elgin</u> <u>60120</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <div>NumberCityZip Code</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>County:</b> <u>Kane</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Telephone Number:</b> <u>(847) 741-1609</u> <b>Fax #</b> <u>(847) 622-5523</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>HFS ID Number:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                          | <table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Cary C. Buxbaum, C.P.A.</u></td></tr><tr><td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br/><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE<br/>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001<br/>Phone # (217) 782-1630</td></tr></table> |                                                 | Officer or Administrator of Provider  | (Signed) _____                            | (Type or Print Name) _____          | (Title) _____                  | (Signed) _____                 | Paid Preparer                        | (Print Name and Title) <u>Cary C. Buxbaum, C.P.A.</u> | (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> | (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u> | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001<br>Phone # (217) 782-1630 |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| Officer or Administrator of Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Signed) _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Type or Print Name) _____                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Title) _____                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Signed) _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| Paid Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Print Name and Title) <u>Cary C. Buxbaum, C.P.A.</u>                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001<br>Phone # (217) 782-1630 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Date of Initial License for Current Owners:</b> <u>1958</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Type of Ownership:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input checked="" type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td><b>IRS Exemption Code</b> _____</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input checked="" type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td><td></td></tr></table> |                                                                                                                                                                          | <input type="checkbox"/> VOLUNTARY, NON-PROFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> PROPRIETARY | <input type="checkbox"/> GOVERNMENTAL | <input type="checkbox"/> Charitable Corp. | <input type="checkbox"/> Individual | <input type="checkbox"/> State | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> County                       | <b>IRS Exemption Code</b> _____                                                                                                  | <input type="checkbox"/> Corporation                                 | <input type="checkbox"/> Other _____                                                                                                                                     |  | <input checked="" type="checkbox"/> "Sub-S" Corp. |  |  | <input type="checkbox"/> Limited Liability Co. |  |  | <input type="checkbox"/> Trust |  |  | <input type="checkbox"/> Other _____ |  |
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> PROPRIETARY                                                                                                                          | <input type="checkbox"/> GOVERNMENTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <input type="checkbox"/> Charitable Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Individual                                                                                                                                      | <input type="checkbox"/> State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <input type="checkbox"/> Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Partnership                                                                                                                                     | <input type="checkbox"/> County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>IRS Exemption Code</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Corporation                                                                                                                                     | <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> "Sub-S" Corp.                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Limited Liability Co.                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Trust                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Other _____                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>In the event there are further questions about this report, please contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236-1111</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Email Address:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                       |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Little Angels Nursing Home

# 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

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

|   | 1                                  | 2                           | 3                            | 4                                      |   |
|---|------------------------------------|-----------------------------|------------------------------|----------------------------------------|---|
|   | Beds at Beginning of Report Period | Licensure Level of Care     | Beds at End of Report Period | Licensed Bed Days During Report Period |   |
| 1 |                                    | Skilled (SNF)               |                              |                                        | 1 |
| 2 | 57                                 | Skilled Pediatric (SNF/PED) | 57                           | 20,805                                 | 2 |
| 3 |                                    | Intermediate (ICF)          |                              |                                        | 3 |
| 4 |                                    | Intermediate/DD             |                              |                                        | 4 |
| 5 |                                    | Sheltered Care (SC)         |                              |                                        | 5 |
| 6 |                                    | ICF/DD 16 or Less           |                              |                                        | 6 |
| 7 | 57                                 | TOTALS                      | 57                           | 20,805                                 | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |             |       |        |    |
|----|--------------------|------------------------------------------------------------------------|-------------|-------|--------|----|
|    |                    | Medicaid Recipient                                                     | Private Pay | Other | Total  |    |
| 8  | SNF                |                                                                        |             |       |        | 8  |
| 9  | SNF/PED            | 20,434                                                                 |             |       | 20,434 | 9  |
| 10 | ICF                |                                                                        |             |       |        | 10 |
| 11 | ICF/DD             |                                                                        |             |       |        | 11 |
| 12 | SC                 |                                                                        |             |       |        | 12 |
| 13 | DD 16 OR LESS      |                                                                        |             |       |        | 13 |
| 14 | TOTALS             | 20,434                                                                 |             |       | 20,434 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.22%

D. How many bed-hold days during this year were paid by the Department? 372 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) N/A

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 1963

J. Was the facility purchased or leased after January 1, 1978? YES ☐ Date                      NO ☒

K. Was the facility certified for Medicare during the reporting year? YES ☐ NO ☐ If YES, enter number of beds certified                      and days of care provided N/A

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

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

|     | Operating Expenses                                | Costs Per General Ledger |          |         |           | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR BHF USE ONLY |    |     |
|-----|---------------------------------------------------|--------------------------|----------|---------|-----------|-------------------|--------------------|--------------|----------------|------------------|----|-----|
|     |                                                   | Salary/Wage              | Supplies | Other   | Total     |                   |                    |              |                | 9                | 10 |     |
|     | A. General Services                               | 1                        | 2        | 3       | 4         | 5                 | 6                  | 7            | 8              |                  |    |     |
| 1   | Dietary                                           | 67,671                   | 83,442   | 4,790   | 155,903   |                   | 155,903            |              | 155,903        |                  |    | 1   |
| 2   | Food Purchase                                     |                          | 34,496   |         | 34,496    |                   | 34,496             |              | 34,496         |                  |    | 2   |
| 3   | Housekeeping                                      | 99,293                   | 44,724   |         | 144,017   |                   | 144,017            |              | 144,017        |                  |    | 3   |
| 4   | Laundry                                           | 56,046                   | 26,256   |         | 82,302    |                   | 82,302             |              | 82,302         |                  |    | 4   |
| 5   | Heat and Other Utilities                          |                          |          | 79,295  | 79,295    |                   | 79,295             |              | 79,295         |                  |    | 5   |
| 6   | Maintenance                                       | 129,730                  | 15,945   | 49,201  | 194,876   |                   | 194,876            | 10,387       | 205,263        |                  |    | 6   |
| 7   | Other (specify):*                                 |                          |          |         |           |                   |                    |              |                |                  |    | 7   |
| 8   | TOTAL General Services                            | 352,740                  | 204,863  | 133,286 | 690,889   |                   | 690,889            | 10,387       | 701,276        |                  |    | 8   |
|     | B. Health Care and Programs                       |                          |          |         |           |                   |                    |              |                |                  |    |     |
| 9   | Medical Director                                  |                          |          | 33,614  | 33,614    |                   | 33,614             |              | 33,614         |                  |    | 9   |
| 10  | Nursing and Medical Records                       | 1,921,224                | 152,081  | 6,000   | 2,079,305 |                   | 2,079,305          |              | 2,079,305      |                  |    | 10  |
| 10a | Therapy                                           |                          |          | 43,226  | 43,226    |                   | 43,226             |              | 43,226         |                  |    | 10a |
| 11  | Activities                                        |                          | 1,752    |         | 1,752     |                   | 1,752              |              | 1,752          |                  |    | 11  |
| 12  | Social Services                                   |                          |          | 422     | 422       |                   | 422                |              | 422            |                  |    | 12  |
| 13  | CNA Training                                      |                          | 2,228    | 5,268   | 7,496     |                   | 7,496              |              | 7,496          |                  |    | 13  |
| 14  | Program Transportation                            |                          |          | 342     | 342       |                   | 342                |              | 342            |                  |    | 14  |
| 15  | Other (specify):*                                 | 50,438                   |          |         | 50,438    |                   | 50,438             |              | 50,438         |                  |    | 15  |
| 16  | TOTAL Health Care and Programs                    | 1,971,662                | 156,061  | 88,872  | 2,216,595 |                   | 2,216,595          |              | 2,216,595      |                  |    | 16  |
|     | C. General Administration                         |                          |          |         |           |                   |                    |              |                |                  |    |     |
| 17  | Administrative                                    | 92,044                   |          |         | 92,044    |                   | 92,044             |              | 92,044         |                  |    | 17  |
| 18  | Directors Fees                                    |                          |          |         |           |                   |                    |              |                |                  |    | 18  |
| 19  | Professional Services                             |                          |          | 53,282  | 53,282    | (158)             | 53,124             | (295)        | 52,829         |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions            |                          |          | 6,861   | 6,861     |                   | 6,861              | (1,784)      | 5,077          |                  |    | 20  |
| 21  | Clerical & General Office Expenses                | 34,041                   | 12,618   | 12,113  | 58,772    |                   | 58,772             | (7,641)      | 51,131         |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                 |                          |          | 478,228 | 478,228   |                   | 478,228            |              | 478,228        |                  |    | 22  |
| 23  | Inservice Training & Education                    |                          |          |         |           |                   |                    |              |                |                  |    | 23  |
| 24  | Travel and Seminar                                |                          |          | 4,837   | 4,837     |                   | 4,837              | (425)        | 4,412          |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                 |                          |          | 13,500  | 13,500    |                   | 13,500             | (1,383)      | 12,117         |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                   |                          |          | 48,346  | 48,346    |                   | 48,346             |              | 48,346         |                  |    | 26  |
| 27  | Other (specify):*                                 |                          |          |         |           |                   |                    |              |                |                  |    | 27  |
| 28  | TOTAL General Administration                      | 126,085                  | 12,618   | 617,167 | 755,870   | (158)             | 755,712            | (11,528)     | 744,184        |                  |    | 28  |
| 29  | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 2,450,487                | 373,542  | 839,325 | 3,663,354 | (158)             | 3,663,196          | (1,141)      | 3,662,055      |                  |    | 29  |

