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2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2016)

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.

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
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| <b>I. IDPH License ID Number:</b> <u>0032789</u>                                                                                                                                                                                                                        |                                                                                                                                                                              | <b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Facility Name:</b> <u>Sharon Health Care Elms</u>                                                                                                                                                                                                                    |                                                                                                                                                                              | <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/16</u> to <u>12/31/16</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>                                                                                                                                                                                                                                           |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Address:</b> <u>3611 North Rochelle</u> <u>Peoria</u> <u>61604</u><br>Number City Zip Code                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>County:</b> <u>Peoria</u>                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Telephone Number:</b> <u>(309) 685-4412</u> <b>Fax #</b> <u>(309) 685-4480</u>                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>HFS ID Number:</b> _____                                                                                                                                                                                                                                             |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Date of Initial License for Current Owners:</b> <u>8/15/1987</u>                                                                                                                                                                                                     |                                                                                                                                                                              | <table><tr><td rowspan="4"><b>Officer or Administrator of Provider</b></td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____ *</td></tr><tr><td rowspan="5"><b>Paid Preparer</b></td><td>* <i>Subject to the attached Accountants Consulting Report</i></td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name &amp; Address) <u>Marcum, LLP</u><br/><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 282-6300</u> <b>Fax #</b> <u>(847) 282-6301</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE<br/>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630</td></tr></table> |                          | <b>Officer or Administrator of Provider</b> | (Signed) _____           | (Type or Print Name) _____ | (Title) _____            | (Signed) _____ * | <b>Paid Preparer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | * <i>Subject to the attached Accountants Consulting Report</i> | (Print Name and Title) _____ | (Firm Name & Address) <u>Marcum, LLP</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> | (Telephone) <u>(847) 282-6300</u> <b>Fax #</b> <u>(847) 282-6301</u> | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630 |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Officer or Administrator of Provider</b>                                                                                                                                                                                                                             | (Signed) _____                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Type or Print Name) _____                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Title) _____                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Signed) _____ *                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Paid Preparer</b>                                                                                                                                                                                                                                                    | * <i>Subject to the attached Accountants Consulting Report</i>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Print Name and Title) _____                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Firm Name & Address) <u>Marcum, LLP</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | (Telephone) <u>(847) 282-6300</u> <b>Fax #</b> <u>(847) 282-6301</u>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
|                                                                                                                                                                                                                                                                         | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Type of Ownership:</b>                                                                                                                                                                                                                                               |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <table><tr><td><input type="checkbox"/></td><td>VOLUNTARY,NON-PROFIT</td></tr><tr><td><input type="checkbox"/></td><td>Charitable Corp.</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td></tr><tr><td colspan="2">IRS Exemption Code _____</td></tr></table> | <input type="checkbox"/>                                                                                                                                                     | VOLUNTARY,NON-PROFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Charitable Corp.                            | <input type="checkbox"/> | Trust                      | IRS Exemption Code _____ |                  | <table><tr><td><input checked="" type="checkbox"/></td><td>PROPRIETARY</td></tr><tr><td><input type="checkbox"/></td><td>Individual</td></tr><tr><td><input type="checkbox"/></td><td>Partnership</td></tr><tr><td><input type="checkbox"/></td><td>Corporation</td></tr><tr><td><input checked="" type="checkbox"/></td><td>"Sub-S" Corp.</td></tr><tr><td><input type="checkbox"/></td><td>Limited Liability Co.</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td></tr><tr><td><input type="checkbox"/></td><td>Other _____</td></tr></table> | <input checked="" type="checkbox"/>                            | PROPRIETARY                  | <input type="checkbox"/>                                                                             | Individual                                                           | <input type="checkbox"/>                                                                                                                                                     | Partnership | <input type="checkbox"/> | Corporation | <input checked="" type="checkbox"/> | "Sub-S" Corp. | <input type="checkbox"/> | Limited Liability Co. | <input type="checkbox"/> | Trust | <input type="checkbox"/> | Other _____ | <table><tr><td><input type="checkbox"/></td><td>GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/></td><td>State</td></tr><tr><td><input type="checkbox"/></td><td>County</td></tr><tr><td><input type="checkbox"/></td><td>Other _____</td></tr></table> | <input type="checkbox"/> | GOVERNMENTAL | <input type="checkbox"/> | State | <input type="checkbox"/> | County | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | VOLUNTARY,NON-PROFIT                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Charitable Corp.                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Trust                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| IRS Exemption Code _____                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | PROPRIETARY                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Individual                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Partnership                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Corporation                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | "Sub-S" Corp.                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Limited Liability Co.                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Trust                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Other _____                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | GOVERNMENTAL                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | State                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | County                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | Other _____                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>In the event there are further questions about this report, please contact:</b>                                                                                                                                                                                      |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) 282-6300</u>                                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |
| <b>Email Address:</b> _____                                                                                                                                                                                                                                             |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                             |                          |                            |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                              |                                                                                                      |                                                                      |                                                                                                                                                                              |             |                          |             |                                     |               |                          |                       |                          |       |                          |             |                                                                                                                                                                                                                                                               |                          |              |                          |       |                          |        |                          |             |

Facility Name & ID Number

Sharon Health Care Elms

#

0032789

Report Period Beginning:

01/01/16

Ending:

12/31/16

III. STATISTICAL DATA

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

N/A

|   | 1                                  | 2                           | 3                            | 4                                      |   |
|---|------------------------------------|-----------------------------|------------------------------|----------------------------------------|---|
|   | Beds at Beginning of Report Period | Licensure Level of Care     | Beds at End of Report Period | Licensed Bed Days During Report Period |   |
| 1 | 98                                 | Skilled (SNF)               | 98                           | 35,868                                 | 1 |
| 2 |                                    | Skilled Pediatric (SNF/PED) |                              |                                        | 2 |
| 3 |                                    | Intermediate (ICF)          |                              |                                        | 3 |
| 4 |                                    | Intermediate/DD             |                              |                                        | 4 |
| 5 |                                    | Sheltered Care (SC)         |                              |                                        | 5 |
| 6 |                                    | ICF/DD 16 or Less           |                              |                                        | 6 |
| 7 | 98                                 | TOTALS                      | 98                           | 35,868                                 | 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 Recipient                                          | Private Pay | Other | Total  |    |
| 8  | SNF           | 17,679                                                      | 410         | 9,895 | 27,984 | 8  |
| 9  | SNF/PED       |                                                             |             |       |        | 9  |
| 10 | ICF           |                                                             |             |       |        | 10 |
| 11 | ICF/DD        |                                                             |             |       |        | 11 |
| 12 | SC            |                                                             |             |       |        | 12 |
| 13 | DD 16 OR LESS |                                                             |             |       |        | 13 |
| 14 | TOTALS        | 17,679                                                      | 410         | 9,895 | 27,984 | 14 |

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

78.02%

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

None (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)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES

NO

X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

NO

X

I. On what date did you start providing long term care at this location?

Date started

08/15/1987

J. Was the facility purchased or leased after January 1, 1978?

YES

X

Date

08/15/1987

NO

K. Was the facility certified for Medicare during the reporting year?

YES

X

NO

If YES, enter number of beds certified

98

and days of care provided

4,851

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED CASH\*

CASH\*

Is your fiscal year identical to your tax year?

YES

X

NO

Tax Year:

12/31/16

Fiscal Year:

12/31/16

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

|     | Operating Expenses                                               | Costs Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>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                                                          | 183,401                  | 19,244        | 7,912      | 210,557    |                            | 210,557                    |                       | 210,557                |                  |    | 1   |
| 2   | Food Purchase                                                    |                          | 174,189       |            | 174,189    |                            | 174,189                    | (25)                  | 174,164                |                  |    | 2   |
| 3   | Housekeeping                                                     | 156,662                  | 23,053        |            | 179,715    |                            | 179,715                    |                       | 179,715                |                  |    | 3   |
| 4   | Laundry                                                          | 85,117                   | 20,303        |            | 105,420    |                            | 105,420                    |                       | 105,420                |                  |    | 4   |
| 5   | Heat and Other Utilities                                         |                          |               | 108,939    | 108,939    |                            | 108,939                    | (3,112)               | 105,827                |                  |    | 5   |
| 6   | Maintenance                                                      | 40,883                   |               | 104,983    | 145,866    |                            | 145,866                    | (13,516)              | 132,350                |                  |    | 6   |
| 7   | Other (specify):*                                                |                          |               |            |            |                            |                            |                       |                        |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 466,063                  | 236,789       | 221,834    | 924,686    |                            | 924,686                    | (16,653)              | 908,033                |                  |    | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 9   | Medical Director                                                 |                          |               | 18,000     | 18,000     |                            | 18,000                     |                       | 18,000                 |                  |    | 9   |
| 10  | Nursing and Medical Records                                      | 1,537,909                | 197,101       | 27,537     | 1,762,547  |                            | 1,762,547                  | (28,013)              | 1,734,534              |                  |    | 10  |
| 10a | Therapy                                                          | 153,285                  | 2,855         |            | 156,140    |                            | 156,140                    | (2,855)               | 153,285                |                  |    | 10a |
| 11  | Activities                                                       | 61,150                   | 4,097         | 1,548      | 66,795     |                            | 66,795                     |                       | 66,795                 |                  |    | 11  |
| 12  | Social Services                                                  | 117,257                  |               |            | 117,257    |                            | 117,257                    |                       | 117,257                |                  |    | 12  |
| 13  | CNA Training                                                     |                          |               |            |            |                            |                            |                       |                        |                  |    | 13  |
| 14  | Program Transportation                                           |                          |               | 4,975      | 4,975      |                            | 4,975                      |                       | 4,975                  |                  |    | 14  |
| 15  | Other (specify):*                                                |                          |               |            |            |                            |                            |                       |                        |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 1,869,601                | 204,053       | 52,060     | 2,125,714  |                            | 2,125,714                  | (30,868)              | 2,094,846              |                  |    | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 17  | Administrative                                                   | 141,687                  |               | 60,000     | 201,687    |                            | 201,687                    | (4,442)               | 197,245                |                  |    | 17  |
| 18  | Directors Fees                                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 18  |
| 19  | Professional Services                                            |                          |               | 49,721     | 49,721     |                            | 49,721                     | 315                   | 50,036                 |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 23,058     | 23,058     |                            | 23,058                     | (15,602)              | 7,456                  |                  |    | 20  |
| 21  | Clerical & General Office Expenses                               | 253,927                  | 1,484         | 376,259    | 631,670    |                            | 631,670                    | (346,586)             | 285,084                |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 395,947    | 395,947    |                            | 395,947                    |                       | 395,947                |                  |    | 22  |
| 23  | Inservice Training & Education                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 23  |
| 24  | Travel and Seminar                                               |                          |               | 1,535      | 1,535      |                            | 1,535                      |                       | 1,535                  |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               | 10,340     | 10,340     |                            | 10,340                     |                       | 10,340                 |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 59,709     | 59,709     |                            | 59,709                     | 117                   | 59,826                 |                  |    | 26  |
| 27  | Other (specify):*                                                |                          |               |            |            |                            |                            | 4,235                 | 4,235                  |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 395,614                  | 1,484         | 976,569    | 1,373,667  |                            | 1,373,667                  | (361,963)             | 1,011,704              |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 2,731,278                | 442,326       | 1,250,463  | 4,424,067  |                            | 4,424,067                  | (409,484)             | 4,014,583              |                  |    | 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                                   |                         |          | 31,477    | 31,477    |                   | 31,477             | 115,249      | 146,726        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |          |           |           |                   |                    |              |                |                  |    | 31 |
| 32 | Interest                                       |                         |          | 10,716    | 10,716    |                   | 10,716             | 38,249       | 48,965         |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |          | 57,264    | 57,264    |                   | 57,264             | 4,807        | 62,071         |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |          | 105,273   | 105,273   |                   | 105,273            | (99,046)     | 6,227          |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |          | 11,066    | 11,066    |                   | 11,066             |              | 11,066         |                  |    | 35 |
| 36 | Other (specify):*                              |                         |          |           |           |                   |                    |              |                |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |          | 215,796   | 215,796   |                   | 215,796            | 59,259       | 275,055        |                  |    | 37 |
|    | Ancillary Expense                              |                         |          |           |           |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers                        |                         |          |           |           |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation             |                         |          |           |           |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                      |                         | 243,683  | 360,283   | 603,966   |                   | 603,966            |              | 603,966        |                  |    | 39 |
| 40 | Barber and Beauty Shops                        |                         |          |           |           |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                          |                         |          |           |           |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                     |                         |          | 195,252   | 195,252   |                   | 195,252            |              | 195,252        |                  |    | 42 |
| 43 | Other (specify):*                              | 62,069                  |          | 2,307     | 64,376    |                   | 64,376             | (64,376)     |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     | 62,069                  | 243,683  | 557,842   | 863,594   |                   | 863,594            | (64,376)     | 799,218        |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 2,793,347               | 686,009  | 2,024,101 | 5,503,457 |                   | 5,503,457          | (414,602)    | 5,088,855      |                  |    | 45 |

