

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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.

I. IDPH License ID Number: 0040899 Facility Name: Arlington Rehab & Living Ctr Address: 1666 Rfd Checker Rd Long Grove 60047 Number City Zip Code County: Lake Telephone Number: (847) 419-1111 Fax # (847) 419-1119 HFS ID Number: Date of Initial License for Current Owners: 12/26/1995 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X"Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Andrew Cutler Telephone Number: (847) 940-3269 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/12 to 12/31/12 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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) Andrew B. Cutler (Firm Name & Address) FGMK, LLC 2801 Lakeside Dr., 3rd Floor Bannockburn, IL 60015 (Telephone) (847) 374-0400 Fax # (847) 374-0420 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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#	0040899	Report Period Beginning:	01/01/12	Ending:	12/31/12
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D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

N/A

None

Yes

YES ☐ NO ☒

YES ☐ NO ☒

Date started 01/02/1996

YES ☒ Date 01/02/1996 NO ☐

YES ☒ NO ☐ If YES, enter number

of beds certified 190 and days of care provided 10,015

IV. ACCOUNTING BASIS

MODIFIEDCASH* ☐

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

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

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	38,628	6,874	14,113	59,615	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,628	6,874	14,113	59,615	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.96%

Facility Name & ID Number Arlington Rehab & Living Ctr # 0040899 Report Period Beginning: 01/01/12 Ending: 12/31/12
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	334,130	44,619	313,803	692,552		692,552	8,139	700,691			1
2	Food Purchase		356,643		356,643	(3,259)	353,384	(1,287)	352,097			2
3	Housekeeping	278,944	51,671		330,615		330,615		330,615			3
4	Laundry	29,473	179,664		209,137		209,137		209,137			4
5	Heat and Other Utilities			213,672	213,672		213,672		213,672			5
6	Maintenance	89,690	40,262	69,327	199,279		199,279	(878)	198,401			6
7	Other (specify):*							1,530	1,530			7
8	TOTAL General Services	732,237	672,859	596,802	2,001,898	(3,259)	1,998,639	7,504	2,006,143			8
	B. Health Care and Programs											
9	Medical Director			85,800	85,800		85,800		85,800			9
10	Nursing and Medical Records	3,893,169	307,177	32,085	4,232,431		4,232,431	69,080	4,301,511			10
10a	Therapy	4,569		12,443	17,012		17,012		17,012			10a
11	Activities	192,621	6,631	4,831	204,083		204,083		204,083			11
12	Social Services	138,982	3,650	2,394	145,026		145,026	(3,650)	141,376			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							11,768	11,768			15
16	TOTAL Health Care and Programs	4,229,341	317,458	137,553	4,684,352		4,684,352	77,198	4,761,550			16
	C. General Administration											
17	Administrative	124,349		199,289	323,638		323,638	(15,805)	307,833			17
18	Directors Fees											18
19	Professional Services			117,996	117,996		117,996	2,385	120,381			19
20	Dues, Fees, Subscriptions & Promotions			69,913	69,913		69,913	(23,295)	46,618			20
21	Clerical & General Office Expenses	236,545	21,460	537,875	795,880		795,880	(107,644)	688,236			21
22	Employee Benefits & Payroll Taxes			817,789	817,789	3,259	821,048		821,048			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,001	6,001		6,001	(1,856)	4,145			24
25	Other Admin. Staff Transportation			14,055	14,055		14,055	31,877	45,932			25
26	Insurance-Prop.Liab.Malpractice			228,929	228,929		228,929	561	229,490			26
27	Other (specify):*							47,313	47,313			27
28	TOTAL General Administration	360,894	21,460	1,991,847	2,374,201	3,259	2,377,460	(66,464)	2,310,996			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,322,472	1,011,777	2,726,202	9,060,451		9,060,451	18,238	9,078,689			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			184,517	184,517		184,517	87,046	271,563			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			215,639	215,639		215,639	(215,639)				32
33	Real Estate Taxes			119,126	119,126		119,126		119,126			33
34	Rent-Facility & Grounds			1,182,499	1,182,499		1,182,499	(1,177,892)	4,607			34
35	Rent-Equipment & Vehicles			8,560	8,560		8,560	1,503	10,063			35
36	Other (specify):*											36
37	TOTAL Ownership			1,710,341	1,710,341		1,710,341	(1,304,982)	405,359			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		486,020	1,412,950	1,898,970		1,898,970	(55,777)	1,843,193			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	7,136		24,975	32,111		32,111	(10,562)	21,549			41
42	Provider Participation Fee			452,686	452,686		452,686		452,686			42
43	Other (specify):*	122,303		164,512	286,815		286,815	(286,815)				43
44	TOTAL Special Cost Centers	129,439	486,020	2,055,123	2,670,582		2,670,582	(353,154)	2,317,428			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,451,911	1,497,797	6,491,666	13,441,374		13,441,374	(1,639,898)	11,801,476			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,635)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(31,976)	30		9
10	Interest and Other Investment Income	(14,037)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(411)	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	(1,311)	21		18
19	Entertainment	(1,218)	21		19
20	Contributions	(200)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(240,208)	21		24
25	Fund Raising, Advertising and Promotional	(32,083)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(642,938)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (984,017)		\$	30

BHF USE ONLY							
48		49		50		51	

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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(655,881)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (655,881)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,639,898)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES			Sch. V Line	
	Amount	Reference		
1	Bank Reward Income	\$ (7)	21	1
2	Medical Records Income	(1,929)	10	2
3	Public Relations	(909)	20	3
4	Patient Needs	(3,650)	12	4
5	Bistro Income	(10,562)	41	5
6	Marketing Wages	(122,303)	43	6
7	Bank Charges	(11,487)	21	7
8	Credit Card Processing Fees	(2,388)	21	8
9	Franchise Tax	(2,851)	21	9
10	Related Party Interest Expense	(316,782)	32	10
11	Out of State Travel	(4,682)	24	11
12	Non Allowable Legal	(164,512)	43	12
13	Vending Commissions	(876)	02	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	(642,938)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Arlington Rehab & Living Ctr# 0040899

