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2020  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2020)

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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| <p><b>I. IDPH License ID Number:</b> <u>0054353</u></p> <p><b>Facility Name:</b> <u>Warren Barr South Loop</u></p> <p><b>Address:</b> <u>1725 S Wabash Avenue</u> <u>Chicago</u> <u>60616</u><br/>Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(312) 787-9400</u> <b>Fax #</b> <u>(312) 787-9590</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>8/14/2014</u></p> <p><b>Type of Ownership:</b></p> <table><tr><td><input type="checkbox"/></td><td><b>VOLUNTARY, NON-PROFIT</b></td><td><input checked="" type="checkbox"/></td><td><b>PROPRIETARY</b></td><td><input type="checkbox"/></td><td><b>GOVERNMENTAL</b></td></tr><tr><td><input type="checkbox"/></td><td>Charitable Corp.</td><td><input type="checkbox"/></td><td>Individual</td><td><input type="checkbox"/></td><td>State</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td><td><input type="checkbox"/></td><td>Partnership</td><td><input type="checkbox"/></td><td>County</td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>Corporation</td><td><input type="checkbox"/></td><td>Other _____</td></tr><tr><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>"Sub-S" Corp.</td><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>Limited Liability Co.</td><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>Trust</td><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>Other _____</td><td><input type="checkbox"/></td><td></td></tr></table> <p><b>IRS Exemption Code</b> _____</p> <p><b>In the event there are further questions about this report, please contact:</b><br/><b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) 282-6300</u><br/><b>Email Address:</b> _____</p> | <input type="checkbox"/>                                                                                                                                              | <b>VOLUNTARY, NON-PROFIT</b>        | <input checked="" type="checkbox"/> | <b>PROPRIETARY</b>       | <input type="checkbox"/> | <b>GOVERNMENTAL</b> | <input type="checkbox"/> | Charitable Corp. | <input type="checkbox"/> | Individual | <input type="checkbox"/> | State | <input type="checkbox"/> | Trust | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | County | <input type="checkbox"/> |  | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> | "Sub-S" Corp. | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Limited Liability Co. | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Trust | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |  | <p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/20</u> to <u>12/31/20</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> <table><tr><td rowspan="3"><b>Officer or Administrator of Provider</b></td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____ (Date) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td rowspan="6"><b>Paid Preparer</b></td><td>(Signed) _____ <u>05/16/2021</u></td></tr><tr><td>* Subject to the attached Accountants' Consulting Report (Date) _____</td></tr><tr><td>(Print Name <u>Steven N. Lavenda, CPA</u> and Title) <u>Partner</u></td></tr><tr><td>(Firm Name <u>Marcum, LLP</u> &amp; Address) <u>9 Parkway North, Suite 200 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 282-6300</u> Fax # <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 Phone # (217) 782-1630</td></tr></table> | <b>Officer or Administrator of Provider</b> | (Signed) _____ | (Type or Print Name) _____ (Date) _____ | (Title) _____ | <b>Paid Preparer</b> | (Signed) _____ <u>05/16/2021</u> | * Subject to the attached Accountants' Consulting Report (Date) _____ | (Print Name <u>Steven N. Lavenda, CPA</u> and Title) <u>Partner</u> | (Firm Name <u>Marcum, LLP</u> & Address) <u>9 Parkway North, Suite 200 Deerfield, IL 60015</u> | (Telephone) <u>(847) 282-6300</u> Fax # <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 Phone # (217) 782-1630 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VOLUNTARY, NON-PROFIT</b>                                                                                                                                          | <input checked="" type="checkbox"/> | <b>PROPRIETARY</b>                  | <input type="checkbox"/> | <b>GOVERNMENTAL</b>      |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |  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| <b>Officer or Administrator of Provider</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                           | (Type or Print Name) _____ (Date) _____                                                                                                                               |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |  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| <b>Paid Preparer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Signed) _____ <u>05/16/2021</u>                                                                                                                                      |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |  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                                           | * Subject to the attached Accountants' Consulting Report (Date) _____                                                                                                 |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |  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Lavenda, CPA</u> and Title) <u>Partner</u>                                                                                                   |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |                          |  |                          |  |                          |             |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                |                                         |               |                      |                                  |                                                                       |                                                                     |                                                                                                |                                                               |                                                                                                                                                                       |
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                                           | (Firm Name <u>Marcum, LLP</u> & Address) <u>9 Parkway North, Suite 200 Deerfield, IL 60015</u>                                                                        |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |  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<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 Phone # (217) 782-1630 |                                     |                                     |                          |                          |                     |                          |                  |                          |            |                          |       |                          |       |                          |             |                          |        |                          |  |                          |             |                          |             |                          |  |                                     |               |                          |  |                          |  |                          |                       |                          |  |                          |  |                          |       |                          |  |                          |  |                          |             |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                |                                         |               |                      |                                  |                                                                       |                                                                     |                                                                                                |                                                               |                                                                                                                                                                       |

Facility Name & ID Number Warren Barr South Loop

# 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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<br>Beginning of<br>Report Period | Licensure<br>Level of Care  |  | Beds at End of<br>Report Period | Licensed<br>Bed Days During<br>Report Period |   |   |
| 1 | 207                                      | Skilled (SNF)               |  | 207                             | 75,762                                       |   | 1 |
| 2 |                                          | Skilled Pediatric (SNF/PED) |  |                                 |                                              |   | 2 |
| 3 | 3                                        | Intermediate (ICF)          |  | 3                               | 1,098                                        |   | 3 |
| 4 |                                          | Intermediate/DD             |  |                                 |                                              |   | 4 |
| 5 |                                          | Sheltered Care (SC)         |  |                                 |                                              |   | 5 |
| 6 |                                          | ICF/DD 16 or Less           |  |                                 |                                              |   | 6 |
| 7 | 210                                      | TOTALS                      |  | 210                             | 76,860                                       |   | 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           | 37,199                                                      | 1,113       | 12,405 | 50,717 | 8  |
| 9  | SNF/PED       |                                                             |             |        |        | 9  |
| 10 | ICF           | 575                                                         | 17          | 49     | 641    | 10 |
| 11 | ICF/DD        |                                                             |             |        |        | 11 |
| 12 | SC            |                                                             |             |        |        | 12 |
| 13 | DD 16 OR LESS |                                                             |             |        |        | 13 |
| 14 | TOTALS        | 37,774                                                      | 1,130       | 12,454 | 51,358 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.82%

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

None (Do not include bed reserve 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

☒

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

YES

☐

NO

☒

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

Date started 8/14/2014

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

YES

☒

Date 8/14/2014

NO

☐

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

YES

☒

NO

☐

If YES, enter number

of beds certified

207

and days of care provided

9,252

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH\*

☐

CASH\*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 12/31/2020

Fiscal Year: 12/31/2020

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

Facility Name & ID Number **Warren Barr South Loop** # **0054353** Report Period Beginning: **01/01/20** Ending: **12/31/20**  
**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                                                          | 636,714                  | 64,706        |            | 701,420    |                            | 701,420                    | 3,719                 | 705,139                |                  |    | 1   |
| 2   | Food Purchase                                                    |                          | 403,012       |            | 403,012    |                            | 403,012                    | 6,985                 | 409,997                |                  |    | 2   |
| 3   | Housekeeping                                                     | 431,311                  | 45,638        | 5,435      | 482,384    |                            | 482,384                    | 2,411                 | 484,795                |                  |    | 3   |
| 4   | Laundry                                                          | 42,332                   | 53,632        | 169,098    | 265,062    |                            | 265,062                    | 164                   | 265,226                |                  |    | 4   |
| 5   | Heat and Other Utilities                                         |                          |               | 214,523    | 214,523    |                            | 214,523                    | (11,845)              | 202,678                |                  |    | 5   |
| 6   | Maintenance                                                      | 110,243                  | 20,268        | 183,799    | 314,310    |                            | 314,310                    | 11,427                | 325,737                |                  |    | 6   |
| 7   | Other (specify):*                                                |                          |               |            |            |                            |                            |                       |                        |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 1,220,600                | 587,256       | 572,855    | 2,380,711  |                            | 2,380,711                  | 12,861                | 2,393,572              |                  |    | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 9   | Medical Director                                                 |                          |               | 30,000     | 30,000     |                            | 30,000                     |                       | 30,000                 |                  |    | 9   |
| 10  | Nursing and Medical Records                                      | 5,882,569                | 712,184       | 72,344     | 6,667,097  |                            | 6,667,097                  | 77,383                | 6,744,480              |                  |    | 10  |
| 10a | Therapy                                                          | 110,361                  |               |            | 110,361    |                            | 110,361                    | (53,108)              | 57,253                 |                  |    | 10a |
| 11  | Activities                                                       | 181,946                  | 2,416         | 411        | 184,773    |                            | 184,773                    | 10                    | 184,783                |                  |    | 11  |
| 12  | Social Services                                                  | 502,968                  | 46,016        | 7,248      | 556,232    |                            | 556,232                    | 6,459                 | 562,691                |                  |    | 12  |
| 13  | CNA Training                                                     |                          |               |            |            |                            |                            |                       |                        |                  |    | 13  |
| 14  | Program Transportation                                           |                          |               | 87,571     | 87,571     |                            | 87,571                     |                       | 87,571                 |                  |    | 14  |
| 15  | Other (specify):*                                                |                          |               |            |            |                            |                            | 6,699                 | 6,699                  |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 6,677,844                | 760,616       | 197,574    | 7,636,034  |                            | 7,636,034                  | 37,443                | 7,673,477              |                  |    | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 17  | Administrative                                                   | 294,042                  |               |            | 294,042    |                            | 294,042                    | 71,902                | 365,944                |                  |    | 17  |
| 18  | Directors Fees                                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 18  |
| 19  | Professional Services                                            |                          |               | 794,627    | 794,627    | (431)                      | 794,196                    | (37,911)              | 756,285                |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 137,160    | 137,160    |                            | 137,160                    | (86,771)              | 50,389                 |                  |    | 20  |
| 21  | Clerical & General Office Expenses                               | 243,813                  | 5,123         | 816,021    | 1,064,957  |                            | 1,064,957                  | (314,604)             | 750,353                |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 1,186,929  | 1,186,929  |                            | 1,186,929                  |                       | 1,186,929              |                  |    | 22  |
| 23  | Inservice Training & Education                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 23  |
| 24  | Travel and Seminar                                               |                          |               | 787        | 787        |                            | 787                        | 161                   | 948                    |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               | 4,365      | 4,365      |                            | 4,365                      | 5,375                 | 9,740                  |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 820,316    | 820,316    |                            | 820,316                    | 458                   | 820,774                |                  |    | 26  |
| 27  | Other (specify):*                                                |                          |               |            |            |                            |                            | 28,819                | 28,819                 |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 537,855                  | 5,123         | 3,760,205  | 4,303,183  | (431)                      | 4,302,752                  | (332,572)             | 3,970,180              |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 8,436,299                | 1,352,995     | 4,530,634  | 14,319,928 | (431)                      | 14,319,497                 | (282,268)             | 14,037,229             |                  |    | 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                                   |                         |           |            |            |                   |                    | 916,866      | 916,866        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |           |            |            |                   |                    |              |                |                  |    | 31 |
| 32 | Interest                                       |                         |           | 38,609     | 38,609     |                   | 38,609             | 1,135,571    | 1,174,180      |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |           | 128,001    | 128,001    | 431               | 128,432            | 113,283      | 241,715        |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |           | 2,599,702  | 2,599,702  |                   | 2,599,702          | (2,595,542)  | 4,160          |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |           | 30,337     | 30,337     |                   | 30,337             | 5,222        | 35,559         |                  |    | 35 |
| 36 | Other (specify):*                              |                         |           |            |            |                   |                    | 16,454       | 16,454         |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |           | 2,796,649  | 2,796,649  | 431               | 2,797,080          | (408,147)    | 2,388,933      |                  |    | 37 |
|    | Ancillary Expense                              |                         |           |            |            |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers                        |                         |           |            |            |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation             |                         |           |            |            |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                      | 956,155                 | 865,613   | 1,642,476  | 3,464,244  |                   | 3,464,244          | (30,349)     | 3,433,895      |                  |    | 39 |
| 40 | Barber and Beauty Shops                        |                         |           |            |            |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                          |                         |           |            |            |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                     |                         |           | 374,845    | 374,845    |                   | 374,845            |              | 374,845        |                  |    | 42 |
| 43 | Other (specify):*                              |                         |           | 929,747    | 929,747    |                   | 929,747            | (929,747)    |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     | 956,155                 | 865,613   | 2,947,068  | 4,768,836  |                   | 4,768,836          | (960,096)    | 3,808,740      |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 9,392,454               | 2,218,608 | 10,274,351 | 21,885,413 |                   | 21,885,413         | (1,650,511)  | 20,234,902     |                  |    | 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                        | (13,103)       | 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                                  | 909,109        | 30                  |                      | 9  |
| 10 | Interest and Other Investment Income                           | (13,314)       | 32                  |                      | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       | (36,143)       | 10                  |                      | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |                |                     |                      | 12 |
| 13 | Sales Tax                                                      | (89)           | 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                                            | (9,467)        | 21                  |                      | 18 |
| 19 | Entertainment                                                  | (1,734)        | 21                  |                      | 19 |
| 20 | Contributions                                                  | (60,192)       | 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                                                       | (543,420)      | 21                  |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      | (8,838)        | 20                  |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |                |                     |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |                |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |                |                     |                      | 28 |
| 29 | Other-Attach Schedule                                          | (1,338,772)    |                     |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (1,115,963) |                     | \$                   | 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) | (534,548)      |                | 34 |
| 35 | Other- Attach Schedule                                       |                |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ (534,548)   |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (B) )         | \$ (1,650,511) |                | 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 |