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILATION REPORT  
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                | Cost Per General Ledger |          |           |           | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR BHF USE ONLY |    |    |
|----|------------------------------------------------|-------------------------|----------|-----------|-----------|-------------------|--------------------|--------------|----------------|------------------|----|----|
|    |                                                | Salary/Wage             | Supplies | Other     | Total     |                   |                    |              |                | 9                | 10 |    |
|    | D. Ownership                                   | 1                       | 2        | 3         | 4         | 5                 | 6                  | 7            | 8              |                  |    |    |
| 30 | Depreciation                                   |                         |          | 120,268   | 120,268   |                   | 120,268            | 7,976        | 128,244        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |          |           |           |                   |                    |              |                |                  |    | 31 |
| 32 | Interest                                       |                         |          | 98,746    | 98,746    |                   | 98,746             | (9)          | 98,737         |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |          | 222,597   | 222,597   | 158               | 222,755            |              | 222,755        |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |          |           |           |                   |                    |              |                |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |          | 10,065    | 10,065    |                   | 10,065             |              | 10,065         |                  |    | 35 |
| 36 | Other (specify):*                              |                         |          | 1,318     | 1,318     |                   | 1,318              | (1,318)      |                |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |          | 452,994   | 452,994   | 158               | 453,152            | 6,649        | 459,801        |                  |    | 37 |
|    | Ancillary Expense                              |                         |          |           |           |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers                        |                         |          |           |           |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation             |                         |          |           |           |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                      | 90,145                  | 10,773   |           | 100,918   |                   | 100,918            |              | 100,918        |                  |    | 39 |
| 40 | Barber and Beauty Shops                        |                         |          |           |           |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                          |                         |          |           |           |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                     |                         |          | 194,509   | 194,509   |                   | 194,509            |              | 194,509        |                  |    | 42 |
| 43 | Other (specify):*                              |                         |          |           |           |                   |                    |              |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     | 90,145                  | 10,773   | 194,509   | 295,427   |                   | 295,427            |              | 295,427        |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 2,540,632               | 384,315  | 1,486,828 | 4,411,775 |                   | 4,411,775          | 5,507        | 4,417,282      |                  |    | 45 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

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.)

|    | NON-ALLOWABLE EXPENSES                                         | 1<br>Amount | 2<br>Refer-<br>ence | 3<br>BHF USE<br>ONLY |    |
|----|----------------------------------------------------------------|-------------|---------------------|----------------------|----|
| 1  | Day Care                                                       | \$          |                     | \$                   | 1  |
| 2  | Other Care for Outpatients                                     |             |                     |                      | 2  |
| 3  | Governmental Sponsored Special Programs                        |             |                     |                      | 3  |
| 4  | Non-Patient Meals                                              |             |                     |                      | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        |             |                     |                      | 5  |
| 6  | Rented Facility Space                                          |             |                     |                      | 6  |
| 7  | Sale of Supplies to Non-Patients                               |             |                     |                      | 7  |
| 8  | Laundry for Non-Patients                                       |             |                     |                      | 8  |
| 9  | Non-Straightline Depreciation                                  | 7,976       | 30                  |                      | 9  |
| 10 | Interest and Other Investment Income                           | (9)         | 32                  |                      | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |             |                     |                      | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |             |                     |                      | 12 |
| 13 | Sales Tax                                                      |             | 02                  |                      | 13 |
| 14 | Non-Care Related Interest                                      |             |                     |                      | 14 |
| 15 | Non-Care Related Owner's Transactions                          |             |                     |                      | 15 |
| 16 | Personal Expenses (Including Transportation)                   |             |                     |                      | 16 |
| 17 | Non-Care Related Fees                                          |             |                     |                      | 17 |
| 18 | Fines and Penalties                                            | (478)       | 21                  |                      | 18 |
| 19 | Entertainment                                                  | (611)       | 21                  |                      | 19 |
| 20 | Contributions                                                  | (758)       | 20                  |                      | 20 |
| 21 | Owner or Key-Man Insurance                                     |             |                     |                      | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |             |                     |                      | 22 |
| 23 | Malpractice Insurance for Individuals                          |             |                     |                      | 23 |
| 24 | Bad Debt                                                       |             |                     |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      |             |                     |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax | (1,227)     | 21                  |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |             |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |             |                     |                      | 28 |
| 29 | Other-Attach Schedule                                          | 615         |                     |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ 5,507    |                     | \$                   | 30 |

| BHF USE ONLY |  |    |  |    |  |    |  |    |
|--------------|--|----|--|----|--|----|--|----|
| 48           |  | 49 |  | 50 |  | 51 |  | 52 |

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

|    |                                                              | 1<br>Amount | 2<br>Reference |    |
|----|--------------------------------------------------------------|-------------|----------------|----|
| 31 | Non-Paid Workers-Attach Schedule*                            | \$          |                | 31 |
| 32 | Donated Goods-Attach Schedule*                               |             |                | 32 |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |             |                | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) |             |                | 34 |
| 35 | Other- Attach Schedule                                       |             |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$          |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (B) )         | \$ 5,507    |                | 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<br>Yes | 2<br>No | 3<br>Amount | 4<br>Reference |    |
|----|---------------------------------|----------|---------|-------------|----------------|----|
| 38 | Medically Necessary Transport.  |          |         | \$          |                | 38 |
| 39 |                                 |          |         |             |                | 39 |
| 40 | Gift and Coffee Shops           |          |         |             |                | 40 |
| 41 | Barber and Beauty Shops         |          |         |             |                | 41 |
| 42 | Laboratory and Radiology        |          |         |             |                | 42 |
| 43 | Prescription Drugs              |          |         |             |                | 43 |
| 44 |                                 |          |         |             |                | 44 |
| 45 | Other-Attach Schedule           |          |         |             |                | 45 |
| 46 | Other-Attach Schedule           |          |         |             |                | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) |          |         | \$          |                | 47 |

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning:

Ending:

ID#001091801/01/1112/31/11

| NON-ALLOWABLE EXPENSES |                           | Amount     | Sch. V Line<br>Reference |    |
|------------------------|---------------------------|------------|--------------------------|----|
| 1                      | Bank Charges              | \$ (5,325) | 21                       | 1  |
| 2                      | Non-Allowable Legal       | (295)      | 19                       | 2  |
| 3                      | Additional R&M            | 10,387     | 06                       | 3  |
| 4                      | Out of State Travel       | (1,383)    | 25                       | 4  |
| 5                      | Out of State Seminar      | (425)      | 24                       | 5  |
| 6                      | IHCA PAC Dues             | (1,026)    | 20                       | 6  |
| 7                      | Amortization of Loan Fees | (1,318)    | 36                       | 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                     |                           |            |                          | 34 |
| 35                     |                           |            |                          | 35 |
| 36                     |                           |            |                          | 36 |
| 37                     |                           |            |                          | 37 |
| 38                     |                           |            |                          | 38 |
| 39                     |                           |            |                          | 39 |
| 40                     |                           |            |                          | 40 |
| 41                     |                           |            |                          | 41 |
| 42                     |                           |            |                          | 42 |
| 43                     |                           |            |                          | 43 |
| 44                     |                           |            |                          | 44 |
| 45                     |                           |            |                          | 45 |
| 46                     |                           |            |                          | 46 |
| 47                     |                           |            |                          | 47 |
| 48                     |                           |            |                          | 48 |
| 49                     | Total                     | 615        |                          | 49 |

Little Angels Nursing Home

|                          |     |          |
|--------------------------|-----|----------|
|                          | ID# | 0010918  |
| Report Period Beginning: |     | 01/01/11 |
| Ending:                  |     | 12/31/11 |

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

## Summary A

12/31/11

[illegible]

## Summary B

12/31/11

[illegible]

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<br>OWNERS  |             | 2<br>RELATED NURSING HOMES |      | 3<br>OTHER RELATED BUSINESS ENTITIES |      |                  |
|--------------|-------------|----------------------------|------|--------------------------------------|------|------------------|
| Name         | Ownership % | Name                       | City | Name                                 | City | Type of Business |
| See Attached |             | See Attached               |      | See Attached                         |      |                  |
|              |             |                            |      |                                      |      |                  |
|              |             |                            |      |                                      |      |                  |
|              |             |                            |      |                                      |      |                  |
|              |             |                            |      |                                      |      |                  |
|              |             |                            |      |                                      |      |                  |
|              |             |                            |      |                                      |      |                  |

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

X NO

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

| 1          |       | 2    | 3 Cost Per General Ledger | 4      | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|---------------------------|--------|--------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 1          | V     |      |                           | \$     |                                |                      | \$                                     | \$                                                     | 1  |
| 2          | V     |      |                           |        |                                |                      |                                        |                                                        | 2  |
| 3          | V     |      |                           |        |                                |                      |                                        |                                                        | 3  |
| 4          | V     |      |                           |        |                                |                      |                                        |                                                        | 4  |
| 5          | V     |      |                           |        |                                |                      |                                        |                                                        | 5  |
| 6          | V     |      |                           |        |                                |                      |                                        |                                                        | 6  |
| 7          | V     |      |                           |        |                                |                      |                                        |                                                        | 7  |
| 8          | V     |      |                           |        |                                |                      |                                        |                                                        | 8  |
| 9          | V     |      |                           |        |                                |                      |                                        |                                                        | 9  |
| 10         | V     |      |                           |        |                                |                      |                                        |                                                        | 10 |
| 11         | V     |      |                           |        |                                |                      |                                        |                                                        | 11 |
| 12         | V     |      |                           |        |                                |                      |                                        |                                                        | 12 |
| 13         | V     |      |                           |        |                                |                      |                                        |                                                        | 13 |
| 14         | Total |      |                           | \$     |                                |                      | \$                                     | \$ *                                                   | 14 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

