

|  |  |             |  |  |  |  |  |
|--|--|-------------|--|--|--|--|--|
|  |  | 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: 0033043

Facility Name: NEW ATHENS HOME FOR THE AGED

Address: 203 S JOHNSON ST NEW ATHENS 62264  
Number City Zip Code

County: ST CLAIR

Telephone Number: 618-475-2550 Fax # ( )

HFS ID Number:

Date of Initial License for Current Owners: 1/1/1968

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT  
☒ Charitable Corp.  
☐ Trust  
IRS Exemption Code

☐ PROPRIETARY  
☐ Individual  
☐ Partnership  
☐ Corporation  
☐ "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: GARY HOLTGREWE Telephone Number: 618-475-2550  
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 1/01/2012 to 12/31/2012 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) GARY HOLTGREWE  
(Title) ADMINISTRATOR

Paid  
Preparer

(Signed)  
(Print Name and Title) JEFFREY T. RENNER, CPA  
(Firm Name & Address) MOORE, RENNER, & SINONIN, P.C.  
3636 NORTH BELT WEST  
(Telephone) 618-233-5049 Fax # 618-233-1061

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

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED# 0033043 Report Period Beginning: 1/01/2012 Ending: 12/31/2012

## 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 4/18/07

|   | 1                                        | 2                           | 3                               | 4                                            |   |
|---|------------------------------------------|-----------------------------|---------------------------------|----------------------------------------------|---|
|   | Beds at<br>Beginning of<br>Report Period | Licensure<br>Level of Care  | Beds at End of<br>Report Period | Licensed<br>Bed Days During<br>Report Period |   |
| 1 | <u>37</u>                                | Skilled (SNF)               | <u>37</u>                       | <u>13,542</u>                                | 1 |
| 2 |                                          | Skilled Pediatric (SNF/PED) |                                 |                                              | 2 |
| 3 | <u>16</u>                                | Intermediate (ICF)          | <u>16</u>                       | <u>5,856</u>                                 | 3 |
| 4 |                                          | Intermediate/DD             |                                 |                                              | 4 |
| 5 |                                          | Sheltered Care (SC)         |                                 |                                              | 5 |
| 6 |                                          | ICF/DD 16 or Less           |                                 |                                              | 6 |
| 7 | 53                                       | TOTALS                      | 53                              | 19,398                                       | 7 |

## B. Census-For the entire report period.

|    | 1             | 2                                                           | 3            | 4          | 5             |    |
|----|---------------|-------------------------------------------------------------|--------------|------------|---------------|----|
|    | Level of Care | Patient Days by Level of Care and Primary Source of Payment |              |            |               |    |
|    |               | Medicaid<br>Recipient                                       | Private Pay  | Other      | Total         |    |
| 8  | SNF           | <u>0</u>                                                    | <u>0</u>     | <u>796</u> | <u>796</u>    | 8  |
| 9  | SNF/PED       |                                                             |              |            |               | 9  |
| 10 | ICF           | <u>8,254</u>                                                | <u>4,659</u> | <u>625</u> | <u>13,538</u> | 10 |
| 11 | ICF/DD        |                                                             |              |            |               | 11 |
| 12 | SC            |                                                             |              |            |               | 12 |
| 13 | DD 16 OR LESS |                                                             |              |            |               | 13 |
| 14 | TOTALS        | 8,254                                                       | 4,659        | 1,421      | 14,334        | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 73.89%

D. How many bed-hold days during this year were paid by the Department?

0 (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)

PODIATRY, MEALS, FLU SHOTS

F. Does the facility maintain a daily midnight census?

YESG. 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 1/1/1968

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 37 and days of care provided                     Medicare Intermediary NATIONAL GOVERNMENT SERVICES

## IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH\* ☐CASH\* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 1/1/2012Fiscal Year: 12/31/12

\* 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<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |     |
|-----|--------------------------------------------------------------|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|-----|
|     |                                                              | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10 |     |
|     | <b>A. General Services</b>                                   |                          |               |            |            |                        |                            |                   |                        |                  |    |     |
| 1   | Dietary                                                      | 142,545                  |               |            | 142,545    | 6,431                  | 148,976                    |                   | 148,976                |                  |    | 1   |
| 2   | Food Purchase                                                |                          | 97,822        |            | 97,822     |                        | 97,822                     |                   | 97,822                 |                  |    | 2   |
| 3   | Housekeeping                                                 | 42,164                   | 9,686         |            | 51,850     |                        | 51,850                     |                   | 51,850                 |                  |    | 3   |
| 4   | Laundry                                                      | 70,243                   | 8,636         |            | 78,879     |                        | 78,879                     |                   | 78,879                 |                  |    | 4   |
| 5   | Heat and Other Utilities                                     |                          |               | 70,396     | 70,396     |                        | 70,396                     |                   | 70,396                 |                  |    | 5   |
| 6   | Maintenance                                                  | 20,506                   | 19,515        |            | 40,021     |                        | 40,021                     |                   | 40,021                 |                  |    | 6   |
| 7   | Other (specify):* KITCHEN SUPPLIES                           |                          | 9,483         |            | 9,483      |                        | 9,483                      |                   | 9,483                  |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                | 275,458                  | 145,142       | 70,396     | 490,996    | 6,431                  | 497,427                    |                   | 497,427                |                  |    | 8   |
|     | <b>B. Health Care and Programs</b>                           |                          |               |            |            |                        |                            |                   |                        |                  |    |     |
| 9   | Medical Director                                             |                          |               |            |            |                        |                            |                   |                        |                  |    | 9   |
| 10  | Nursing and Medical Records                                  | 612,366                  | 126,851       |            | 739,217    | 58,010                 | 797,227                    |                   | 797,227                |                  |    | 10  |
| 10a | Therapy                                                      | 15,862                   |               |            | 15,862     | 2,464                  | 18,326                     |                   | 18,326                 |                  |    | 10a |
| 11  | Activities                                                   | 39,836                   | 2,085         |            | 41,921     | 864                    | 42,785                     |                   | 42,785                 |                  |    | 11  |
| 12  | Social Services                                              | 25,158                   |               |            | 25,158     | 2,592                  | 27,750                     |                   | 27,750                 |                  |    | 12  |
| 13  | CNA Training                                                 |                          |               |            |            |                        |                            |                   |                        |                  |    | 13  |
| 14  | Program Transportation                                       |                          |               |            |            |                        |                            |                   |                        |                  |    | 14  |
| 15  | Other (specify):* CARE PLAN COOR                             | 37,833                   |               | 133,901    | 171,734    | (70,361)               | 101,373                    |                   | 101,373                |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                        | 731,055                  | 128,936       | 133,901    | 993,892    | (6,431)                | 987,461                    |                   | 987,461                |                  |    | 16  |
|     | <b>C. General Administration</b>                             |                          |               |            |            |                        |                            |                   |                        |                  |    |     |
| 17  | Administrative                                               | 67,179                   |               |            | 67,179     |                        | 67,179                     |                   | 67,179                 |                  |    | 17  |
| 18  | Directors Fees                                               |                          |               |            |            |                        |                            |                   |                        |                  |    | 18  |
| 19  | Professional Services                                        |                          |               | 5,475      | 5,475      |                        | 5,475                      |                   | 5,475                  |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                       |                          |               | 9,540      | 9,540      |                        | 9,540                      |                   | 9,540                  |                  |    | 20  |
| 21  | Clerical & General Office Expenses                           | 37,910                   | 13,511        | 9,230      | 60,651     |                        | 60,651                     |                   | 60,651                 |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                            |                          |               | 199,975    | 199,975    |                        | 199,975                    |                   | 199,975                |                  |    | 22  |
| 23  | Inservice Training & Education                               |                          |               | 2,618      | 2,618      |                        | 2,618                      |                   | 2,618                  |                  |    | 23  |
| 24  | Travel and Seminar                                           |                          |               | 3,914      | 3,914      |                        | 3,914                      |                   | 3,914                  |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                            |                          |               |            |            |                        |                            |                   |                        |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                              |                          |               | 47,570     | 47,570     |                        | 47,570                     |                   | 47,570                 |                  |    | 26  |
| 27  | Other (specify):*                                            |                          |               |            |            |                        |                            |                   |                        |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                          | 105,089                  | 13,511        | 278,322    | 396,922    |                        | 396,922                    |                   | 396,922                |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b> | 1,111,602                | 287,589       | 482,619    | 1,881,810  |                        | 1,881,810                  |                   | 1,881,810              |                  |    | 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                                   |                         |          | 58,838  | 58,838    |                   | 58,838             |              | 58,838         |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |          |         |           |                   |                    |              |                |                  |    | 31 |
| 32 | Interest                                       |                         |          | 21,857  | 21,857    |                   | 21,857             |              | 21,857         |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |          | 7,148   | 7,148     |                   | 7,148              | (7,148)      |                |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |          |         |           |                   |                    |              |                |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |          |         |           |                   |                    |              |                |                  |    | 35 |
| 36 | Other (specify):*                              |                         |          |         |           |                   |                    |              |                |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |          | 87,843  | 87,843    |                   | 87,843             | (7,148)      | 80,695         |                  |    | 37 |
|    | Ancillary Expense                              |                         |          |         |           |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers                        |                         |          |         |           |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation             |                         |          |         |           |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                      |                         |          |         |           |                   |                    |              |                |                  |    | 39 |
| 40 | Barber and Beauty Shops                        |                         |          |         |           |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                          |                         |          |         |           |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                     |                         |          | 169,825 | 169,825   |                   | 169,825            |              | 169,825        |                  |    | 42 |
| 43 | Other (specify):*                              |                         |          |         |           |                   |                    |              |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     |                         |          | 169,825 | 169,825   |                   | 169,825            |              | 169,825        |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 1,111,602               | 287,589  | 740,287 | 2,139,478 |                   | 2,139,478          | (7,148)      | 2,132,330      |                  |    | 45 |