Warren Barr South Loop

|                          |     |          |
|--------------------------|-----|----------|
|                          | ID# | 0054353  |
| Report Period Beginning: |     | 01/01/20 |
| Ending:                  |     | 12/31/20 |

Sch. V Line

| NON-ALLOWABLE EXPENSES |                                  | Amount       | Reference |    |
|------------------------|----------------------------------|--------------|-----------|----|
| 1                      | Non-Allowable Expense            | \$ (928,540) | 43        | 1  |
| 2                      | Marketing - History              | 22           | 43        | 2  |
| 3                      | Patient Personal Items           | (4,065)      | 10        | 3  |
| 4                      | Bank Charges                     | (6,963)      | 21        | 4  |
| 5                      | Sequestration Expense            | (64,526)     | 21        | 5  |
| 6                      | Pharmacy Discounts               | (3,344)      | 10        | 6  |
| 7                      | Therapy Discount                 | (53,108)     | 10A       | 7  |
| 8                      | Swage Store                      | (50)         | 21        | 8  |
| 9                      | PAC Dues                         | (21,253)     | 20        | 9  |
| 10                     | Non-Allowable Expense            | (1,229)      | 43        | 10 |
| 11                     | Out of Period Dues               | (519)        | 20        | 11 |
| 12                     | Non-Allowable Legal              | (50,961)     | 19        | 12 |
| 13                     | Additional R&M                   | 2,450        | 06        | 13 |
| 14                     | Capitalized R&M                  | (3,888)      | 06        | 14 |
| 15                     | Building Co. - Amortization      | (27,667)     | 36        | 15 |
| 16                     | Building Co. - Professional Fees | (135,351)    | 19        | 16 |
| 17                     | Building Co. - Bank Fees         | (39,779)     | 21        | 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                            | (1,338,772)  |           | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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                                             |             |         | 3,719   |       |       |       |         |          |      |      |      | 3,719             | 1   |
| 2   | Food Purchase                                       | (89)        |         | 7,074   |       |       |       |         |          |      |      |      | 6,985             | 2   |
| 3   | Housekeeping                                        |             |         | 2,411   |       |       |       |         |          |      |      |      | 2,411             | 3   |
| 4   | Laundry                                             |             |         | 164     |       |       |       |         |          |      |      |      | 164               | 4   |
| 5   | Heat and Other Utilities                            | (13,103)    |         |         |       | 1,258 |       |         |          |      |      |      | (11,845)          | 5   |
| 6   | Maintenance                                         | (1,438)     |         | 12,088  |       | 1,219 | (441) |         |          |      |      |      | 11,427            | 6   |
| 7   | Other (specify):*                                   |             |         |         |       |       |       |         |          |      |      |      |                   | 7   |
| 8   | TOTAL General Services                              | (14,630)    |         | 25,456  |       | 2,476 | (441) |         |          |      |      |      | 12,861            | 8   |
|     | B. Health Care and Programs                         |             |         |         |       |       |       |         |          |      |      |      |                   |     |
| 9   | Medical Director                                    |             |         |         |       |       |       |         |          |      |      |      |                   | 9   |
| 10  | Nursing and Medical Records                         | (43,552)    |         | 123,648 |       |       |       | (2,713) |          |      |      |      | 77,383            | 10  |
| 10a | Therapy                                             | (53,108)    |         |         |       |       |       |         |          |      |      |      | (53,108)          | 10a |
| 11  | Activities                                          |             |         | 10      |       |       |       |         |          |      |      |      | 10                | 11  |
| 12  | Social Services                                     |             |         | 6,459   |       |       |       |         |          |      |      |      | 6,459             | 12  |
| 13  | CNA Training                                        |             |         |         |       |       |       |         |          |      |      |      |                   | 13  |
| 14  | Program Transportation                              |             |         |         |       |       |       |         |          |      |      |      |                   | 14  |
| 15  | Other (specify):*                                   |             |         |         | 6,699 |       |       |         |          |      |      |      | 6,699             | 15  |
| 16  | TOTAL Health Care and Programs                      | (96,660)    |         | 130,117 | 6,699 |       |       | (2,713) |          |      |      |      | 37,443            | 16  |
|     | C. General Administration                           |             |         |         |       |       |       |         |          |      |      |      |                   |     |
| 17  | Administrative                                      |             |         | 71,902  |       |       |       |         |          |      |      |      | 71,902            | 17  |
| 18  | Directors Fees                                      |             |         |         |       |       |       |         |          |      |      |      |                   | 18  |
| 19  | Professional Services                               | (186,312)   | 135,351 | 23,605  |       | 529   |       |         | (11,083) |      |      |      | (37,911)          | 19  |
| 20  | Fees, Subscriptions & Promotions                    | (90,802)    |         | 4,030   |       | 1     |       |         |          |      |      |      | (86,771)          | 20  |
| 21  | Clerical & General Office Expenses                  | (665,939)   | 39,779  | 311,264 |       | 292   |       |         |          |      |      |      | (314,604)         | 21  |
| 22  | Employee Benefits & Payroll Taxes                   |             |         |         |       |       |       |         |          |      |      |      |                   | 22  |
| 23  | Inservice Training & Education                      |             |         |         |       |       |       |         |          |      |      |      |                   | 23  |
| 24  | Travel and Seminar                                  |             |         | 161     |       |       |       |         |          |      |      |      | 161               | 24  |
| 25  | Other Admin. Staff Transportation                   |             |         | 5,375   |       |       |       |         |          |      |      |      | 5,375             | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                     |             |         | 142     |       | 316   |       |         |          |      |      |      | 458               | 26  |
| 27  | Other (specify):*                                   |             |         | 28,819  |       |       |       |         |          |      |      |      | 28,819            | 27  |
| 28  | TOTAL General Administration                        | (943,053)   | 175,130 | 445,297 |       | 1,138 |       |         | (11,083) |      |      |      | (332,572)         | 28  |
| 29  | TOTAL Operating Expense<br>(sum of lines 8,16 & 28) | (1,054,344) | 175,130 | 600,870 | 6,699 | 3,614 | (441) | (2,713) | (11,083) |      |      |      | (282,268)         | 29  |

STATE OF ILLINOIS

Summary B

Facility Name & ID Number      Warren Barr South Loop      #      0054353      Report Period Beginning:      01/01/20      Ending:      12/31/20