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary				8,139								8,139	1
2	Food Purchase	(1,287)											(1,287)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities													5
6	Maintenance				(878)								(878)	6
7	Other (specify):*				1,530								1,530	7
8	TOTAL General Services	(1,287)			8,791								7,504	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(1,929)			71,009								69,080	10
10a	Therapy													10a
11	Activities													11
12	Social Services	(3,650)											(3,650)	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				11,768								11,768	15
16	TOTAL Health Care and Programs	(5,579)			82,777								77,198	16
	C. General Administration													
17	Administrative				(15,805)								(15,805)	17
18	Directors Fees													18
19	Professional Services				2,385								2,385	19
20	Fees, Subscriptions & Promotions	(32,992)			9,697								(23,295)	20
21	Clerical & General Office Expenses	(279,305)			171,661								(107,644)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,682)			2,826								(1,856)	24
25	Other Admin. Staff Transportation				31,877								31,877	25
26	Insurance-Prop.Liab.Malpractice				561								561	26
27	Other (specify):*				47,313								47,313	27
28	TOTAL General Administration	(316,979)			250,515								(66,464)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(323,845)			342,083								18,238	29

Summary B

12/31/12

[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 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Supplemental for related party information						

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 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	34	Rent	\$ 1,182,499	Kedzie Home, LLC	100.00%	\$	\$ (1,182,499)	1
2	V	30	Depreciation		Kedzie Home, LLC	100.00%	116,046	116,046	2
3	V	32	Interest Expense	1,285	Kedzie Home, LLC	100.00%	116,465	115,180	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			\$ 1,183,784			\$ 232,511	\$ * (951,273)	14

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Ancillary Rehab	\$ 1,397,624	Simply Rehab		\$ 1,341,847	\$ (55,777)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,397,624			\$ 1,341,847	\$ * (55,777)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	\$	APEX Healthcare Solutions, LLC	100.00%	\$ 8,139	\$ 8,139	15
16	V	6	Building Supplies		APEX Healthcare Solutions, LLC	100.00%	(878)	(878)	16
17	V	7	Emp. Ben. - HC		APEX Healthcare Solutions, LLC	100.00%	1,530	1,530	17
18	V	10	Nursing Salaries		APEX Healthcare Solutions, LLC	100.00%	71,009	71,009	18
19	V	15	Emp. Ben. - Nursing		APEX Healthcare Solutions, LLC	100.00%	11,768	11,768	19
20	V	17	Administrative Salaries - Non-Owners		APEX Healthcare Solutions, LLC	100.00%	60,569	60,569	20
21	V	17	Administrative Salaries - Owners		APEX Healthcare Solutions, LLC	100.00%	122,916	122,916	21
22	V	19	Professional Fees		APEX Healthcare Solutions, LLC	100.00%	2,385	2,385	22
23	V	20	Dues, Fees, Subscriptions		APEX Healthcare Solutions, LLC	100.00%	9,697	9,697	23
24	V	21	G&A		APEX Healthcare Solutions, LLC	100.00%	9,912	9,912	24
25	V	21	G&A Salaries		APEX Healthcare Solutions, LLC	100.00%	161,749	161,749	25
26	V	24	Seminars		APEX Healthcare Solutions, LLC	100.00%	2,826	2,826	26
27	V	25	Auto & Travel		APEX Healthcare Solutions, LLC	100.00%	31,877	31,877	27
28	V	26	Insurance		APEX Healthcare Solutions, LLC	100.00%	561	561	28
29	V	27	Emp. Ben. - G&A		APEX Healthcare Solutions, LLC	100.00%	47,313	47,313	29
30	V	30	Depreciation		APEX Healthcare Solutions, LLC	100.00%	2,976	2,976	30
31	V	34	Rent		APEX Healthcare Solutions, LLC	100.00%	4,607	4,607	31
32	V	35	Equipment Rental		APEX Healthcare Solutions, LLC	100.00%	1,503	1,503	32
33	V								33
34	V	17	Management Fees	199,290	APEX Healthcare Solutions, LLC	100.00%		(199,290)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 199,290			\$ 550,459	\$ * 351,169	39

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	<u>Dougherty, Gayle</u>	<u>17.14%</u>	<u>Aurora Rehabilitation Center</u>	<u>Aurora, IL</u>	<u>Kedzie Home</u>	<u>Chicago, IL</u>	<u>Building Co.</u>	1
2	<u>Lawton, Shelly Loyd</u>	<u>17.14%</u>	<u>Kolob - Cedar City</u>	<u>Cedar City, UT</u>	<u>APEX Healthcare Soluti</u>	<u>Buffalo Grove, IL</u>	<u>Management</u>	2
3	<u>Lefkovitz, Glenn</u>	<u>17.14%</u>	<u>Kolob - St. George</u>	<u>St. George, UT</u>	<u>Simply Rehab</u>	<u>Northbrook, IL</u>	<u>Therapy</u>	3
4	<u>Mann, James</u>	<u>10.20%</u>	<u>Carver Living Center</u>	<u>Durham, NC</u>	<u>Aurora Supportive Liv</u>	<u>Aurora, IL</u>	<u>SLF</u>	4
5	<u>Mann, Nina</u>	<u>17.14%</u>	<u>Willow Ridge</u>	<u>Rutherfordton, NC</u>	<u>Coles Supportive Livin</u>	<u>Chicago, IL</u>	<u>SLF</u>	5
6	<u>Thomas & Donna Neshek Revocable Trust</u>	<u>17.14%</u>	<u>Pineville Rehabilitation & Living Center</u>	<u>Pineville, NC</u>	<u>Jackson Park Supporti</u>	<u>Chicago, IL</u>	<u>SLF</u>	6
7	<u>Papas, Patricia</u>	<u>1.02%</u>	<u>Ridgewood RLC, LLC</u>	<u>Washington, NC</u>	<u>Robbins Supportive Li</u>	<u>Robbins, IL</u>	<u>SLF</u>	7
8	<u>Rosenberg, Sheldon</u>	<u>3.06%</u>	<u>Broomfield Skilled Nursing</u>	<u>Broomfield, CO</u>	<u>Rockford Supportive L</u>	<u>Rockford, IL</u>	<u>SLF</u>	8
9								9
10								10
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16								16
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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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Aaron Mann	Director of Operation	Administrative		See Attached	16	40.00	Alloc. Salary	\$ 122,916	17-07	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 122,916		13