|    | 1<br>OWNERS             |             | 2<br>RELATED NURSING HOMES |      | 3<br>OTHER RELATED BUSINESS ENTITIES |      |                  |    |
|----|-------------------------|-------------|----------------------------|------|--------------------------------------|------|------------------|----|
|    | Name                    | Ownership % | Name                       | City | Name                                 | City | Type of Business |    |
| 1  | JULIE P. WASMOND TRUST  | 37.037%     | None                       |      | None                                 |      |                  | 1  |
| 2  | PAUL T. WASMOND         | 8.889%      |                            |      |                                      |      |                  | 2  |
| 3  | ROBERT L. WASMOND TRUST | 37.037%     |                            |      |                                      |      |                  | 3  |
| 4  | ROBERT M. WASMOND       | 1.481%      |                            |      |                                      |      |                  | 4  |
| 5  | SHELLEY C. LEWIS        | 15.556%     |                            |      |                                      |      |                  | 5  |
| 6  |                         |             |                            |      |                                      |      |                  | 6  |
| 7  |                         |             |                            |      |                                      |      |                  | 7  |
| 8  |                         |             |                            |      |                                      |      |                  | 8  |
| 9  |                         |             |                            |      |                                      |      |                  | 9  |
| 10 |                         |             |                            |      |                                      |      |                  | 10 |
| 11 |                         |             |                            |      |                                      |      |                  | 11 |
| 12 |                         |             |                            |      |                                      |      |                  | 12 |
| 13 |                         |             |                            |      |                                      |      |                  | 13 |
| 14 |                         |             |                            |      |                                      |      |                  | 14 |
| 15 |                         |             |                            |      |                                      |      |                  | 15 |
| 16 |                         |             |                            |      |                                      |      |                  | 16 |
| 17 |                         |             |                            |      |                                      |      |                  | 17 |
| 18 |                         |             |                            |      |                                      |      |                  | 18 |
| 19 |                         |             |                            |      |                                      |      |                  | 19 |
| 20 |                         |             |                            |      |                                      |      |                  | 20 |
| 21 |                         |             |                            |      |                                      |      |                  | 21 |
| 22 |                         |             |                            |      |                                      |      |                  | 22 |
| 23 |                         |             |                            |      |                                      |      |                  | 23 |
| 24 |                         |             |                            |      |                                      |      |                  | 24 |
| 25 |                         |             |                            |      |                                      |      |                  | 25 |
| 26 |                         |             |                            |      |                                      |      |                  | 26 |
| 27 |                         |             |                            |      |                                      |      |                  | 27 |
| 28 |                         |             |                            |      |                                      |      |                  | 28 |
| 29 |                         |             |                            |      |                                      |      |                  | 29 |
| 30 |                         |             |                            |      |                                      |      |                  | 30 |

VII. RELATED PARTIES (continued)

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

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

|    | 1<br><br>Name | 2<br><br>Title  | 3<br><br>Function | 4<br><br>Ownership Interest | 5<br><br>Compensation Received From Other Nursing Homes* | 6<br><br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br><br>Compensation Included in Costs for this Reporting Period** |            | 8<br><br>Schedule V. Line & Column Reference |    |
|----|---------------|-----------------|-------------------|-----------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|------------|----------------------------------------------|----|
|    |               |                 |                   |                             |                                                          | Hours                                                                                  | Percent | Description                                                         | Amount     |                                              |    |
| 1  | Shelly Lewis  | Administrator   | Administrator     | 15.56%                      | None                                                     | 51.38                                                                                  | 100.00% | Salary                                                              | \$ 92,044  | 17 - 01                                      | 1  |
| 2  | Paul Wasmond  | Maint. Director | Maintenance       | 8.89%                       | None                                                     | 40.88                                                                                  | 100.00% | Salary                                                              | 51,377     | 06 - 01                                      | 2  |
| 3  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 3  |
| 4  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 4  |
| 5  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 5  |
| 6  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 6  |
| 7  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 7  |
| 8  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 8  |
| 9  |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 9  |
| 10 |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 10 |
| 11 |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 11 |
| 12 |               |                 |                   |                             |                                                          |                                                                                        |         |                                                                     |            |                                              | 12 |
| 13 |               |                 |                   |                             |                                                          |                                                                                        |         | TOTAL                                                               | \$ 143,421 |                                              | 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

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.

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Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

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City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

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- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

Facility Name & ID Number      Little Angels Nursing Home      #    0010918    Report Period Beginning:      01/01/11      Ending:    12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

( )

( )

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

Facility Name & ID Number Little Angels Nursing Home # 0010918 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

| 1  |                                        | 2         |    | 3               | 4                        | 5            | 6              |           | 7             | 8                        | 9                                 | 10 |  |
|----|----------------------------------------|-----------|----|-----------------|--------------------------|--------------|----------------|-----------|---------------|--------------------------|-----------------------------------|----|--|
|    | Name of Lender                         | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |           | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |    |  |
|    |                                        | YES       | NO |                 |                          |              | Original       | Balance   |               |                          |                                   |    |  |
|    | A. Directly Facility Related Long-Term |           |    |                 |                          |              |                |           |               |                          |                                   |    |  |
| 1  | Chase Bank                             |           | X  | Mortgage        |                          |              | \$             | 1,821,253 |               |                          | \$ 98,017                         | 1  |  |
| 2  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 2  |  |
| 3  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 3  |  |
| 4  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 4  |  |
| 5  | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   | 5  |  |
|    | Working Capital                        |           |    |                 |                          |              |                |           |               |                          |                                   |    |  |
| 6  | Chase Bank                             |           | X  | Line of Credit  |                          |              |                | 250,000   |               |                          | 729                               | 6  |  |
| 7  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 7  |  |
| 8  | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   | 8  |  |
| 9  | TOTAL Facility Related                 |           |    |                 |                          |              | \$             | 2,071,253 |               |                          | \$ 98,746                         | 9  |  |
|    | B. Non-Facility Related*               |           |    |                 |                          |              |                |           |               |                          |                                   |    |  |
| 10 | Interest Income                        |           | X  |                 |                          |              |                |           |               |                          | (9)                               | 10 |  |
| 11 |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 11 |  |
| 12 |                                        |           |    |                 |                          |              |                |           |               |                          |                                   | 12 |  |
| 13 | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   | 13 |  |
| 14 | TOTAL Non-Facility Related             |           |    |                 |                          |              | \$             |           |               |                          | \$ (9)                            | 14 |  |
| 15 | TOTALS (line 9+line14)                 |           |    |                 |                          |              | \$             | 2,071,253 |               |                          | \$ 98,737                         | 15 |  |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

| 1  |                                        | 2         |    | 3               | 4                        | 5            | 6              |         | 7             | 8                        | 9                                 | 10 |    |
|----|----------------------------------------|-----------|----|-----------------|--------------------------|--------------|----------------|---------|---------------|--------------------------|-----------------------------------|----|----|
|    | Name of Lender                         | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |         | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |    |    |
|    |                                        | YES       | NO |                 |                          |              | Original       | Balance |               |                          |                                   |    |    |
|    | A. Directly Facility Related Long-Term |           |    |                 |                          |              |                |         |               |                          |                                   |    |    |
| 1  |                                        |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ | 1  |
| 2  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 2  |
| 3  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 3  |
| 4  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 4  |
| 5  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 5  |
| 6  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 6  |
| 7  | TOTAL Long-Term                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 7  |
|    | Working Capital                        |           |    |                 |                          |              |                |         |               |                          |                                   |    |    |
| 8  |                                        |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ | 8  |
| 9  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 9  |
| 10 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 10 |
| 11 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 11 |
| 12 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 12 |
| 13 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 13 |
| 14 | TOTAL Working Capital                  |           |    |                 |                          |              |                |         |               |                          |                                   |    | 14 |
|    | B. Non-Facility Related*               |           |    |                 |                          |              |                |         |               |                          |                                   |    |    |
| 15 |                                        |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ | 15 |
| 16 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 16 |
| 17 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 17 |
| 18 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 18 |
| 19 |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 19 |
| 20 | TOTAL Non-Facility Related             |           |    |                 |                          |              |                |         |               |                          |                                   |    | 20 |

\* 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

## 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 2010 report.                                                                                                                                                                                                                                                     |                                    |                                                                                                                            |         | \$ | 171,3561                                                                                                                                                                                                                                                                                                                                                                                                          |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 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.)                                                                                                                                               |                                    |                                                                                                                            |         | \$ | 191,9532                                                                                                                                                                                                                                                                                                                                                                                                          |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 3. Under or (over) accrual (line 2 minus line 1).                                                                                                                                                                                                                                                   |                                    |                                                                                                                            |         | \$ | 20,5973                                                                                                                                                                                                                                                                                                                                                                                                           |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                          |                                    |                                                                                                                            |         | \$ | 202,0004                                                                                                                                                                                                                                                                                                                                                                                                          |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) |                                    |                                                                                                                            |         | \$ | 1585                                                                                                                                                                                                                                                                                                                                                                                                              |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)                  |                                    |                                                                                                                            |         | \$ | 6                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.                                                                                                                                                                                         |                                    |                                                                                                                            |         | \$ | 222,7557                                                                                                                                                                                                                                                                                                                                                                                                          |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| Real Estate Tax History:                                                                                                                                                                                                                                                                            |                                    |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| Real Estate Tax Bill for Calendar Year:                                                                                                                                                                                                                                                             |                                    | 2006                                                                                                                       | 142,205 | 8  | <table><tr><td></td><td colspan="2">FOR BHF USE ONLY</td><td></td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2010</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table> |  | FOR BHF USE ONLY |  |  | 13 | FROM R. E. TAX STATEMENT FOR 2010 | \$ | 13 | 14 | PLUS APPEAL COST FROM LINE 5 | \$ | 14 | 15 | LESS REFUND FROM LINE 6 | \$ | 15 | 16 | AMOUNT TO USE FOR RATE CALCULATION | \$ | 16 |
|                                                                                                                                                                                                                                                                                                     | FOR BHF USE ONLY                   |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 13                                                                                                                                                                                                                                                                                                  | FROM R. E. TAX STATEMENT FOR 2010  | \$                                                                                                                         | 13      |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 14                                                                                                                                                                                                                                                                                                  | PLUS APPEAL COST FROM LINE 5       | \$                                                                                                                         | 14      |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 15                                                                                                                                                                                                                                                                                                  | LESS REFUND FROM LINE 6            | \$                                                                                                                         | 15      |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 16                                                                                                                                                                                                                                                                                                  | AMOUNT TO USE FOR RATE CALCULATION | \$                                                                                                                         | 16      |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    | 2007                                                                                                                       | 149,130 | 9  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    | 2008                                                                                                                       | 150,619 | 10 |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    | 2009                                                                                                                       | 166,365 | 11 |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    | 2010                                                                                                                       | 191,953 | 12 |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
| 2011 Accrual = \$191,953 x 1.05 = \$202,000 (Rounded)                                                                                                                                                                                                                                               |                                    |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |
|                                                                                                                                                                                                                                                                                                     |                                    |                                                                                                                            |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |  |  |    |                                   |    |    |    |                              |    |    |    |                         |    |    |    |                                    |    |    |