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

|    | Capital Expense                    | PAGES       | PAGE        | PAGE    | PAGE   | PAGE     | PAGE  | PAGE    | PAGE     | PAGE | PAGE     | PAGE | SUMMARY           |    |
|----|------------------------------------|-------------|-------------|---------|--------|----------|-------|---------|----------|------|----------|------|-------------------|----|
|    | D. Ownership                       | 5 & 5A      | 6           | 6A      | 6B     | 6C       | 6D    | 6E      | 6F       | 6G   | 6H       | 6I   | TOTALS            |    |
|    |                                    |             |             |         |        |          |       |         |          |      |          |      | (to Sch V, col.7) |    |
| 30 | Depreciation                       | 909,109     |             |         |        | 7,757    |       |         |          |      |          |      | 916,866           | 30 |
| 31 | Amortization of Pre-Op. & Org.     |             |             |         |        |          |       |         |          |      |          |      |                   | 31 |
| 32 | Interest                           | (13,314)    | 1,144,526   |         |        | 4,359    |       |         |          |      |          |      | 1,135,571         | 32 |
| 33 | Real Estate Taxes                  |             | 109,323     |         |        | 3,960    |       |         |          |      |          |      | 113,283           | 33 |
| 34 | Rent-Facility & Grounds            |             | (2,595,654) | 36,500  |        | (36,388) |       |         |          |      |          |      | (2,595,542)       | 34 |
| 35 | Rent-Equipment & Vehicles          |             |             |         | 5,222  |          |       |         |          |      |          |      | 5,222             | 35 |
| 36 | Other (specify):*                  | (27,667)    | 44,121      |         |        |          |       |         |          |      |          |      | 16,454            | 36 |
| 37 | TOTAL Ownership                    | 868,128     | (1,297,684) | 36,500  | 5,222  | (20,312) |       |         |          |      |          |      | (408,147)         | 37 |
|    | Ancillary Expense                  |             |             |         |        |          |       |         |          |      |          |      |                   |    |
|    | E. Special Cost Centers            |             |             |         |        |          |       |         |          |      |          |      |                   |    |
| 38 | Medically Necessary Transportation |             |             |         |        |          |       |         |          |      |          |      |                   | 38 |
| 39 | Ancillary Service Centers          |             |             |         |        |          |       |         |          |      | (30,349) |      | (30,349)          | 39 |
| 40 | Barber and Beauty Shops            |             |             |         |        |          |       |         |          |      |          |      |                   | 40 |
| 41 | Coffee and Gift Shops              |             |             |         |        |          |       |         |          |      |          |      |                   | 41 |
| 42 | Provider Participation Fee         |             |             |         |        |          |       |         |          |      |          |      |                   | 42 |
| 43 | Other (specify):*                  | (929,747)   |             |         |        |          |       |         |          |      |          |      | (929,747)         | 43 |
| 44 | TOTAL Special Cost Centers         | (929,747)   |             |         |        |          |       |         |          |      | (30,349) |      | (960,096)         | 44 |
|    | GRAND TOTAL COST                   |             |             |         |        |          |       |         |          |      |          |      |                   |    |
| 45 | (sum of lines 29, 37 & 44)         | (1,115,963) | (1,122,554) | 637,370 | 11,921 | (16,699) | (441) | (2,713) | (11,083) |      | (30,349) |      | (1,650,511)       | 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 Page 6-Supplemental |             | See Page 6-Supplemental    |      | See Page 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     | 34   | Rent                      | \$ 2,595,654 | FNR Chicago SL                 |                      | \$                                     | (2,595,654)                                            | 1  |
| 2          | V     | 32   | Interest                  | 12           | FNR Chicago SL                 |                      | 1,144,538                              | 1,144,526                                              | 2  |
| 3          | V     | 33   | Real Estate Tax Expense   |              | FNR Chicago SL                 |                      | 109,323                                | 109,323                                                | 3  |
| 4          | V     | 36   | MIP Expense               |              | FNR Chicago SL                 |                      | 16,454                                 | 16,454                                                 | 4  |
| 5          | V     | 36   | Amortization              |              | FNR Chicago SL                 |                      | 27,667                                 | 27,667                                                 | 5  |
| 6          | V     | 19   | Professional Fees         |              | FNR Chicago SL                 |                      | 135,351                                | 135,351                                                | 6  |
| 7          | V     | 21   | Recording and Bank Fees   |              | FNR Chicago SL                 |                      | 39,779                                 | 39,779                                                 | 7  |
| 8          | V     |      |                           |              |                                |                      |                                        |                                                        | 8  |
| 9          | V     |      |                           |              |                                |                      |                                        |                                                        | 9  |
| 10         | V     |      |                           |              |                                |                      |                                        |                                                        | 10 |
| 11         | V     |      |                           |              |                                |                      |                                        |                                                        | 11 |
| 12         | V     |      |                           |              |                                |                      |                                        |                                                        | 12 |
| 13         | V     |      |                           |              |                                |                      |                                        |                                                        | 13 |
| 14         | Total |      |                           | \$ 2,595,666 |                                |                      | \$ 1,473,112                           | \$ * (1,122,554)                                       | 14 |

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

VII. RELATED PARTIES

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

|    | 1<br>OWNERS            |             | 2<br>RELATED NURSING HOMES                 |                 | 3<br>OTHER RELATED BUSINESS ENTITIES |              |                         |    |
|----|------------------------|-------------|--------------------------------------------|-----------------|--------------------------------------|--------------|-------------------------|----|
|    | Name                   | Ownership % | Name                                       | City            | Name                                 | City         | Type of Business        |    |
| 1  | GPN Family Trust       | 50.00%      | Astoria Place Skilled Nursing Facility LLC | Chicago         | FNR Chicago SL                       |              | Building Company        | 1  |
| 2  | Doros Generation Trust | 50.00%      | Avantara Arlington                         | Arlington, SD   | Legacy HC & Financial Services       | Lincolnwood  | Home Office/Bookkeeping | 2  |
| 3  |                        |             | Avantara Armour                            | Armour, SD      | CF St. Louis LLC                     | Skokie       | Building Company        | 3  |
| 4  |                        |             | Avantara Arrowhead                         | Rapid City, SD  | ML Group Design & Development        | Skokie       | Asset Management        | 4  |
| 5  |                        |             | Avantara Aurora                            | Aurora          | ReMED Services LLC                   | Lincolnwood  | Nursing Equipment       | 5  |
| 6  |                        |             | Avantara Billings                          | Billings, MT    | Propay HR                            | Evanston     | Payroll Processing      | 6  |
| 7  |                        |             | Avantara Clark                             | Clark, SD       | Ecobrite Linen                       | Skokie       | Laundry Supplies        | 7  |
| 8  |                        |             | Avantara Elgin                             | Elgin           | Aurora Supportive Living             | Aurora       | Supportive Living       | 8  |
| 9  |                        |             | Avantara Evergreen Park                    | Evergreen Park  | Terrace Gardens                      | Morton Grove | Assisted Living         | 9  |
| 10 |                        |             | Avantara Groton                            | Groton, SD      | Lincolnshire Assisted Living Center  | Lincolnshire | Assisted Living         | 10 |
| 11 |                        |             | Avantara Huron                             | Huron, SD       | Wellshire Park Place                 | Milbank, SD  | Assisted Living         | 11 |
| 12 |                        |             | Avantara Ipswich                           | Ipswich, SD     | Wellshire Huron                      | Huron, SD    | Assisted Living         | 12 |
| 13 |                        |             | Avantara Lake Norden                       | Lake Norden, SD | Lifescan Labs of Illinois            | Skokie       | Laboratory              | 13 |
| 14 |                        |             | Avantara Long Grove                        | Long Grove      |                                      |              |                         | 14 |
| 15 |                        |             | Avantara Milbank                           | Milbank, SD     |                                      |              |                         | 15 |
| 16 |                        |             | Avantara Mountainview                      | Rapid City, SD  |                                      |              |                         | 16 |
| 17 |                        |             | Avantara North                             | Rapid City, SD  |                                      |              |                         | 17 |
| 18 |                        |             | Avantara Norton                            | Sioux Falls, SD |                                      |              |                         | 18 |
| 19 |                        |             | Avantara Park Ridge                        | Park Ridge      |                                      |              |                         | 19 |
| 20 |                        |             | Avantara Pierre                            | Pierre, SD      |                                      |              |                         | 20 |
| 21 |                        |             | Avantara Redfield                          | Redfield, SD    |                                      |              |                         | 21 |
| 22 |                        |             | Avantara Salem                             | Salem, SD       |                                      |              |                         | 22 |
| 23 |                        |             | Avantara St. Cloud                         | Rapid City, SD  |                                      |              |                         | 23 |
| 24 |                        |             | Avantara Watertown                         | Watertown, SD   |                                      |              |                         | 24 |
| 25 |                        |             | Bella Terra Streamwood                     | Streamwood      |                                      |              |                         | 25 |
| 26 |                        |             | Bella Terra Wheeling                       | Wheeling        |                                      |              |                         | 26 |
| 27 |                        |             | Bethany Terrace                            | Morton Grove    |                                      |              |                         | 27 |
| 28 |                        |             | Carlton Skilled Nursing Facility LLC       | Chicago         |                                      |              |                         | 28 |
| 29 |                        |             | Chalet Skilled Nursing Facility LLC        | Chicago         |                                      |              |                         | 29 |
| 30 |                        |             | Clark Skilled Nursing Facility             | Chicago         |                                      |              |                         | 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 |

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     | 01   | Dietician Salary                     | \$     | Legacy Healthcare Financial Services |                      | \$ 3,699                               | \$ 3,699                                               | 15 |
| 16         | V     | 01   | Dietary Supplies                     |        | Legacy Healthcare Financial Services |                      | 20                                     | 20                                                     | 16 |
| 17         | V     | 02   | Food                                 |        | Legacy Healthcare Financial Services |                      | 7,074                                  | 7,074                                                  | 17 |
| 18         | V     | 03   | Housekeeping                         |        | Legacy Healthcare Financial Services |                      | 2,411                                  | 2,411                                                  | 18 |
| 19         | V     | 04   | Linen Replacement                    |        | Legacy Healthcare Financial Services |                      | 164                                    | 164                                                    | 19 |
| 20         | V     | 06   | Maintenance Salary                   |        | Legacy Healthcare Financial Services |                      | 11,410                                 | 11,410                                                 | 20 |
| 21         | V     | 06   | Repairs & Maintenance                |        | Legacy Healthcare Financial Services |                      | 677                                    | 677                                                    | 21 |
| 22         | V     | 10   | Nursing Salary                       |        | Legacy Healthcare Financial Services |                      | 94,444                                 | 94,444                                                 | 22 |
| 23         | V     | 10   | Nurse/Medical Director Consultant    |        | Legacy Healthcare Financial Services |                      | 8,914                                  | 8,914                                                  | 23 |
| 24         | V     | 10   | Medical Supplies                     |        | Legacy Healthcare Financial Services |                      | 20,290                                 | 20,290                                                 | 24 |
| 25         | V     | 12   | Social Service Salary                |        | Legacy Healthcare Financial Services |                      | 6,434                                  | 6,434                                                  | 25 |
| 26         | V     | 11   | Activities Program                   |        | Legacy Healthcare Financial Services |                      | 10                                     | 10                                                     | 26 |
| 27         | V     | 12   | Social Service Consultant            |        | Legacy Healthcare Financial Services |                      | 25                                     | 25                                                     | 27 |
| 28         | V     | 17   | COO / Administrative Salary          |        | Legacy Healthcare Financial Services |                      | 71,902                                 | 71,902                                                 | 28 |
| 29         | V     | 19   | Professional Fees                    |        | Legacy Healthcare Financial Services |                      | 23,605                                 | 23,605                                                 | 29 |
| 30         | V     | 20   | Dues / Licenses / Permits            |        | Legacy Healthcare Financial Services |                      | 4,030                                  | 4,030                                                  | 30 |
| 31         | V     | 21   | Clerical & General Wages             |        | Legacy Healthcare Financial Services |                      | 290,109                                | 290,109                                                | 31 |
| 32         | V     | 21   | Clerical & Office Expense            |        | Legacy Healthcare Financial Services |                      | 21,155                                 | 21,155                                                 | 32 |
| 33         | V     | 24   | Education & Seminars                 |        | Legacy Healthcare Financial Services |                      | 161                                    | 161                                                    | 33 |
| 34         | V     | 25   | Travel                               |        | Legacy Healthcare Financial Services |                      | 5,375                                  | 5,375                                                  | 34 |
| 35         | V     | 26   | Insurance - General                  |        | Legacy Healthcare Financial Services |                      | 142                                    | 142                                                    | 35 |
| 36         | V     | 27   | Non-Nursing Payroll Taxes / Benefits |        | Legacy Healthcare Financial Services |                      | 28,819                                 | 28,819                                                 | 36 |
| 37         | V     | 34   | Rent                                 |        | Legacy Healthcare Financial Services |                      | 36,388                                 | 36,388                                                 | 37 |
| 38         | V     | 34   | Offsite Storage / Parking            |        | Legacy Healthcare Financial Services |                      | 112                                    | 112                                                    | 38 |
| 39         | Total |      |                                      | \$     |                                      |                      | \$ 637,370                             | \$ * 637,370                                           | 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     | 35   | Equipment Rental                 |        | Legacy Healthcare Financial Services |                      | 486                                    | \$                                                     | 486    |
| 16         | V     | 35   | Auto Rental                      |        | Legacy Healthcare Financial Services |                      | 4,736                                  |                                                        | 4,736  |
| 17         | V     | 15   | Nursing Payroll Taxes / Benefits |        | Legacy Healthcare Financial Services |                      | 6,699                                  |                                                        | 6,699  |
| 18         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 19         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 20         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 21         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 22         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 23         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 24         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 25         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 26         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 27         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 28         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 29         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 30         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 31         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 32         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 33         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 34         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 35         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 36         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 37         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 38         | V     |      |                                  |        |                                      |                      |                                        |                                                        |        |
| 39         | Total |      |                                  | \$     |                                      |                      | \$ 11,921                              | \$ *                                                   | 11,921 |