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

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

Facility Name & ID Number Arlington Rehab & Living Ctr # 0040899 Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

()

()

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

Facility Name & ID Number Arlington Rehab & Living Ctr # 0040899 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 Simply Rehab
Street Address 801 Skokie Blvd., Suite 108
City / State / Zip Code Northbrook, IL 60062
Phone Number (847) 562-0800
Fax Number (847) 562-0070

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Ancillary Rehab	Direct Allocation	190		\$ 1,341,847	\$	190	\$ 1,341,847	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,341,847	\$		\$ 1,341,847	25

Facility Name & ID Number Arlington Rehab & Living Ctr# 0040899

Report Period Beginning:

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

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

APEX Healthcare Solutions, LLC

Street Address

1425 McHenry Rd., Site 209

City / State / Zip Code

Buffalo Grove, IL 60089

Phone Number

(224) 377-2400

Fax Number

(224) 377-2491

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary Consultant	Mgt. Fees/Days	427,592	9	\$ 58,377	\$ 58,377	59,615	\$ 8,139	1
2	6	Building Supplies	Mgt. Fees/Days	427,592	14	7,671		59,615	(878)	2
3	7	Emp. Ben. - HC	Mgt. Fees/Days	427,592	9	10,973		59,615	1,530	3
4	10	Nursing Salaries	Mgt. Fees/Days	427,592	14	511,443	511,443	59,615	71,009	4
5	15	Emp. Ben. - Nursing	Mgt. Fees/Days	427,592	14	84,405		59,615	11,768	5
6	17	Administrative Salaries - Non-Own	Mgt. Fees/Days	427,592	14	511,679	511,679	59,615	60,569	6
7	17	Administrative Salaries - Owners	Direct/Days	427,592	10	515,123	512,123	59,615	122,916	7
8	19	Professional Fees	Mgt. Fees/Days	427,592	14	17,110		59,615	2,385	8
9	20	Dues, Fees, Subscriptions	Mgt. Fees/Days	427,592	14	69,551		59,615	9,697	9
10	21	G&A	Mgt. Fees/Days	427,592	14	17,095		59,615	9,912	10
11	21	G&A Salaries	Mgt. Fees/Days	427,592	14	1,078,413	1,078,413	59,615	161,749	11
12	24	Seminars	Mgt. Fees/Days	427,592	14	20,267		59,615	2,826	12
13	25	Auto & Travel	Mgt. Fees/Days	427,592	14	228,642		59,615	31,877	13
14	26	Insurance	Mgt. Fees/Days	427,592	14	4,027		59,615	561	14
15	27	Emp. Ben. - G&A	Mgt. Fees/Days	427,592	14	326,806		59,615	47,313	15
16	30	Depreciation	Mgt. Fees/Days	427,592	14	21,345		59,615	2,976	16
17	34	Rent	Mgt. Fees/Days	427,592	14	33,045		59,615	4,607	17
18	35	Equipment Rental	Mgt. Fees/Days	427,592	14	10,779		59,615	1,503	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,526,751	\$ 2,672,035		\$ 550,459	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							\$				\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Shareholder Loans	X		Working Capital				2,633,770			154,474	6
7	Venture Fund	X		Working Capital				1,267,809			61,165	7
8												8
9	TOTAL Facility Related						\$	3,901,579			\$ 215,639	9
	B. Non-Facility Related*											
10	Interest Income		X								(14,037)	10
11	Alloc. Int. Income		X								(1,285)	11
12	Venture Fund (Bldg. Co.)	X		Mortgage				2,447,846			116,465	12
13	Non-Allowable Int. Adj. P5	X									(316,782)	13
14	TOTAL Non-Facility Related						\$	2,447,846			\$ (215,639)	14
15	TOTALS (line 9+line14)						\$	6,349,425			\$	15

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

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

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Arlington Rehab & Living Ctr

COUNTY

Lake

FACILITY IDPH LICENSE NUMBER

0040899

CONTACT PERSON REGARDING THIS REPORT

Andrew B. Cutler

TELEPHONE

(847) 374-0400

FAX #:

(847) 374-0420

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 15-31-201-082	Long Term Care Property	\$ 102,565.65	\$ 102,565.65
2. 15-21-201-083	Long Term Care Property	\$ 6,732.95	\$ 6,732.95
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 109,298.60	\$ 109,298.60

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,302 B. General Construction Type: Exterior Cider Block Frame Drivit/Face Brick Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (X) (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? (X) (a) Own the Equipment (b) Rent equipment from a Related Organization. (X) (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 (X) 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	132,000	1995	\$ 172,192	1
2					2
3	TOTALS	132,000		\$ 172,192	3

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$		4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Various		1996		31,575		20	1,515	1,515	26,429	9	
10	Various		1997		34,251		20	1,712	1,712	24,376	10	
11	Various		1998		115,118		20	5,755	5,755	82,577	11	
12	Various		1999		8,794		20	439	439	5,510	12	
13	Various		2000		5,943		20	40	40	5,617	13	
14	Various		2001		11,296		20	566	566	6,524	14	
15	Various		2002		41,668		20	2,638	2,638	41,668	15	
16	Various		2003		12,640		20	1,265	1,265	11,758	16	
17	Various		2004		102,912		20	10,290	10,290	87,621	17	
18	Various		2005		443,003		20	23,106	23,106	172,409	18	
19	Various		2006		122,772		20	11,584	11,584	71,744	19	
20	Various		2007		524,838		20	27,727	27,727	146,387	20	
21	Various		2008		1,557,905		20	77,899	77,899	377,413	21	
22											22	
23											23	
24											24	
25											25	
26											26	
27											27	
28											28	
29											29	
30											30	
31											31	
32											32	
33											33	
34											34	
35											35	
36											36	