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

|    |                                                                | 1          | 2              | 3               |    |
|----|----------------------------------------------------------------|------------|----------------|-----------------|----|
|    | NON-ALLOWABLE EXPENSES                                         | Amount     | Refer-<br>ence | BHF USE<br>ONLY |    |
| 1  | Day Care                                                       | \$         |                | \$              | 1  |
| 2  | Other Care for Outpatients                                     |            |                |                 | 2  |
| 3  | Governmental Sponsored Special Programs                        |            |                |                 | 3  |
| 4  | Non-Patient Meals                                              |            |                |                 | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        |            |                |                 | 5  |
| 6  | Rented Facility Space                                          |            |                |                 | 6  |
| 7  | Sale of Supplies to Non-Patients                               |            |                |                 | 7  |
| 8  | Laundry for Non-Patients                                       |            |                |                 | 8  |
| 9  | Non-Straightline Depreciation                                  |            |                |                 | 9  |
| 10 | Interest and Other Investment Income                           |            |                |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |            |                |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |            |                |                 | 12 |
| 13 | Sales Tax                                                      |            |                |                 | 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                                            |            |                |                 | 18 |
| 19 | Entertainment                                                  |            |                |                 | 19 |
| 20 | Contributions                                                  |            |                |                 | 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 |            |                |                 | 26 |
| 27 | CNA Training for Non-Employees                                 |            |                |                 | 27 |
| 28 | Yellow Page Advertising                                        |            |                |                 | 28 |
| 29 | Other-Attach Schedule                                          | (7,148)    |                |                 | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (7,148) |                | \$              | 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 |
| (sum of SUBTOTALS |                                                              |             |                |    |
| 37                | TOTAL ADJUSTMENTS (A) and (B) )                              | \$ (7,148)  |                | 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 |

STATE OF ILLINOIS  
NEW ATHENS HOME FOR THE AGED

Report Period Beginning: ID# 0033043  
Ending: 1/01/2012  
12/31/2012

| NON-ALLOWABLE EXPENSES |  | Amount | Sch. V Line<br>Reference |    |
|------------------------|--|--------|--------------------------|----|
| 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                     |  |        |                          | 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 | 0 |  | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED # 0033043 Report Period Beginning: 1/01/2012 Ending: 12/31/2012

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                                             | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 1   |
| 2   | Food Purchase                                       | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 2   |
| 3   | Housekeeping                                        | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 3   |
| 4   | Laundry                                             | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 4   |
| 5   | Heat and Other Utilities                            | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 5   |
| 6   | Maintenance                                         | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 6   |
| 7   | Other (specify):*                                   | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 7   |
| 8   | TOTAL General Services                              | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 8   |
|     | B. Health Care and Programs                         |        |      |      |      |      |      |      |      |      |      |      |                   |     |
| 9   | Medical Director                                    | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 9   |
| 10  | Nursing and Medical Records                         | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 10  |
| 10a | Therapy                                             | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 10a |
| 11  | Activities                                          | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 11  |
| 12  | Social Services                                     | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 12  |
| 13  | CNA Training                                        | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 13  |
| 14  | Program Transportation                              | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 14  |
| 15  | Other (specify):*                                   | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 15  |
| 16  | TOTAL Health Care and Programs                      | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 16  |
|     | C. General Administration                           |        |      |      |      |      |      |      |      |      |      |      |                   |     |
| 17  | Administrative                                      | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 17  |
| 18  | Directors Fees                                      | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 18  |
| 19  | Professional Services                               | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 19  |
| 20  | Fees, Subscriptions & Promotions                    | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 20  |
| 21  | Clerical & General Office Expenses                  | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 21  |
| 22  | Employee Benefits & Payroll Taxes                   | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 22  |
| 23  | Inservice Training & Education                      | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 23  |
| 24  | Travel and Seminar                                  | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 24  |
| 25  | Other Admin. Staff Transportation                   | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                     | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 26  |
| 27  | Other (specify):*                                   | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 27  |
| 28  | TOTAL General Administration                        | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 28  |
| 29  | TOTAL Operating Expense<br>(sum of lines 8,16 & 28) | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 29  |