\* 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     | 5    | Utilities                 | \$        | CF St. Louis LLC               |                      | \$ 1,258                               | \$ 1,258                                               | 15 |
| 16         | V     | 6    | Repairs & Maintenance     |           | CF St. Louis LLC               |                      | 1,219                                  | 1,219                                                  | 16 |
| 17         | V     | 19   | Property Valuation Fee    |           | CF St. Louis LLC               |                      | 431                                    | 431                                                    | 17 |
| 18         | V     | 19   | Accounting Fees           |           | CF St. Louis LLC               |                      | 98                                     | 98                                                     | 18 |
| 19         | V     | 20   | Dues & Subscriptions      |           | CF St. Louis LLC               |                      | 1                                      | 1                                                      | 19 |
| 20         | V     | 21   | Office Expense            |           | CF St. Louis LLC               |                      | 292                                    | 292                                                    | 20 |
| 21         | V     | 26   | Insurance                 |           | CF St. Louis LLC               |                      | 316                                    | 316                                                    | 21 |
| 22         | V     | 30   | Depreciation              |           | CF St. Louis LLC               |                      | 7,757                                  | 7,757                                                  | 22 |
| 23         | V     | 32   | Interest Expense          |           | CF St. Louis LLC               |                      | 4,359                                  | 4,359                                                  | 23 |
| 24         | V     | 33   | Real Estate Taxes         |           | CF St. Louis LLC               |                      | 3,960                                  | 3,960                                                  | 24 |
| 25         | V     |      |                           |           |                                |                      |                                        |                                                        | 25 |
| 26         | V     | 34   | Rent                      | 36,388    | CF St. Louis LLC               |                      |                                        | (36,388)                                               | 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 |      |                           | \$ 36,388 |                                |                      | \$ 19,689                              | \$ * (16,699)                                          | 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     | 06   | Maintenance               | \$ 18,000 | ML Group Design & Development  |                      | \$ 17,559                              | \$ (441)                                               | 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 |      |                           | \$ 18,000 |                                |                      | \$ 17,559                              | \$ * (441)                                             | 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     | 10   | Medical Supplies          | \$ 9,000 | ReMED Services                 |                      | \$ 6,287                               | \$ (2,713)                                             | 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 |      |                           | \$ 9,000 |                                |                      | \$ 6,287                               | \$ * (2,713)                                           | 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     | 19   | Payroll Services          | \$ 48,376 | ProPay HR LLC                  |                      | \$ 37,293                              | \$ (11,083)                                            | 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 |      |                           | \$ 48,376 |                                |                      | \$ 37,293                              | \$ * (11,083)                                          | 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     | 04   | Laundry Services          | \$ 256,938 | EcoBrite Linen                 |                      | \$ 256,938                             | \$                                                     | 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 |      |                           | \$ 256,938 |                                |                      | \$ 256,938                             | \$ *                                                   | 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     | 39   | Laboratory                | \$ 74,568 | Lifescan Labs of Illinois      |                      | \$ 44,219                              | \$ (30,349)                                            | 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 |      |                           | \$ 74,568 |                                |                      | \$ 44,219                              | \$ * (30,349)                                          | 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)

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

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

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

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

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Warren Barr South Loop# 0054353

Report Period Beginning:

01/01/20Ending: 12/31/20

## 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

Legacy Healthcare Financial Services

Street Address

3450 Oakton Street

City / State / Zip Code

Skokie, IL 60076

Phone Number

( 847) 679-9797

Fax Number

( 847) 683-2900

| 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, Square Feet) | Total Units        | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
| Reference  |        |                                        |                    | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1          | 01     | Dietician Salary                       | Available Bed Days | 53              | \$ 130,303     | \$ 130,303       | 72,102   | \$ 3,699             | 1  |
| 2          | 01     | Dietary Supplies                       | Available Bed Days | 53              | 697            |                  | 72,102   | 20                   | 2  |
| 3          | 02     | Food                                   | Available Bed Days | 53              | 249,220        |                  | 72,102   | 7,074                | 3  |
| 4          | 03     | Housekeeping                           | Available Bed Days | 53              | 84,952         |                  | 72,102   | 2,411                | 4  |
| 5          | 04     | Linen Replacement                      | Available Bed Days | 53              | 5,771          |                  | 72,102   | 164                  | 5  |
| 6          | 06     | Maintenance Salary                     | Available Bed Days | 53              | 401,986        | 401,986          | 72,102   | 11,410               | 6  |
| 7          | 06     | Repairs & Maintenance                  | Available Bed Days | 53              | 23,857         |                  | 72,102   | 677                  | 7  |
| 8          | 10     | Nursing Salary                         | Available Bed Days | 53              | 3,327,223      | 3,327,223        | 72,102   | 94,444               | 8  |
| 9          | 10     | Nurse/Medical Director Consultant      | Available Bed Days | 53              | 314,035        |                  | 72,102   | 8,914                | 9  |
| 10         | 10     | Medical Supplies                       | Available Bed Days | 53              | 714,824        |                  | 72,102   | 20,290               | 10 |
| 11         | 12     | Social Service Salary                  | Available Bed Days | 53              | 226,662        | 226,662          | 72,102   | 6,434                | 11 |
| 12         | 11     | Activities Program                     | Available Bed Days | 53              | 335            |                  | 72,102   | 10                   | 12 |
| 13         | 12     | Social Service Consultant              | Available Bed Days | 53              | 893            |                  | 72,102   | 25                   | 13 |
| 14         | 17     | COO / Administrative Salary            | Available Bed Days | 53              | 2,533,078      | 2,533,078        | 72,102   | 71,902               | 14 |
| 15         | 19     | Professional Fees                      | Available Bed Days | 53              | 831,592        |                  | 72,102   | 23,605               | 15 |
| 16         | 20     | Dues / Licenses / Permits              | Available Bed Days | 53              | 141,983        |                  | 72,102   | 4,030                | 16 |
| 17         | 21     | Clerical & General Wages               | Available Bed Days | 53              | 10,220,453     | 10,220,453       | 72,102   | 290,109              | 17 |
| 18         | 21     | Clerical & Office Expense              | Available Bed Days | 53              | 745,293        |                  | 72,102   | 21,155               | 18 |
| 19         | 24     | Education & Seminars                   | Available Bed Days | 53              | 5,655          |                  | 72,102   | 161                  | 19 |
| 20         | 25     | Travel                                 | Available Bed Days | 53              | 189,364        |                  | 72,102   | 5,375                | 20 |
| 21         | 26     | Insurance - General                    | Available Bed Days | 53              | 4,997          |                  | 72,102   | 142                  | 21 |
| 22         | 27     | Non-Nursing Payroll Taxes / Bene       | Available Bed Days | 53              | 1,015,274      |                  | 72,102   | 28,819               | 22 |
| 23         | 34     | Rent                                   | Available Bed Days | 53              | 1,281,940      |                  | 72,102   | 36,388               | 23 |
| 24         | 34     | Offsite Storage / Parking              | Available Bed Days | 53              | 3,949          |                  | 72,102   | 112                  | 24 |
| 25         | TOTALS |                                        |                    |                 | \$ 22,454,338  | \$ 16,839,706    |          | \$ 637,370           | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Legacy Healthcare Financial Services  
Street Address 3450 Oakton Street  
City / State / Zip Code Skokie, IL 60076  
Phone Number ( 847) 679-9797  
Fax Number ( 847) 683-2900

|    | 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  | 35         | Equipment Rental                 | Available Bed Days       | 2,540,133   | 53              | 17,109         |                  | 72,102   | 486                  | 1  |
| 2  | 35         | Auto Rental                      | Available Bed Days       | 2,540,133   | 53              | 166,843        |                  | 72,102   | 4,736                | 2  |
| 3  | 15         | Nursing Payroll Taxes / Benefits | Available Bed Days       | 2,540,133   | 53              | 236,021        |                  | 72,102   | 6,699                | 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     |                                  |                          |             |                 | \$ 419,973     | \$               |          | \$ 11,921            | 25 |



Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 CF St. Louis LLC  
Street Address 3450 Oakton Street  
City / State / Zip Code Skokie, IL 60076  
Phone Number ( 847) 676-5300  
Fax Number ( 847) 676-5348

|    | 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 Bed Days       | 2,540,133   | 53              | \$ 44,301      | \$               | 72,102   | \$ 1,258             | 1  |
| 2  | 6          | Repairs & Maintenance  | Available Bed Days       | 2,540,133   | 53              | 42,932         |                  | 72,102   | 1,219                | 2  |
| 3  | 19         | Property Valuation Fee | Available Bed Days       | 2,540,133   | 53              | 15,181         |                  | 72,102   | 431                  | 3  |
| 4  | 19         | Accounting Fees        | Available Bed Days       | 2,540,133   | 53              | 3,453          |                  | 72,102   | 98                   | 4  |
| 5  | 20         | Dues & Subscriptions   | Available Bed Days       | 2,540,133   | 53              | 23             |                  | 72,102   | 1                    | 5  |
| 6  | 21         | Office Expense         | Available Bed Days       | 2,540,133   | 53              | 10,298         |                  | 72,102   | 292                  | 6  |
| 7  | 26         | Insurance              | Available Bed Days       | 2,540,133   | 53              | 11,124         |                  | 72,102   | 316                  | 7  |
| 8  | 30         | Depreciation           | Available Bed Days       | 2,540,133   | 53              | 273,261        |                  | 72,102   | 7,757                | 8  |
| 9  | 32         | Interest Expense       | Available Bed Days       | 2,540,133   | 53              | 153,558        |                  | 72,102   | 4,359                | 9  |
| 10 | 33         | Real Estate Taxes      | Available Bed Days       | 2,540,133   | 53              | 139,524        |                  | 72,102   | 3,960                | 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     |                        |                          |             |                 | \$ 693,655     | \$               |          | \$ 19,689            | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 ML Group Design and Development  
Street Address 3424 Oakton St  
City / State / Zip Code Skokie, IL 60077  
Phone Number ( 847) 676-5300  
Fax Number ( )

|  | 1<br>Schedule V<br>Line<br>Reference | 2<br><br>Item | 3<br>Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | 4<br><br>Total Units | 5<br>Number of<br>Subunits Being<br>Allocated Among | 6<br>Total Indirect<br>Cost Being<br>Allocated | 7<br>Amount of Salary<br>Cost Contained<br>in Column 6 | 8<br>Facility<br>Units | 9<br>Allocation<br>(col.8/col.4)x col.6 |    |
|--|--------------------------------------|---------------|---------------------------------------------------------------------|----------------------|-----------------------------------------------------|------------------------------------------------|--------------------------------------------------------|------------------------|-----------------------------------------|----|
|  | 1                                    | 6             | Maintenance                                                         | Direct               |                                                     | \$                                             | \$                                                     |                        | \$ 17,559                               | 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        |                                                                     |                      |                                                     | \$                                             | \$                                                     |                        | \$ 17,559                               | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 ReMED Services LLC  
Street Address 3424 Oakton Street, Suite 102  
City / State / Zip Code Skokie, IL  
Phone Number ( 847) 440-2600  
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  | 10                              | Medical Supplies | Direct                                                         |             |                                                | \$                                        | \$                                                |                   | \$ 6,287                           | 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                          |                  |                                                                |             |                                                | \$                                        | \$                                                |                   | \$ 6,287                           | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 ProPay HR LLC  
Street Address 2201 W. Main St.  
City / State / Zip Code Evanston, Illinois 60202  
Phone Number (847) 905 3268  
Fax Number ( )

|  | 1<br>Schedule V<br>Line<br>Reference | 2<br><br>Item | 3<br>Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | 4<br><br>Total Units | 5<br>Number of<br>Subunits Being<br>Allocated Among | 6<br>Total Indirect<br>Cost Being<br>Allocated | 7<br>Amount of Salary<br>Cost Contained<br>in Column 6 | 8<br>Facility<br>Units | 9<br>Allocation<br>(col.8/col.4)x col.6 |    |
|--|--------------------------------------|---------------|---------------------------------------------------------------------|----------------------|-----------------------------------------------------|------------------------------------------------|--------------------------------------------------------|------------------------|-----------------------------------------|----|
|  | 1                                    | 19            | Payroll Services                                                    | Direct               |                                                     | \$                                             | \$                                                     |                        | \$ 37,293                               | 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        |                                                                     |                      |                                                     | \$                                             | \$                                                     |                        | \$ 37,293                               | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 EcoBrite Linen  
Street Address 3712 Jarvis Avenue  
City / State / Zip Code Skokie, IL 60076  
Phone Number ( 847) 582-4000  
Fax Number ( )

|    | 1<br>Schedule V<br>Line<br>Reference | 2<br><br>Item    | 3<br>Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | 4<br><br>Total Units | 5<br>Number of<br>Subunits Being<br>Allocated Among | 6<br>Total Indirect<br>Cost Being<br>Allocated | 7<br>Amount of Salary<br>Cost Contained<br>in Column 6 | 8<br><br>Facility<br>Units | 9<br><br>Allocation<br>(col.8/col.4)x col.6 |    |
|----|--------------------------------------|------------------|---------------------------------------------------------------------|----------------------|-----------------------------------------------------|------------------------------------------------|--------------------------------------------------------|----------------------------|---------------------------------------------|----|
| 1  | 04                                   | Laundry Services | Direct                                                              |                      |                                                     | \$                                             | \$                                                     |                            | \$ 256,938                                  | 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                               |                  |                                                                     |                      |                                                     | \$                                             | \$                                                     |                            | \$ 256,938                                  | 25 |

Facility Name & ID Number      Warren Barr South Loop      #    0054353    Report Period Beginning:      01/01/20      Ending:    12/31/20

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      LIFESCAN LABS OF ILLINOIS, LLC  
Street Address      5255 GOLF RD  
City / State / Zip Code      SKOKIE, IL 60077  
Phone Number      ( 847) 663 - 8300  
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  | 39                              | Laboratory | Direct                                                         |             |                                                | \$                                        | \$                                                |                   | \$ 44,219                          | 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                          |            |                                                                |             |                                                | \$                                        | \$                                                |                   | \$ 44,219                          | 25 |

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/20 Ending: 12/31/20

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  | CIBC Bank                    |           | X  | Mortgage        |                          |              | \$             | 33,368,744 |               |                          | \$ 1,144,538                      | 1  |
| 2  |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 2  |
| 3  |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 3  |
| 4  |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 4  |
| 5  |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 5  |
|    | Working Capital              |           |    |                 |                          |              |                |            |               |                          |                                   |    |
| 6  | Interest Only                |           | X  |                 |                          |              |                |            |               |                          | 38,609                            | 6  |
| 7  | Allocated from CF St. Louis  |           | X  |                 |                          |              |                |            |               |                          | 4,359                             | 7  |
| 8  |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 8  |
| 9  | TOTAL Facility Related       |           |    |                 |                          |              | \$             | 33,368,744 |               |                          | \$ 1,187,506                      | 9  |
|    | B. Non-Facility Related*     |           |    |                 |                          |              |                |            |               |                          |                                   |    |
| 10 | Interest Income              |           | X  |                 |                          |              |                |            |               |                          | (13,314)                          | 10 |
| 11 | Interest Income - Bldg Co.   |           | X  |                 |                          |              |                |            |               |                          | (12)                              | 11 |
| 12 |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 12 |
| 13 |                              |           |    |                 |                          |              |                |            |               |                          |                                   | 13 |
| 14 | TOTAL Non-Facility Related   |           |    |                 |                          |              | \$             |            |               |                          | \$ (13,326)                       | 14 |
| 15 | TOTALS (line 9+line14)       |           |    |                 |                          |              | \$             | 33,368,744 |               |                          | \$ 1,174,180                      | 15 |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 16,454      Line # 36

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

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



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

B. Real Estate Taxes

|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |         |    |                  |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|---------|----|------------------|------------------------------------------|
| 1. Real Estate Tax accrual used on 2019 report.                                                                                                                                                                                                                                                     |  | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. |         | \$ | 244,584          | 1                                        |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)                                                                                                                                               |  |                                                                                                                            |         | \$ | 239,037          | 2                                        |
| 3. Under or (over) accrual (line 2 minus line 1).                                                                                                                                                                                                                                                   |  |                                                                                                                            |         | \$ | (5,547)          | 3                                        |
| 4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                          |  |                                                                                                                            |         | \$ | 246,831          | 4                                        |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) |  |                                                                                                                            |         | \$ | 431              | 5                                        |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)                  |  |                                                                                                                            |         | \$ |                  | 6                                        |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.                                                                                                                                                                                         |  |                                                                                                                            |         | \$ | 241,715          | 7                                        |
| Real Estate Tax History:                                                                                                                                                                                                                                                                            |  |                                                                                                                            |         |    |                  |                                          |
| Real Estate Tax Bill for Calendar Year:                                                                                                                                                                                                                                                             |  | 2015                                                                                                                       | 381,836 | 8  | FOR BHF USE ONLY |                                          |
|                                                                                                                                                                                                                                                                                                     |  | 2016                                                                                                                       | 354,328 | 9  |                  |                                          |
|                                                                                                                                                                                                                                                                                                     |  | 2017                                                                                                                       | 448,563 | 10 | 13               | FROM R. E. TAX STATEMENT FOR 2019 \$ 13  |
|                                                                                                                                                                                                                                                                                                     |  | 2018                                                                                                                       | 231,123 | 11 |                  |                                          |
|                                                                                                                                                                                                                                                                                                     |  | 2019                                                                                                                       | 235,077 | 12 | 14               | PLUS APPEAL COST FROM LINE 5 \$ 14       |
| 2020 Accrual = \$235,077 x 1.05 = \$246,831                                                                                                                                                                                                                                                         |  |                                                                                                                            |         |    | 15               | LESS REFUND FROM LINE 6 \$ 15            |
| Allocated from CF St. Louis LLC: \$3,960                                                                                                                                                                                                                                                            |  |                                                                                                                            |         |    | 16               | AMOUNT TO USE FOR RATE CALCULATION \$ 16 |

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEWarren Barr South LoopCOUNTYCook

FACILITY IDPH LICENSE NUMBER0054353

CONTACT PERSON REGARDING THIS REPORTSteven Lavenda

TELEPHONE(847) 282-6330FAX #:( )

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

| (A)                    | (B)                     | (C)           | (D)<br>Tax<br>Applicable to<br>Nursing Home |
|------------------------|-------------------------|---------------|---------------------------------------------|
| Tax Index Number       | Property Description    | Total Tax     |                                             |
| 1. 17-22-300-045-0000  | Long Term Care Facility | \$ 13,127.79  | \$ 13,127.79                                |
| 2. 17-22-300-047-0000  | Long Term Care Facility | \$ 13,600.17  | \$ 13,600.17                                |
| 3. 17-22-300-049-0000  | Long Term Care Facility | \$ 14,071.72  | \$ 14,071.72                                |
| 4. 17-22-300-074-0000  | Long Term Care Facility | \$ 31,379.33  | \$ 31,379.33                                |
| 5. 17-22-301-014-0000  | Long Term Care Facility | \$ 18,250.71  | \$ 18,250.71                                |
| 6. 17-22-301-015-0000  | Long Term Care Facility | \$ 23,589.91  | \$ 23,589.91                                |
| 7. 17-22-301-016-0000  | Long Term Care Facility | \$ 63,231.32  | \$ 63,231.32                                |
| 8. 17-22-301-017-0000  | Long Term Care Facility | \$ 36,186.56  | \$ 36,186.56                                |
| 9. 17-22-301-050-0000  | Long Term Care Facility | \$ 21,639.29  | \$ 21,639.29                                |
| 10. 10-23-406-034-0000 | Home Office Allocation  | \$ 459,532.44 | \$ 3,960.40                                 |
| TOTALS                 |                         | \$ 694,609.24 | \$ 239,037.20                               |

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

**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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates  
RE: 2019 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 2019 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2019.