**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**

**SEE ACCOUNTANTS' COMPILATION REPORT**

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Little Angels Nursing Home COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0010918

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

| (A)                     |                           | (B)                            | (C)                  | (D)                                                       |
|-------------------------|---------------------------|--------------------------------|----------------------|-----------------------------------------------------------|
| <u>Tax Index Number</u> |                           | <u>Property Description</u>    | <u>Total Tax</u>     | <u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
| 1.                      | <u>06-08-302-037-0000</u> | <u>Pediatric Care Property</u> | \$ <u>191,952.95</u> | \$ <u>191,952.95</u>                                      |
| 2.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 3.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 4.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 5.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 6.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 7.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 8.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 9.                      | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| 10.                     | <u></u>                   | <u></u>                        | \$ <u></u>           | \$ <u></u>                                                |
| TOTALS                  |                           |                                | \$ <u>191,952.95</u> | \$ <u>191,952.95</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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.**

## 2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

|               |                                   |        |             |
|---------------|-----------------------------------|--------|-------------|
| FACILITY NAME | <u>Little Angels Nursing Home</u> | COUNTY | <u>Kane</u> |
|---------------|-----------------------------------|--------|-------------|

FACILITY IDPH LICENSE NUMBER 0010918

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE (        ) FAX #: (        )

### A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 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 2000.

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

## B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

16,776

B. General Construction Type:

Exterior

Block/Brick

Frame

Brick/Aluminum

Number of Stories

1

C. Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☐

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

|   | 1              | 2           | 3             | 4        |   |
|---|----------------|-------------|---------------|----------|---|
|   | Use            | Square Feet | Year Acquired | Cost     |   |
| 1 | Facility       | 82,170      | 1960          | \$ 2,000 | 1 |
| 2 | Admin Building | 32,670      | 1960          | 750      | 2 |
| 3 | TOTALS         | 114,840     |               | \$ 2,750 | 3 |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Little Angels Nursing Home

# 0010918

Report Period Beginning:

01/01/11

Ending:

12/31/11

**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<br>Acquired | Year<br>Constructed | Cost      | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                    |                  |                  | 1969                | \$ 75,492 | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                    |                  |                  | 1977                | 98,453    |                              |                  |                               |             |                             | 5  |  |
| 6  |                    |                  |                  | 1969                | 30,000    |                              |                  |                               |             |                             | 6  |  |
| 7  |                    |                  |                  | 2000                | 2,857,635 |                              | 35               | 81,647                        | 81,647      | 1,503,137                   | 7  |  |
| 8  |                    |                  |                  |                     |           |                              |                  |                               |             |                             | 8  |  |
|    | Improvement Type** |                  |                  |                     |           |                              |                  |                               |             |                             |    |  |
| 9  | Various            |                  |                  | 1972                | 5,969     |                              | 20               |                               |             |                             | 9  |  |
| 10 | Various            |                  |                  | 1977                | 988       |                              | 20               |                               |             |                             | 10 |  |
| 11 | Various            |                  |                  | 1978                | 1,800     |                              | 20               |                               |             |                             | 11 |  |
| 12 | Various            |                  |                  | 1979                | 4,590     |                              | 20               |                               |             | 3,680                       | 12 |  |
| 13 | Various            |                  |                  | 1980                | 24,171    |                              | 20               |                               |             | 24,171                      | 13 |  |
| 14 | Various            |                  |                  | 1981                | 17,761    |                              | 20               |                               |             | 17,761                      | 14 |  |
| 15 | Various            |                  |                  | 1982                | 12,777    |                              | 20               |                               |             | 12,777                      | 15 |  |
| 16 | Various            |                  |                  | 1983                | 13,782    |                              | 20               |                               |             | 13,782                      | 16 |  |
| 17 | Various            |                  |                  | 1984                | 17,757    |                              | 20               |                               |             | 17,757                      | 17 |  |
| 18 | Various            |                  |                  | 1985                | 570       |                              | 20               |                               |             | 567                         | 18 |  |
| 19 | Various            |                  |                  | 1986                | 2,256     |                              | 20               |                               |             | 2,015                       | 19 |  |
| 20 | Various            |                  |                  | 1987                | 1,706     |                              | 20               |                               |             | 1,525                       | 20 |  |
| 21 | Various            |                  |                  | 1988                | 8,789     |                              | 20               |                               |             | 8,789                       | 21 |  |
| 22 | Various            |                  |                  | 1989                | 5,586     |                              | 20               |                               |             | 4,415                       | 22 |  |
| 23 | Various            |                  |                  | 1990                | 136,791   |                              | 20               |                               |             | 136,791                     | 23 |  |
| 24 | Various            |                  |                  | 1991                | 35,292    |                              | 20               |                               |             | 35,292                      | 24 |  |
| 25 | Various            |                  |                  | 1992                | 13,235    |                              | 20               |                               |             | 13,235                      | 25 |  |
| 26 | Various            |                  |                  | 1993                | 7,793     |                              | 20               |                               |             | 7,793                       | 26 |  |
| 27 | Various            |                  |                  | 1994                | 14,963    |                              | 20               |                               |             | 14,963                      | 27 |  |
| 28 | Various            |                  |                  | 1995                | 5,212     |                              | 20               |                               |             | 5,212                       | 28 |  |
| 29 | Various            |                  |                  | 1996                | 61,207    |                              | 20               | 3,060                         | 3,060       | 47,263                      | 29 |  |
| 30 | Various            |                  |                  | 1997                | 470,012   |                              | 20               | 23,501                        | 23,501      | 313,917                     | 30 |  |
| 31 | Various            |                  |                  | 1998                | 8,947     |                              | 20               | 447                           | 447         | 6,426                       | 31 |  |
| 32 | Various            |                  |                  | 1999                | 28,727    |                              | 20               | 484                           | 484         | 24,826                      | 32 |  |
| 33 | Various            |                  |                  | 2000                | 41,004    |                              | 20               | 2,050                         | 2,050       | 24,147                      | 33 |  |
| 34 | Various            |                  |                  | 2001                | 5,214     |                              | 20               | 164                           | 164         | 1,744                       | 34 |  |
| 35 | Various            |                  |                  | 2002                | 1,704     |                              | 20               | 85                            | 85          | 795                         | 35 |  |
| 36 | Various            |                  |                  | 2003                | 2,835     |                              | 20               | 142                           |             | 1,168                       | 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

XI. OWNERSHIP COSTS (continued)

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

| 1<br>Improvement Type** |                                             | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|---------------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 37                      | Various                                     | 2004                     | \$ 6,650     | \$                                | 20                    | \$ 303                             | \$ 303           | \$ 2,951                         | 37 |
| 38                      | Various                                     | 2005                     | 8,789        |                                   | 20                    | 718                                | 718              | 5,012                            | 38 |
| 39                      | Various                                     | 2006                     | 9,532        |                                   | 20                    | 1,286                              | 1,286            | 6,588                            | 39 |
| 40                      | Various                                     | 2007                     | 7,195        |                                   | 20                    | 600                                | 600              | 2,748                            | 40 |
| 41                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 41 |
| 42                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 42 |
| 43                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 43 |
| 44                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 44 |
| 45                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 45 |
| 46                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 46 |
| 47                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 47 |
| 48                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 48 |
| 49                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 49 |
| 50                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 50 |
| 51                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 51 |
| 52                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 52 |
| 53                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 53 |
| 54                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 54 |
| 55                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 55 |
| 56                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 56 |
| 57                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 57 |
| 58                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 58 |
| 59                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 59 |
| 60                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 60 |
| 61                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 61 |
| 62                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 62 |
| 63                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 63 |
| 64                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 64 |
| 65                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 65 |
| 66                      |                                             |                          |              |                                   |                       |                                    |                  |                                  | 66 |
| 67                      | Related Building Company (Pages 12F & 12G)  |                          |              |                                   |                       |                                    |                  |                                  | 67 |
| 68                      | Related Party Allocations (Pages 12H & 12I) |                          |              |                                   |                       |                                    |                  |                                  | 68 |
| 69                      | Financial Statement Depreciation            |                          |              | 120,268                           |                       |                                    | (120,268)        |                                  | 69 |
| 70                      | TOTAL (lines 4 thru 69)                     |                          | \$ 4,045,184 | \$ 120,268                        |                       | \$ 114,486                         | \$ (5,924)       | \$ 2,261,246                     | 70 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