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

|    | Capital Expense                    | PAGES  | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | SUMMARY           |    |
|----|------------------------------------|--------|------|------|------|------|------|------|------|------|------|------|-------------------|----|
|    | D. Ownership                       | 5 & 5A | 6    | 6A   | 6B   | 6C   | 6D   | 6E   | 6F   | 6G   | 6H   | 6I   | TOTALS            |    |
|    |                                    |        |      |      |      |      |      |      |      |      |      |      | (to Sch V, col.7) |    |
| 30 | Depreciation                       | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 30 |
| 31 | Amortization of Pre-Op. & Org.     | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 31 |
| 32 | Interest                           | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 32 |
| 33 | Real Estate Taxes                  | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 33 |
| 34 | Rent-Facility & Grounds            | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 34 |
| 35 | Rent-Equipment & Vehicles          | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 35 |
| 36 | Other (specify):*                  | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 36 |
| 37 | TOTAL Ownership                    | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 37 |
|    | Ancillary Expense                  |        |      |      |      |      |      |      |      |      |      |      |                   |    |
|    | E. Special Cost Centers            |        |      |      |      |      |      |      |      |      |      |      |                   |    |
| 38 | Medically Necessary Transportation | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 38 |
| 39 | Ancillary Service Centers          | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 39 |
| 40 | Barber and Beauty Shops            | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 40 |
| 41 | Coffee and Gift Shops              | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 41 |
| 42 | Provider Participation Fee         | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 42 |
| 43 | Other (specify):*                  | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 43 |
| 44 | TOTAL Special Cost Centers         | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 44 |
|    | GRAND TOTAL COST                   |        |      |      |      |      |      |      |      |      |      |      |                   |    |
| 45 | (sum of lines 29, 37 & 44)         | 0      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 45 |

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 |
| ILLINOIS SOUTH CONFERENCE OF<br>THE UNITED CHURCH OF CHRIST | 100%        |                            |      |                                      |      |                  |
|                                                             |             |                            |      |                                      |      |                  |
|                                                             |             |                            |      |                                      |      |                  |
|                                                             |             |                            |      |                                      |      |                  |
|                                                             |             |                            |      |                                      |      |                  |
|                                                             |             |                            |      |                                      |      |                  |

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

YES

NO

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

| 1<br>Schedule V |       | 2<br>Line | 3<br>Cost Per General Ledger | 4<br>Amount | 5<br>Cost to Related Organization | 6<br>Percent of Ownership | 7<br>Operating Cost of Related Organization | 8 Difference: Adjustments for Related Organization Costs (7 minus 4) |    |
|-----------------|-------|-----------|------------------------------|-------------|-----------------------------------|---------------------------|---------------------------------------------|----------------------------------------------------------------------|----|
|                 |       |           | Item                         |             | Name of Related Organization      |                           |                                             |                                                                      |    |
| 1               | V     |           | N/A                          | \$          |                                   |                           | \$                                          | \$                                                                   | 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.

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  |             |             |                            |      |                                      |      |                  | 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 |

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED # 0033043 Report Period Beginning: 1/01/2012 Ending: 12/31/2012

## VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED # 0033043 Report Period Beginning: 1/01/2012 Ending: 2/31/2012

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  | NATIONAL BANK                          |           |    | MORTGAGE            | \$2,128.00               | 11/3/11      | \$ 200,000     | \$ 183,123 | 11/3/16       | 5.0000                   | \$ 9,680                          | 1  |  |   |  |   |  |    |  |
| 2  |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 2  |  |   |  |   |  |    |  |
| 3  |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 3  |  |   |  |   |  |    |  |
| 4  |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 4  |  |   |  |   |  |    |  |
| 5  |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 5  |  |   |  |   |  |    |  |
|    | Working Capital                        |           |    |                     |                          |              |                |            |               |                          |                                   |    |  |   |  |   |  |    |  |
| 6  | THE VILLAGE BANK                       |           |    | WORKING CAPITAL LOC |                          | 1/17/13      | 150,000        | 149,967    | 12/17/13      | 6.0000                   | 8,966                             | 6  |  |   |  |   |  |    |  |
| 7  | NATIONAL BANK                          |           |    | WORKING CAPITAL LOC |                          | 3/3/12       | 200,000        | 200,000    | 3/3/13        | 3.5000                   | 3,211                             | 7  |  |   |  |   |  |    |  |
| 8  |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 8  |  |   |  |   |  |    |  |
| 9  | TOTAL Facility Related                 |           |    |                     | \$2,128.00               |              | \$ 550,000     | \$ 533,090 |               |                          | \$ 21,857                         | 9  |  |   |  |   |  |    |  |
|    | B. Non-Facility Related*               |           |    |                     |                          |              |                |            |               |                          |                                   |    |  |   |  |   |  |    |  |
| 10 |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 10 |  |   |  |   |  |    |  |
| 11 |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 11 |  |   |  |   |  |    |  |
| 12 |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 12 |  |   |  |   |  |    |  |
| 13 |                                        |           |    |                     |                          |              |                |            |               |                          |                                   | 13 |  |   |  |   |  |    |  |
| 14 | TOTAL Non-Facility Related             |           |    |                     |                          |              | \$             | \$         |               |                          | \$                                | 14 |  |   |  |   |  |    |  |
| 15 | TOTALS (line 9+line14)                 |           |    |                     |                          |              | \$ 550,000     | \$ 533,090 |               |                          | \$ 21,857                         | 15 |  |   |  |   |  |    |  |

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

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

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

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

B. Real Estate Taxes

|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |                                             |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|
| 1. Real Estate Tax accrual used on 2011 report.                                                                                                                                                                                                                                                     |  | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. | \$                                          | 1 |
| 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.)                                                                                                                                               |  |                                                                                                                            | \$7,148                                     | 2 |
| 3. Under or (over) accrual (line 2 minus line 1).                                                                                                                                                                                                                                                   |  |                                                                                                                            | \$7,148                                     | 3 |
| 4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                          |  |                                                                                                                            | \$                                          | 4 |
| 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.) |  |                                                                                                                            | \$                                          | 5 |
| 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.                                                                                                                                                                                         |  |                                                                                                                            | \$7,148                                     | 7 |
| Real Estate Tax History:                                                                                                                                                                                                                                                                            |  |                                                                                                                            |                                             |   |
| Real Estate Tax Bill for Calendar Year:                                                                                                                                                                                                                                                             |  | 20074,5338                                                                                                                 | FOR BHF USE ONLY                            |   |
|                                                                                                                                                                                                                                                                                                     |  | 20084,5109                                                                                                                 |                                             |   |
|                                                                                                                                                                                                                                                                                                     |  | 20096,62510                                                                                                                | 13 FROM R. E. TAX STATEMENT FOR 2011 \$ 13  |   |
|                                                                                                                                                                                                                                                                                                     |  | 20107,21611                                                                                                                | 14 PLUS APPEAL COST FROM LINE 5 \$ 14       |   |
|                                                                                                                                                                                                                                                                                                     |  | 20117,03812                                                                                                                | 15 LESS REFUND FROM LINE 6 \$ 15            |   |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            | 16 AMOUNT TO USE FOR RATE CALCULATION \$ 16 |   |

- 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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
NEW ATHENS HOME FOR THE AGED

COUNTY
ST CLAIR

FACILITY IDPH LICENSE NUMBER
0033043

CONTACT PERSON REGARDING THIS REPORT
GARY HOLTGREWE

TELEPHONE
618-457-2550
FAX #:
(
)

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 Index Number | Property Description | Total Tax | Tax<br>Applicable to<br>Nursing Home |
| 1.               |                      | \$        | \$                                   |
| 2.               |                      | \$        | \$                                   |
| 3.               |                      | \$        | \$                                   |
| 4.               |                      | \$        | \$                                   |
| 5.               |                      | \$        | \$                                   |
| 6.               |                      | \$        | \$                                   |
| 7.               |                      | \$        | \$                                   |
| 8.               |                      | \$        | \$                                   |
| 9.               |                      | \$        | \$                                   |
| 10.              |                      | \$        | \$                                   |
| TOTALS           |                      | \$        | \$                                   |