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	6,022,246	116,046			(104,679)		67
68	Related Party Allocations (Pages 12H & 12I)							68
69	Financial Statement Depreciation		184,517			(184,517)		69
70	TOTAL (lines 4 thru 69)	\$ 9,034,961	\$ 300,563		\$ 164,536	\$ (124,660)	\$ 1,060,033	70

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

Facility Name & ID Number Arlington Rehab & Living Ctr

0040899

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,034,961	\$ 300,563		\$ 164,536	\$ (136,027)	\$ 1,060,033	1
2	Flooring & Walls	2009	7,700		20	385	385	1,540	2
3	Lobby Remodel - Architect Services	2009	6,449		20	322	322	1,262	3
4	Flooring	2009	6,720		20	336	336	1,316	4
5	Wallcovering	2009	23,908		20	1,195	1,195	4,681	5
6	Countertops	2009	13,613		20	681	681	2,667	6
7	Remodel Work - Painting & Plaster Work	2009	6,620		20	331	331	1,296	7
8	Therapy Remodel - Demoish Office, Rebuilt Framing	2009	5,040		20	252	252	987	8
9	Electrical Work	2009	3,433		20	172	172	674	9
10	Coordination Of Remodeling, Water System Corrections	2009	10,174		20	509	509	1,993	10
11	Nurses Station Remodel	2009	2,999		20	150	150	575	11
12	Remodel Work - Walls & Flooring	2009	21,552		20	1,078	1,078	4,132	12
13	Electrical Work For Remodeling	2009	23,923		20	1,196	1,196	4,585	13
14	Relocated Bathroom	2009	5,725		20	286	286	1,097	14
15	Remodeling - Walls & Floors	2009	12,526		20	626	626	2,348	15
16	Remodel Work - Relocate Piping	2009	6,560		20	328	328	1,230	16
17	Remodeling - Floors, Wall Cover, Handrails	2009	11,650		20	583	583	2,185	17
18	Therapy Room Remode - Floors, Walls, Ceiling	2009	6,288		20	314	314	1,178	18
19	Brickwork	2009	2,528		20	126	126	473	19
20	Remodeling - Floors, Painting, Plumbing	2009	34,209		20	1,710	1,710	6,413	20
21	Remodel Work In Bathroom, Kitchen And Salon	2009	22,773		20	1,139	1,139	4,176	21
22	Walls, Flooring, Painting	2009	11,580		20	579	579	2,123	22
23	Sprinkler Work	2009	8,460		20	423	423	1,551	23
24	Bistro - Granite Countertops & Backsplash	2009	3,595		20	180	180	660	24
25	Remodeling - Floors, Painting, Plumbing	2009	34,723		20	1,736	1,736	6,221	25
26	Remodeling - Floors & Handrails	2009	23,874		20	1,194	1,194	4,278	26
27	Base Boards	2009	13,807		20	690	690	2,473	27
28	Railings	2009	17,901		20	895	895	3,207	28
29	Remodel Bistro - Insulation	2009	8,925		20	446	446	1,599	29
30	Base Boards	2009	7,789		20	389	389	1,395	30
31	Electrical Work For Remodeling	2009	12,478		20	624	624	2,184	31
32	Remodeling - Walls	2009	10,033		20	502	502	1,673	32
33	Architect Fees - Remodeling	2009	7,435		20	372	372	1,240	33
34	TOTAL (lines 1 thru 33)		\$ 9,429,951	\$ 300,563		\$ 184,285	\$ (116,278)	\$ 1,133,445	34

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

Facility Name & ID Number Arlington Rehab & Living Ctr

0040899

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,429,951	\$ 300,563		\$ 184,285	\$ (116,278)	\$ 1,133,445	1
2	Bathroom Remode - Wall/Floor Tiles, Paint, Light Fixtures	2009	18,385		20	919	919	2,910	2
3	Bathroom Remode - Wall/Floor Tiles Paint	2009	30,950		20	1,548	1,548	4,901	3
4	Remodeling - Floors	2009	3,650		20	183	183	579	4
5	Wall Construction	2010	6,292		20	315	315	945	5
6	Sink & Drain	2010	6,815		20	341	341	1,023	6
7	Boiler	2010	3,269		20	163	163	476	7
8	Fire Dampers	2010	4,943		20	247	247	700	8
9	Deep Well Pump	2010	8,945		20	447	447	1,229	9
10	Boiler Heat Exchange	2010	3,608		20	361	361	963	10
11	Pull Pipe & Motor	2010	29,117		20	2,912	2,912	7,522	11
12	Site Survey	2010	4,993		20	250	250	583	12
13	Survey Repairs, Fans	2010	5,251		20	263	263	592	13
14	Water Plant Wall	2010	7,719		20	386	386	836	14
15	Hinges, Cooler Ducting	2010	9,689		20	484	484	1,008	15
16	Well Pump/Piping - Cr Only	2011	2,569		20	128	128	192	16
17	Well Pump Mototr - Cr Only	2011	3,984		20	199	199	282	17
18	Elevator Repair - Cr Only	2011	2,850		20	143	143	167	18
19	Elevator Repair - Cr Only	2011	2,850		20	143	143	167	19
20	Hot Water Storage Tanks	2012	8,900		20	445	445	445	20
21	Fire Alarm System	2012	92,292		20	4,230	4,230	4,230	21
22	Computer Room Cooler	2012	3,065		20	140	140	140	22
23	Heat Exchanger	2012	1,736		20	73	73	73	23
24	Laundry Heat Exchanger	2012	3,135		20	131	131	131	24
25	Electrical Wiring - Kitchen/Dietary	2012	2,166		20	81	81	81	25
26	Land Renovations, Excavation/ Storm Sewer	2012	92,954		20	423	423	423	26
27	Exterior Lighting East Walkway And Electrical Work -Generator	2012	4,569		20	21	21	21	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,794,647	\$ 300,563		\$ 199,261	\$ (101,302)	\$ 1,164,064	34