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

VI. ADJUSTMENT DETAIL

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

|    | NON-ALLOWABLE EXPENSES                                         | 1<br>Amount  | 2<br>Refer-<br>ence | 3<br>BHF USE<br>ONLY |    |
|----|----------------------------------------------------------------|--------------|---------------------|----------------------|----|
| 1  | Day Care                                                       | \$           |                     | \$                   | 1  |
| 2  | Other Care for Outpatients                                     |              |                     |                      | 2  |
| 3  | Governmental Sponsored Special Programs                        |              |                     |                      | 3  |
| 4  | Non-Patient Meals                                              |              |                     |                      | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        | (3,617)      | 05                  |                      | 5  |
| 6  | Rented Facility Space                                          |              |                     |                      | 6  |
| 7  | Sale of Supplies to Non-Patients                               |              |                     |                      | 7  |
| 8  | Laundry for Non-Patients                                       |              |                     |                      | 8  |
| 9  | Non-Straightline Depreciation                                  | 62,126       | 30                  |                      | 9  |
| 10 | Interest and Other Investment Income                           | (2,279)      | 32                  |                      | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |              |                     |                      | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |              |                     |                      | 12 |
| 13 | Sales Tax                                                      | (25)         | 02                  |                      | 13 |
| 14 | Non-Care Related Interest                                      |              |                     |                      | 14 |
| 15 | Non-Care Related Owner's Transactions                          |              |                     |                      | 15 |
| 16 | Personal Expenses (Including Transportation)                   |              |                     |                      | 16 |
| 17 | Non-Care Related Fees                                          |              |                     |                      | 17 |
| 18 | Fines and Penalties                                            | (676)        | 21                  |                      | 18 |
| 19 | Entertainment                                                  | (2,784)      | 21                  |                      | 19 |
| 20 | Contributions                                                  | (15,708)     | 20                  |                      | 20 |
| 21 | Owner or Key-Man Insurance                                     |              |                     |                      | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |              |                     |                      | 22 |
| 23 | Malpractice Insurance for Individuals                          |              |                     |                      | 23 |
| 24 | Bad Debt                                                       | (318,053)    | 21                  |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      |              |                     |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax | (8,738)      | 21                  |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |              |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |              |                     |                      | 28 |
| 29 | Other-Attach Schedule                                          | (126,364)    |                     |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (416,118) |                     | \$                   | 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) | 1,516        |                | 34 |
| 35 | Other- Attach Schedule                                       |              |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ 1,516     |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (B) )         | \$ (414,602) |                | 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 |

| NON-ALLOWABLE EXPENSES |                              | Amount    | Sch. V Line<br>Reference |    |
|------------------------|------------------------------|-----------|--------------------------|----|
| 1                      | Misc Income                  | \$ (662)  | 21                       | 1  |
| 2                      | Veterans                     | (28,013)  | 10                       | 2  |
| 3                      | Marketing                    | (2,307)   | 43                       | 3  |
| 4                      | Bank Charges                 | (15,673)  | 21                       | 4  |
| 5                      | Veterans - Therapy           | (2,855)   | 10A                      | 5  |
| 6                      | Non - Allowable Compensation | (62,069)  | 43                       | 6  |
| 7                      | Capitalized R&M              | (14,785)  | 06                       | 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                        | (126,364) |                          | 49 |

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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                            |           |      |       |      |         |      |      |      |      |      |      |                   | 1   |
| 2   | Food Purchase                      | (25)      |      |       |      |         |      |      |      |      |      |      | (25)              | 2   |
| 3   | Housekeeping                       |           |      |       |      |         |      |      |      |      |      |      |                   | 3   |
| 4   | Laundry                            |           |      |       |      |         |      |      |      |      |      |      |                   | 4   |
| 5   | Heat and Other Utilities           | (3,617)   |      | 505   |      |         |      |      |      |      |      |      | (3,112)           | 5   |
| 6   | Maintenance                        | (14,785)  |      | 1,269 |      |         |      |      |      |      |      |      | (13,516)          | 6   |
| 7   | Other (specify):*                  |           |      |       |      |         |      |      |      |      |      |      |                   | 7   |
| 8   | TOTAL General Services             | (18,427)  |      | 1,774 |      |         |      |      |      |      |      |      | (16,653)          | 8   |
|     | B. Health Care and Programs        |           |      |       |      |         |      |      |      |      |      |      |                   |     |
| 9   | Medical Director                   |           |      |       |      |         |      |      |      |      |      |      |                   | 9   |
| 10  | Nursing and Medical Records        | (28,013)  |      |       |      |         |      |      |      |      |      |      | (28,013)          | 10  |
| 10a | Therapy                            | (2,855)   |      |       |      |         |      |      |      |      |      |      | (2,855)           | 10a |
| 11  | Activities                         |           |      |       |      |         |      |      |      |      |      |      |                   | 11  |
| 12  | Social Services                    |           |      |       |      |         |      |      |      |      |      |      |                   | 12  |
| 13  | CNA Training                       |           |      |       |      |         |      |      |      |      |      |      |                   | 13  |
| 14  | Program Transportation             |           |      |       |      |         |      |      |      |      |      |      |                   | 14  |
| 15  | Other (specify):*                  |           |      |       |      |         |      |      |      |      |      |      |                   | 15  |
| 16  | TOTAL Health Care and Programs     | (30,868)  |      |       |      |         |      |      |      |      |      |      | (30,868)          | 16  |
|     | C. General Administration          |           |      |       |      |         |      |      |      |      |      |      |                   |     |
| 17  | Administrative                     |           |      |       |      | (4,442) |      |      |      |      |      |      | (4,442)           | 17  |
| 18  | Directors Fees                     |           |      |       |      |         |      |      |      |      |      |      |                   | 18  |
| 19  | Professional Services              |           |      | 92    | 223  |         |      |      |      |      |      |      | 315               | 19  |
| 20  | Fees, Subscriptions & Promotions   | (15,708)  |      | 64    | 42   |         |      |      |      |      |      |      | (15,602)          | 20  |
| 21  | Clerical & General Office Expenses | (346,586) |      |       |      |         |      |      |      |      |      |      | (346,586)         | 21  |
| 22  | Employee Benefits & Payroll Taxes  |           |      |       |      |         |      |      |      |      |      |      |                   | 22  |
| 23  | Inservice Training & Education     |           |      |       |      |         |      |      |      |      |      |      |                   | 23  |
| 24  | Travel and Seminar                 |           |      |       |      |         |      |      |      |      |      |      |                   | 24  |
| 25  | Other Admin. Staff Transportation  |           |      |       |      |         |      |      |      |      |      |      |                   | 25  |
| 26  | Insurance-Prop.Liab.Malpractice    |           |      | 117   |      |         |      |      |      |      |      |      | 117               | 26  |
| 27  | Other (specify):*                  |           |      |       |      | 4,235   |      |      |      |      |      |      | 4,235             | 27  |
| 28  | TOTAL General Administration       | (362,294) |      | 273   | 265  | (207)   |      |      |      |      |      |      | (361,963)         | 28  |
|     | TOTAL Operating Expense            |           |      |       |      |         |      |      |      |      |      |      |                   |     |
| 29  | (sum of lines 8,16 & 28)           | (411,589) |      | 2,047 | 265  | (207)   |      |      |      |      |      |      | (409,484)         | 29  |



STATE OF ILLINOIS

Summary B

Facility Name & ID Number     Sharon Health Care Elms     #     0032789     Report Period Beginning:     01/01/16     Ending:     12/31/16

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

|    | Capital Expense                                | PAGES     | PAGE | PAGE    | PAGE     | PAGE  | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | SUMMARY TOTALS    |    |
|----|------------------------------------------------|-----------|------|---------|----------|-------|------|------|------|------|------|------|-------------------|----|
|    | D. Ownership                                   | 5 & 5A    | 6    | 6A      | 6B       | 6C    | 6D   | 6E   | 6F   | 6G   | 6H   | 6I   | (to Sch V, col.7) |    |
| 30 | Depreciation                                   | 62,126    |      |         | 53,123   |       |      |      |      |      |      |      | 115,249           | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |           |      |         |          |       |      |      |      |      |      |      |                   | 31 |
| 32 | Interest                                       | (2,279)   |      |         | 40,528   |       |      |      |      |      |      |      | 38,249            | 32 |
| 33 | Real Estate Taxes                              |           |      | 2,922   | 1,885    |       |      |      |      |      |      |      | 4,807             | 33 |
| 34 | Rent-Facility & Grounds                        |           |      | (8,461) | (90,585) |       |      |      |      |      |      |      | (99,046)          | 34 |
| 35 | Rent-Equipment & Vehicles                      |           |      |         |          |       |      |      |      |      |      |      |                   | 35 |
| 36 | Other (specify):*                              |           |      |         |          |       |      |      |      |      |      |      |                   | 36 |
| 37 | TOTAL Ownership                                | 59,847    |      | (5,539) | 4,951    |       |      |      |      |      |      |      | 59,259            | 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                     |           |      |         |          |       |      |      |      |      |      |      |                   | 42 |
| 43 | Other (specify):*                              | (64,376)  |      |         |          |       |      |      |      |      |      |      | (64,376)          | 43 |
| 44 | TOTAL Special Cost Centers                     | (64,376)  |      |         |          |       |      |      |      |      |      |      | (64,376)          | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | (416,118) |      | (3,492) | 5,216    | (207) |      |      |      |      |      |      | (414,602)         | 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 |
| See PG 6-Supplemental |             | See PG 6-Supplemental      |      | See PG 6-Supplemental                |      |                  |
|                       |             |                            |      |                                      |      |                  |
|                       |             |                            |      |                                      |      |                  |
|                       |             |                            |      |                                      |      |                  |
|                       |             |                            |      |                                      |      |                  |
|                       |             |                            |      |                                      |      |                  |
|                       |             |                            |      |                                      |      |                  |