B.
Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      X   YES                  NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C.    **Tax Bills**

Attach a copy of the original 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 provide copies of their original **second installment** tax bill.**

A. Square Feet: 18,230

B. General Construction Type: Exterior BRICK Frame 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).

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        | NURSING HOME | 40,260      | 1952          | \$ 20,000 | 1 |
| 2        | ADJACENT LOT | 7,500       | 1986          | 7,000     | 2 |
| 3        | TOTALS       | 47,760      |               | \$ 27,000 | 3 |

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED

# 0033043

Report Period Beginning:

1/01/2012

Ending:

12/31/2012

**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  | 11                      |                  |                  | 1957                | \$ 223,618 | \$                           |                  | \$                            |             | \$ 223,618                  | 4  |
| 5  | 31                      |                  |                  | 1970                | 320,925    | 5,612                        |                  | 5,612                         |             | 320,926                     | 5  |
| 6  | 11                      |                  |                  | 1979                | 53,990     | 1,350                        |                  | 1,350                         |             | 45,217                      | 6  |
| 7  |                         |                  |                  | 1980                | 97,177     | 2,429                        |                  | 2,429                         |             | 78,956                      | 7  |
| 8  |                         |                  |                  |                     |            |                              |                  |                               |             |                             | 8  |
|    | Improvement Type**      |                  |                  |                     |            |                              |                  |                               |             |                             |    |
| 9  | GENERAL                 |                  |                  | 1966                | 10,431     |                              |                  |                               |             | 10,431                      | 9  |
| 10 | GENERAL                 |                  |                  | 1967                | 6,088      |                              |                  |                               |             | 6,088                       | 10 |
| 11 | GENERAL                 |                  |                  | 1968                | 4,183      |                              |                  |                               |             | 4,183                       | 11 |
| 12 | GENERAL                 |                  |                  | 1972                | 6,897      | 172                          |                  | 172                           |             | 6,759                       | 12 |
| 13 | GENERAL                 |                  |                  | 1973                | 13,854     | 346                          |                  | 346                           |             | 13,300                      | 13 |
| 14 | GENERAL                 |                  |                  | 1974                | 4,682      | 117                          |                  | 117                           |             | 4,401                       | 14 |
| 15 | GENERAL                 |                  |                  | 1975                | 14,081     | 352                          |                  | 352                           |             | 12,955                      | 15 |
| 16 | GENERAL                 |                  |                  | 1976                | 21,994     | 550                          |                  | 550                           |             | 19,795                      | 16 |
| 17 | GENERAL                 |                  |                  | 1978                | 2,886      | 72                           |                  | 72                            |             | 2,482                       | 17 |
| 18 | GENERAL                 |                  |                  | 1982                | 4,197      | 105                          |                  | 105                           |             | 3,200                       | 18 |
| 19 | GENERAL                 |                  |                  | 1983                | 34,509     | 863                          |                  | 863                           |             | 25,450                      | 19 |
| 20 | GENERAL                 |                  |                  | 1984                | 26,999     | 675                          |                  | 675                           |             | 19,237                      | 20 |
| 21 | GENERAL                 |                  |                  | 1985                | 43,436     | 1,086                        |                  | 1,086                         |             | 29,862                      | 21 |
| 22 | GENERAL                 |                  |                  | 1986                | 72,596     | 1,815                        |                  | 1,815                         |             | 48,095                      | 22 |
| 23 | GENERAL                 |                  |                  | 1987                | 12,434     | 311                          |                  | 311                           |             | 7,927                       | 23 |
| 24 | GENERAL                 |                  |                  | 1990                | 37,580     | 939                          |                  | 939                           |             | 21,138                      | 24 |
| 25 | GENERAL                 |                  |                  | 1991                | 128,213    | 3,205                        |                  | 3,205                         |             | 68,914                      | 25 |
| 26 | GENERAL                 |                  |                  | 1992                | 52,056     | 1,301                        |                  | 1,301                         |             | 26,679                      | 26 |
| 27 | GENERAL                 |                  |                  | 1993                | 2,808      | 70                           |                  | 70                            |             | 1,369                       | 27 |
| 28 | GENERAL                 |                  |                  | 1994                | 18,866     | 416                          |                  | 416                           |             | 9,932                       | 28 |
| 29 | GENERAL                 |                  |                  | 1995                | 4,122      | 106                          |                  | 106                           |             | 1,850                       | 29 |
| 30 | FOUNDATION REPAIRS      |                  |                  | 1996                | 15,640     | 401                          |                  | 401                           |             | 6,617                       | 30 |
| 31 | KITCHEN RENOVATIONS     |                  |                  | 2001                | 595,899    | 14,897                       |                  | 14,897                        |             | 178,769                     | 31 |
| 32 | KITCHEN RENOVATIONS     |                  |                  | 2002                | 44,811     | 1,120                        |                  | 1,120                         |             | 11,763                      | 32 |
| 33 | DINING ROOM RENOVATIONS |                  |                  | 2003                | 3,029      | 76                           |                  | 76                            |             | 751                         | 33 |
| 34 | DAMPERS                 |                  |                  | 2003                | 930        | 23                           |                  | 23                            |             | 221                         | 34 |
| 35 | A/C UNITS               |                  |                  | 2003                | 3,968      | 198                          |                  | 198                           |             | 1,231                       | 35 |
| 36 | ARCHITECT FEES          |                  |                  | 2005                | 4,400      | 110                          |                  | 110                           |             | 788                         | 36 |

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number NEW ATHENS HOME FOR THE AGED

# 0033043

Report Period Beginning:

1/01/2012

Ending:

12/31/2012

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

| 1  | 2                                                | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--------------------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                               | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 | ROOF REPAIR                                      | 2005             | \$ 1,800     | \$ 180                    |               | \$ 180                     | \$          | \$ 728                   | 37 |
| 38 | CONCRETE PAD                                     | 2006             | 16,700       | 418                       |               | 418                        |             | 2,644                    | 38 |
| 39 | HALL FLOORING                                    | 2006             | 3,952        | 99                        |               | 99                         |             | 617                      | 39 |
| 40 | NEW DECK & COURTYARD                             | 2006             | 23,121       | 578                       |               | 578                        |             | 3,468                    | 40 |
| 41 | ENLARGE DOORWAY                                  | 2007             | 1,199        | 30                        |               | 30                         |             | 177                      | 41 |
| 42 | HOT WATER HEATER                                 | 2007             | 7,574        | 189                       |               | 189                        |             | 1,073                    | 42 |
| 43 | LIGHT FIXTURES                                   | 2007             | 548          | 27                        |               | 27                         |             | 110                      | 43 |
| 44 | LANDSCAPE                                        | 2007             | 2,408        | 120                       |               | 120                        |             | 622                      | 44 |
| 45 | CARPET                                           | 2007             | 1,406        | 94                        |               | 94                         |             | 381                      | 45 |
| 46 | 3 A/C UNITS                                      | 2007             | 5,174        | 345                       |               | 345                        |             | 1,304                    | 46 |
| 47 | LIGHT FIXTURES                                   | 2008             | 663          | 33                        |               | 33                         |             | 130                      | 47 |
| 48 | APARTMENT CARPET                                 | 2009             | 1,678        | 112                       |               | 112                        |             | 360                      | 48 |
| 49 | ROOF REPAIR                                      | 2009             | 30,570       | 3,057                     |               | 3,057                      |             | 9,553                    | 49 |
| 50 | 2 A/C UNITS NORTH WING                           | 2009             | 1,113        | 74                        |               | 74                         |             | 232                      | 50 |
| 51 | 4 A/C UNITS 1971 ADDITION                        | 2009             | 2,310        | 154                       |               | 154                        |             | 501                      | 51 |
| 52 | 80 GALLON WATER HEATER NORTH WING                | 2010             | 5,980        | 150                       |               | 150                        |             | 424                      | 52 |
| 53 | HAND RAIL ON RAMP NORTH EXIT                     | 2010             | 7,525        | 188                       |               | 188                        |             | 439                      | 53 |
| 54 | 2 ELECTRIC PANELS B HALL                         | 2010             | 3,375        | 84                        |               | 84                         |             | 183                      | 54 |
| 55 | SPRINKLER SYSTEM DOWMPAYMENT                     | 2010             | 5,500        | 138                       |               | 138                        |             | 286                      | 55 |
| 56 | AC UNIT NORTH WING                               | 2010             | 1,595        | 106                       |               | 106                        |             | 275                      | 56 |
| 57 | 2 A/C UNITS SOUTH WING                           | 2010             | 1,303        | 87                        |               | 87                         |             | 210                      | 57 |
| 58 | DOOR CLOSERS SUPPLY ROOMS                        | 2010             | 727          | 49                        |               | 49                         |             | 113                      | 58 |
| 59 | 3 A/C UNITS 1971 ADDITION                        | 2010             | 5,725        | 382                       |               | 382                        |             | 891                      | 59 |
| 60 | GENERATOR                                        | 2010             | 17,523       | 438                       |               | 438                        |             | 876                      | 60 |
| 61 | SPRINKLER SYSTEM FINAL PAYMENT                   | 2011             | 113,782      | 2,845                     |               | 2,845                      |             | 4,267                    | 61 |
| 62 | A/C UNIT NORTH WING                              | 2011             | 3,850        | 257                       |               | 257                        |             | 428                      | 62 |
| 63 | A/C UNIT LIVING ROOM                             | 2011             | 598          | 40                        |               | 40                         |             | 60                       | 63 |
| 64 | A/C UNIT 1971 ADDITION                           | 2011             | 7,104        | 474                       |               | 474                        |             | 671                      | 64 |
| 65 | SUNROOM WINDOWS                                  | 2011             | 2,625        | 66                        |               | 66                         |             | 71                       | 65 |
| 66 | WATER HEATER NORTH BASEMENT                      | 2011             | 1,052        | 26                        |               | 26                         |             | 28                       | 66 |
| 67 | MINE SUBSIDENCE REPAIR SW CORNER OF 1971 ADDN RA | 2012             | 13,200       | 275                       |               | 275                        |             | 275                      | 67 |
| 68 | DRYWALL IN SUNROOM                               | 2012             | 1,300        | 27                        |               | 27                         |             | 27                       | 68 |
| 69 | SUNROOM CEILING, SKYLIGHTS, & WINDOWS            | 2012             | 19,648       | 368                       |               | 368                        |             | 368                      | 69 |
| 70 | TOTAL (lines 4 thru 69)                          |                  | \$ 2,199,927 | \$ 50,227                 |               | \$ 50,227                  | \$          | \$ 1,244,696             | 70 |

\*\*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 12A, Carried Forward |                          | \$ 2,199,927 | \$ 50,227                         |                       | \$ 50,227                          | \$               | \$ 1,244,696                     | 1  |
| 2                       | HOT WATER HEATER LAUNDRY              | 2012                     | 6,899        | 115                               |                       | 115                                |                  | 115                              | 2  |
| 3                       | 6 A/C UNITS 1971 ADDITION             | 2012                     | 3,426        | 76                                |                       | 76                                 |                  | 76                               | 3  |
| 4                       | WATER HEATER KITCHEN                  | 2012                     | 6,641        | 55                                |                       | 55                                 |                  | 55                               | 4  |
| 5                       | 3 A/C UNITS NORTH WING & A HALL       | 2012                     | 5,895        | 25                                |                       | 25                                 |                  | 25                               | 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)               |                          | \$ 2,222,788 | \$ 50,498                         |                       | \$ 50,498                          | \$               | \$ 1,244,967                     | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4<br>Adjustments | Component Life 5 | Accumulated Depreciation 6 |    |
|----|--------------------------|-----------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 71 | Purchased in Prior Years | \$77,474  | \$7,748                     | \$7,748                      | \$               |                  | \$32,667                   | 71 |
| 72 | Current Year Purchases   | 5,187     | 259                         | 259                          |                  |                  | 259                        | 72 |
| 73 | Fully Depreciated Assets | 373,659   | 333                         | 333                          |                  |                  | 373,659                    | 73 |
| 74 |                          |           |                             |                              |                  |                  |                            | 74 |
| 75 | TOTALS                   | \$456,320 | \$8,340                     | \$8,340                      | \$               |                  | \$406,585                  | 75 |

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

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

E. Summary of Care-Related Assets

|    |                            | 1<br>Reference                                                                                           | 2<br>Amount |       |
|----|----------------------------|----------------------------------------------------------------------------------------------------------|-------------|-------|
| 81 | Total Historical Cost      | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$2,706,108 | 81    |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$58,838    | 82    |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$58,838    | 83 ** |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$          | 84    |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$1,651,552 | 85    |

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

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 |    |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 86 | 6 ASSISTED LIVING UNITS          | \$253,710 | \$6,343                     | \$134,255                  | 86 |
| 87 |                                  |           |                             |                            | 87 |
| 88 |                                  |           |                             |                            | 88 |
| 89 |                                  |           |                             |                            | 89 |
| 90 |                                  |           |                             |                            | 90 |
| 91 | TOTALS                           | \$253,710 | \$6,343                     | \$134,255                  | 91 |

G. Construction-in-Progress

|    | Description          | Cost    |    |
|----|----------------------|---------|----|
| 92 | CONSTRUCTION IN PROG | \$3,800 | 92 |
| 93 |                      |         | 93 |
| 94 |                      |         | 94 |
| 95 |                      | \$3,800 | 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: NONE
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?  
16. Rental Amount for movable equipment: \$ Description:
- ☐ YES☒ NO
- (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. | /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<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                                                    |                                          | hrs                 |      |                                                 |      |                                      |                               |                                | 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):                                                               |                                          |                     |      |                                                 |      |                                      |                               |                                | 13 |
| 14 | TOTAL                                                                          |                                          |                     | \$   |                                                 | \$   | \$                                   |                               | \$                             | 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* |    |
|    | <b>A. Current Assets</b>                                          |              |                      |    |
| 1  | Cash on Hand and in Banks                                         | \$ 76,632    | \$                   | 1  |
| 2  | Cash-Patient Deposits                                             |              |                      | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 518,474      |                      | 3  |
| 4  | Supply Inventory (priced at )                                     | 10,917       |                      | 4  |
| 5  | Short-Term Investments                                            | 2,100        |                      | 5  |
| 6  | Prepaid Insurance                                                 | 14,660       |                      | 6  |
| 7  | Other Prepaid Expenses                                            |              |                      | 7  |
| 8  | Accounts Receivable (owners or related parties)                   |              |                      | 8  |
| 9  | Other(specify):                                                   |              |                      | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 622,783   | \$                   | 10 |
|    | <b>B. Long-Term Assets</b>                                        |              |                      |    |
| 11 | Long-Term Notes Receivable                                        |              |                      | 11 |
| 12 | Long-Term Investments                                             |              |                      | 12 |
| 13 | Land                                                              | 27,000       |                      | 13 |
| 14 | Buildings, at Historical Cost                                     | 2,480,299    |                      | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        |              |                      | 15 |
| 16 | Equipment, at Historical Cost                                     | 456,320      |                      | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (1,785,807)  |                      | 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):                                                   |              |                      | 23 |
| 24 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 1,177,812 | \$                   | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 1,800,595 | \$                   | 25 |