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

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,794,647	\$ 300,563		\$ 199,261	\$ (101,302)	\$ 1,164,064	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)		\$ 9,794,647	\$ 300,563		\$ 199,261	\$ (101,302)	\$ 1,164,064	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,794,647	\$ 300,563		\$ 199,261	\$ (101,302)	\$ 1,164,064	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)		\$ 9,794,647	\$ 300,563		\$ 199,261	\$ (101,302)	\$ 1,164,064	34

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

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

1	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 Building Company Information		\$	\$		\$	\$	\$	1
2 Buildings:								2
3	1996	20,105						3
4	1995	5,614,638						4
5 East Addition	2008	160,181						5
6 Building Company Book Depreciation			116,046			(116,046)		6
7								7
8								8
9								9
10 Leasehold Improvements:								10
11 Building Supplies	2008	4,371		20	219	219	657	11
12 Remodel Bathing Area in Room 344	2008	13,770		20	689	689	2,067	12
13 Architectural Services	2008	9,874		20	494	494	1,482	13
14 Remodel Shower Rooms 517 and 519	2008	4,407		20	220	220	660	14
15 Construction - Home Depot	2008	4,690		20	235	235	705	15
16 Electric Work	2008	37,907		20	1,895	1,895	5,685	16
17 Furnish & Install one stair Assembly with Header	2008	4,400		20	220	220	660	17
18 Framing, Drywall Hanging and Painting New Partitions	2008	103,064		20	5,153	5,153	15,459	18
19 Concrete Floor Opening	2008	4,600		20	230	230	690	19
20 East Addition and Wing 300 Remodeling	2008	25,853		20	1,293	1,293	3,879	20
21 Exhaust System	2008	14,386		20	719	719	2,157	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)		\$ 6,022,246	\$ 116,046		\$ 11,367	\$ (104,679)	\$ 34,101	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 6,022,246	\$ 116,046		\$ 11,367	\$ (104,679)	\$ 34,101	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		\$ 6,022,246	\$ 116,046		\$ 11,367	\$ (104,679)	\$ 34,101	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$ 11,367	\$ 11,367	\$ 34,101	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	TOTAL (lines 1 thru 33)		\$	\$		\$ 11,367	\$ 11,367	\$ 34,101	34

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

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Related Party Information Continued		\$	\$		\$ 11,367	\$ 11,367	\$ 34,101	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)		\$	\$		\$ 11,367	\$ 11,367	\$ 34,101	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$644,577	\$	\$62,155	\$62,155	10	\$367,766	71
72	Current Year Purchases	17,928		1,991	1,991	10	1,991	72
73	Fully Depreciated Assets	636,155				10	636,155	73
74	Allocated Mgt. Co.		2,976	2,976			2,976	74
75	TOTALS	\$1,298,660	\$2,976	\$67,122	\$64,146		\$1,008,888	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		FORD BUS-91	1996	\$24,698	\$	\$		5	\$24,698	76
77		BUS	1999	66,022				5	66,022	77
78		FORD F150 TRUCK	2008	25,900		5,180	5,180	5	21,583	78
79										79
80	TOTALS			\$116,620	\$	\$5,180	\$5,180		\$112,303	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$11,382,119	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$303,539	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$271,563	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(31,976)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,285,255	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	#####	\$#REF!	\$	\$	86
87	#####	#REF!			87
88	#####	#REF!			88
89	#####	#REF!			89
90	#####	#REF!			90
91	TOTALS	\$#REF!	\$	\$	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 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated From APEX HC Solutions, LLC				4,607			5
6								6
7	TOTAL				\$ 4,607			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: \$ 10,063 Description: See attached schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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. | /2013 | \$ |
| 13. | /2014 | \$ |
| 14. | /2015 | \$ |

* 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

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

COMPLETED

1. From this facility

2. From other facilities (f)

DROP-OUTS

1. From this facility

2. From other facilities (f)

TOTAL TRAINED

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

1		2		3		4		5		6		7		8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service	Cost	Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	524,191	\$		\$	524,191	1			
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				146,083				146,083	2			
3	Licensed Recreational Therapist		hrs									3			
4	Licensed Physical Therapist	39 - 03	hrs				732,826				732,826	4			
5	Physician Care		visits									5			
6	Dental Care		visits									6			
7	Work Related Program		hrs									7			
8	Habilitation		hrs									8			
9	Pharmacy	39 - 02	# of prescrpts					356,265			356,265	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10			
11	Academic Education		hrs									11			
12	Other (specify):											12			
13	Other (specify): See Supplemental						9,850	129,755			139,605	13			
14	TOTAL			\$		\$	1,412,950	\$	486,020	\$	1,898,970	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.

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 402,217	\$ 430,846	1
2	Cash-Patient Deposits	500	500	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,620,230	3,620,230	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	259,413	259,413	6
7	Other Prepaid Expenses	60,989	60,989	7
8	Accounts Receivable (owners or related parties)		26,000	8
9	Other(specify): See Supplemental Schedule	467,745	468,808	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,811,094	\$ 4,866,786	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		94,986	13
14	Buildings, at Historical Cost		3,191,252	14
15	Leasehold Improvements, at Historical Cost	1,528,296	1,528,296	15
16	Equipment, at Historical Cost	528,119	528,119	16
17	Accumulated Depreciation (book methods)	(1,180,768)	(1,969,879)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	2,850	2,850	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 878,497	\$ 3,375,624	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,689,591	\$ 8,242,410	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,282,187	\$ 1,299,913	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,283	4,283	28
29	Short-Term Notes Payable	600,475	600,475	29
30	Accrued Salaries Payable	346,626	346,626	30
31	Accrued Taxes Payable (excluding real estate taxes)	67,172	67,172	31
32	Accrued Real Estate Taxes(Sch.IX-B)	114,764	114,764	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	1,741,734	1,741,734	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,157,241	\$ 4,174,967	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,301,104	5,748,950	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,301,104	\$ 5,748,950	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,458,345	\$ 9,923,917	46
47	TOTAL EQUITY(page 18, line 24)	\$ #REF!	\$ #REF!	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ #REF!	\$ #REF!	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,172,674)	1
2	Restatements (describe):		2
3	PY Equity Adjustment	(16,079)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,188,753)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	#REF!	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	(50,292)	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)	\$ #REF!	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)	\$ #REF!	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,358,738	1
2	Discounts and Allowances for all Levels	(2,469,872)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,888,866	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,472,489	6
7	Oxygen	10,123	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,482,612	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	11,438	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	45	15
16	Rental of Facility Space		16
17	Sale of Drugs	430,460	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	32,752	19
20	Radiology and X-Ray	5,351	20
21	Other Medical Services	44,168	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 524,214	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	14,037	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,037	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,936	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,936	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,911,665	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,001,898	31
32	Health Care	4,684,352	32
33	General Administration	2,374,201	33
	B. Capital Expense		
34	Ownership	1,710,341	34
	C. Ancillary Expense		
35	Special Cost Centers	2,217,896	35
36	Provider Participation Fee	452,686	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,441,374	40
41	Income before Income Taxes (line 30 minus line 40)**	470,291	41
42	Income Taxes	#REF!	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ #REF!	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,855,233	44
45	Private Pay - Net Inpatient Revenue	1,486,148	45
46	Medicare - Net Inpatient Revenue	2,630,976	46
47	Other-(specify)	415,236	47
48	Other-(specify)	501,273	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,888,866	49