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

☐ YES

☒ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

| 1          |       | 2    | 3 Cost Per General Ledger | 4         | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|---------------------------|-----------|--------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount    | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     | 5    | UTILITIES                 | \$        | BARTON MANAGEMENT INC.         | 100.00%              | \$ 505                                 | \$ 505                                                 | 15 |
| 16         | V     | 6    | REPAIRS AND MAINT.        |           | BARTON MANAGEMENT INC.         | 100.00%              | 1,269                                  | 1,269                                                  | 16 |
| 17         | V     | 19   | PROFESSIONAL FEES         |           | BARTON MANAGEMENT INC.         | 100.00%              | 92                                     | 92                                                     | 17 |
| 18         | V     | 20   | DUES, LICENSES, FEES      |           | BARTON MANAGEMENT INC.         | 100.00%              | 64                                     | 64                                                     | 18 |
| 19         | V     | 26   | INSURANCE                 |           | BARTON MANAGEMENT INC.         | 100.00%              | 117                                    | 117                                                    | 19 |
| 20         | V     | 33   | REAL ESTATE TAXES         |           | BARTON MANAGEMENT INC.         | 100.00%              | 2,922                                  | 2,922                                                  | 20 |
| 21         | V     | 34   | RENT OFFICE SPACE         |           | BARTON MANAGEMENT INC.         | 100.00%              | 5,939                                  | 5,939                                                  | 21 |
| 22         | V     |      |                           |           |                                |                      |                                        |                                                        | 22 |
| 23         | V     |      |                           |           |                                |                      |                                        |                                                        | 23 |
| 24         | V     |      |                           |           |                                |                      |                                        |                                                        | 24 |
| 25         | V     |      |                           |           |                                |                      |                                        |                                                        | 25 |
| 26         | V     |      |                           |           |                                |                      |                                        |                                                        | 26 |
| 27         | V     | 34   | RENT                      | 14,400    | BARTON MANAGEMENT INC.         | 100.00%              |                                        | (14,400)                                               | 27 |
| 28         | V     |      |                           |           |                                |                      |                                        |                                                        | 28 |
| 29         | V     |      |                           |           |                                |                      |                                        |                                                        | 29 |
| 30         | V     |      |                           |           |                                |                      |                                        |                                                        | 30 |
| 31         | V     |      |                           |           |                                |                      |                                        |                                                        | 31 |
| 32         | V     |      |                           |           |                                |                      |                                        |                                                        | 32 |
| 33         | V     |      |                           |           |                                |                      |                                        |                                                        | 33 |
| 34         | V     |      |                           |           |                                |                      |                                        |                                                        | 34 |
| 35         | V     |      |                           |           |                                |                      |                                        |                                                        | 35 |
| 36         | V     |      |                           |           |                                |                      |                                        |                                                        | 36 |
| 37         | V     |      |                           |           |                                |                      |                                        |                                                        | 37 |
| 38         | V     |      |                           |           |                                |                      |                                        |                                                        | 38 |
| 39         | Total |      |                           | \$ 14,400 |                                |                      | \$ 10,908                              | \$ * (3,492)                                           | 39 |

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

| 1          |       | 2    | 3 Cost Per General Ledger | 4         | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|---------------------------|-----------|--------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount    | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     | 19   | PROFESSIONAL FEES         | \$        | PEORIA FOREST PARTNERSHIP      | 100.00%              | \$ 223                                 | \$ 223                                                 | 15 |
| 16         | V     | 20   | DUES, FEES, SUBS.         |           | PEORIA FOREST PARTNERSHIP      | 100.00%              | 42                                     | 42                                                     | 16 |
| 17         | V     | 30   | DEPRECIATION              |           | PEORIA FOREST PARTNERSHIP      | 100.00%              | 53,123                                 | 53,123                                                 | 17 |
| 18         | V     | 32   | INTEREST                  |           | PEORIA FOREST PARTNERSHIP      | 100.00%              | 40,528                                 | 40,528                                                 | 18 |
| 19         | V     | 33   | REAL ESTATE TAX           |           | PEORIA FOREST PARTNERSHIP      | 100.00%              | 1,885                                  | 1,885                                                  | 19 |
| 20         | V     | 34   | RENT                      | 90,585    | PEORIA FOREST PARTNERSHIP      | 100.00%              |                                        | (90,585)                                               | 20 |
| 21         | V     |      |                           |           |                                |                      |                                        |                                                        | 21 |
| 22         | V     |      |                           |           |                                |                      |                                        |                                                        | 22 |
| 23         | V     |      |                           |           |                                |                      |                                        |                                                        | 23 |
| 24         | V     |      |                           |           |                                |                      |                                        |                                                        | 24 |
| 25         | V     |      |                           |           |                                |                      |                                        |                                                        | 25 |
| 26         | V     |      |                           |           |                                |                      |                                        |                                                        | 26 |
| 27         | V     |      |                           |           |                                |                      |                                        |                                                        | 27 |
| 28         | V     |      |                           |           |                                |                      |                                        |                                                        | 28 |
| 29         | V     |      |                           |           |                                |                      |                                        |                                                        | 29 |
| 30         | V     |      |                           |           |                                |                      |                                        |                                                        | 30 |
| 31         | V     |      |                           |           |                                |                      |                                        |                                                        | 31 |
| 32         | V     |      |                           |           |                                |                      |                                        |                                                        | 32 |
| 33         | V     |      |                           |           |                                |                      |                                        |                                                        | 33 |
| 34         | V     |      |                           |           |                                |                      |                                        |                                                        | 34 |
| 35         | V     |      |                           |           |                                |                      |                                        |                                                        | 35 |
| 36         | V     |      |                           |           |                                |                      |                                        |                                                        | 36 |
| 37         | V     |      |                           |           |                                |                      |                                        |                                                        | 37 |
| 38         | V     |      |                           |           |                                |                      |                                        |                                                        | 38 |
| 39         | Total |      |                           | \$ 90,585 |                                |                      | \$ 95,801                              | \$ * 5,216                                             | 39 |

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

VII. RELATED PARTIES (continued)

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

X YES NO

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

| 1          |       | 2    | 3 Cost Per General Ledger | 4         | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|---------------------------|-----------|--------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount    | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     | 17   | MANAGEMENT FEES           | 60,000    | REDWOOD MANAGEMENT             | 100.00%              |                                        | \$ (60,000)                                            | 15 |
| 16         | V     |      |                           |           |                                |                      |                                        |                                                        | 16 |
| 17         | V     | 17   | SALARY-J.SHLOFROCK        |           | REDWOOD MANAGEMENT             | 100.00%              | 20,968                                 | 20,968                                                 | 17 |
| 18         | V     | 27   | PAYROLL TAXES-JS          |           | REDWOOD MANAGEMENT             | 100.00%              | 1,868                                  | 1,868                                                  | 18 |
| 19         | V     |      |                           |           |                                |                      |                                        |                                                        | 19 |
| 20         | V     | 17   | SALARY-S. ARON            |           | REDWOOD MANAGEMENT             | 100.00%              | 34,590                                 | 34,590                                                 | 20 |
| 21         | V     | 27   | PAYROLL TAXES-SA          |           | REDWOOD MANAGEMENT             | 100.00%              | 2,367                                  | 2,367                                                  | 21 |
| 22         | V     |      |                           |           |                                |                      |                                        |                                                        | 22 |
| 23         | V     |      |                           |           |                                |                      |                                        |                                                        | 23 |
| 24         | V     |      |                           |           |                                |                      |                                        |                                                        | 24 |
| 25         | V     |      |                           |           |                                |                      |                                        |                                                        | 25 |
| 26         | V     |      |                           |           |                                |                      |                                        |                                                        | 26 |
| 27         | V     |      |                           |           |                                |                      |                                        |                                                        | 27 |
| 28         | V     |      |                           |           |                                |                      |                                        |                                                        | 28 |
| 29         | V     |      |                           |           |                                |                      |                                        |                                                        | 29 |
| 30         | V     |      |                           |           |                                |                      |                                        |                                                        | 30 |
| 31         | V     |      |                           |           |                                |                      |                                        |                                                        | 31 |
| 32         | V     |      |                           |           |                                |                      |                                        |                                                        | 32 |
| 33         | V     |      |                           |           |                                |                      |                                        |                                                        | 33 |
| 34         | V     |      |                           |           |                                |                      |                                        |                                                        | 34 |
| 35         | V     |      |                           |           |                                |                      |                                        |                                                        | 35 |
| 36         | V     |      |                           |           |                                |                      |                                        |                                                        | 36 |
| 37         | V     |      |                           |           |                                |                      |                                        |                                                        | 37 |
| 38         | V     |      |                           |           |                                |                      |                                        |                                                        | 38 |
| 39         | Total |      |                           | \$ 60,000 |                                |                      | \$ 59,793                              | \$ * (207)                                             | 39 |

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

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

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



VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

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

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

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  | STANTON ARON                      | 17.80%      | BARTON SENIOR RESIDENCES (SLF)   | ZION            | BARTON MANAGEMENT                    | NORTHFIELD | BOOKEEPING             | 1  |
| 2  | JOHN SHLOFROCK                    | 26.71%      | CENTRAL PLAZA                    | CHICAGO         | PEORIA FOREST PTNSHP                 | NORTHFIELD | BUILDING & DIETARY CO. | 2  |
| 3  | GARY WEINTRAUB                    | 11.58%      | CLAYTON RESIDENTIAL HOME, INC.   | CHICAGO         | REDWOOD MANAGEMENT                   | NORTHFIELD | MANAGEMENT CO          | 3  |
| 4  | ELISA SHLOFROCK-ZUSMAN            | 22.97%      | THORNTON HEIGHTS TERRACE, LTD.   | CHICAGO HEIGHTS |                                      |            |                        | 4  |
| 5  | RICHARD DEAN DUROS DECL. OF TRUST | 9.20%       | RUSH BARTON (SLF)                | CHICAGO         |                                      |            |                        | 5  |
| 6  | ENID KAPLAN                       | 7.30%       | SHARON HEALTH CARE PINES, INC.   | PEORIA          |                                      |            |                        | 6  |
| 7  | SALAMON DAYAN                     | 1.25%       | SHARON HEALTH CARE WILLOWS, INC. | PEORIA          |                                      |            |                        | 7  |
| 8  | ANCA OVIEDO                       | 1.02%       | SHARON HEALTH CARE WOODS, INC.   | PEORIA          |                                      |            |                        | 8  |
| 9  | MARIAN SIMON                      | 1.02%       |                                  |                 |                                      |            |                        | 9  |
| 10 | MICHAEL KAPLAN                    | 1.15%       |                                  |                 |                                      |            |                        | 10 |
| 11 |                                   |             |                                  |                 |                                      |            |                        | 11 |
| 12 |                                   |             |                                  |                 |                                      |            |                        | 12 |
| 13 |                                   |             |                                  |                 |                                      |            |                        | 13 |
| 14 |                                   |             |                                  |                 |                                      |            |                        | 14 |
| 15 |                                   |             |                                  |                 |                                      |            |                        | 15 |
| 16 |                                   |             |                                  |                 |                                      |            |                        | 16 |
| 17 |                                   |             |                                  |                 |                                      |            |                        | 17 |
| 18 |                                   |             |                                  |                 |                                      |            |                        | 18 |
| 19 |                                   |             |                                  |                 |                                      |            |                        | 19 |
| 20 |                                   |             |                                  |                 |                                      |            |                        | 20 |
| 21 |                                   |             |                                  |                 |                                      |            |                        | 21 |
| 22 |                                   |             |                                  |                 |                                      |            |                        | 22 |
| 23 |                                   |             |                                  |                 |                                      |            |                        | 23 |
| 24 |                                   |             |                                  |                 |                                      |            |                        | 24 |
| 25 |                                   |             |                                  |                 |                                      |            |                        | 25 |
| 26 |                                   |             |                                  |                 |                                      |            |                        | 26 |
| 27 |                                   |             |                                  |                 |                                      |            |                        | 27 |
| 28 |                                   |             |                                  |                 |                                      |            |                        | 28 |
| 29 |                                   |             |                                  |                 |                                      |            |                        | 29 |
| 30 |                                   |             |                                  |                 |                                      |            |                        | 30 |