|    |                                                              | 1            | 2                    |    |
|----|--------------------------------------------------------------|--------------|----------------------|----|
|    |                                                              | Operating    | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |              |                      |    |
| 26 | Accounts Payable                                             | \$ 26,854    | \$                   | 26 |
| 27 | Officer's Accounts Payable                                   |              |                      | 27 |
| 28 | Accounts Payable-Patient Deposits                            | 2,550        |                      | 28 |
| 29 | Short-Term Notes Payable                                     |              |                      | 29 |
| 30 | Accrued Salaries Payable                                     | 56,014       |                      | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes)          | 62,273       |                      | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                          |              |                      | 32 |
| 33 | Accrued Interest Payable                                     |              |                      | 33 |
| 34 | Deferred Compensation                                        |              |                      | 34 |
| 35 | Federal and State Income Taxes                               |              |                      | 35 |
|    | <b>Other Current Liabilities(specify):</b>                   |              |                      |    |
| 36 | <b>CURRENT PORTION OF LT DEBT</b>                            | 369,967      |                      | 36 |
| 37 |                                                              |              |                      | 37 |
| 38 | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 517,658   | \$                   | 38 |
|    | <b>D. Long-Term Liabilities</b>                              |              |                      |    |
| 39 | Long-Term Notes Payable                                      | 163,123      |                      | 39 |
| 40 | Mortgage Payable                                             |              |                      | 40 |
| 41 | Bonds Payable                                                |              |                      | 41 |
| 42 | Deferred Compensation                                        |              |                      | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |              |                      |    |
| 43 |                                                              |              |                      | 43 |
| 44 |                                                              |              |                      | 44 |
| 45 | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 163,123   | \$                   | 45 |
| 46 | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 680,781   | \$                   | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 1,119,814 | \$                   | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 1,800,595 | \$                   | 48 |

\*(See instructions.)

|    |                                                              |              |      |
|----|--------------------------------------------------------------|--------------|------|
|    |                                                              | 1<br>Total   |      |
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 1,371,898 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  |                                                              |              | 3    |
| 4  |                                                              |              | 4    |
| 5  |                                                              |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 1,371,898 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | (252,084)    | 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              | ( )          | 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)             | \$ (252,084) | 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)            | \$ 1,119,814 | 24 * |

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

Facility Name & ID Number NEW ATHENS HOME FOR THE AGED# 0033043Report Period Beginning: 1/01/2012Ending: 12/31/2012

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

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

|     |                                                           | 1            |     |
|-----|-----------------------------------------------------------|--------------|-----|
|     | I. Revenue                                                | Amount       |     |
|     | <b>A. Inpatient Care</b>                                  |              |     |
| 1   | Gross Revenue -- All Levels of Care                       | \$ 1,764,524 | 1   |
| 2   | Discounts and Allowances for all Levels                   | ( )          | 2   |
| 3   | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 1,764,524 | 3   |
|     | <b>B. Ancillary Revenue</b>                               |              |     |
| 4   | Day Care                                                  |              | 4   |
| 5   | Other Care for Outpatients                                |              | 5   |
| 6   | Therapy                                                   | 1,759        | 6   |
| 7   | Oxygen                                                    |              | 7   |
| 8   | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 1,759     | 8   |
|     | <b>C. Other Operating Revenue</b>                         |              |     |
| 9   | Payments for Education                                    |              | 9   |
| 10  | Other Government Grants                                   |              | 10  |
| 11  | CNA Training Reimbursements                               |              | 11  |
| 12  | Gift and Coffee Shop                                      |              | 12  |
| 13  | Barber and Beauty Care                                    |              | 13  |
| 14  | Non-Patient Meals                                         |              | 14  |
| 15  | Telephone, Television and Radio                           |              | 15  |
| 16  | Rental of Facility Space                                  |              | 16  |
| 17  | Sale of Drugs                                             |              | 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  | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$           | 23  |
|     | <b>D. Non-Operating Revenue</b>                           |              |     |
| 24  | Contributions                                             | 101,134      | 24  |
| 25  | Interest and Other Investment Income***                   | 47           | 25  |
| 26  | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 101,181   | 26  |
|     | <b>E. Other Revenue (specify):****</b>                    |              |     |
| 27  | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28  | <b>NET RENTAL INCOME</b>                                  | 19,470       | 28  |
| 28a | <b>Sale of scrap</b>                                      | 460          | 28a |
| 29  | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 19,930    | 29  |
| 30  | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 1,887,394 | 30  |

|    |                                                                | 2            |    |
|----|----------------------------------------------------------------|--------------|----|
|    | II. Expenses                                                   | Amount       |    |
|    | <b>A. Operating Expenses</b>                                   |              |    |
| 31 | General Services                                               | 490,996      | 31 |
| 32 | Health Care                                                    | 993,892      | 32 |
| 33 | General Administration                                         | 396,922      | 33 |
|    | <b>B. Capital Expense</b>                                      |              |    |
| 34 | Ownership                                                      | 87,843       | 34 |
|    | <b>C. Ancillary Expense</b>                                    |              |    |
| 35 | Special Cost Centers                                           | 169,825      | 35 |
| 36 | Provider Participation Fee                                     |              | 36 |
|    | <b>D. Other Expenses (specify):</b>                            |              |    |
| 37 |                                                                |              | 37 |
| 38 |                                                                |              | 38 |
| 39 |                                                                |              | 39 |
| 40 | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 2,139,478 | 40 |
| 41 | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | (252,084)    | 41 |
| 42 | <b>Income Taxes</b>                                            |              | 42 |
| 43 | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ (252,084) | 43 |

|    | III. Net Inpatient Revenue detailed by Payer Source                   |    |    |
|----|-----------------------------------------------------------------------|----|----|
| 44 | Medicaid - Net Inpatient Revenue                                      | \$ | 44 |
| 45 | Private Pay - Net Inpatient Revenue                                   |    | 45 |
| 46 | Medicare - Net Inpatient Revenue                                      |    | 46 |
| 47 | Other-(specify)                                                       |    | 47 |
| 48 | Other-(specify)                                                       |    | 48 |
| 49 | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ | 49 |