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.
*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.
****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,840	1,872	\$ 101,547	\$ 54.25	1
2	Assistant Director of Nursing	1,944	2,080	77,910	37.46	2
3	Registered Nurses	28,591	30,538	990,437	32.43	3
4	Licensed Practical Nurses	34,614	36,843	1,107,402	30.06	4
5	CNAs & Orderlies	109,020	116,141	1,574,819	13.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	262	262	4,569	17.44	8
9	Activity Director	1,616	1,768	26,744	15.13	9
10	Activity Assistants	15,560	16,146	165,877	10.27	10
11	Social Service Workers	6,032	6,240	138,982	22.27	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	27,597	29,033	334,130	11.51	15
16	Dishwashers					16
17	Maintenance Workers	4,432	4,800	89,690	18.69	17
18	Housekeepers	25,141	26,544	278,944	10.51	18
19	Laundry	2,768	3,041	29,473	9.69	19
20	Administrator	2,000	2,080	117,211	56.35	20
21	Assistant Administrator	152	152	7,138	46.96	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,115	11,576	236,545	20.43	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	1,936	2,080	41,054	19.74	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	4,611	4,761	129,439	27.19	33
34	TOTAL (lines 1 - 33)	279,231	295,957	\$ 5,451,911 *	\$ 18.42	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 313,803	01-03	35
36	Medical Director	Monthly	85,800	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	5	125	10-03	38
39	Pharmacist Consultant	Monthly	30,160	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	12,443	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	84	4,831	11-03	44
45	Social Service Consultant	42	2,394	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	131	\$ 449,556		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	90	1,800	10-03	52
53	TOTAL (lines 50 - 52)	90	\$ 1,800		53

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

** See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberArlington Rehab & Living Ctr# 0040899Report Period Beginning:01/01/12Ending:12/31/12Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
David Zaruba (1/1/12-4/9/12)	Administrator	0	\$ 40,140
Thomas Larey (4/10/12-12/27/12)	Administrator	0	77,071
Shannon Stebbins	Asst. Administrator	0	7,138
Bob Talbot (12/28/12-12/31/12) APEX	Administrator	0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 124,349

B. Administrative - Other

Description	Amount
APEX HC Solutions - Management Fees	\$ 199,289
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
American Data	Data Processing	\$ 6,782
Apex Healthcare Solutions	Data Processing	11,336
CDW Govt.	Data Processing	2,957
COMS Interactive	Data Processing	18,120
E Health Data	Data Processing	5,954
EMDEON Business Svc.	Data Processing	874
Health Data Systems	Computer Services	1,595
IVANS, Inc.	Data Processing	4,960
MDI Achieve	Data Processing	8,981
Personnel Planners	Unemployment Consultant	1,656
CJ Koehl & Assoc.	Accounting	2,858
See Supplemental Schedule		51,923
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 117,996

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 127,049
Unemployment Compensation Insurance	58,428
FICA Taxes	412,081
Employee Health Insurance	188,911
Employee Meals	#REF!
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	4,950
Vision Insurance	528
401K Matching Exp.	21,115
Supplemental Ins. Exp.	4,727
TOTAL (agree to Schedule V, line 22, col.8)	

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	\$ 1,990
Advertising: Employee Recruitment	25,000
Health Care Worker Background Check (Indicate # of checks performed 65)	650
Patient Background Checks 309	3,096
Public Relations/Advertising & Promotion	32,880
Allscripts/MNS	2,385
Licenses/Inspections/Fees	3,275
Allocated APEX HC Solutions, LLC	9,697
Buffalo Grove Chamber of Commerce	525
Less: Public Relations Expense	(909)
Non-allowable advertising	(31,971)
Yellow page advertising ()	
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Seminar Expense	1,319
Allocated APEX HC Solutions, LLC	2,826
Entertainment Expense ()	
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 4,145