VII. RELATED PARTIES

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 Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

## 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 Interest | 5<br>Compensation Received From Other Nursing Homes* | 6<br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br>Compensation Included in Costs for this Reporting Period** |            | 8<br>Schedule V. Line & Column Reference |    |
|----|--------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------|------------|------------------------------------------|----|
|    |                                                                                                                          |             |                |                         |                                                      | Hours                                                                              | Percent | Description                                                     | Amount     |                                          |    |
| 1  | John Shlofrock                                                                                                           | Shareholder | Administrative | 26.71%                  | See Attached                                         | 6.5                                                                                | 15.48%  | Alloc. Salary                                                   | \$ 20,968  | 17-7                                     | 1  |
| 2  | Anca Zota-Oviedo                                                                                                         | Shareholder | Administrative | 1.02%                   | See Attached                                         | 3                                                                                  | 5.45%   | Salary                                                          | 26,608     | 17-1                                     | 2  |
| 3  | Gary Weintraub                                                                                                           | Shareholder | Administrative | 11.58%                  | See Attached                                         | 4                                                                                  | 10.81%  | Salary                                                          | 30,978     | 17-1                                     | 3  |
| 4  | Stan Aron                                                                                                                | Shareholder | Administrative | 17.80%                  | See Attached                                         | 4                                                                                  | 10.81%  | Alloc. Salary                                                   | 34,590     | 17-7                                     | 4  |
| 5  | Rick Duros                                                                                                               | COO         | Administrative |                         | See Attached                                         | 6.5                                                                                | 11.24%  |                                                                 |            |                                          | 5  |
| 6  |                                                                                                                          |             |                |                         |                                                      | 6.5                                                                                |         |                                                                 |            |                                          | 6  |
| 7  |                                                                                                                          |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 7  |
| 8  |                                                                                                                          |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 8  |
| 9  |                                                                                                                          |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 9  |
| 10 |                                                                                                                          |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 10 |
| 11 | Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 11 |
| 12 | anticipated to be considered allowable by the IL. Dept. of HFS.                                                          |             |                |                         |                                                      |                                                                                    |         |                                                                 |            |                                          | 12 |
| 13 |                                                                                                                          |             |                |                         |                                                      |                                                                                    |         | TOTAL                                                           | \$ 113,144 |                                          | 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 Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 BARTON MANAGEMENT INC.  
Street Address 465 CENTRAL AVE.  
City / State / Zip Code NORTHFIELD, IL 60093  
Phone Number ( 847) 441-8200  
Fax Number ( 847) 441-0800

|    | 1          | 2                    | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|----------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                      | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item                 | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                      | Square Feet)             |             | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1  | 5          | UTILITIES            | AVAILABLE DAYS           | 500,425     | 8               | \$ 7,070       | \$               | 35,770   | \$ 505               | 1  |
| 2  | 6          | REPAIRS AND MAINT.   | AVAILABLE DAYS           | 500,425     | 8               | 17,754         |                  | 35,770   | 1,269                | 2  |
| 3  | 19         | PROFESSIONAL FEES    | AVAILABLE DAYS           | 500,425     | 8               | 1,285          |                  | 35,770   | 92                   | 3  |
| 4  | 20         | DUES, LICENSES, FEES | AVAILABLE DAYS           | 500,425     | 8               | 900            |                  | 35,770   | 64                   | 4  |
| 5  | 26         | INSURANCE            | AVAILABLE DAYS           | 500,425     | 8               | 1,631          |                  | 35,770   | 117                  | 5  |
| 6  | 33         | REAL ESTATE TAXES    | AVAILABLE DAYS           | 500,425     | 8               | 40,881         |                  | 35,770   | 2,922                | 6  |
| 7  | 34         | RENT OFFICE SPACE    | AVAILABLE DAYS           | 500,425     | 8               | 83,085         |                  | 35,770   | 5,939                | 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     |                      |                          |             |                 | \$ 152,606     | \$               |          | \$ 10,908            | 25 |



Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 PEORIA FOREST PARTNERSHIP  
Street Address 465 CENTRAL AVE., SUITE 100  
City / State / Zip Code NORTHFIELD, IL. 60093  
Phone Number (847) 441-8200  
Fax Number (847) 441-0800

|    | 1          | 2                 | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|-------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                   | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item              | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                   | Square Feet)             |             | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1  | 19         | PROFESSIONAL FEES | BED SIZE                 | 585         | 4               | \$ 1,330       | \$               | 98       | \$ 223               | 1  |
| 2  | 20         | DUES, FEES, SUBS. | BED SIZE                 | 585         | 4               | 250            |                  | 98       | 42                   | 2  |
| 3  | 30         | DEPRECIATION      | BED SIZE                 | 585         | 4               | 317,113        |                  | 98       | 53,123               | 3  |
| 4  | 32         | INTEREST          | BED SIZE                 | 585         | 4               | 241,925        |                  | 98       | 40,528               | 4  |
| 5  | 33         | REAL ESTATE TAX   | BED SIZE                 | 585         | 4               | 11,251         |                  | 98       | 1,885                | 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     |                   |                          |             |                 | \$ 571,869     | \$               |          | \$ 95,801            | 25 |

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 REDWOOD MANAGEMENT  
Street Address 465 CENTRAL AVE. ,SUITE 100  
City / State / Zip Code NORTHFIELD, IL. 60093  
Phone Number ( 847) 441-8200  
Fax Number ( 847) 441-0800

|    | 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  | 17                              | SALARY-J.SHLOFROCK | AVG HOURS WORKED                                               | 31          | 5                                              | 100,000                                   | 100,000                                           | 7                 | \$ 20,968                          | 1  |
| 2  | 27                              | PAYROLL TAXES-JS   | AVG HOURS WORKED                                               | 31          | 5                                              | 8,910                                     |                                                   | 7                 | 1,868                              | 2  |
| 3  |                                 |                    |                                                                |             |                                                |                                           |                                                   |                   |                                    | 3  |
| 4  | 17                              | SALARY-S. ARON     | AVG HOURS WORKED                                               | 16          | 4                                              | 138,360                                   | 138,360                                           | 4                 | 34,590                             | 4  |
| 5  | 27                              | PAYROLL TAXES-SA   | AVG HOURS WORKED                                               | 16          | 4                                              | 9,467                                     |                                                   | 4                 | 2,367                              | 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                          |                    |                                                                |             |                                                | \$ 256,737                                | \$ 238,360                                        |                   | \$ 59,793                          | 25 |

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

Facility Name & ID Number Sharon Health Care Elms # 0032789 Report Period Beginning: 01/01/16 Ending: 12/31/16

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  |                              |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$         | 1  |
| 2  |                              |           |    |                 |                          |              |                |         |               |                          |                                   |            | 2  |
| 3  |                              |           |    |                 |                          |              |                |         |               |                          |                                   |            | 3  |
| 4  |                              |           |    |                 |                          |              |                |         |               |                          |                                   |            | 4  |
| 5  |                              |           |    |                 | -                        |              |                |         |               |                          |                                   |            | 5  |
|    | Working Capital              |           |    |                 |                          |              |                |         |               |                          |                                   |            |    |
| 6  | Interest Expense             |           | X  |                 |                          |              |                |         |               |                          |                                   | 10,716     | 6  |
| 7  | Allocated from Peoria Forest | X         |    |                 |                          |              |                |         |               |                          |                                   | 40,528     | 7  |
| 8  |                              |           |    |                 | -                        |              |                |         |               |                          |                                   |            | 8  |
| 9  | TOTAL Facility Related       |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ 51,244  | 9  |
|    | B. Non-Facility Related*     |           |    |                 |                          |              |                |         |               |                          |                                   |            |    |
| 10 | Interest Income              |           | X  |                 |                          |              |                |         |               |                          |                                   | (2,279)    | 10 |
| 11 |                              |           |    |                 |                          |              |                |         |               |                          |                                   |            | 11 |
| 12 |                              |           |    |                 |                          |              |                |         |               |                          |                                   |            | 12 |
| 13 |                              |           |    |                 | -                        |              |                |         |               |                          |                                   |            | 13 |
| 14 | TOTAL Non-Facility Related   |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ (2,279) | 14 |
| 15 | TOTALS (line 9+line14)       |           |    |                 |                          |              | \$             |         |               |                          |                                   | \$ 48,965  | 15 |

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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

|                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   |               |               |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|----------|
|                                                                                                                                                                                                                                                                                                                                           |  | <b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b> |               |               |          |
| 1. Real Estate Tax accrual used on 2015 report.                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   | \$            | <b>53,060</b> | <b>1</b> |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)                                                                                                                                                                                     |  |                                                                                                                                   | \$            | <b>58,888</b> | <b>2</b> |
| 3. Under or (over) accrual (line 2 minus line 1).                                                                                                                                                                                                                                                                                         |  |                                                                                                                                   | \$            | <b>5,828</b>  | <b>3</b> |
| 4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                                                                |  |                                                                                                                                   | \$            | <b>56,244</b> | <b>4</b> |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br><b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>                                |  |                                                                                                                                   | \$            |               | <b>5</b> |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br><b>TOTAL REFUND    \$                      For                      Tax Year.    (Attach a copy of the real estate tax appeal board's decision.)</b> |  |                                                                                                                                   | \$            |               | <b>6</b> |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.                                                                                                                                                                                                                               |  |                                                                                                                                   | \$            | <b>62,072</b> | <b>7</b> |
| Real Estate Tax History:                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                   |               |               |          |
| Real Estate Tax Bill for Calendar Year:                                                                                                                                                                                                                                                                                                   |  | 2011                                                                                                                              | <b>50,754</b> | <b>8</b>      |          |
|                                                                                                                                                                                                                                                                                                                                           |  | 2012                                                                                                                              | <b>50,391</b> | <b>9</b>      |          |
|                                                                                                                                                                                                                                                                                                                                           |  | 2013                                                                                                                              | <b>50,411</b> | <b>10</b>     |          |
|                                                                                                                                                                                                                                                                                                                                           |  | 2014                                                                                                                              | <b>51,020</b> | <b>11</b>     |          |
|                                                                                                                                                                                                                                                                                                                                           |  | 2015                                                                                                                              | <b>54,081</b> | <b>12</b>     |          |
| <b>2016 Accrual = \$54,081 x 1.04 = \$56,244</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                                                   |               |               |          |
| <b>Allocated from Barton Management: \$2,922</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                                                   |               |               |          |
| <b>Allocated from Peoria Forest: \$1,885</b>                                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |               |               |          |
|                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   |               |               |          |
|                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   |               |               |          |

|           |                                       |    |           |
|-----------|---------------------------------------|----|-----------|
|           | <b>FOR BHF USE ONLY</b>               |    |           |
| <b>13</b> | FROM R. E. TAX STATEMENT FOR 2015     | \$ | <b>13</b> |
| <b>14</b> | PLUS APPEAL COST FROM LINE 5          | \$ | <b>14</b> |
| <b>15</b> | LESS REFUND FROM LINE 6               | \$ | <b>15</b> |
| <b>16</b> | AMOUNT TO USE FOR RATE CALCULATION \$ |    | <b>16</b> |