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

\*\* Does this agree with taxable income (loss) per Federal Income

Tax Return? N/A 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.<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           | 2,058                           | 2,080                            | \$ 62,856                                    | \$ 30.22                  | 1  |
| 2  | Assistant Director of Nursing |                                 |                                  |                                              |                           | 2  |
| 3  | Registered Nurses             | 1,069                           | 1,197                            | 27,572                                       | 23.03                     | 3  |
| 4  | Licensed Practical Nurses     | 14,767                          | 15,295                           | 265,709                                      | 17.37                     | 4  |
| 5  | CNAs & Orderlies              | 24,722                          | 26,194                           | 256,229                                      | 9.78                      | 5  |
| 6  | CNA Trainees                  |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist            |                                 |                                  |                                              |                           | 7  |
| 8  | Rehab/Therapy Aides           | 1,105                           | 1,337                            | 15,862                                       | 11.86                     | 8  |
| 9  | Activity Director             | 2,030                           | 2,238                            | 35,796                                       | 15.99                     | 9  |
| 10 | Activity Assistants           | 394                             | 394                              | 4,040                                        | 10.25                     | 10 |
| 11 | Social Service Workers        | 1,492                           | 1,700                            | 25,158                                       | 14.80                     | 11 |
| 12 | Dietician                     |                                 |                                  |                                              |                           | 12 |
| 13 | Food Service Supervisor       | 1,703                           | 2,031                            | 31,875                                       | 15.69                     | 13 |
| 14 | Head Cook                     | 2,915                           | 3,187                            | 32,275                                       | 10.13                     | 14 |
| 15 | Cook Helpers/Assistants       | 3,163                           | 3,315                            | 32,417                                       | 9.78                      | 15 |
| 16 | Dishwashers                   | 4,448                           | 4,928                            | 45,978                                       | 9.33                      | 16 |
| 17 | Maintenance Workers           | 1,604                           | 1,716                            | 20,506                                       | 11.95                     | 17 |
| 18 | Housekeepers                  | 4,075                           | 4,427                            | 42,164                                       | 9.52                      | 18 |
| 19 | Laundry                       | 5,742                           | 6,414                            | 70,243                                       | 10.95                     | 19 |
| 20 | Administrator                 | 1,856                           | 2,080                            | 63,612                                       | 30.58                     | 20 |
| 21 | Assistant Administrator       | 241                             | 241                              | 3,567                                        | 14.80                     | 21 |
| 22 | Other Administrative          |                                 |                                  |                                              |                           | 22 |
| 23 | Office Manager                | 1,840                           | 2,080                            | 37,910                                       | 18.23                     | 23 |
| 24 | Clerical                      |                                 |                                  |                                              |                           | 24 |
| 25 | Vocational Instruction        |                                 |                                  |                                              |                           | 25 |
| 26 | Academic Instruction          |                                 |                                  |                                              |                           | 26 |
| 27 | Medical Director              |                                 |                                  |                                              |                           | 27 |
| 28 | Qualified MR Prof. (QMRP)     |                                 |                                  |                                              |                           | 28 |
| 29 | Resident Services Coordinator |                                 |                                  |                                              |                           | 29 |
| 30 | Habilitation Aides (DD Homes) |                                 |                                  |                                              |                           | 30 |
| 31 | Medical Records               |                                 |                                  |                                              |                           | 31 |
| 32 | Other Health Care(specify)    |                                 |                                  |                                              |                           | 32 |
| 33 | Other(specify) CARE PLAN CO   | 2,044                           | 2,148                            | 37,833                                       | 17.61                     | 33 |
| 34 | TOTAL (lines 1 - 33)          | 77,268                          | 83,002                           | \$ 1,111,602 *                               | \$ 13.39                  | 34 |

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

\*\* See instructions.

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              | 98                                     | \$ 6,431                                            |                                             | 35 |
| 36 | Medical Director                | 12                                     | 6,000                                               |                                             | 36 |
| 37 | Medical Records Consultant      |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                |                                        |                                                     |                                             | 38 |
| 39 | Pharmacist Consultant           | 48                                     | 2,786                                               |                                             | 39 |
| 40 | Physical Therapy Consultant     | 37                                     | 2,464                                               |                                             | 40 |
| 41 | Occupational Therapy Consultant |                                        |                                                     |                                             | 41 |
| 42 | Respiratory Therapy Consultant  |                                        |                                                     |                                             | 42 |
| 43 | Speech Therapy Consultant       |                                        |                                                     |                                             | 43 |
| 44 | Activity Consultant             | 24                                     | 864                                                 |                                             | 44 |
| 45 | Social Service Consultant       | 72                                     | 2,592                                               |                                             | 45 |
| 46 | Other(specify)                  |                                        |                                                     |                                             | 46 |
| 47 |                                 |                                        |                                                     |                                             | 47 |
| 48 |                                 |                                        |                                                     |                                             | 48 |
| 49 | TOTAL (lines 35 - 48)           | 291                                    | \$ 21,137                                           |                                             | 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        | 0                                      |                            |                                             | 51 |
| 52 | Certified Nurse Assistants/Aides | 2,274                                  | 49,224                     |                                             | 52 |
| 53 | TOTAL (lines 50 - 52)            | 2,274                                  | \$ 49,224                  |                                             | 53 |

Facility Name & ID Number

NEW ATHENS HOME FOR THE AGED

STATE OF ILLINOIS

# 0033043

Report Period Beginning:

1/01/2012

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Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