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number <u>Arlington Rehab & Living Ctr</u>		STATE OF ILLINOIS # <u>0040899</u>	Report Period Beginning: <u>01/01/12</u>	Ending: <u>12/31/12</u>
XX. GENERAL INFORMATION:				
(1)	Are nursing employees (RN,LPN,NA) represented by a union?	<u>No</u>		
(2)	Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount. _____	<u>No</u>		
(3)	Did the nursing home make political contributions or payments to a political action organization? <u>No</u> If YES, have these costs been properly adjusted out of the cost report? _____			
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? <u>No</u> If YES, what is the capacity? _____			
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period?	<u>Yes</u> <u>10 Yrs</u>		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ <u>56,892</u> Line <u>10</u>			
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? <u>Yes</u> If NO, attach a complete explanation.			
(8)	Are you presently operating under a sale and leaseback arrangement? <u>No</u> If YES, give effective date of lease. _____			
(9)	Are you presently operating under a sublease agreement? _____ YES <u>X</u> NO			
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO <u>X</u> If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. _____			
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ <u>452,686</u> 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? <u>No</u> 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? <u>Yes</u>			
(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? <u>No</u> 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. \$ <u>#REF!</u> Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____			
(16)	Travel and Transportation			
	a. Are there costs included for out-of-state travel? <u>Yes</u> If YES, attach a complete explanation.			
	b. Do you have a separate contract with the Department to provide medical transportation for residents? <u>No</u> If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____			
	c. What percent of all travel expense relates to transportation of nurses and patients? <u>100% Ln 1</u>			
	d. Have vehicle usage logs been maintained? <u>Yes</u>			
	e. Are all vehicles stored at the nursing home during the night and all other times when not in use? <u>N/A</u>			
	f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? <u>N/A</u>			
	g. Does the facility transport residents to and from day training? <u>No</u> Indicate the amount of income earned from providing such transportation during this reporting period. \$ <u>N/A</u>			
(17)	Has an audit been performed by an independent certified public accounting firm? <u>No</u> Firm Name: <u>N/A</u>			
(18)	Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? <u>Yes</u>			
(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? Attach invoices and a summary of services for all architect and appraisal fees.			

Arlington Rehab & Living Ctr
0040899
Schedule of Other Admin. Staff Transportation
01/01/12
12/31/12

Auto Expense: Arlington Rehab & Living Ctr	\$ 14,055
Auto Expense: Related Parties - See Page 6's	31,877.00
Auto Expense: Page 5 and 5a Adjustments	-
Auto Expense: Total	<u>\$ 45,932</u>

Arlington Rehab & Living Ctr
0040899
Other Admin. Staff Transportation
1/1/12-12/31/12

Date	G/L Acct #	Employee Name	Reference	Amount
1/5/2012	90-6062-00	LUIS BRIONES	MILEAGE/TOLLS	88.25
1/6/2012	90-6062-00	KATHY KOZISEK	MILEAGE12/12/11--1/6/12	805.60
1/1/2012	90-6062-00	JACKIE MINOGUE	AUTO EXPENSE 1/3/12-1/13/12	228.89
1/17/2012	90-6062-00	GISELL DA SILVA	MILEAGE	9.19
1/31/2012	90-6062-00	JACKIE MINOGUE	AUTO EXPENSE 1/16-1/27/12	253.20
2/1/2012	90-6062-00	EXXON MOBIL	GAS CARD	23.32
1/27/2012	90-6062-00	GISELL DA SILVA	MILEAGE	5.94
2/1/2012	90-6062-00	JACKIE MINOGUE	AUTO EXPENSE 01/30-02/10/12	229.44
1/31/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/TOLLS	247.93
2/24/2012	90-6062-00	JACKIE MINOGUE	AUTO EXPENSE 2/13-2/24/2012	326.36
3/1/2012	90-6062-00	JACKIE MINOGUE	MILEAGE	308.99
2/1/2012	90-6062-00	GISELL JUNG	MILEAGE	2.33
2/29/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS	396.87
4/6/2012	90-6062-00	JACKIE MINOGUE	MILEAGE/TOLLS	396.31
3/1/2012	90-6062-00	GISELL JUNG	MILEAGE	3.00
3/31/2012	90-6062-00	JOSE ESTRADA	AUTO EXPENSE 3/15-3/29/12	67.14
3/31/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS	372.93
4/27/2012	90-6062-00	GISELL JUNG	MILEAGE	5.44
4/13/2012	90-6062-00	LUIS BRIONES	MILEAGE	53.28
5/8/2012	90-6062-00	JOSE ESTRADA	MILEAGE	50.51
4/30/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS	283.75
4/30/2012	90-6062-00	KATHY KOZISEK	MILEAGE/TOLLS	1,064.80
5/17/2012	90-6062-00	GISELL JUNG	MILEAGE	2.00
5/16/2012	90-6062-00	VERONICA SMITH	MILEAGE TO ARLINGTON	55.43
5/31/2012	90-6062-00	TOM LAREY	GAS FOR VAN	161.00
6/15/2012	90-6062-00	KATHY KOZISEK	MILEAGE 5/16-6/14/12	607.85
5/15/2012	90-6062-00	KATHY KOZISEK	MILEAGE 04/02/12-05/15/12	1,112.90
6/8/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 6/1/12-6/8/12	65.59
6/14/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 6/11-6/14/12	44.67
6/18/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 6/14-6/18/12	51.41
6/19/2012	90-6062-00	TOM LAREY	GAS FOR VAN	100.00
6/1/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 5/24-6/1/12	63.82
6/1/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 5/21-5/24/12	55.55
6/1/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 5/15/12-5/21/12	54.58
6/25/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 06/19/12-06/25/12	48.47
6/27/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 06/25/12-06/27/12	55.73
6/30/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	365.35
7/1/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 6/27/12-7/18/12	254.19
7/27/2012	90-6062-00	JOSE ESTRADA	MILEAGE 5/18-7/27/12	46.62
7/31/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	313.20
8/31/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	493.45
9/30/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	335.29
10/31/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	682.79
11/30/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	311.93
12/30/2012	90-6062-00	LINDSEY SILBERSCHEIN	GAS/PARKING	216.58
8/13/2012	90-6062-00	TOM LAREY	GAS FOR VAN	100.00
9/5/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 08/08/12-09/05/12	159.96
8/7/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 07/19-08/07/12	217.35
9/7/2012	90-6062-00	VERONICA SMITH	MILEAGE FROM SLF TO SNF	55.43
9/24/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 9/6-9/24	205.15
10/1/2012	90-6062-00	RONNA HOFFMAN	MILEAGE 9/25-10/1/12	107.80
10/11/2012	90-6062-00	TOM LAREY	RENTAL CAR IN NC	235.51
10/11/2012	90-6062-00	TOM LAREY	CABS TO/FROM AIRPORT	79.00
10/4/2012	90-6062-00	VERONICA SMITH	MILEAGE TO ASSIST W/PA BILLING	110.86
10/17/2012	90-6062-00	VERONICA SMITH	MILEAGE	55.43
10/22/2012	90-6062-00	RONNA HOFFMAN	CAB TO OHARE FOR NC MEETING	50.00
41193	90-6062-00	DEBI JUNG	TRANSPORT TO/FRO AIRPORT	135.7
41213	90-6062-00	TOM LAREY	GAS FOR VAN	80.00
41212	90-6062-00	LUIS BRIONES	MILEAGE	108.92
41224	90-6062-00	VERONICA SMITH	MILEAGE	55.43
41226	90-6062-00	VERONICA SMITH	MILEAGE	55.43
41227	90-6062-00	GISELL JUNG	MILEAGE	4.38
41241	90-6062-00	VERONICA SMITH	MILEAGE TO PA OFFICE	70.42
41247	90-6062-00	RONNA HOFFMAN	MILEAGE 11/14-12/4/12	229.77
41226	90-6062-00	RONNA HOFFMAN	MILEAGE 10/26/12-11/13/12	259.21
41214	90-6062-00	RONNA HOFFMAN	MILEAGE 10/3/12-10/25/12	274.77
41254	90-6062-00	VERONICA SMITH	MILEAGE TO ARLINGTON	55.43
41271	90-6062-00	VERONICA SMITH	MILEAGE TO ARLINGTON	55.43
41269	90-6062-00	RONNA HOFFMAN	MILEAGE 12/5-12/26/12	175.94
41274	90-6062-00	LINDSEY SILBERSCHEIN	GAS	396.14
Total				<u>14,055.33</u>