- NOTES:
1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sharon Health Care Elms COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0032789

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

| (A)                          | (B)                                 | (C)                         | (D)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|------------------------------|-------------------------------------|-----------------------------|------------------------------------------------------------------|
| <u>Tax Index Number</u>      | <u>Property Description</u>         | <u>Total Tax</u>            |                                                                  |
| 1. <u>13-25-426-016</u>      | <u>Nursing Home Property</u>        | \$ <u>54,080.62</u>         | \$ <u>54,080.62</u>                                              |
| 2. <u>05-19-112-017-0000</u> | <u>Allocated from Barton Mgmt</u>   | \$ <u>83,657.33</u>         | \$ <u>2,989.88</u>                                               |
| 3. <u>See Attached</u>       | <u>Allocated from Peoria Forest</u> | \$ <u>11,251.28</u>         | \$ <u>1,884.83</u>                                               |
| 4. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 5. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 6. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 7. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 8. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 9. _____                     | _____                               | \$ _____                    | \$ _____                                                         |
| 10. _____                    | _____                               | \$ _____                    | \$ _____                                                         |
| TOTALS                       |                                     | \$ <u><u>148,989.23</u></u> | \$ <u><u>58,955.33</u></u>                                       |

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates  
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Sharon Health Care Elms

COUNTY

Peoria

FACILITY IDPH LICENSE NUMBER

0032789

CONTACT PERSON REGARDING THIS REPORT

Steve Lavenda

TELEPHONE

(847) 236-6300

FAX #:

(847) 236-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

|     | (A)                     | (B)                         | (C)              | (D)                                                       |
|-----|-------------------------|-----------------------------|------------------|-----------------------------------------------------------|
|     | <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
| 1.  |                         |                             | \$               | \$                                                        |
| 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? 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

24,372

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).

Sharon Healthcare Willows-Facility- 219 Beds

Sharon Healthcare Woods-Facility- 152 Beds

Sharon Healthcare Pines-116 Beds

Peoria Forest Partnership-Dietary Building

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

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

| A. Land. | 1                        | 2           | 3             | 4          |   |
|----------|--------------------------|-------------|---------------|------------|---|
|          | Use                      | Square Feet | Year Acquired | Cost       |   |
| 1        | Facility                 |             |               | \$ 107,214 | 1 |
| 2        | Allocation Peoria Forest |             |               | 6,024      | 2 |
| 3        | TOTALS                   |             |               | \$ 113,238 | 3 |

XI. OWNERSHIP COSTS (continued)

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

|    | 1                  | FOR BHF USE ONLY | 2                | 3                   | 4            | 5                            | 6                | 7                             | 8           | 9                           |    |
|----|--------------------|------------------|------------------|---------------------|--------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
|    | Beds*              |                  | Year<br>Acquired | Year<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 4  | 98                 |                  | 1991             | 1972                | \$ 1,862,634 | \$ 51,936                    | 35               | \$ 59,139                     | \$ 7,203    | \$ 1,520,358                | 4  |
| 5  | 98                 |                  | 1991             | 1991                | 39,368       | 1,188                        | 31.5             | 1,188                         |             | 19,601                      | 5  |
| 6  |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 6  |
| 7  |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 7  |
| 8  |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 8  |
|    | Improvement Type** |                  |                  |                     |              |                              |                  |                               |             |                             |    |
| 9  | Various            |                  | 1987             |                     | 5,207        |                              | 20               |                               |             | 5,207                       | 9  |
| 10 | Various            |                  | 1988             |                     | 4,581        |                              | 20               |                               |             | 4,581                       | 10 |
| 11 | Various            |                  | 1989             |                     | 1,877        |                              | 20               |                               |             | 1,877                       | 11 |
| 12 | Various            |                  | 1990             |                     | 6,666        |                              | 20               |                               |             | 6,666                       | 12 |
| 13 | Various            |                  | 1991             |                     | 23,422       |                              | 20               |                               |             | 23,422                      | 13 |
| 14 | Various            |                  | 1992             |                     | 19,136       |                              | 20               |                               |             | 19,136                      | 14 |
| 15 | Various            |                  | 1994             |                     | 9,731        |                              | 20               |                               |             | 9,731                       | 15 |
| 16 | Various            |                  | 1995             |                     | 2,723        |                              | 20               | 136                           | 136         | 2,429                       | 16 |
| 17 | Various            |                  | 1996             |                     | 4,103        |                              | 20               | 206                           | 206         | 3,400                       | 17 |
| 18 | Various            |                  | 1997             |                     | 19,387       |                              | 20               | 970                           | 970         | 14,248                      | 18 |
| 19 | Various            |                  | 1998             |                     | 18,953       |                              | 20               | 947                           | 947         | 12,664                      | 19 |
| 20 | Various            |                  | 1999             |                     | 13,776       |                              | 20               | 688                           | 688         | 8,229                       | 20 |
| 21 | Various            |                  | 2000             |                     | 18,986       |                              | 20               | 949                           | 949         | 10,212                      | 21 |
| 22 | Various            |                  | 2001             |                     | 59,593       |                              | 20               | 2,980                         | 2,980       | 31,158                      | 22 |
| 23 | Various            |                  | 2002             |                     | 1,050        |                              | 20               | 52                            | 52          | 510                         | 23 |
| 24 | Various            |                  | 2003             |                     | 10,364       |                              | 20               | 519                           | 519         | 4,756                       | 24 |
| 25 | Various            |                  | 2004             |                     | 10,079       |                              | 20               | 504                           | 504         | 4,459                       | 25 |
| 26 | Various            |                  | 2005             |                     | 40,481       |                              | 20               | 2,024                         | 2,024       | 16,828                      | 26 |
| 27 | Various            |                  | 2006             |                     | 18,816       |                              | 20               | 940                           | 940         | 7,228                       | 27 |
| 28 | Various            |                  | 2007             |                     | 100,869      |                              | 20               | 4,598                         | 4,598       | 42,743                      | 28 |
| 29 | Various            |                  | 2008             |                     | 41,432       |                              | 20               | 1,537                         | 1,537       | 27,290                      | 29 |
| 30 | Various            |                  | 2009             |                     | 165,380      |                              | 20               | 8,034                         | 8,034       | 74,670                      | 30 |
| 31 | Various            |                  | 2010             |                     | 8,027        |                              | 20               | 345                           | 345         | 3,040                       | 31 |
| 32 | Various            |                  | 2011             |                     | 40,411       |                              | 20               | 2,020                         | 2,020       | 10,602                      | 32 |
| 33 | Various            |                  | 2012             |                     | 78,265       |                              | 20               | 6,670                         | 6,670       | 31,281                      | 33 |
| 34 |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 34 |
| 35 |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 35 |
| 36 |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 36 |

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

| 1                                           | 3                   | 4    | 5                            | 6                | 7                             | 8           | 9                           |    |
|---------------------------------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type**                          | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 37                                          |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 37 |
| 38                                          |                     |      |                              |                  |                               |             |                             | 38 |
| 39                                          |                     |      |                              |                  |                               |             |                             | 39 |
| 40                                          |                     |      |                              |                  |                               |             |                             | 40 |
| 41                                          |                     |      |                              |                  |                               |             |                             | 41 |
| 42                                          |                     |      |                              |                  |                               |             |                             | 42 |
| 43                                          |                     |      |                              |                  |                               |             |                             | 43 |
| 44                                          |                     |      |                              |                  |                               |             |                             | 44 |
| 45                                          |                     |      |                              |                  |                               |             |                             | 45 |
| 46                                          |                     |      |                              |                  |                               |             |                             | 46 |
| 47                                          |                     |      |                              |                  |                               |             |                             | 47 |
| 48                                          |                     |      |                              |                  |                               |             |                             | 48 |
| 49                                          |                     |      |                              |                  |                               |             |                             | 49 |
| 50                                          |                     |      |                              |                  |                               |             |                             | 50 |
| 51                                          |                     |      |                              |                  |                               |             |                             | 51 |
| 52                                          |                     |      |                              |                  |                               |             |                             | 52 |
| 53                                          |                     |      |                              |                  |                               |             |                             | 53 |
| 54                                          |                     |      |                              |                  |                               |             |                             | 54 |
| 55                                          |                     |      |                              |                  |                               |             |                             | 55 |
| 56                                          |                     |      |                              |                  |                               |             |                             | 56 |
| 57                                          |                     |      |                              |                  |                               |             |                             | 57 |
| 58                                          |                     |      |                              |                  |                               |             |                             | 58 |
| 59                                          |                     |      |                              |                  |                               |             |                             | 59 |
| 60                                          |                     |      |                              |                  |                               |             |                             | 60 |
| 61                                          |                     |      |                              |                  |                               |             |                             | 61 |
| 62                                          |                     |      |                              |                  |                               |             |                             | 62 |
| 63                                          |                     |      |                              |                  |                               |             |                             | 63 |
| 64                                          |                     |      |                              |                  |                               |             |                             | 64 |
| 65                                          |                     |      |                              |                  |                               |             |                             | 65 |
| 66                                          |                     |      |                              |                  |                               |             |                             | 66 |
| 67                                          |                     |      |                              |                  |                               |             |                             | 67 |
| 68                                          |                     |      |                              |                  |                               |             |                             | 68 |
| 69                                          |                     |      |                              |                  |                               |             |                             | 69 |
| 70                                          |                     |      |                              |                  |                               |             |                             | 70 |
| Related Building Company (Pages 12F & 12G)  |                     |      |                              |                  |                               |             |                             |    |
| Related Party Allocations (Pages 12H & 12I) |                     |      |                              |                  |                               |             |                             |    |
| Financial Statement Depreciation            |                     |      |                              |                  |                               |             |                             |    |
| TOTAL (lines 4 thru 69)                     |                     | \$   | \$                           |                  | \$                            | \$          | \$                          |    |