## XI. OWNERSHIP COSTS (continued)

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

| 1                  | 3                                     | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|--------------------|---------------------------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| Improvement Type** | Year Constructed                      | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1                  | Totals from Page 12A, Carried Forward | \$ 4,045,184 | \$ 120,268                |               | \$ 114,486                 | \$ (5,782)  | \$ 2,261,246             | 1  |
| 2                  | Boiler Repair                         | 2008         | 3,682                     | 20            | 307                        | 307         | 1,125                    | 2  |
| 3                  | New Fence                             | 2008         | 2,505                     | 20            | 167                        | 167         | 557                      | 3  |
| 4                  | Hvac Compressor                       | 2011         | 2,645                     | 20            | 132                        | 132         | 132                      | 4  |
| 5                  |                                       |              |                           |               |                            |             |                          | 5  |
| 6                  |                                       |              |                           |               |                            |             |                          | 6  |
| 7                  |                                       |              |                           |               |                            |             |                          | 7  |
| 8                  |                                       |              |                           |               |                            |             |                          | 8  |
| 9                  |                                       |              |                           |               |                            |             |                          | 9  |
| 10                 |                                       |              |                           |               |                            |             |                          | 10 |
| 11                 |                                       |              |                           |               |                            |             |                          | 11 |
| 12                 |                                       |              |                           |               |                            |             |                          | 12 |
| 13                 |                                       |              |                           |               |                            |             |                          | 13 |
| 14                 |                                       |              |                           |               |                            |             |                          | 14 |
| 15                 |                                       |              |                           |               |                            |             |                          | 15 |
| 16                 |                                       |              |                           |               |                            |             |                          | 16 |
| 17                 |                                       |              |                           |               |                            |             |                          | 17 |
| 18                 |                                       |              |                           |               |                            |             |                          | 18 |
| 19                 |                                       |              |                           |               |                            |             |                          | 19 |
| 20                 |                                       |              |                           |               |                            |             |                          | 20 |
| 21                 |                                       |              |                           |               |                            |             |                          | 21 |
| 22                 |                                       |              |                           |               |                            |             |                          | 22 |
| 23                 |                                       |              |                           |               |                            |             |                          | 23 |
| 24                 |                                       |              |                           |               |                            |             |                          | 24 |
| 25                 |                                       |              |                           |               |                            |             |                          | 25 |
| 26                 |                                       |              |                           |               |                            |             |                          | 26 |
| 27                 |                                       |              |                           |               |                            |             |                          | 27 |
| 28                 |                                       |              |                           |               |                            |             |                          | 28 |
| 29                 |                                       |              |                           |               |                            |             |                          | 29 |
| 30                 |                                       |              |                           |               |                            |             |                          | 30 |
| 31                 |                                       |              |                           |               |                            |             |                          | 31 |
| 32                 |                                       |              |                           |               |                            |             |                          | 32 |
| 33                 |                                       |              |                           |               |                            |             |                          | 33 |
| 34                 | TOTAL (lines 1 thru 33)               | \$ 4,054,016 | \$ 120,268                |               | \$ 115,092                 | \$ (5,176)  | \$ 2,263,060             | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1<br>Improvement Type** |                                       | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|---------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1                       | Totals from Page 12B, Carried Forward |                          | \$ 4,054,016 | \$ 120,268                        |                       | \$ 115,092                         | \$ (5,176)       | \$ 2,263,060                     | 1  |
| 2                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 7  |
| 8                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33)               |                          | \$ 4,054,016 | \$ 120,268                        |                       | \$ 115,092                         | \$ (5,176)       | \$ 2,263,060                     | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1<br>Improvement Type** |                                       | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|---------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1                       | Totals from Page 12C, Carried Forward |                          | \$ 4,054,016 | \$ 120,268                        |                       | \$ 115,092                         | \$ (5,176)       | \$ 2,263,060                     | 1  |
| 2                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 7  |
| 8                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33)               |                          | \$ 4,054,016 | \$ 120,268                        |                       | \$ 115,092                         | \$ (5,176)       | \$ 2,263,060                     | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1                  |                                       | 3                   | 4           | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|---------------------------------------|---------------------|-------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                                       | Year<br>Constructed | Cost        | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Totals from Page 12D, Carried Forward |                     | \$4,054,016 | \$120,268                    |                  | \$115,092                     | \$ (5,176)  | \$2,263,060                 | 1  |
| 2                  |                                       |                     |             |                              |                  |                               |             |                             | 2  |
| 3                  |                                       |                     |             |                              |                  |                               |             |                             | 3  |
| 4                  |                                       |                     |             |                              |                  |                               |             |                             | 4  |
| 5                  |                                       |                     |             |                              |                  |                               |             |                             | 5  |
| 6                  |                                       |                     |             |                              |                  |                               |             |                             | 6  |
| 7                  |                                       |                     |             |                              |                  |                               |             |                             | 7  |
| 8                  |                                       |                     |             |                              |                  |                               |             |                             | 8  |
| 9                  |                                       |                     |             |                              |                  |                               |             |                             | 9  |
| 10                 |                                       |                     |             |                              |                  |                               |             |                             | 10 |
| 11                 |                                       |                     |             |                              |                  |                               |             |                             | 11 |
| 12                 |                                       |                     |             |                              |                  |                               |             |                             | 12 |
| 13                 |                                       |                     |             |                              |                  |                               |             |                             | 13 |
| 14                 |                                       |                     |             |                              |                  |                               |             |                             | 14 |
| 15                 |                                       |                     |             |                              |                  |                               |             |                             | 15 |
| 16                 |                                       |                     |             |                              |                  |                               |             |                             | 16 |
| 17                 |                                       |                     |             |                              |                  |                               |             |                             | 17 |
| 18                 |                                       |                     |             |                              |                  |                               |             |                             | 18 |
| 19                 |                                       |                     |             |                              |                  |                               |             |                             | 19 |
| 20                 |                                       |                     |             |                              |                  |                               |             |                             | 20 |
| 21                 |                                       |                     |             |                              |                  |                               |             |                             | 21 |
| 22                 |                                       |                     |             |                              |                  |                               |             |                             | 22 |
| 23                 |                                       |                     |             |                              |                  |                               |             |                             | 23 |
| 24                 |                                       |                     |             |                              |                  |                               |             |                             | 24 |
| 25                 |                                       |                     |             |                              |                  |                               |             |                             | 25 |
| 26                 |                                       |                     |             |                              |                  |                               |             |                             | 26 |
| 27                 |                                       |                     |             |                              |                  |                               |             |                             | 27 |
| 28                 |                                       |                     |             |                              |                  |                               |             |                             | 28 |
| 29                 |                                       |                     |             |                              |                  |                               |             |                             | 29 |
| 30                 |                                       |                     |             |                              |                  |                               |             |                             | 30 |
| 31                 |                                       |                     |             |                              |                  |                               |             |                             | 31 |
| 32                 |                                       |                     |             |                              |                  |                               |             |                             | 32 |
| 33                 |                                       |                     |             |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (lines 1 thru 33)               |                     | \$4,054,016 | \$120,268                    |                  | \$115,092                     | \$ (5,176)  | \$2,263,060                 | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1                  |                              | 3                   | 4    | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|------------------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                              | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Building Company Information |                     |      |                              |                  |                               |             |                             | 1  |
| 2                  | Buildings:                   |                     |      |                              |                  |                               |             |                             | 2  |
| 3                  |                              |                     |      |                              |                  |                               |             |                             | 3  |
| 4                  |                              |                     |      |                              |                  |                               |             |                             | 4  |
| 5                  |                              |                     |      |                              |                  |                               |             |                             | 5  |
| 6                  |                              |                     |      |                              |                  |                               |             |                             | 6  |
| 7                  |                              |                     |      |                              |                  |                               |             |                             | 7  |
| 8                  | Leasehold Improvements:      |                     |      |                              |                  |                               |             |                             | 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                 |                              |                     |      |                              |                  |                               |             |                             | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1                  |                                        | 3                   | 4    | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|----------------------------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                                        | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Building Company Information Continued |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 1  |
| 2                  |                                        |                     |      |                              |                  |                               |             |                             | 2  |
| 3                  |                                        |                     |      |                              |                  |                               |             |                             | 3  |
| 4                  |                                        |                     |      |                              |                  |                               |             |                             | 4  |
| 5                  |                                        |                     |      |                              |                  |                               |             |                             | 5  |
| 6                  |                                        |                     |      |                              |                  |                               |             |                             | 6  |
| 7                  |                                        |                     |      |                              |                  |                               |             |                             | 7  |
| 8                  |                                        |                     |      |                              |                  |                               |             |                             | 8  |
| 9                  |                                        |                     |      |                              |                  |                               |             |                             | 9  |
| 10                 |                                        |                     |      |                              |                  |                               |             |                             | 10 |
| 11                 |                                        |                     |      |                              |                  |                               |             |                             | 11 |
| 12                 |                                        |                     |      |                              |                  |                               |             |                             | 12 |
| 13                 |                                        |                     |      |                              |                  |                               |             |                             | 13 |
| 14                 |                                        |                     |      |                              |                  |                               |             |                             | 14 |
| 15                 |                                        |                     |      |                              |                  |                               |             |                             | 15 |
| 16                 |                                        |                     |      |                              |                  |                               |             |                             | 16 |
| 17                 |                                        |                     |      |                              |                  |                               |             |                             | 17 |
| 18                 |                                        |                     |      |                              |                  |                               |             |                             | 18 |
| 19                 |                                        |                     |      |                              |                  |                               |             |                             | 19 |
| 20                 |                                        |                     |      |                              |                  |                               |             |                             | 20 |
| 21                 |                                        |                     |      |                              |                  |                               |             |                             | 21 |
| 22                 |                                        |                     |      |                              |                  |                               |             |                             | 22 |
| 23                 |                                        |                     |      |                              |                  |                               |             |                             | 23 |
| 24                 |                                        |                     |      |                              |                  |                               |             |                             | 24 |
| 25                 |                                        |                     |      |                              |                  |                               |             |                             | 25 |
| 26                 |                                        |                     |      |                              |                  |                               |             |                             | 26 |
| 27                 |                                        |                     |      |                              |                  |                               |             |                             | 27 |
| 28                 |                                        |                     |      |                              |                  |                               |             |                             | 28 |
| 29                 |                                        |                     |      |                              |                  |                               |             |                             | 29 |
| 30                 |                                        |                     |      |                              |                  |                               |             |                             | 30 |
| 31                 |                                        |                     |      |                              |                  |                               |             |                             | 31 |
| 32                 |                                        |                     |      |                              |                  |                               |             |                             | 32 |
| 33                 |                                        |                     |      |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (12F & 12G lines 1 thru 33)      |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1  | Improvement Type**        | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Related Party Information |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2  | Buildings:                |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3  |                           |                          |           |                                   |                       |                                    |                  |                                  | 3  |
| 4  |                           |                          |           |                                   |                       |                                    |                  |                                  | 4  |
| 5  |                           |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                           |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                           |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  | Leasehold Improvements:   |                          |           |                                   |                       |                                    |                  |                                  | 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 |                           |                          |           |                                   |                       |                                    |                  |                                  | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