Please complete the Real Estate Tax Statement below and include it in the 2020 cost report along with a copy of your 2019 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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Warren Barr South Loop COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0054353

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE ( ) FAX #: ( )

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

B. Real Estate Tax Cost Allocations

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

|   | 1                                | 2           | 3             | 4            |   |
|---|----------------------------------|-------------|---------------|--------------|---|
|   | Use                              | Square Feet | Year Acquired | Cost         |   |
| 1 | Facility                         |             | 1982          | \$ 1,748,076 | 1 |
| 2 | Allocated from CF St. Louis, LLC |             |               | 5,602        | 2 |
| 3 | TOTALS                           |             |               | \$ 1,753,678 | 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  | 207                |                  | 2014             | 1983                | \$ 14,080,962 | \$                           | 35               | \$ 402,313                    | \$ 402,313  | \$ 2,575,769                | 4  |
| 5  |                    |                  |                  |                     |               |                              |                  |                               |             |                             | 5  |
| 6  |                    |                  |                  |                     |               |                              |                  |                               |             |                             | 6  |
| 7  |                    |                  |                  |                     |               |                              |                  |                               |             |                             | 7  |
| 8  |                    |                  |                  |                     |               |                              |                  |                               |             |                             | 8  |
|    | Improvement Type** |                  |                  |                     |               |                              |                  |                               |             |                             |    |
| 9  | Various            |                  | 2014             |                     | 172,636       |                              | 20               | 8,632                         | 8,632       | 73,327                      | 9  |
| 10 | Various            |                  | 2015             |                     | 1,039,558     |                              | 20               | 51,978                        | 51,978      | 345,795                     | 10 |
| 11 | Various            |                  | 2016             |                     | 342,294       |                              | 20               | 17,115                        | 17,115      | 85,573                      | 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 |

\*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  | 2                                           | 3                | 4             | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---------------------------------------------|------------------|---------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                          | Year Constructed | Cost          | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 |                                             |                  | \$            | \$                        |               | \$                         | \$          |                          | 37 |
| 38 |                                             |                  |               |                           |               |                            |             |                          | 38 |
| 39 |                                             |                  |               |                           |               |                            |             |                          | 39 |
| 40 |                                             |                  |               |                           |               |                            |             |                          | 40 |
| 41 |                                             |                  |               |                           |               |                            |             |                          | 41 |
| 42 |                                             |                  |               |                           |               |                            |             |                          | 42 |
| 43 |                                             |                  |               |                           |               |                            |             |                          | 43 |
| 44 |                                             |                  |               |                           |               |                            |             |                          | 44 |
| 45 |                                             |                  |               |                           |               |                            |             |                          | 45 |
| 46 |                                             |                  |               |                           |               |                            |             |                          | 46 |
| 47 |                                             |                  |               |                           |               |                            |             |                          | 47 |
| 48 |                                             |                  |               |                           |               |                            |             |                          | 48 |
| 49 |                                             |                  |               |                           |               |                            |             |                          | 49 |
| 50 |                                             |                  |               |                           |               |                            |             |                          | 50 |
| 51 |                                             |                  |               |                           |               |                            |             |                          | 51 |
| 52 |                                             |                  |               |                           |               |                            |             |                          | 52 |
| 53 |                                             |                  |               |                           |               |                            |             |                          | 53 |
| 54 |                                             |                  |               |                           |               |                            |             |                          | 54 |
| 55 |                                             |                  |               |                           |               |                            |             |                          | 55 |
| 56 |                                             |                  |               |                           |               |                            |             |                          | 56 |
| 57 |                                             |                  |               |                           |               |                            |             |                          | 57 |
| 58 |                                             |                  |               |                           |               |                            |             |                          | 58 |
| 59 |                                             |                  |               |                           |               |                            |             |                          | 59 |
| 60 |                                             |                  |               |                           |               |                            |             |                          | 60 |
| 61 |                                             |                  |               |                           |               |                            |             |                          | 61 |
| 62 |                                             |                  |               |                           |               |                            |             |                          | 62 |
| 63 |                                             |                  |               |                           |               |                            |             |                          | 63 |
| 64 |                                             |                  |               |                           |               |                            |             |                          | 64 |
| 65 |                                             |                  |               |                           |               |                            |             |                          | 65 |
| 66 |                                             |                  |               |                           |               |                            |             |                          | 66 |
| 67 | Related Building Company (Pages 12F & 12G)  |                  | 3,336,767     |                           |               | 166,838                    | 166,838     | 834,191                  | 67 |
| 68 | Related Party Allocations (Pages 12H & 12I) |                  | 263,651       | 7,151                     |               | 12,536                     | 5,385       | 56,083                   | 68 |
| 69 | Financial Statement Depreciation            |                  |               |                           |               |                            |             |                          | 69 |
| 70 | TOTAL (lines 4 thru 69)                     |                  | \$ 19,235,866 | \$ 7,151                  |               | \$ 659,412                 | \$ 652,261  | \$ 3,970,740             | 70 |

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

Facility Name &amp; ID Number    Warren Barr South Loop

#    0054353

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

| 1  | 2                                                                | 3                | 4             | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|------------------------------------------------------------------|------------------|---------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                               | Year Constructed | Cost          | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12A, Carried Forward</b>                     |                  | \$ 19,235,866 | \$ 7,151                  |               | \$ 659,412                 | \$ 652,261  | \$ 3,970,740             | 1  |
| 2  | Repaired Elevator Cab 2 Core Cars                                | 2017             | 3,300         |                           | 20            | 165                        | 165         | 660                      | 2  |
| 3  | Elevator Cab - Demo/Installed Panels/Flooring/Railings           | 2017             | 26,320        |                           | 20            | 1,316                      | 1,316       | 5,264                    | 3  |
| 4  | 1St Floor North Bathrooms Tiling                                 | 2017             | 3,200         |                           | 20            | 160                        | 160         | 640                      | 4  |
| 5  | Installed Four Nurse Call Stations On 1St Floor                  | 2017             | 16,101        |                           | 20            | 805                        | 805         | 3,220                    | 5  |
| 6  | Signage - 1St-3Rd Floors Resident Rooms/Janitorial/Office        | 2017             | 3,320         |                           | 20            | 166                        | 166         | 664                      | 6  |
| 7  | Guestrm/Bath - Demo/Tile Base/Flooring/Doors/Drywall/Paint       | 2017             | 85,852        |                           | 20            | 4,293                      | 4,293       | 17,170                   | 7  |
| 8  | Repaired Air Handlers In Kitchen                                 | 2017             | 9,354         |                           | 20            | 468                        | 468         | 1,871                    | 8  |
| 9  | Installed/Repaired Duct Work/Vents/Controllers In Lobby          | 2017             | 12,065        |                           | 20            | 603                        | 603         | 2,413                    | 9  |
| 10 | Guestroom - Headboard/Closet Millwork/Lamination                 | 2017             | 32,195        |                           | 20            | 1,610                      | 1,610       | 6,439                    | 10 |
| 11 | 1St Floor North Patient Rms-New Flloing/Tiling/Electrical        | 2017             | 35,300        |                           | 20            | 1,765                      | 1,765       | 7,060                    | 11 |
| 12 | Cubicle Curtains                                                 | 2017             | 4,982         |                           | 20            | 249                        | 249         | 996                      | 12 |
| 13 | Installed Light Receptacles/Switches For 11 1St Floor Rooms      | 2017             | 11,495        |                           | 20            | 575                        | 575         | 2,299                    | 13 |
| 14 | Kitchen Exhaust Fan Repair                                       | 2017             | 3,891         |                           | 20            | 195                        | 195         | 778                      | 14 |
| 15 | A/C-Convactor Filters And Liner                                  | 2017             | 3,962         |                           | 20            | 198                        | 198         | 792                      | 15 |
| 16 | Repair Of Brick On The Façade West Side Of Building              | 2017             | 8,500         |                           | 20            | 425                        | 425         | 1,700                    | 16 |
| 17 | 1St-3Rd Floor - Shower/Bathroom/Closet Repair                    | 2017             | 107,586       |                           | 20            | 5,379                      | 5,379       | 21,517                   | 17 |
| 18 | Installation Of Intercom Delivery Door To Ring At Front Desk     | 2017             | 2,511         |                           | 20            | 126                        | 126         | 502                      | 18 |
| 19 | Door Operators For Elevators 1 & 3                               | 2017             | 3,500         |                           | 20            | 175                        | 175         | 700                      | 19 |
| 20 | Fire Alarm System - Relocate Existing Smoke Detectors            | 2017             | 5,581         |                           | 20            | 279                        | 279         | 1,116                    | 20 |
| 21 | 16 Cubicle Curtains                                              | 2017             | 2,566         |                           | 20            | 128                        | 128         | 513                      | 21 |
| 22 | Lobby - Prime And Paint All New Drywall And Existing Wall        | 2017             | 4,655         |                           | 20            | 233                        | 233         | 931                      | 22 |
| 23 | Paint Stairway From Lobby Area To 1St Floor                      | 2017             | 3,845         |                           | 20            | 192                        | 192         | 769                      | 23 |
| 24 | Electrical Work - Lower Level Electrical Room, Generator Ditrib  | 2017             | 26,500        |                           | 20            | 1,325                      | 1,325       | 5,300                    | 24 |
| 25 | Roofing - Install Metal Scupper/Coping With Downspout On Nort    | 2017             | 3,500         |                           | 20            | 175                        | 175         | 700                      | 25 |
| 26 | Elevator Door Operators (\$7,560)                                | 2018             | 6,998         |                           | 20            | 350                        | 350         | 1,144                    | 26 |
| 27 | Main Entrance - Repair Magnetic Breakout Switch For Door (\$2,6  | 2018             | 2,425         |                           | 20            | 121                        | 121         | 374                      | 27 |
| 28 | Repaired Water Pumps And Walves (\$10,000)                       | 2018             | 9,256         |                           | 20            | 463                        | 463         | 1,388                    | 28 |
| 29 | Window Perforation Lamination (\$3,349)                          | 2018             | 3,100         |                           | 20            | 155                        | 155         | 465                      | 29 |
| 30 | Installed Shower Head In Bathroom (\$3,178)                      | 2018             | 2,942         |                           | 20            | 147                        | 147         | 441                      | 30 |
| 31 | Repaired Water Lines/Chilled Water System/Boiler/Piping (\$47,50 | 2018             | 43,966        |                           | 20            | 2,198                      | 2,198       | 6,595                    | 31 |
| 32 | Installed 2 New Elevator Door Operators (\$7,560)                | 2018             | 6,998         |                           | 20            | 350                        | 350         | 1,050                    | 32 |
| 33 | Repaired Radiator (\$10,957)                                     | 2018             | 10,142        |                           | 20            | 507                        | 507         | 1,521                    | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                   |                  | \$ 19,741,773 | \$ 7,151                  |               | \$ 684,707                 | \$ 677,556  | \$ 4,067,733             | 34 |