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



Facility Name &amp; ID Number Sharon Health Care Elms

# 0032789

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

| 1  | Improvement Type**                                      | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Totals from Page 12A, Carried Forward</b>            |                          | \$ 2,625,317 | \$ 84,601                         |                       | \$ 94,446                          | \$ 9,845         | \$ 1,916,326                     | 1  |
| 2  | Gutters And Downspouts                                  | 2013                     | 2,805        |                                   | 20                    | 281                                | 281              | 1,052                            | 2  |
| 3  | Built In Closets & Cabinets In Kitchen                  | 2013                     | 5,926        |                                   | 20                    | 593                                | 593              | 2,272                            | 3  |
| 4  | Custom Built In Wardrobes                               | 2014                     | 31,893       |                                   | 20                    | 6,379                              | 6,379            | 18,072                           | 4  |
| 5  | Custom Built In Wardrobes                               | 2014                     | 64,960       |                                   | 20                    | 12,992                             | 12,992           | 32,480                           | 5  |
| 6  | Drapery                                                 | 2014                     | 9,889        |                                   | 20                    | 1,978                              | 1,978            | 4,450                            | 6  |
| 7  | Ceramic Tile                                            | 2014                     | 3,208        |                                   | 20                    | 160                                | 160              | 334                              | 7  |
| 8  | Windows, Doors & Alarms                                 | 2015                     | 21,965       |                                   | 20                    | 1,098                              | 1,098            | 2,013                            | 8  |
| 9  | Water Heater                                            | 2015                     | 3,809        |                                   | 20                    | 190                                | 190              | 333                              | 9  |
| 10 | Hallway Repairs                                         | 2015                     | 3,960        |                                   | 20                    | 198                                | 198              | 347                              | 10 |
| 11 | Concrete For Sliding Doors                              | 2015                     | 13,842       |                                   | 20                    | 692                                | 692              | 1,153                            | 11 |
| 12 | Backflow Installation                                   | 2015                     | 6,200        |                                   | 20                    | 310                                | 310              | 439                              | 12 |
| 13 | Security System                                         | 2015                     | 8,594        |                                   | 20                    | 430                                | 430              | 501                              | 13 |
| 14 | Install New Copper Water Piping For Restrooms / Kitchen | 2015                     | 4,233        |                                   | 20                    | 212                                | 212              | 388                              | 14 |
| 15 | Painted Rooms Asc, B-2-B16 & 8 Bathrooms                | 2015                     | 2,760        |                                   | 20                    | 138                                | 138              | 230                              | 15 |
| 16 | Water Heater In Mech Room                               | 2016                     | 5,305        |                                   | 20                    | 265                                | 265              | 265                              | 16 |
| 17 | 4-Ton Rooftop Thermostat Unit                           | 2016                     | 9,480        |                                   | 20                    | 395                                | 395              | 395                              | 17 |
| 18 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 18 |
| 19 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 19 |
| 20 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 20 |
| 21 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 21 |
| 22 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 22 |
| 23 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 23 |
| 24 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 25 |
| 26 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                                                         |                          |              |                                   |                       |                                    |                  |                                  | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                          |                          | \$ 2,824,144 | \$ 84,601                         |                       | \$ 120,756                         | \$ 36,155        | \$ 1,981,052                     | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

| 1<br>Improvement Type** |                                       | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|---------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1                       | Totals from Page 12B, Carried Forward |                          | \$ 2,824,144 | \$ 84,601                         |                       | \$ 120,756                         | \$ 36,155        | \$ 1,981,052                     | 1  |
| 2                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 7  |
| 8                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33)               |                          | \$ 2,824,144 | \$ 84,601                         |                       | \$ 120,756                         | \$ 36,155        | \$ 1,981,052                     | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

| 1                                       | 3                   | 4            | 5                            | 6                | 7                             | 8           | 9                           |    |
|-----------------------------------------|---------------------|--------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type**                      | Year<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1 Totals from Page 12C, Carried Forward |                     | \$ 2,824,144 | \$ 84,601                    |                  | \$ 120,756                    | \$ 36,155   | \$ 1,981,052                | 1  |
| 2                                       |                     |              |                              |                  |                               |             |                             | 2  |
| 3                                       |                     |              |                              |                  |                               |             |                             | 3  |
| 4                                       |                     |              |                              |                  |                               |             |                             | 4  |
| 5                                       |                     |              |                              |                  |                               |             |                             | 5  |
| 6                                       |                     |              |                              |                  |                               |             |                             | 6  |
| 7                                       |                     |              |                              |                  |                               |             |                             | 7  |
| 8                                       |                     |              |                              |                  |                               |             |                             | 8  |
| 9                                       |                     |              |                              |                  |                               |             |                             | 9  |
| 10                                      |                     |              |                              |                  |                               |             |                             | 10 |
| 11                                      |                     |              |                              |                  |                               |             |                             | 11 |
| 12                                      |                     |              |                              |                  |                               |             |                             | 12 |
| 13                                      |                     |              |                              |                  |                               |             |                             | 13 |
| 14                                      |                     |              |                              |                  |                               |             |                             | 14 |
| 15                                      |                     |              |                              |                  |                               |             |                             | 15 |
| 16                                      |                     |              |                              |                  |                               |             |                             | 16 |
| 17                                      |                     |              |                              |                  |                               |             |                             | 17 |
| 18                                      |                     |              |                              |                  |                               |             |                             | 18 |
| 19                                      |                     |              |                              |                  |                               |             |                             | 19 |
| 20                                      |                     |              |                              |                  |                               |             |                             | 20 |
| 21                                      |                     |              |                              |                  |                               |             |                             | 21 |
| 22                                      |                     |              |                              |                  |                               |             |                             | 22 |
| 23                                      |                     |              |                              |                  |                               |             |                             | 23 |
| 24                                      |                     |              |                              |                  |                               |             |                             | 24 |
| 25                                      |                     |              |                              |                  |                               |             |                             | 25 |
| 26                                      |                     |              |                              |                  |                               |             |                             | 26 |
| 27                                      |                     |              |                              |                  |                               |             |                             | 27 |
| 28                                      |                     |              |                              |                  |                               |             |                             | 28 |
| 29                                      |                     |              |                              |                  |                               |             |                             | 29 |
| 30                                      |                     |              |                              |                  |                               |             |                             | 30 |
| 31                                      |                     |              |                              |                  |                               |             |                             | 31 |
| 32                                      |                     |              |                              |                  |                               |             |                             | 32 |
| 33                                      |                     |              |                              |                  |                               |             |                             | 33 |
| 34 TOTAL (lines 1 thru 33)              |                     | \$ 2,824,144 | \$ 84,601                    |                  | \$ 120,756                    | \$ 36,155   | \$ 1,981,052                | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

| 1<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 12D, Carried Forward |                          | \$ 2,824,144 | \$ 84,601                         |                       | \$ 120,756                         | \$ 36,155        | \$ 1,981,052                     | 1  |
| 2                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 7  |
| 8                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                                       |                          |              |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                                       |                          |              |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33)               |                          | \$ 2,824,144 | \$ 84,601                         |                       | \$ 120,756                         | \$ 36,155        | \$ 1,981,052                     | 34 |

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

Facility Name &amp; ID Number Sharon Health Care Elms

# 0032789

Report Period Beginning:

01/01/16

Ending:

12/31/16

**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                       | Building Company        |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8                       | Leasehold Improvements: |                          |           |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33) |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

| 1<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 12F, Carried Forward |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                                       |                          |           |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                                       |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33)               |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 34 |

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

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

| 1<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                       | Related Party           |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2                       | Buildings:              |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8                       | Leasehold Improvements: |                          |           |                                   |                       |                                    |                  |                                  | 8  |
| 9                       |                         |                          |           |                                   |                       |                                    |                  |                                  | 9  |
| 10                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 10 |
| 11                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 11 |
| 12                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 12 |
| 13                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 13 |
| 14                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 15 |
| 16                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 16 |
| 17                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 17 |
| 18                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 18 |
| 19                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 19 |
| 20                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 20 |
| 21                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 21 |
| 22                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 22 |
| 23                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 23 |
| 24                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 24 |
| 25                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 25 |
| 26                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 26 |
| 27                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 27 |
| 28                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 28 |
| 29                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 29 |
| 30                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 30 |
| 31                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 31 |
| 32                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33                      |                         |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34                      | TOTAL (lines 1 thru 33) |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

| 1                  | 3                                     | 4    | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|---------------------------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** | Year<br>Constructed                   | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Totals from Page 12H, Carried Forward | \$   | \$                           |                  | \$                            | \$          | \$                          | 1  |
| 2                  |                                       |      |                              |                  |                               |             |                             | 2  |
| 3                  |                                       |      |                              |                  |                               |             |                             | 3  |
| 4                  |                                       |      |                              |                  |                               |             |                             | 4  |
| 5                  |                                       |      |                              |                  |                               |             |                             | 5  |
| 6                  |                                       |      |                              |                  |                               |             |                             | 6  |
| 7                  |                                       |      |                              |                  |                               |             |                             | 7  |
| 8                  |                                       |      |                              |                  |                               |             |                             | 8  |
| 9                  |                                       |      |                              |                  |                               |             |                             | 9  |
| 10                 |                                       |      |                              |                  |                               |             |                             | 10 |
| 11                 |                                       |      |                              |                  |                               |             |                             | 11 |
| 12                 |                                       |      |                              |                  |                               |             |                             | 12 |
| 13                 |                                       |      |                              |                  |                               |             |                             | 13 |
| 14                 |                                       |      |                              |                  |                               |             |                             | 14 |
| 15                 |                                       |      |                              |                  |                               |             |                             | 15 |
| 16                 |                                       |      |                              |                  |                               |             |                             | 16 |
| 17                 |                                       |      |                              |                  |                               |             |                             | 17 |
| 18                 |                                       |      |                              |                  |                               |             |                             | 18 |
| 19                 |                                       |      |                              |                  |                               |             |                             | 19 |
| 20                 |                                       |      |                              |                  |                               |             |                             | 20 |
| 21                 |                                       |      |                              |                  |                               |             |                             | 21 |
| 22                 |                                       |      |                              |                  |                               |             |                             | 22 |
| 23                 |                                       |      |                              |                  |                               |             |                             | 23 |
| 24                 |                                       |      |                              |                  |                               |             |                             | 24 |
| 25                 |                                       |      |                              |                  |                               |             |                             | 25 |
| 26                 |                                       |      |                              |                  |                               |             |                             | 26 |
| 27                 |                                       |      |                              |                  |                               |             |                             | 27 |
| 28                 |                                       |      |                              |                  |                               |             |                             | 28 |
| 29                 |                                       |      |                              |                  |                               |             |                             | 29 |
| 30                 |                                       |      |                              |                  |                               |             |                             | 30 |
| 31                 |                                       |      |                              |                  |                               |             |                             | 31 |
| 32                 |                                       |      |                              |                  |                               |             |                             | 32 |
| 33                 |                                       |      |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (lines 1 thru 33)               | \$   | \$                           |                  | \$                            | \$          | \$                          | 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<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|-----------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$157,172 | \$                             | \$22,126                        | \$22,126         | 10                  | \$97,978                      | 71 |
| 72 | Current Year Purchases   |           |                                | 66                              | 66               |                     | 66                            | 72 |
| 73 | Fully Depreciated Assets | 712,151   |                                |                                 |                  | 10                  | 712,151                       | 73 |
| 74 |                          |           |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$869,323 | \$                             | \$22,192                        | \$22,192         |                     | \$810,195                     | 75 |

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

|    | 1<br>Use | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|----------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 |          | See Attached              | 2016               | \$33,325  | \$                             | \$3,779                         | \$3,779          | 5                  | \$23,455                      | 76 |
| 77 |          |                           |                    |           |                                |                                 |                  |                    |                               | 77 |
| 78 |          |                           |                    |           |                                |                                 |                  |                    |                               | 78 |
| 79 |          |                           |                    |           |                                |                                 |                  |                    |                               | 79 |
| 80 | TOTALS   |                           |                    | \$33,325  | \$                             | \$3,779                         | \$3,779          |                    | \$23,455                      | 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) | \$3,840,030 | 81 |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$84,601    | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$146,727   | 83 |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$62,126    | 84 |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$2,814,702 | 85 |

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

☐ YES

☐ NO

|   |                            | 1<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|----------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:         |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions                  |                          |                        |                             |                       |                              |                                     | 4 |
| 5 | Storage                    |                          |                        |                             | 288                   |                              |                                     | 5 |
| 6 | Allocated from Barton Mgmt |                          |                        |                             | 5,939                 |                              |                                     | 6 |
| 7 | TOTAL                      |                          |                        |                             | \$ 6,227              |                              |                                     | 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: \$ 11,066
- Description: See Attached Schedule

☐ 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. | /2017              | \$          |
| 13. | /2018              | \$          |
| 14. | /2019              | \$          |

\* 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

ALLOCATION OF COSTS (d)

|    |                                 | 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) | \$        |           |          |       |

(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.