| <div>A. Administrative Salaries</div> <table> <tr> <th>Name</th> <th>Function</th> <th>Ownership %</th> <th>Amount</th> </tr> <tr> <td>GARY HOLTGREWE</td> <td>ADMINISTRATOR</td> <td></td> <td>\$ 63,612</td> </tr> <tr> <td></td> <td>ASST. ADMIN</td> <td></td> <td>3,567</td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="3">TOTAL (agree to Schedule V, line 17, col. 1)<br/>(List each licensed administrator separately.)</td> <td>\$ 67,179</td> </tr> </table>                                                                   |               |             |           | Name         | Function | Ownership % | Amount                   | GARY HOLTGREWE | ADMINISTRATOR |  | \$ 63,612 |  | ASST. ADMIN |                                                                                                     | 3,567 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  | TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.) |  |  | \$ 67,179 | <div>D. Employee Benefits and Payroll Taxes</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Workers' Compensation Insurance</td> <td>\$ 93,711</td> </tr> <tr> <td>Unemployment Compensation Insurance</td> <td>9,569</td> </tr> <tr> <td>FICA Taxes</td> <td>84,794</td> </tr> <tr> <td>Employee Health Insurance</td> <td>8,920</td> </tr> <tr> <td>Employee Meals</td> <td></td> </tr> <tr> <td>Illinois Municipal Retirement Fund (IMRF)*</td> <td></td> </tr> <tr> <td>EMPLOYEE FRINGE BENEFITS</td> <td>2,981</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td colspan="2">TOTAL (agree to Schedule V, line 22, col.8)</td> <td>\$ 199,975</td> </tr> </table> |  |          |                                                | Description | Amount | Workers' Compensation Insurance | \$ 93,711                      | Unemployment Compensation Insurance | 9,569 | FICA Taxes | 84,794 | Employee Health Insurance | 8,920 | Employee Meals |  | Illinois Municipal Retirement Fund (IMRF)* |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EMPLOYEE FRINGE BENEFITS | 2,981 |  |             |        |                     |    |  |  |  | TOTAL (agree to Schedule V, line 22, col.8) |                 | \$ 199,975 | <div>F. Dues, Fees, Subscriptions and Promotions</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>IDPH License Fee</td> <td>\$ 1,990</td> </tr> <tr> <td>Advertising: Employee Recruitment</td> <td>4,457</td> </tr> <tr> <td>Health Care Worker Background Check<br/>(Indicate # of checks performed )</td> <td></td> </tr> <tr> <td>Patient Background Checks</td> <td>3,093</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td>Less: Public Relations Expense</td> <td>( )</td> </tr> <tr> <td>Non-allowable advertising</td> <td>( )</td> </tr> <tr> <td>Yellow page advertising</td> <td>( )</td> </tr> <tr> <td colspan="2">TOTAL (agree to Sch. V, line 20, col. 8)</td> <td>\$ 9,540</td> </tr> </table> |  |  |  | Description | Amount | IDPH License Fee | \$ 1,990 | Advertising: Employee Recruitment | 4,457 | Health Care Worker Background Check<br>(Indicate # of checks performed ) |  | Patient Background Checks | 3,093 |                                    |  |       |          |  |  |  |  | Less: Public Relations Expense | ( ) | Non-allowable advertising | ( ) | Yellow page advertising | ( ) | TOTAL (agree to Sch. V, line 20, col. 8) |  | \$ 9,540 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-----------|--------------|----------|-------------|--------------------------|----------------|---------------|--|-----------|--|-------------|-----------------------------------------------------------------------------------------------------|-------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------|--------|--------|--|--|----|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------|--|--|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------------------------------------------------|-------------|--------|---------------------------------|--------------------------------|-------------------------------------|-------|------------|--------|---------------------------|-------|----------------|--|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--|-------------|--------|---------------------|----|--|--|--|---------------------------------------------|-----------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------|--------|------------------|----------|-----------------------------------|-------|--------------------------------------------------------------------------|--|---------------------------|-------|------------------------------------|--|-------|----------|--|--|--|--|--------------------------------|-----|---------------------------|-----|-------------------------|-----|------------------------------------------|--|----------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Function      | Ownership % | Amount    |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| GARY HOLTGREWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADMINISTRATOR |             | \$ 63,612 |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ASST. ADMIN   |             | 3,567     |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |             | \$ 67,179 |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount        |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Workers' Compensation Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ 93,711     |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Unemployment Compensation Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9,569         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| FICA Taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84,794        |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Employee Health Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8,920         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Employee Meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Illinois Municipal Retirement Fund (IMRF)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| EMPLOYEE FRINGE BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2,981         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| TOTAL (agree to Schedule V, line 22, col.8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | \$ 199,975  |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount        |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| IDPH License Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ 1,990      |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Advertising: Employee Recruitment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4,457         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Health Care Worker Background Check<br>(Indicate # of checks performed )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Patient Background Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3,093         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| Less: Public Relations Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ( )           |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Non-allowable advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ( )           |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Yellow page advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ( )           |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| TOTAL (agree to Sch. V, line 20, col. 8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | \$ 9,540    |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| <div>B. Administrative - Other</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td colspan="2">TOTAL (agree to Schedule V, line 17, col. 3)<br/>(Attach a copy of any management service agreement)</td> <td>\$</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                    |               |             |           | Description  | Amount   |             | \$                       |                |               |  |           |  |             | TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement) |       | \$ | <div>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</div> <table> <tr> <th>Description</th> <th>Line #</th> <th>Amount</th> </tr> <tr><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr> <td colspan="2">TOTAL</td> <td>\$</td> </tr> </table> |  |  |  | Description | Line # | Amount |  |  | \$ |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       | TOTAL          |  | \$                                         | <div>G. Schedule of Travel and Seminar**</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Out-of-State Travel</td> <td>\$</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td>In-State Travel</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td>Seminar Expense</td> <td>3,914</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td>Entertainment Expense</td> <td>( )</td> </tr> <tr> <td colspan="2">(agree to Sch. V, line 24, col. 8)</td> </tr> <tr> <td>TOTAL</td> <td>\$ 3,914</td> </tr> </table> |                          |       |  | Description | Amount | Out-of-State Travel | \$ |  |  |  |                                             | In-State Travel |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        | Seminar Expense  | 3,914    |                                   |       |                                                                          |  | Entertainment Expense     | ( )   | (agree to Sch. V, line 24, col. 8) |  | TOTAL | \$ 3,914 |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount        |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | \$          |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Line #        | Amount      |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | \$          |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount        |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Out-of-State Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$            |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| In-State Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| Seminar Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3,914         |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| Entertainment Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ( )           |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| (agree to Sch. V, line 24, col. 8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ 3,914      |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| <div>C. Professional Services</div> <table> <tr> <th>Vendor/Payee</th> <th>Type</th> <th>Amount</th> </tr> <tr> <td>MOORE, RENNER, &amp; SIMONIN</td> <td>AUDIT</td> <td>\$ 5,475</td> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr> <td colspan="2">TOTAL (agree to Schedule V, line 19, column 3)<br/>(If total legal fees exceed \$5,000, attach copy of invoices.)</td> <td>\$ 5,475</td> </tr> </table> |               |             |           | Vendor/Payee | Type     | Amount      | MOORE, RENNER, & SIMONIN | AUDIT          | \$ 5,475      |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           | TOTAL (agree to Schedule V, line 19, column 3)<br>(If total legal fees exceed \$5,000, attach copy of invoices.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | \$ 5,475 | <div>* Attach copy of IMRF notifications</div> |             |        |                                 | <div>**See instructions.</div> |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| Vendor/Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type          | Amount      |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
| MOORE, RENNER, & SIMONIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AUDIT         | \$ 5,475    |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |             |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |
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| TOTAL (agree to Schedule V, line 19, column 3)<br>(If total legal fees exceed \$5,000, attach copy of invoices.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | \$ 5,475    |           |              |          |             |                          |                |               |  |           |  |             |                                                                                                     |       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |             |        |        |  |  |    |  |  |  |  |  |  |  |  |  |                                                                                                |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |          |                                                |             |        |                                 |                                |                                     |       |            |        |                           |       |                |  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |       |  |             |        |                     |    |  |  |  |                                             |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |             |        |                  |          |                                   |       |                                                                          |  |                           |       |                                    |  |       |          |  |  |  |  |                                |     |                           |     |                         |     |                                          |  |          |

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  |                  |                                   | \$         |             | \$                                   | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| 2  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 3  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 4  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 5  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 6  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 7  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 8  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 9  |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 10 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 11 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 12 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 13 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 14 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 15 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 16 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 17 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 18 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 19 |                  |                                   |            |             |                                      |        |        |        |        |        |        |        |        |
| 20 | TOTALS           |                                   | \$         |             | \$                                   | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |

**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. IDPH 1,990

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_

(5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 10 YEARS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.     \$ N/A     Line \_\_\_\_\_

(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. \_\_\_\_\_

(9) Are you presently operating under a sublease agreement?     YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?   YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.     \$ 169,825  
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)

(14)

(15)

(16)

(17)

(18)

(19)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

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.

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.     \$ N/A     Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_

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.     \$ \_\_\_\_\_

c. What percent of all travel expense relates to transportation of nurses and patients? 0

d. Have vehicle usage logs been maintained? N/A

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? NO**  
**Indicate the amount of income earned from providing such transportation during this reporting period.**     \$ N/A

Has an audit been performed by an independent certified public accounting firm? YES  
Firm Name: MOORE, RENNER & SIMONIN, P.C.

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

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.

NEW ATHENS HOME FOR THE AGED  
SCHEDULE OF RECLASSIFICATIONS ON PAGES 3&4  
2012

|                             | LINE# |        |        |
|-----------------------------|-------|--------|--------|
| DIETARY                     | 1     | 6,431  |        |
| NURSING AND MEDICAL RECORDS | 10    | 58,010 |        |
| THERAPY                     | 10a   | 2,464  |        |
| ACTIVITIES                  | 11    | 864    |        |
| SOCIAL SERVICES             | 12    | 2,592  |        |
|                             |       |        | 70,361 |