| 1                  |                                     | 3                   | 4    | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|-------------------------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                                     | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Related Party Information Continued |                     |      |                              |                  |                               |             |                             | 1  |
| 2                  |                                     |                     |      |                              |                  |                               |             |                             | 2  |
| 3                  |                                     |                     |      |                              |                  |                               |             |                             | 3  |
| 4                  |                                     |                     |      |                              |                  |                               |             |                             | 4  |
| 5                  |                                     |                     |      |                              |                  |                               |             |                             | 5  |
| 6                  |                                     |                     |      |                              |                  |                               |             |                             | 6  |
| 7                  |                                     |                     |      |                              |                  |                               |             |                             | 7  |
| 8                  |                                     |                     |      |                              |                  |                               |             |                             | 8  |
| 9                  |                                     |                     |      |                              |                  |                               |             |                             | 9  |
| 10                 |                                     |                     |      |                              |                  |                               |             |                             | 10 |
| 11                 |                                     |                     |      |                              |                  |                               |             |                             | 11 |
| 12                 |                                     |                     |      |                              |                  |                               |             |                             | 12 |
| 13                 |                                     |                     |      |                              |                  |                               |             |                             | 13 |
| 14                 |                                     |                     |      |                              |                  |                               |             |                             | 14 |
| 15                 |                                     |                     |      |                              |                  |                               |             |                             | 15 |
| 16                 |                                     |                     |      |                              |                  |                               |             |                             | 16 |
| 17                 |                                     |                     |      |                              |                  |                               |             |                             | 17 |
| 18                 |                                     |                     |      |                              |                  |                               |             |                             | 18 |
| 19                 |                                     |                     |      |                              |                  |                               |             |                             | 19 |
| 20                 |                                     |                     |      |                              |                  |                               |             |                             | 20 |
| 21                 |                                     |                     |      |                              |                  |                               |             |                             | 21 |
| 22                 |                                     |                     |      |                              |                  |                               |             |                             | 22 |
| 23                 |                                     |                     |      |                              |                  |                               |             |                             | 23 |
| 24                 |                                     |                     |      |                              |                  |                               |             |                             | 24 |
| 25                 |                                     |                     |      |                              |                  |                               |             |                             | 25 |
| 26                 |                                     |                     |      |                              |                  |                               |             |                             | 26 |
| 27                 |                                     |                     |      |                              |                  |                               |             |                             | 27 |
| 28                 |                                     |                     |      |                              |                  |                               |             |                             | 28 |
| 29                 |                                     |                     |      |                              |                  |                               |             |                             | 29 |
| 30                 |                                     |                     |      |                              |                  |                               |             |                             | 30 |
| 31                 |                                     |                     |      |                              |                  |                               |             |                             | 31 |
| 32                 |                                     |                     |      |                              |                  |                               |             |                             | 32 |
| 33                 |                                     |                     |      |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (12H & 12I lines 1 thru 33)   |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|-----------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$207,288 | \$                             | \$10,248                        | \$10,248         | 10                  | \$162,996                     | 71 |
| 72 | Current Year Purchases   | 19,142    |                                | 2,904                           | 2,904            | 10                  | 2,904                         | 72 |
| 73 | Fully Depreciated Assets | 206,493   |                                |                                 |                  | 10                  | 206,493                       | 73 |
| 74 |                          |           |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$432,924 | \$                             | \$13,152                        | \$13,152         |                     | \$372,394                     | 75 |

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

|    | 1<br>Use | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|----------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 |          | FORD TRUCK                | 1982               | \$        | \$                             | \$                              |                  |                    | \$                            | 76 |
| 77 |          | TRACTOR                   | 1980               | 2,700     |                                |                                 |                  | 5                  | 2,700                         | 77 |
| 78 |          |                           |                    |           |                                |                                 |                  |                    |                               | 78 |
| 79 |          |                           |                    |           |                                |                                 |                  |                    |                               | 79 |
| 80 | TOTALS   |                           |                    | \$2,700   | \$                             | \$                              |                  |                    | \$2,700                       | 80 |

E. Summary of Care-Related Assets

|    | 1                                                                                                                                 | 2           |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------|-------------|----|
|    | Reference                                                                                                                         | Amount      |    |
| 81 | Total Historical Cost<br>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$4,492,389 | 81 |
| 82 | Current Book Depreciation<br>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$120,268   | 82 |
| 83 | Straight Line Depreciation<br>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$128,244   | 83 |
| 84 | Adjustments<br>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$7,976     | 84 |
| 85 | Accumulated Depreciation<br>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$2,638,153 | 85 |

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.
- ☐ YES
- ☐ NO

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

\*\*

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: \$ 10,065
- Description:
- See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

|     | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | /2012              | \$          |
| 13. | /2013              | \$          |
| 14. | /2014              | \$          |

\* 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?

☒ YES

☐ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

☐

☐

130

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

|    |                                 | ALLOCATION OF COSTS |           | (d)      |          |
|----|---------------------------------|---------------------|-----------|----------|----------|
|    |                                 | 1                   | 2         | 3        | 4        |
|    |                                 | Facility            |           |          |          |
|    |                                 | Drop-outs           | Completed | Contract | Total    |
| 1  | Community College Tuition       | \$                  | \$        | \$       | \$       |
| 2  | Books and Supplies              |                     | 2,295     |          | 2,295    |
| 3  | Classroom Wages (a)             |                     | 5,200     |          | 5,200    |
| 4  | Clinical Wages (b)              |                     |           |          |          |
| 5  | In-House Trainer Wages (c)      |                     |           |          |          |
| 6  | Transportation                  |                     |           |          |          |
| 7  | Contractual Payments            |                     |           |          |          |
| 8  | CNA Competency Tests            |                     |           |          |          |
| 9  | TOTALS                          | \$                  | \$ 7,496  | \$       | \$ 7,496 |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$                  | 7,496     |          |          |

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        | 3 |
| 2. From other facilities (f) |   |
| DROP-OUTS                    |   |
| 1. From this facility        |   |
| 2. From other facilities (f) |   |
| TOTAL TRAINED                | 3 |

(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.  
SEE ACCOUNTANTS' COMPILATION REPORT

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

|    |                                                                                | 1                                        | 2                   |           | 3                                               | 4    | 5                                     | 6                             | 7                              | 8  |  |
|----|--------------------------------------------------------------------------------|------------------------------------------|---------------------|-----------|-------------------------------------------------|------|---------------------------------------|-------------------------------|--------------------------------|----|--|
|    | Service                                                                        | Schedule V<br>Line & Column<br>Reference | Staff               |           | Outside Practitioner<br>(other than consultant) |      | Supplies<br>(Actual or)<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |  |
|    |                                                                                |                                          | Units of<br>Service | Cost      | Units                                           | Cost |                                       |                               |                                |    |  |
| 1  | Licensed Occupational Therapist                                                |                                          | hrs                 | \$        |                                                 | \$   | \$                                    |                               | \$                             | 1  |  |
| 2  | Licensed Speech and Language<br>Development Therapist                          |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 2  |  |
| 3  | Licensed Recreational Therapist                                                |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 3  |  |
| 4  | Licensed Physical Therapist                                                    | 39 - 01                                  | hrs                 | 33,210    |                                                 |      |                                       |                               | 33,210                         | 4  |  |
| 5  | Physician Care                                                                 |                                          | visits              |           |                                                 |      |                                       |                               |                                | 5  |  |
| 6  | Dental Care                                                                    |                                          | visits              |           |                                                 |      |                                       |                               |                                | 6  |  |
| 7  | Work Related Program                                                           |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 7  |  |
| 8  | Habilitation                                                                   |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 8  |  |
| 9  | Pharmacy                                                                       |                                          | # of<br>prescrpts   |           |                                                 |      |                                       |                               |                                | 9  |  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 10 |  |
| 11 | Academic Education                                                             |                                          | hrs                 |           |                                                 |      |                                       |                               |                                | 11 |  |
| 12 | Other (specify):                                                               |                                          |                     |           |                                                 |      |                                       |                               |                                | 12 |  |
| 13 | Other (specify): See Supplemental                                              |                                          |                     | 56,935    |                                                 |      | 10,773                                |                               | 67,708                         | 13 |  |
| 14 | TOTAL                                                                          |                                          |                     | \$ 90,145 |                                                 | \$   | \$ 10,773                             |                               | \$ 100,918                     | 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