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(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                                                | 39 - 03                                  | hrs                 | \$   |                                                 | \$ 172,547 | \$                                    |                               | \$ 172,547                     | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39 - 03                                  | hrs                 |      |                                                 | 32,710     |                                       |                               | 32,710                         | 2  |
| 3  | Licensed Recreational Therapist                                                |                                          | hrs                 |      |                                                 |            |                                       |                               |                                | 3  |
| 4  | Licensed Physical Therapist                                                    | 39 - 03                                  | hrs                 |      |                                                 | 155,026    |                                       |                               | 155,026                        | 4  |
| 5  | Physician Care                                                                 |                                          | visits              |      |                                                 |            |                                       |                               |                                | 5  |
| 6  | Dental Care                                                                    |                                          | visits              |      |                                                 |            |                                       |                               |                                | 6  |
| 7  | Work Related Program                                                           |                                          | hrs                 |      |                                                 |            |                                       |                               |                                | 7  |
| 8  | Habilitation                                                                   |                                          | hrs                 |      |                                                 |            |                                       |                               |                                | 8  |
| 9  | Pharmacy                                                                       | 39 - 02                                  | # of<br>prescrpts   |      |                                                 |            | 209,957                               |                               | 209,957                        | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |                                          | hrs                 |      |                                                 |            |                                       |                               |                                | 10 |
| 11 | Academic Education                                                             |                                          | hrs                 |      |                                                 |            |                                       |                               |                                | 11 |
| 12 | Other (specify):                                                               |                                          |                     |      |                                                 |            |                                       |                               |                                | 12 |
| 13 | Other (specify): See Supplemental                                              |                                          |                     |      |                                                 |            | 33,726                                |                               | 33,726                         | 13 |
| 14 | TOTAL                                                                          |                                          |                     | \$   |                                                 | \$ 360,283 | \$ 243,683                            |                               | \$ 603,966                     | 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.

|    |                                                                   | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|-------------------------------------------------------------------|----------------|---------------------------|----|
|    | <b>A. Current Assets</b>                                          |                |                           |    |
| 1  | Cash on Hand and in Banks                                         | \$ 675,615     | \$                        | 1  |
| 2  | Cash-Patient Deposits                                             | 3,137          |                           | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 2,100,977      |                           | 3  |
| 4  | Supply Inventory (priced at )                                     |                |                           | 4  |
| 5  | Short-Term Investments                                            |                |                           | 5  |
| 6  | Prepaid Insurance                                                 | 27,963         |                           | 6  |
| 7  | Other Prepaid Expenses                                            | 19,904         |                           | 7  |
| 8  | Accounts Receivable (owners or related parties)                   | 300,000        |                           | 8  |
| 9  | Other(specify):                                                   |                |                           | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 3,127,596   | \$                        | 10 |
|    | <b>B. Long-Term Assets</b>                                        |                |                           |    |
| 11 | Long-Term Notes Receivable                                        |                |                           | 11 |
| 12 | Long-Term Investments                                             |                |                           | 12 |
| 13 | Land                                                              |                |                           | 13 |
| 14 | Buildings, at Historical Cost                                     |                |                           | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        | 720,780        |                           | 15 |
| 16 | Equipment, at Historical Cost                                     | 642,696        |                           | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (1,111,313)    |                           | 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>           | \$ 252,163     | \$                        | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 3,379,759   | \$                        | 25 |

|    |                                                              | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|--------------------------------------------------------------|----------------|---------------------------|----|
|    | <b>C. Current Liabilities</b>                                |                |                           |    |
| 26 | Accounts Payable                                             | \$ 137,163     | \$                        | 26 |
| 27 | Officer's Accounts Payable                                   |                |                           | 27 |
| 28 | Accounts Payable-Patient Deposits                            | 18,396         |                           | 28 |
| 29 | Short-Term Notes Payable                                     |                |                           | 29 |
| 30 | Accrued Salaries Payable                                     | 345,669        |                           | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes)          | 17,366         |                           | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                          | 56,244         |                           | 32 |
| 33 | Accrued Interest Payable                                     |                |                           | 33 |
| 34 | Deferred Compensation                                        |                |                           | 34 |
| 35 | Federal and State Income Taxes                               |                |                           | 35 |
|    | <b>Other Current Liabilities(specify):</b>                   |                |                           |    |
| 36 | <u>See Attached Schedule</u>                                 | 390,343        |                           | 36 |
| 37 |                                                              |                |                           | 37 |
| 38 | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 965,181     | \$                        | 38 |
|    | <b>D. Long-Term Liabilities</b>                              |                |                           |    |
| 39 | Long-Term Notes Payable                                      |                |                           | 39 |
| 40 | Mortgage Payable                                             |                |                           | 40 |
| 41 | Bonds Payable                                                |                |                           | 41 |
| 42 | Deferred Compensation                                        |                |                           | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |                |                           |    |
| 43 | <u>See Attached Schedule</u>                                 | 450,000        |                           | 43 |
| 44 |                                                              |                |                           | 44 |
| 45 | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 450,000     | \$                        | 45 |
| 46 | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 1,415,181   | \$                        | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 1,964,578   | \$                        | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 3,379,759   | \$                        | 48 |

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>Total   |      |
|----|--------------------------------------------------------------|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 1,727,852 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  | PY State Replacement Tax                                     | (1,529)      | 3    |
| 4  | Rounding                                                     | 1            | 4    |
| 5  |                                                              |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 1,726,324 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | 338,254      | 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              | (100,000)    | 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)             | \$ 238,254   | 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)            | \$ 1,964,578 | 24 * |

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

Facility Name &amp; ID Number Sharon Health Care Elms

# 0032789

Report Period Beginning: 01/01/16

Ending: 12/31/16

**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                       | \$ 4,630,680 | 1   |
| 2   | Discounts and Allowances for all Levels                   | 235,803      | 2   |
| 3   | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 4,866,483 | 3   |
|     | <b>B. Ancillary Revenue</b>                               |              |     |
| 4   | Day Care                                                  |              | 4   |
| 5   | Other Care for Outpatients                                |              | 5   |
| 6   | Therapy                                                   | 717,976      | 6   |
| 7   | Oxygen                                                    |              | 7   |
| 8   | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 717,976   | 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                                             | 216,891      | 17  |
| 18  | Sale of Supplies to Non-Patients                          |              | 18  |
| 19  | Laboratory                                                | 11,626       | 19  |
| 20  | Radiology and X-Ray                                       | 2,900        | 20  |
| 21  | Other Medical Services                                    | 12,178       | 21  |
| 22  | Laundry                                                   |              | 22  |
| 23  | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 243,595   | 23  |
|     | <b>D. Non-Operating Revenue</b>                           |              |     |
| 24  | Contributions                                             |              | 24  |
| 25  | Interest and Other Investment Income***                   | 12,995       | 25  |
| 26  | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 12,995    | 26  |
|     | <b>E. Other Revenue (specify):****</b>                    |              |     |
| 27  | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28  | <b>See Supplemental Schedule</b>                          | 662          | 28  |
| 28a |                                                           |              | 28a |
| 29  | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 662       | 29  |
| 30  | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 5,841,711 | 30  |

2

|    | II. Expenses                                                   | Amount       |    |
|----|----------------------------------------------------------------|--------------|----|
|    | <b>A. Operating Expenses</b>                                   |              |    |
| 31 | General Services                                               | 924,686      | 31 |
| 32 | Health Care                                                    | 2,125,714    | 32 |
| 33 | General Administration                                         | 1,373,667    | 33 |
|    | <b>B. Capital Expense</b>                                      |              |    |
| 34 | Ownership                                                      | 215,796      | 34 |
|    | <b>C. Ancillary Expense</b>                                    |              |    |
| 35 | Special Cost Centers                                           | 668,342      | 35 |
| 36 | Provider Participation Fee                                     | 195,252      | 36 |
|    | <b>D. Other Expenses (specify):</b>                            |              |    |
| 37 |                                                                |              | 37 |
| 38 |                                                                |              | 38 |
| 39 |                                                                |              | 39 |
| 40 | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 5,503,457 | 40 |
| 41 | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | 338,254      | 41 |
| 42 | <b>Income Taxes</b>                                            |              | 42 |
| 43 | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ 338,254   | 43 |

|    | III. Net Inpatient Revenue detailed by Payer Source                   |              |    |
|----|-----------------------------------------------------------------------|--------------|----|
| 44 | Medicaid - Net Inpatient Revenue                                      | \$ 3,395,563 | 44 |
| 45 | Private Pay - Net Inpatient Revenue                                   | 101,022      | 45 |
| 46 | Medicare - Net Inpatient Revenue                                      | 1,056,472    | 46 |
| 47 | Other-(specify) <b>Veterans</b>                                       | 292,578      | 47 |
| 48 | Other-(specify) <b>Managed Care</b>                                   | 20,848       | 48 |
| 49 | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 4,866,483 | 49 |