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

Facility Name &amp; ID Number Warren Barr South Loop

# 0054353

Report Period Beginning:

01/01/20

Ending:

12/31/20

**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                          |                          | \$ 19,741,773 | \$ 7,151                          |                       | \$ 684,707                         | \$ 677,556       | \$ 4,067,733                     | 1  |
| 2                       | Installed Showerhead (\$3,178)                                 | 2018                     | 2,942         |                                   | 20                    | 147                                | 147              | 441                              | 2  |
| 3                       | Repaired Fire Alarm Egress/Magnetic Locks (\$2,859)            | 2018                     | 2,646         |                                   | 20                    | 132                                | 132              | 397                              | 3  |
| 4                       | Stainless Steel Door Levers, E-Z Pipe Wrap (\$8676.68)         | 2019                     | 8,409         |                                   | 20                    | 420                                | 420              | 1,288                            | 4  |
| 5                       | Painting - 2Nd/3Rd Floor Resident Rooms (\$28500)              | 2019                     | 27,619        |                                   | 20                    | 1,381                              | 1,381            | 2,173                            | 5  |
| 6                       | Masonry - New Foundation, Staircase, Metal Railings (\$16900)  | 2019                     | 16,378        |                                   | 20                    | 819                                | 819              | 2,227                            | 6  |
| 7                       | Painting - 2Nd/3Rd Floor Resident Rooms (\$12350)              | 2019                     | 11,968        |                                   | 20                    | 598                                | 598              | 1,525                            | 7  |
| 8                       | Replace Door Locks, Fit Bathroom Sinks, Wall Repair (\$5380)   | 2019                     | 5,214         |                                   | 20                    | 261                                | 261              | 619                              | 8  |
| 9                       | Ceiling Mounted Heater With Thermostat In Foyer (\$3775)       | 2019                     | 3,658         |                                   | 20                    | 183                                | 183              | 875                              | 9  |
| 10                      | Installed Showerhead/Valve Adapter (\$4743.38)                 | 2019                     | 4,597         |                                   | 20                    | 230                                | 230              | 1,020                            | 10 |
| 11                      | Furnish And Install Tags On Elevator (\$10856)                 | 2019                     | 10,521        |                                   | 20                    | 526                                | 526              | 888                              | 11 |
| 12                      | Installed Wall Mount Bracket (\$4031.25)                       | 2019                     | 3,907         |                                   | 20                    | 195                                | 195              | 263                              | 12 |
| 13                      | Mirrors/Design Fees (\$20082)                                  | 2019                     | 19,461        |                                   | 20                    | 973                                | 973              | 1,946                            | 13 |
| 14                      | Install Upgraded Selector And Tape For Elevator # 1 (\$3,450)  | 2019                     | 3,343         |                                   | 20                    | 167                                | 167              | 334                              | 14 |
| 15                      | Elevator Repair (\$27,800)                                     | 2019                     | 27,119        |                                   | 20                    | 1,356                              | 1,356            | 1,356                            | 15 |
| 16                      | Milliken Carpet Tile Installation - 2Nd Flr Hallway (\$19,150) | 2020                     | 18,680        |                                   | 20                    | 934                                | 934              | 934                              | 16 |
| 17                      | Mannington Walkway Plank Vinyl Tile Installation - 3Rd Flr Hal | 2020                     | 23,955        |                                   | 20                    | 1,198                              | 1,198            | 1,198                            | 17 |
| 18                      | Install New Hot Water Heater Tank (\$7,521)                    | 2020                     | 7,337         |                                   | 20                    | 367                                | 367              | 376                              | 18 |
| 19                      | Fix Basement Mechanical Room Hot Water Line Leak (\$3,888)     | 2020                     | 3,793         |                                   | 20                    | 190                                | 190              | 194                              | 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)                                        |                          | \$ 19,943,320 | \$ 7,151                          |                       | \$ 694,785                         | \$ 687,634       | \$ 4,085,788                     | 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 12C, Carried Forward |                          | \$ 19,943,320 | \$ 7,151                          |                       | \$ 694,785                         | \$ 687,634       | \$ 4,085,788                     | 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)               |                          | \$ 19,943,320 | \$ 7,151                          |                       | \$ 694,785                         | \$ 687,634       | \$ 4,085,788                     | 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 |                          | \$19,943,320 | \$7,151                           |                       | \$694,785                          | \$687,634        | \$4,085,788                      | 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)               |                          | \$19,943,320 | \$7,151                           |                       | \$694,785                          | \$687,634        | \$4,085,788                      | 34 |

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

| XI. OWNERSHIP COSTS (continued)                                                                                       |                                                               |                  |              |                           |               |                            |             |                          |    |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. |                                                               |                  |              |                           |               |                            |             |                          |    |
| 1                                                                                                                     |                                                               | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
| Improvement Type**                                                                                                    |                                                               | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1                                                                                                                     | Building Company                                              |                  | \$           | \$                        |               | \$                         | \$          | \$                       | 1  |
| 2                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 2  |
| 3                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 3  |
| 4                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 4  |
| 5                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 5  |
| 6                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 6  |
| 7                                                                                                                     |                                                               |                  |              |                           |               |                            |             |                          | 7  |
| 8                                                                                                                     | Leasehold Improvements:                                       |                  |              |                           |               |                            |             |                          | 8  |
| 9                                                                                                                     | Therapy/Office/Gym - Demo/Masonry/Framing/Flooring/Electrical | 2016             | 3,336,767    |                           | 20            | 166,838                    | 166,838     | 834,191                  | 9  |
| 10                                                                                                                    | Related Architect/Design/IDPH Fees                            |                  |              |                           |               |                            |             |                          | 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)                                       |                  | \$ 3,336,767 | \$                        |               | \$ 166,838                 | \$ 166,838  | \$ 834,191               | 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 |                          | \$ 3,336,767 | \$                                |                       | \$ 166,838                         | \$ 166,838       | \$ 834,191                       | 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)               |                          | \$ 3,336,767 | \$                                |                       | \$ 166,838                         | \$ 166,838       | \$ 834,191                       | 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  | 2                                | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|----------------------------------|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**               | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | Related Party                    |                  |            |                           |               |                            |             |                          | 1  |
| 2  | Buildings:                       |                  |            |                           |               |                            |             |                          | 2  |
| 3  | Allocated from CF St. Louis, LLC | 2016             | 30,164     | 1,401                     | 35            | 862                        | (539)       | 4,309                    | 3  |
| 4  |                                  |                  |            |                           |               |                            |             |                          | 4  |
| 5  |                                  |                  |            |                           |               |                            |             |                          | 5  |
| 6  |                                  |                  |            |                           |               |                            |             |                          | 6  |
| 7  |                                  |                  |            |                           |               |                            |             |                          | 7  |
| 8  | Leasehold Improvements:          |                  |            |                           |               |                            |             |                          | 8  |
| 9  | Allocated from CF St. Louis, LLC | 2016             | 187,277    | 4,620                     | 20            | 9,364                      | 4,744       | 46,819                   | 9  |
| 10 | Allocated from CF St. Louis, LLC | 2017             | 4,347      | 107                       | 20            | 217                        | 110         | 869                      | 10 |
| 11 | Allocated from CF St. Louis, LLC | 2019             | 39,398     | 972                       | 20            | 1,970                      | 998         | 3,940                    | 11 |
| 12 | Allocated from CF St. Louis, LLC | 2019             | 2,072      | 51                        | 20            | 104                        | 52          | 104                      | 12 |
| 13 |                                  |                  |            |                           |               |                            |             |                          | 13 |
| 14 | Allocated from Legacy HC         | 2018             | 224        |                           | 20            | 11                         | 11          | 34                       | 14 |
| 15 | Allocated from Legacy HC         | 2020             | 169        |                           | 20            | 8                          | 8           | 8                        | 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)          |                  | \$ 263,651 | \$ 7,151                  |               | \$ 12,536                  | \$ 5,385    | \$ 56,083                | 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 12H, Carried Forward |                          | \$263,651 | \$7,151                           |                       | \$12,536                           | \$5,385          | \$56,083                         | 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)               |                          | \$263,651 | \$7,151                           |                       | \$12,536                           | \$5,385          | \$56,083                         | 34 |

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

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost   | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4<br>Adjustments | Component Life 5 | Accumulated Depreciation 6 |    |
|----|--------------------------|-------------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 71 | Purchased in Prior Years | \$2,194,969 | \$604                       | \$219,497                    | \$218,893        | 10               | \$1,287,305                | 71 |
| 72 | Current Year Purchases   | 25,840      | 2                           | 2,584                        | 2,582            | 10               | 2,584                      | 72 |
| 73 | Fully Depreciated Assets |             |                             |                              |                  |                  |                            | 73 |
| 74 |                          |             |                             |                              |                  |                  |                            | 74 |
| 75 | TOTALS                   | \$2,220,809 | \$606                       | \$222,081                    | \$221,475        |                  | \$1,289,889                | 75 |

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

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

E. Summary of Care-Related Assets

|    | 1                                                                                                                              | 2            |    |
|----|--------------------------------------------------------------------------------------------------------------------------------|--------------|----|
|    | Reference                                                                                                                      | Amount       |    |
| 81 | Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$23,917,806 | 81 |
| 82 | Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$7,757      | 82 |
| 83 | Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$916,866    | 83 |
| 84 | Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$909,109    | 84 |
| 85 | Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$5,375,677  | 85 |

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

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

G. Construction-in-Progress

|    | Description | Cost      |    |
|----|-------------|-----------|----|
| 92 | CIP         | \$114,010 | 92 |
| 93 |             |           | 93 |
| 94 |             |           | 94 |
| 95 |             | \$114,010 | 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                  |                          |                        |                             | 4,048                 |                              |                                     | 5 |
| 6 | Allocated from Legacy HC |                          |                        |                             | 112                   |                              |                                     | 6 |
| 7 | TOTAL                    |                          |                        |                             | \$4,160               |                              |                                     | 7 |