**As of 12/31/11**

**(last day of reporting year)**

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

|    |                                                                   | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|-------------------------------------------------------------------|----------------|---------------------------|----|
|    | <b>A. Current Assets</b>                                          |                |                           |    |
| 1  | Cash on Hand and in Banks                                         | \$ 314,817     | \$                        | 1  |
| 2  | Cash-Patient Deposits                                             |                |                           | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 1,444,625      |                           | 3  |
| 4  | Supply Inventory (priced at )                                     |                |                           | 4  |
| 5  | Short-Term Investments                                            |                |                           | 5  |
| 6  | Prepaid Insurance                                                 | 37,292         |                           | 6  |
| 7  | Other Prepaid Expenses                                            | 376            |                           | 7  |
| 8  | Accounts Receivable (owners or related parties)                   | 146            |                           | 8  |
| 9  | Other(specify): See Attached Schedule                             | 105,926        |                           | 9  |
| 10 | <b>TOTAL Current Assets</b><br>(sum of lines 1 thru 9)            | \$ 1,903,182   | \$                        | 10 |
|    | <b>B. Long-Term Assets</b>                                        |                |                           |    |
| 11 | Long-Term Notes Receivable                                        |                |                           | 11 |
| 12 | Long-Term Investments                                             |                |                           | 12 |
| 13 | Land                                                              |                |                           | 13 |
| 14 | Buildings, at Historical Cost                                     | 3,011,499      |                           | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        | 962,832        |                           | 15 |
| 16 | Equipment, at Historical Cost                                     | 481,161        |                           | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (2,624,043)    |                           | 17 |
| 18 | Deferred Charges                                                  |                |                           | 18 |
| 19 | Organization & Pre-Operating Costs                                |                |                           | 19 |
| 20 | Accumulated Amortization -<br>Organization & Pre-Operating Costs  |                |                           | 20 |
| 21 | Restricted Funds                                                  |                |                           | 21 |
| 22 | Other Long-Term Assets (specify):                                 |                |                           | 22 |
| 23 | Other(specify): See Attached Schedule                             | 17,153         |                           | 23 |
| 24 | <b>TOTAL Long-Term Assets</b><br>(sum of lines 11 thru 23)        | \$ 1,848,602   | \$                        | 24 |
| 25 | <b>TOTAL ASSETS</b><br>(sum of lines 10 and 24)                   | \$ 3,751,784   | \$                        | 25 |

|    |                                                                  | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|------------------------------------------------------------------|----------------|---------------------------|----|
|    | <b>C. Current Liabilities</b>                                    |                |                           |    |
| 26 | Accounts Payable                                                 | \$ 89,050      | \$                        | 26 |
| 27 | Officer's Accounts Payable                                       |                |                           | 27 |
| 28 | Accounts Payable-Patient Deposits                                |                |                           | 28 |
| 29 | Short-Term Notes Payable                                         | 343,873        |                           | 29 |
| 30 | Accrued Salaries Payable                                         | 146,769        |                           | 30 |
| 31 | Accrued Taxes Payable<br>(excluding real estate taxes)           | 7,494          |                           | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                              | 202,000        |                           | 32 |
| 33 | Accrued Interest Payable                                         | 1,999          |                           | 33 |
| 34 | Deferred Compensation                                            |                |                           | 34 |
| 35 | Federal and State Income Taxes                                   |                |                           | 35 |
|    | <b>Other Current Liabilities(specify):</b>                       |                |                           |    |
| 36 | <a href="#">See Attached Schedule</a>                            | 85,512         |                           | 36 |
| 37 |                                                                  |                |                           | 37 |
| 38 | <b>TOTAL Current Liabilities<br/>(sum of lines 26 thru 37)</b>   | \$ 876,697     | \$                        | 38 |
|    | <b>D. Long-Term Liabilities</b>                                  |                |                           |    |
| 39 | Long-Term Notes Payable                                          | 1,727,380      |                           | 39 |
| 40 | Mortgage Payable                                                 |                |                           | 40 |
| 41 | Bonds Payable                                                    |                |                           | 41 |
| 42 | Deferred Compensation                                            |                |                           | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                     |                |                           |    |
| 43 | <a href="#">See Attached Schedule</a>                            |                |                           | 43 |
| 44 |                                                                  |                |                           | 44 |
| 45 | <b>TOTAL Long-Term Liabilities<br/>(sum of lines 39 thru 44)</b> | \$ 1,727,380   | \$                        | 45 |
| 46 | <b>TOTAL LIABILITIES<br/>(sum of lines 38 and 45)</b>            | \$ 2,604,077   | \$                        | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                            | \$ 1,147,707   | \$                        | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY<br/>(sum of lines 46 and 47)</b> | \$ 3,751,784   | \$                        | 48 |

**SEE ACCOUNTANTS' COMPILATION REPORT**

**\*(See instructions.)**

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>Total   |      |
|----|--------------------------------------------------------------|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 1,457,088 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  |                                                              |              | 3    |
| 4  |                                                              |              | 4    |
| 5  |                                                              |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 1,457,088 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | 322,419      | 7    |
| 8  | Aquisitions of Pooled Companies                              |              | 8    |
| 9  | Proceeds from Sale of Stock                                  |              | 9    |
| 10 | Stock Options Exercised                                      |              | 10   |
| 11 | Contributions and Grants                                     |              | 11   |
| 12 | Expenditures for Specific Purposes                           |              | 12   |
| 13 | Dividends Paid or Other Distributions to Owners              | (631,800)    | 13   |
| 14 | Donated Property, Plant, and Equipment                       |              | 14   |
| 15 | Other (describe)                                             |              | 15   |
| 16 | Other (describe)                                             |              | 16   |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ (309,381) | 17   |
|    | B. Transfers (Itemize):                                      |              |      |
| 18 |                                                              |              | 18   |
| 19 |                                                              |              | 19   |
| 20 |                                                              |              | 20   |
| 21 |                                                              |              | 21   |
| 22 |                                                              |              | 22   |
| 23 | TOTAL Transfers (sum of lines 18-22)                         | \$           | 23   |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ 1,147,707 | 24 * |

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

SEE ACCOUNTANTS' COMPILATION REPORT

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   |                                                    |              |     |
|-----|----------------------------------------------------|--------------|-----|
|     | Revenue                                            | Amount       |     |
|     | A. Inpatient Care                                  |              |     |
| 1   | Gross Revenue -- All Levels of Care                | \$ 4,734,185 | 1   |
| 2   | Discounts and Allowances for all Levels            | ( )          | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$ 4,734,185 | 3   |
|     | B. Ancillary Revenue                               |              |     |
| 4   | Day Care                                           |              | 4   |
| 5   | Other Care for Outpatients                         |              | 5   |
| 6   | Therapy                                            |              | 6   |
| 7   | Oxygen                                             |              | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$           | 8   |
|     | C. Other Operating Revenue                         |              |     |
| 9   | Payments for Education                             |              | 9   |
| 10  | Other Government Grants                            |              | 10  |
| 11  | CNA Training Reimbursements                        |              | 11  |
| 12  | Gift and Coffee Shop                               |              | 12  |
| 13  | Barber and Beauty Care                             |              | 13  |
| 14  | Non-Patient Meals                                  |              | 14  |
| 15  | Telephone, Television and Radio                    |              | 15  |
| 16  | Rental of Facility Space                           |              | 16  |
| 17  | Sale of Drugs                                      |              | 17  |
| 18  | Sale of Supplies to Non-Patients                   |              | 18  |
| 19  | Laboratory                                         |              | 19  |
| 20  | Radiology and X-Ray                                |              | 20  |
| 21  | Other Medical Services                             |              | 21  |
| 22  | Laundry                                            |              | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$           | 23  |
|     | D. Non-Operating Revenue                           |              |     |
| 24  | Contributions                                      |              | 24  |
| 25  | Interest and Other Investment Income***            | 9            | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$ 9         | 26  |
|     | E. Other Revenue (specify):****                    |              |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |              | 27  |
| 28  | See Supplemental Schedule                          |              | 28  |
| 28a |                                                    |              | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$           | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$ 4,734,194 | 30  |

| 2  |                                                         |              |    |
|----|---------------------------------------------------------|--------------|----|
|    | Expenses                                                | Amount       |    |
|    | A. Operating Expenses                                   |              |    |
| 31 | General Services                                        | 690,889      | 31 |
| 32 | Health Care                                             | 2,216,595    | 32 |
| 33 | General Administration                                  | 755,870      | 33 |
|    | B. Capital Expense                                      |              |    |
| 34 | Ownership                                               | 452,994      | 34 |
|    | C. Ancillary Expense                                    |              |    |
| 35 | Special Cost Centers                                    | 100,918      | 35 |
| 36 | Provider Participation Fee                              | 194,509      | 36 |
|    | D. Other Expenses (specify):                            |              |    |
| 37 |                                                         |              | 37 |
| 38 |                                                         |              | 38 |
| 39 |                                                         |              | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ 4,411,775 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)**    | 322,419      | 41 |
| 42 | Income Taxes                                            |              | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ 322,419   | 43 |

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

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

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

\*\*\*\*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.)