Arlington Rehab & Living Ctr
0040899
Page 14 Supplemental
1/1/12-12/31/12

Description	Amount
Copier	6,292
Postage Machine	1,848
Water Softener	420
Allocated APEX HC Solutions, LLC	1,503
	<u>10,063</u>

Arlington Rehab & Living Ctr
0040899
Page 16 Supplemental
1/1/12-12/31/12

	Special Services - Supplies (Column 6 - Other)	Amount
13A	Physical Therapy Supplies	802
13B	Oxygen/Respiratory Therapy Expense - Med A	40,241
13C	Laboratory Expense - Private	19,153
13D	DME Rental Expense - Private	45,187
13E	Enteral Therapy Expense-Private	648
13F	Wound Care Expense-Private	17,353
13G	Medical Supply Expense-Private	451
13H	X-Ray Expense-Private	5,920
13I		
13J		
		<u>129,755</u>
	Special Services - Outside (Column 5 - Other)	
13K	Ambulance Expense - Private	9850
13L		
13M		
13N		
13O		
13P		
13Q		
13R		
13S		
13T		
		<u>9,850</u>
	Special Services - Outside (Column 5 - Other)	
13U		
13V		
13W		
13X		
13Y		
13Z		
		<u></u>
		<u></u>

Arlington Rehab & Living Ctr
0040899
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1/1/12-12/31/12

	Other Current Assets:	Amount	Amount
09A	Due to Shareholders	235,690	235,690
09B	Due From Related Party	232,055	232,055
09C	State Tax Deposit		1,063
09D			
09E			
09F			
09G			
		467,745	468,808
	Other Non-Current Assets:	Amount	Amount
23A	Deposits	2,850	2,850
23B			
23C			
23D			
23E			
23F			
23G			
		2,850	2,850
	Other Current Liabilities:	Amount	Amount
36A	Due to Related Party	211,955	211,955
36B	Cash In Bank - Line of Credit	910,000	910,000
36C	Due to Related Party	619,779	619,779
36D			
36E			
36F			
36G			
		1,741,734	1,741,734
	Other Non-Current Liabilities:	Amount	Amount
43A			
43B			
43C			
43D			
43E			
43F			
43G			

Arlington Rehab & Living Ctr
0040899
Page 19 Supplemental
1/1/12-12/31/12

	Description	Amount
28A	Bank Reward (Adj. P. 5A)	(7)
28B	Medical Records Income (Adj. P. 5A)	(1,929)
28C		-
28D		-
28E		-
28F		-
28G		-
28H		-
28I		-
28J		-
28K		-
28L		-
28M		-
28N		-
28O		-
28P		-
28Q		-
28R		-
28S		-
28T		-
		(1,936)

Arlington Rehab & Living Ctr
0040899
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	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Bistro Wages	827	827	7,136	8.63
Marketing Wages	3,784	3,934	122,303	31.09
	4,611	4,761	129,439	27.19

Arlington Rehab & Living Ctr
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1/1/12-12/31/12

C. Professional Services

Vendor/Payee	Type	Amount
FGMK, LLC	Accounting	33,905
Baker Tilley Virchow Krau	Valuation	4,450
Marshall Stevens	Valuation	3,327
FRR	Pension Plan	716
Bono Consulting	Detail Engineering	4771
IG Consulting	Civil Engineers	500
Village of Long Grove	Stormwater Detention Engineering	3,294
Municipal Pump	Stormwater Detention Engineering	960

51,923

Arlington Rehab & Living Ctr
0040899
Seminar Expense
1/1/12-12/31/12

Date	G/L Acct #	Payee	Topic	Job Description	City/State	Amount
3/2/2012	90-6041-00	ILLINOIS HEALTH CARE ASSO.	ADMINISTRATOR COURSE	ASST ADMINISTRATOR	Lisle, IL	595.00
4/2/2012	90-6041-00	MARY LOFGREN	PIONEER COALITION CEU EVENT	SOCIAL SERVICES	Wheeling, IL	400.00
7/11/2012	90-6041-00	HEALTHCARE INFORMATION NETWORK	ADON- RICHARDSON-	ADON	Chicago, IL	179.00
12/1/2012	90-6041-00	APEX HEALTHCARE SOLUTIONS LLC	DAS CONSULTING & ED AND SEMINAR	STAFF	Buffalo Grove, IL	144.55
Adjustments						
Related Party Allocation						2,826.00
Total						<u>4,144.55</u>

Arlington Rehab & Living Ctr
0040899
Travel
01/01/11-12/31/11

Date	G/L Acct #	Payee	Topic	Job Description	City/State	Amount
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Adjustments

-

Total

-

-