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

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

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

\*\*\*\*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           | 2,080                           | 2,080                            | \$ 79,023                                    | \$ 37.99                  | 1  |
| 2  | Assistant Director of Nursing | 2,080                           | 2,080                            | 56,471                                       | 27.15                     | 2  |
| 3  | Registered Nurses             | 12,506                          | 13,368                           | 392,197                                      | 29.34                     | 3  |
| 4  | Licensed Practical Nurses     | 13,178                          | 14,227                           | 335,009                                      | 23.55                     | 4  |
| 5  | CNAs & Orderlies              | 57,509                          | 60,727                           | 650,866                                      | 10.72                     | 5  |
| 6  | CNA Trainees                  |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist            |                                 |                                  |                                              |                           | 7  |
| 8  | Rehab/Therapy Aides           | 8,148                           | 8,992                            | 153,285                                      | 17.05                     | 8  |
| 9  | Activity Director             |                                 |                                  |                                              |                           | 9  |
| 10 | Activity Assistants           | 5,481                           | 5,983                            | 61,150                                       | 10.22                     | 10 |
| 11 | Social Service Workers        | 5,534                           | 5,990                            | 117,257                                      | 19.58                     | 11 |
| 12 | Dietician                     |                                 |                                  |                                              |                           | 12 |
| 13 | Food Service Supervisor       |                                 |                                  |                                              |                           | 13 |
| 14 | Head Cook                     |                                 |                                  |                                              |                           | 14 |
| 15 | Cook Helpers/Assistants       | 15,601                          | 17,460                           | 183,401                                      | 10.50                     | 15 |
| 16 | Dishwashers                   |                                 |                                  |                                              |                           | 16 |
| 17 | Maintenance Workers           | 1,860                           | 2,088                            | 40,883                                       | 19.58                     | 17 |
| 18 | Housekeepers                  | 13,081                          | 14,224                           | 156,662                                      | 11.01                     | 18 |
| 19 | Laundry                       | 8,005                           | 8,565                            | 85,117                                       | 9.94                      | 19 |
| 20 | Administrator                 | 2,080                           | 2,080                            | 84,101                                       | 40.43                     | 20 |
| 21 | Assistant Administrator       |                                 |                                  |                                              |                           | 21 |
| 22 | Other Administrative          | 1,400                           | 1,400                            | 57,586                                       | 41.13                     | 22 |
| 23 | Office Manager                |                                 |                                  |                                              |                           | 23 |
| 24 | Clerical                      | 8,584                           | 10,760                           | 253,927                                      | 23.60                     | 24 |
| 25 | Vocational Instruction        |                                 |                                  |                                              |                           | 25 |
| 26 | Academic Instruction          |                                 |                                  |                                              |                           | 26 |
| 27 | Medical Director              |                                 |                                  |                                              |                           | 27 |
| 28 | Qualified MR Prof. (QMRP)     |                                 |                                  |                                              |                           | 28 |
| 29 | Resident Services Coordinator |                                 |                                  |                                              |                           | 29 |
| 30 | Habilitation Aides (DD Homes) |                                 |                                  |                                              |                           | 30 |
| 31 | Medical Records               | 1,753                           | 1,817                            | 24,343                                       | 13.40                     | 31 |
| 32 | Other Health Care(specify)    |                                 |                                  |                                              |                           | 32 |
| 33 | Other(specify)                | 1,840                           | 1,840                            | 62,069                                       | 33.73                     | 33 |
| 34 | TOTAL (lines 1 - 33)          | 160,720                         | 173,681                          | \$ 2,793,347 *                               | \$ 16.08                  | 34 |

B. CONSULTANT SERVICES

|    |                                   | 1                                      | 2                                                   | 3                                           |    |
|----|-----------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|----|
|    |                                   | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>Reference |    |
| 35 | Dietary Consultant                | 188                                    | \$ 7,912                                            | 01-03                                       | 35 |
| 36 | Medical Director                  | 257                                    | 18,000                                              | 09-03                                       | 36 |
| 37 | Medical Records Consultant        |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                  | 208                                    | 18,237                                              | 10-03                                       | 38 |
| 39 | Pharmacist Consultant             | 96                                     | 1,800                                               | 10-03                                       | 39 |
| 40 | Physical Therapy Consultant       |                                        |                                                     |                                             | 40 |
| 41 | Occupational Therapy Consultant   |                                        |                                                     |                                             | 41 |
| 42 | Respiratory Therapy Consultant    |                                        |                                                     |                                             | 42 |
| 43 | Speech Therapy Consultant         |                                        |                                                     |                                             | 43 |
| 44 | Activity Consultant               | 44                                     | 1,548                                               | 11-03                                       | 44 |
| 45 | Social Service Consultant         |                                        |                                                     |                                             | 45 |
| 46 | Other(specify)                    |                                        |                                                     |                                             | 46 |
| 47 | Psychiatric Director - Consultant | 145                                    | 7,500                                               | 10-03                                       | 47 |
| 48 |                                   |                                        |                                                     |                                             | 48 |
| 49 | TOTAL (lines 35 - 48)             | 938                                    | \$ 54,997                                           |                                             | 49 |

C. CONTRACT NURSES

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

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

\*\* See instructions.



STATE OF ILLINOIS

Facility Name & ID Number

Sharon Health Care Elms

#

0032789

Report Period Beginning:

01/01/16

Page 21

Ending:

12/31/16

XIX. SUPPORT SCHEDULES

|                                                         |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
|---------------------------------------------------------|--|-------------------------------|-------------|----------------------------------------|------------------------------------------------------------------|--|-----------|---------------------------------------------|------------------------------------------|----------|----------|----------|
| A. Administrative Salaries                              |  |                               |             | D. Employee Benefits and Payroll Taxes |                                                                  |  |           | F. Dues, Fees, Subscriptions and Promotions |                                          |          |          |          |
| Name                                                    |  | Function                      | Ownership % | Amount                                 | Description                                                      |  | Amount    | Description                                 |                                          | Amount   |          |          |
| Sherry Ford                                             |  | Administrator                 | 0           | \$ 84,101                              | Workers' Compensation Insurance                                  |  | \$ 51,714 | IDPH License Fee                            |                                          | \$ 1,990 |          |          |
| Gary Weintraub                                          |  | Administrative                | 11.58       | 30,978                                 | Unemployment Compensation Insurance                              |  | 16,299    | Advertising: Employee Recruitment           |                                          |          |          |          |
| Anca Zota-Oviedo                                        |  | Administrative                | 1.02        | 26,608                                 | FICA Taxes                                                       |  | 195,128   | Health Care Worker Background Check         |                                          |          |          |          |
|                                                         |  |                               |             |                                        | Employee Health Insurance                                        |  | 114,654   | (Indicate # of checks performed 110 )       |                                          | 1,101    |          |          |
|                                                         |  |                               |             |                                        | Employee Meals                                                   |  |           | Patient Background Checks                   |                                          | 970      |          |          |
|                                                         |  |                               |             |                                        | Illinois Municipal Retirement Fund (IMRF)*                       |  |           | Dues & Subscriptions                        |                                          | 1,805    |          |          |
|                                                         |  |                               |             |                                        | 401K Contribution                                                |  | 9,392     | License, Permits, & Fees                    |                                          | 1,484    |          |          |
|                                                         |  |                               |             |                                        | Employee Benefit                                                 |  | 5,715     | Allocated from Barton Mgmt                  |                                          | 64       |          |          |
|                                                         |  |                               |             |                                        | Christmas Expense                                                |  | 3,045     | Allocated from Peoria Forest                |                                          | 42       |          |          |
| TOTAL (agree to Schedule V, line 17, col. 1)            |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
| (List each licensed administrator separately.)          |  |                               |             | \$ 141,687                             |                                                                  |  |           |                                             |                                          |          |          |          |
| B. Administrative - Other                               |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
| Description                                             |  |                               |             | Amount                                 |                                                                  |  |           |                                             |                                          |          |          |          |
| Management Fees - Redwood Management                    |  |                               |             | \$ 60,000                              |                                                                  |  |           |                                             |                                          |          |          |          |
|                                                         |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
|                                                         |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
|                                                         |  |                               |             |                                        |                                                                  |  |           |                                             |                                          |          |          |          |
| TOTAL (agree to Schedule V, line 17, col. 3)            |  |                               |             | \$ 60,000                              | TOTAL (agree to Schedule V, line 22, col.8)                      |  |           | \$ 395,947                                  | TOTAL (agree to Sch. V, line 20, col. 8) |          |          | \$ 7,456 |
| (Attach a copy of any management service agreement)     |  |                               |             |                                        | E. Schedule of Non-Cash Compensation Paid to Owners or Employees |  |           |                                             | G. Schedule of Travel and Seminar**      |          |          |          |
| C. Professional Services                                |  |                               |             | Amount                                 | Description                                                      |  | Line #    | Amount                                      | Description                              |          | Amount   |          |
| Vendor/Payee                                            |  | Type                          |             |                                        |                                                                  |  |           |                                             | Out-of-State Travel                      |          | \$       |          |
| Ability Network                                         |  | Computer Expense              |             | \$ 2,666                               |                                                                  |  |           |                                             |                                          |          |          |          |
| Barton Management                                       |  | Computer Expense              |             | 2,019                                  |                                                                  |  |           |                                             |                                          |          |          |          |
| Sharon HC                                               |  | Computer Expense              |             | 414                                    |                                                                  |  |           |                                             |                                          |          |          |          |
| Jeffery J Sheets                                        |  | Computer Expense              |             | 1,000                                  |                                                                  |  |           |                                             | In-State Travel                          |          |          |          |
| Information Controls Inc                                |  | Computer Expense              |             | 2,124                                  |                                                                  |  |           |                                             |                                          |          |          |          |
| Wescom Solutions                                        |  | Computer Exp - Acctg Software |             | 13,774                                 |                                                                  |  |           |                                             |                                          |          |          |          |
| Galaxy Hosted Software                                  |  | Computer Exp - Acctg Software |             | 3,150                                  |                                                                  |  |           |                                             |                                          |          |          |          |
| Personnel Planners                                      |  | Unemployment Consultant       |             | 960                                    |                                                                  |  |           |                                             | Seminar Expense                          |          | 1,535    |          |
| Sharon Healthcare Complex                               |  | Accounting                    |             | 345                                    |                                                                  |  |           |                                             |                                          |          |          |          |
| HK Payroll Services                                     |  | Accounting                    |             | 2,451                                  |                                                                  |  |           |                                             |                                          |          |          |          |
| Marcum LLP                                              |  | Accounting                    |             | 14,419                                 |                                                                  |  |           |                                             |                                          |          |          |          |
| See Supplemental Schedule                               |  |                               |             | 6,399                                  |                                                                  |  |           |                                             | Entertainment Expense                    |          | ( )      |          |
| TOTAL (agree to Schedule V, line 19, column 3)          |  |                               |             |                                        | TOTAL                                                            |  | \$        |                                             | (agree to Sch. V, line 24, col. 8)       |          |          |          |
| (For legal fee disclosure, see page 39 of instructions) |  |                               |             | \$ 49,721                              |                                                                  |  |           |                                             | TOTAL                                    |          | \$ 1,535 |          |

\* Attach copy of IMRF notifications

\*\*See instructions.

HFS 3745 (N-4-99)

IL478-2471

|                                                                     |                                              |                                                 |                                |
|---------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------|
| <b>Facility Name &amp; ID Number</b> <u>Sharon Health Care Elms</u> | <b>STATE OF ILLINOIS</b><br># <u>0032789</u> | <b>Report Period Beginning:</b> <u>01/01/16</u> | <b>Ending:</b> <u>12/31/16</u> |
|---------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------|

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**XX. GENERAL INFORMATION:**

(1) Are nursing employees (RN,LPN,NA) represented by a union? Yes, Only CNAs

(2) Are there any dues to nursing home associations included on the cost report? Yes  
 If YES, give association name and amount. INHAA \$200

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A

(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.     \$ 27,760     Line 10-02

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? No  
 If YES, give effective date of lease. N/A

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.     \$ 195,252  
 This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

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

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.     \$ \_\_\_\_\_ Has any meal income been offset against related costs? No Indicate the amount. \$ N/A

(16) Travel and Transportation  
 a. Are there costs included for out-of-state travel? N/A  
 If YES, attach a complete explanation.  
 b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period.     \$ N/A  
 c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln14  
 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? Yes  
 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**

(17) Has an audit been performed by an independent certified public accounting firm? No  
 Firm Name: N/A

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A  
 Attach invoices and a summary of services for all architect and appraisal fees