|    |                                 | 1                               | 2**                              | 3                                            | 4                         |    |
|----|---------------------------------|---------------------------------|----------------------------------|----------------------------------------------|---------------------------|----|
|    |                                 | # of Hrs.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Reporting Period<br>Total Salaries,<br>Wages | Average<br>Hourly<br>Wage |    |
| 1  | Director of Nursing             | 1,787                           | 2,087                            | \$ 62,035                                    | \$ 29.72                  | 1  |
| 2  | Assistant Director of Nursing   | 943                             | 1,203                            | 33,409                                       | 27.77                     | 2  |
| 3  | Registered Nurses               | 20,436                          | 22,208                           | 609,750                                      | 27.46                     | 3  |
| 4  | Licensed Practical Nurses       | 66,036                          | 7,271                            | 191,887                                      | 26.39                     | 4  |
| 5  | CNAs & Orderlies                | 79,462                          | 83,568                           | 1,024,143                                    | 12.26                     | 5  |
| 6  | CNA Trainees                    |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist              | 3,160                           | 3,482                            | 90,145                                       | 25.89                     | 7  |
| 8  | Rehab/Therapy Aides             |                                 |                                  |                                              |                           | 8  |
| 9  | Activity Director               |                                 |                                  |                                              |                           | 9  |
| 10 | Activity Assistants             |                                 |                                  |                                              |                           | 10 |
| 11 | Social Service Workers          |                                 |                                  |                                              |                           | 11 |
| 12 | Dietician                       |                                 |                                  |                                              |                           | 12 |
| 13 | Food Service Supervisor         |                                 |                                  |                                              |                           | 13 |
| 14 | Head Cook                       |                                 |                                  |                                              |                           | 14 |
| 15 | Cook Helpers/Assistants         | 5,509                           | 5,840                            | 67,671                                       | 11.59                     | 15 |
| 16 | Dishwashers                     |                                 |                                  |                                              |                           | 16 |
| 17 | Maintenance Workers             | 6,004                           | 6,611                            | 129,730                                      | 19.62                     | 17 |
| 18 | Housekeepers                    | 8,615                           | 9,154                            | 99,293                                       | 10.85                     | 18 |
| 19 | Laundry                         | 2,308                           | 5,708                            | 56,046                                       | 9.82                      | 19 |
| 20 | Administrator                   | 2,392                           | 2,672                            | 92,044                                       | 34.45                     | 20 |
| 21 | Assistant Administrator         |                                 |                                  |                                              |                           | 21 |
| 22 | Other Administrative            |                                 |                                  |                                              |                           | 22 |
| 23 | Office Manager                  |                                 |                                  |                                              |                           | 23 |
| 24 | Clerical                        | 1,570                           | 1,761                            | 34,041                                       | 19.33                     | 24 |
| 25 | Vocational Instruction          |                                 |                                  |                                              |                           | 25 |
| 26 | Academic Instruction            |                                 |                                  |                                              |                           | 26 |
| 27 | Medical Director                |                                 |                                  |                                              |                           | 27 |
| 28 | Qualified MR Prof. (QMRP)       |                                 |                                  |                                              |                           | 28 |
| 29 | Resident Services Coordinator   |                                 |                                  |                                              |                           | 29 |
| 30 | Habilitation Aides (DD Homes)   |                                 |                                  |                                              |                           | 30 |
| 31 | Medical Records                 |                                 |                                  |                                              |                           | 31 |
| 32 | Other Health Care(specify)      |                                 |                                  |                                              |                           | 32 |
| 33 | Other(specify) See Supplemental | 1,952                           | 2,190                            | 50,438                                       | 23.03                     | 33 |
| 34 | TOTAL (lines 1 - 33)            | 200,174                         | 153,755                          | \$ 2,540,632 *                               | \$ 16.52                  | 34 |

B. CONSULTANT SERVICES

|    |                                 | 1                                      | 2                                                   | 3                                           |    |
|----|---------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|----|
|    |                                 | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>Reference |    |
| 35 | Dietary Consultant              | 131                                    | \$ 4,790                                            | 01-03                                       | 35 |
| 36 | Medical Director                | 336                                    | 33,614                                              | 09-03                                       | 36 |
| 37 | Medical Records Consultant      |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                | 132                                    | 6,000                                               | 10-03                                       | 38 |
| 39 | Pharmacist Consultant           |                                        |                                                     |                                             | 39 |
| 40 | Physical Therapy Consultant     |                                        |                                                     |                                             | 40 |
| 41 | Occupational Therapy Consultant | 672                                    | 26,223                                              | 10a-03                                      | 41 |
| 42 | Respiratory Therapy Consultant  |                                        |                                                     |                                             | 42 |
| 43 | Speech Therapy Consultant       | 238                                    | 17,003                                              | 10a-03                                      | 43 |
| 44 | Activity Consultant             |                                        |                                                     |                                             | 44 |
| 45 | Social Service Consultant       | 6                                      | 422                                                 | 12-03                                       | 45 |
| 46 | Other(specify)                  |                                        |                                                     |                                             | 46 |
| 47 |                                 |                                        |                                                     |                                             | 47 |
| 48 |                                 |                                        |                                                     |                                             | 48 |
| 49 | TOTAL (lines 35 - 48)           | 1,515                                  | \$ 88,052                                           |                                             | 49 |

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

\*\* See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberLittle Angels Nursing Home# 0010918Report Period Beginning:01/01/11Ending:12/31/11Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

| Name                                                                                           | Function      | Ownership % | Amount    |
|------------------------------------------------------------------------------------------------|---------------|-------------|-----------|
| Shelly Lewis                                                                                   | Administrator | 15.56       | \$ 92,044 |
|                                                                                                |               |             |           |
|                                                                                                |               |             |           |
|                                                                                                |               |             |           |
|                                                                                                |               |             |           |
|                                                                                                |               |             |           |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.) |               |             | \$ 92,044 |

B. Administrative - Other

| Description                                                                                         | Amount |
|-----------------------------------------------------------------------------------------------------|--------|
|                                                                                                     | \$     |
|                                                                                                     |        |
|                                                                                                     |        |
|                                                                                                     |        |
| TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement) |        |

C. Professional Services

| Vendor/Payee                                                                                                     | Type                    | Amount    |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|
| Frost, Ruttenberg & Rothblatt                                                                                    | Accounting              | \$ 25,050 |
| 1-Place LLC                                                                                                      | Computer Consultants    | 15,510    |
| ProData Payroll Services, Inc.                                                                                   | Data Processing         | 5,251     |
| Personnel Planners                                                                                               | Unemployment Consulting | 1,167     |
| Associated Pension                                                                                               | 401K Consultant         | 3,116     |
| MPRO                                                                                                             | POP Compliance          | 425       |
| MHM                                                                                                              | Review IDR appeals      | 460       |
| Wessels Sherman                                                                                                  | Legal                   | 600       |
| Duane Morris                                                                                                     | Legal Adj. on 5a        | 295       |
| Dobosz Law Offices, P.C.                                                                                         | Legal                   | 300       |
| Detectives.com Network                                                                                           | Video Surveillance      | 950       |
| See Supplemental Schedule                                                                                        |                         | 158       |
| TOTAL (agree to Schedule V, line 19, column 3)<br>(If total legal fees exceed \$5,000, attach copy of invoices.) |                         | \$ 53,282 |

D. Employee Benefits and Payroll Taxes

| Description                                 | Amount    |            |
|---------------------------------------------|-----------|------------|
| Workers' Compensation Insurance             | \$ 65,100 |            |
| Unemployment Compensation Insurance         | 15,028    |            |
| FICA Taxes                                  | 183,564   |            |
| Employee Health Insurance                   | 190,303   |            |
| Employee Meals                              |           |            |
| Illinois Municipal Retirement Fund (IMRF)*  |           |            |
| Employee Life Insurance                     | 2,497     |            |
| Employee Benefit Plan Expense               | 15,685    |            |
| Employee Physicals & Diag.                  | 875       |            |
| Employee Immunizations                      | 1,919     |            |
| Christmas Expense                           | 2,792     |            |
| Other Employee Benefits                     | 465       |            |
|                                             |           |            |
| TOTAL (agree to Schedule V, line 22, col.8) |           | \$ 478,228 |

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

| Description | Line # | Amount |
|-------------|--------|--------|
|             |        | \$     |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
| TOTAL       |        | \$     |

F. Dues, Fees, Subscriptions and Promotions

| Description                                                                 | Amount |          |
|-----------------------------------------------------------------------------|--------|----------|
| IDPH License Fee                                                            | \$     |          |
| Advertising: Employee Recruitment                                           |        |          |
| Health Care Worker Background Check<br>(Indicate # of checks performed 15 ) | 469    |          |
| Patient Background Checks                                                   |        |          |
| Dues & Subscriptions                                                        | 4,497  |          |
| Licenses & Fees                                                             | 1,055  |          |
|                                                                             |        |          |
|                                                                             |        |          |
|                                                                             |        |          |
| Less: Public Relations Expense                                              | ( )    |          |
| Non-allowable advertising                                                   | ( )    |          |
| Yellow page advertising                                                     | ( )    |          |
| TOTAL (agree to Sch. V, line 20, col. 8)                                    |        | \$ 6,021 |

G. Schedule of Travel and Seminar\*\*

| Description                        | Amount   |
|------------------------------------|----------|
| Out-of-State Travel                | \$       |
|                                    |          |
|                                    |          |
| In-State Travel                    |          |
|                                    |          |
|                                    |          |
|                                    |          |
| Seminar Expense                    | 4,412    |
|                                    |          |
|                                    |          |
| Entertainment Expense              | ( )      |
| (agree to Sch. V, line 24, col. 8) |          |
| TOTAL                              | \$ 4,412 |

\* Attach copy of IMRF notifications

\*\*See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

|    | 1                | 2                                 | 3          | 4           | 5                                    | 6      | 7      | 8      | 9      | 10     | 11     | 12     | 13     |
|----|------------------|-----------------------------------|------------|-------------|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
|    | Improvement Type | Month & Year Improvement Was Made | Total Cost | Useful Life | Amount of Expense Amortized Per Year |        |        |        |        |        |        |        |        |
|    |                  |                                   |            |             | FY2007                               | FY2008 | FY2009 | FY2010 | FY2011 | FY2012 | FY2013 | FY2014 | FY2015 |
| 1  | N/A              |                                   | \$         |             | \$                                   | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| 2  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 3  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 4  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 5  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 6  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 7  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 8  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 9  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 10 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 11 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 12 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 13 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 14 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 15 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 16 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 17 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 18 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 19 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 20 | TOTALS           |                                   | \$         |             | \$                                   | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |

SEE ACCOUNTANTS' COMPILATION REPORT

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.

IHCA \$3,420

(3) Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

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

Yes

What was the average life used for new equipment added during this period?

10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$37,579

Line

10

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

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

(9) Are you presently operating under a sublease agreement?

YES

X

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$194,509

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?

N/A

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

Has any meal income been offset against related costs?

N/A

Indicate the amount.

\$N/A

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$N/A

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

100% ln 14

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

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

N/A

g. Does the facility transport residents to and from day training?

Yes

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?

No

Firm Name:

N/A

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

N/A

Attach invoices and a summary of services for all architect and appraisal fees.
- SEE ACCOUNTANTS' COMPILATION REPORT