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease
- 

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$18,714
- Description: See Attached

(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 | Facility                 | 2018 Dodge Caravan          | \$1,009                       | \$12,109                               | 17 |
| 18 | Allocated from Legacy HC |                             |                               | 4,736                                  | 18 |
| 19 |                          |                             |                               |                                        | 19 |
| 20 |                          |                             |                               |                                        | 20 |
| 21 | TOTAL                    |                             | \$1,009                       | \$16,845                               | 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. | /2021              | \$          |
| 13. | /2022              | \$          |
| 14. | /2023              | \$          |

\* 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     |
|----|---------------------------------|-----------|-----------|----------|-------|
|    |                                 | 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                 | \$         |                                                 | \$ 585,110   | \$                                   |                               | \$ 585,110                     | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39 - 03                                  | hrs                 |            |                                                 | 179,005      |                                      |                               | 179,005                        | 2  |
| 3  | Licensed Recreational Therapist                                                |                                          | hrs                 |            |                                                 |              |                                      |                               |                                | 3  |
| 4  | Licensed Physical Therapist                                                    | 39 - 03                                  | hrs                 |            |                                                 | 643,468      |                                      |                               | 643,468                        | 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   |            |                                                 |              | 511,469                              |                               | 511,469                        | 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 Attached                                                  |                                          |                     | 956,155    |                                                 | 234,893      | 354,144                              |                               | 1,545,192                      | 13 |
| 14 | TOTAL                                                                          |                                          |                     | \$ 956,155 |                                                 | \$ 1,642,476 | \$ 865,613                           |                               | \$ 3,464,244                   | 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             | 2                    |    |
|----|-------------------------------------------------------------------|---------------|----------------------|----|
|    |                                                                   | Operating     | After Consolidation* |    |
|    | <b>A. Current Assets</b>                                          |               |                      |    |
| 1  | Cash on Hand and in Banks                                         | \$ 527,442    | \$ 1,027,625         | 1  |
| 2  | Cash-Patient Deposits                                             |               |                      | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 4,727,828     | 4,727,828            | 3  |
| 4  | Supply Inventory (priced at )                                     |               |                      | 4  |
| 5  | Short-Term Investments                                            |               |                      | 5  |
| 6  | Prepaid Insurance                                                 | 20,088        | 20,088               | 6  |
| 7  | Other Prepaid Expenses                                            | 731,698       | 1,090,461            | 7  |
| 8  | Accounts Receivable (owners or related parties)                   |               |                      | 8  |
| 9  | Other(specify): <a href="#">See Attached</a>                      | 823,504       | 2,680,900            | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 6,830,560  | \$ 9,546,902         | 10 |
|    | <b>B. Long-Term Assets</b>                                        |               |                      |    |
| 11 | Long-Term Notes Receivable                                        |               |                      | 11 |
| 12 | Long-Term Investments                                             |               |                      | 12 |
| 13 | Land                                                              |               | 1,748,076            | 13 |
| 14 | Buildings, at Historical Cost                                     |               | 9,873,577            | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        | 1,433,609     | 4,505,017            | 15 |
| 16 | Equipment, at Historical Cost                                     | 552,791       | 1,497,630            | 16 |
| 17 | Accumulated Depreciation (book methods)                           | 1,000         | (3,235,846)          | 17 |
| 18 | Deferred Charges                                                  |               |                      | 18 |
| 19 | Organization & Pre-Operating Costs                                |               |                      | 19 |
|    | Accumulated Amortization -                                        |               |                      |    |
| 20 | Organization & Pre-Operating Costs                                |               |                      | 20 |
| 21 | Restricted Funds                                                  |               |                      | 21 |
| 22 | Other Long-Term Assets (specify):                                 |               |                      | 22 |
| 23 | Other(specify): <a href="#">See Attached</a>                      | 3,386,358     | 5,242,211            | 23 |
| 24 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 5,373,758  | \$ 19,630,665        | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 12,204,318 | \$ 29,177,567        | 25 |

|    |                                                              | 1             | 2                    |    |
|----|--------------------------------------------------------------|---------------|----------------------|----|
|    |                                                              | Operating     | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |               |                      |    |
| 26 | Accounts Payable                                             | \$ 1,572,007  | \$ 1,572,008         | 26 |
| 27 | Officer's Accounts Payable                                   |               |                      | 27 |
| 28 | Accounts Payable-Patient Deposits                            |               |                      | 28 |
| 29 | Short-Term Notes Payable                                     |               |                      | 29 |
| 30 | Accrued Salaries Payable                                     | 280,314       | 280,314              | 30 |
|    | Accrued Taxes Payable                                        |               |                      |    |
| 31 | (excluding real estate taxes)                                | 406,975       | 406,975              | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                          |               | 246,831              | 32 |
| 33 | Accrued Interest Payable                                     |               | 77,860               | 33 |
| 34 | Deferred Compensation                                        |               |                      | 34 |
| 35 | Federal and State Income Taxes                               |               |                      | 35 |
|    | <b>Other Current Liabilities(specify):</b>                   |               |                      |    |
| 36 | <a href="#">See Attached</a>                                 | 3,798,719     | 3,798,719            | 36 |
| 37 |                                                              |               |                      | 37 |
| 38 | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 6,058,015  | \$ 6,382,707         | 38 |
|    | <b>D. Long-Term Liabilities</b>                              |               |                      |    |
| 39 | Long-Term Notes Payable                                      |               |                      | 39 |
| 40 | Mortgage Payable                                             |               | 33,368,744           | 40 |
| 41 | Bonds Payable                                                |               |                      | 41 |
| 42 | Deferred Compensation                                        |               |                      | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |               |                      |    |
| 43 | <a href="#">See Attached</a>                                 | 3,900,566     | 670,971              | 43 |
| 44 |                                                              |               |                      | 44 |
| 45 | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 3,900,566  | \$ 34,039,715        | 45 |
| 46 | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 9,958,581  | \$ 40,422,422        | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 2,245,737  | \$ (11,244,855)      | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 12,204,318 | \$ 29,177,567        | 48 |

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>Total     |      |
|----|--------------------------------------------------------------|----------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 2,771,358   | 1    |
| 2  | Restatements (describe):                                     |                | 2    |
| 3  | Bad Debts/Sequestration                                      | 399,852        | 3    |
| 4  | Real Estate Tax Expense                                      | 455,896        | 4    |
| 5  | Depreciation                                                 | 241,077        | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 3,868,183   | 6    |
|    | A. Additions (deductions):                                   |                |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | (1,622,446)    | 7    |
| 8  | Aquisitions of Pooled Companies                              |                | 8    |
| 9  | Proceeds from Sale of Stock                                  |                | 9    |
| 10 | Stock Options Exercised                                      |                | 10   |
| 11 | Contributions and Grants                                     |                | 11   |
| 12 | Expenditures for Specific Purposes                           |                | 12   |
| 13 | Dividends Paid or Other Distributions to Owners              | ( )            | 13   |
| 14 | Donated Property, Plant, and Equipment                       |                | 14   |
| 15 | Other (describe)                                             |                | 15   |
| 16 | Other (describe)                                             |                | 16   |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ (1,622,446) | 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)            | \$ 2,245,737   | 24 * |

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

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

| 1   |                                                    |               |     |
|-----|----------------------------------------------------|---------------|-----|
|     | I. Revenue                                         | Amount        |     |
|     | A. Inpatient Care                                  |               |     |
| 1   | Gross Revenue -- All Levels of Care                | \$ 18,640,281 | 1   |
| 2   | Discounts and Allowances for all Levels            | (5,287,891)   | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$ 13,352,390 | 3   |
|     | B. Ancillary Revenue                               |               |     |
| 4   | Day Care                                           |               | 4   |
| 5   | Other Care for Outpatients                         |               | 5   |
| 6   | Therapy                                            | 4,652,817     | 6   |
| 7   | Oxygen                                             | 2,417         | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$ 4,655,234  | 8   |
|     | C. Other Operating Revenue                         |               |     |
| 9   | Payments for Education                             |               | 9   |
| 10  | Other Government Grants                            |               | 10  |
| 11  | CNA Training Reimbursements                        |               | 11  |
| 12  | Gift and Coffee Shop                               |               | 12  |
| 13  | Barber and Beauty Care                             |               | 13  |
| 14  | Non-Patient Meals                                  |               | 14  |
| 15  | Telephone, Television and Radio                    |               | 15  |
| 16  | Rental of Facility Space                           |               | 16  |
| 17  | Sale of Drugs                                      | 386,474       | 17  |
| 18  | Sale of Supplies to Non-Patients                   |               | 18  |
| 19  | Laboratory                                         | 128,505       | 19  |
| 20  | Radiology and X-Ray                                | 2,275         | 20  |
| 21  | Other Medical Services                             | 48,054        | 21  |
| 22  | Laundry                                            |               | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 565,308    | 23  |
|     | D. Non-Operating Revenue                           |               |     |
| 24  | Contributions                                      |               | 24  |
| 25  | Interest and Other Investment Income***            | 13,314        | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$ 13,314     | 26  |
|     | E. Other Revenue (specify):****                    |               |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |               | 27  |
| 28  | See Attached                                       | 1,676,721     | 28  |
| 28a |                                                    |               | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$ 1,676,721  | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$ 20,262,967 | 30  |

| 2  |                                                         |                |    |
|----|---------------------------------------------------------|----------------|----|
|    | II. Expenses                                            | Amount         |    |
|    | A. Operating Expenses                                   |                |    |
| 31 | General Services                                        | 2,380,711      | 31 |
| 32 | Health Care                                             | 7,636,034      | 32 |
| 33 | General Administration                                  | 4,303,183      | 33 |
|    | B. Capital Expense                                      |                |    |
| 34 | Ownership                                               | 2,796,649      | 34 |
|    | C. Ancillary Expense                                    |                |    |
| 35 | Special Cost Centers                                    | 4,393,991      | 35 |
| 36 | Provider Participation Fee                              | 374,845        | 36 |
|    | D. Other Expenses (specify):                            |                |    |
| 37 |                                                         |                | 37 |
| 38 |                                                         |                | 38 |
| 39 |                                                         |                | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ 21,885,413  | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)**    | (1,622,446)    | 41 |
| 42 | Income Taxes                                            |                | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (1,622,446) | 43 |

| III. Net Inpatient Revenue detailed by Payer Source |                                                                |               |    |
|-----------------------------------------------------|----------------------------------------------------------------|---------------|----|
| 44                                                  | Medicaid - Net Inpatient Revenue                               | \$ 9,747,833  | 44 |
| 45                                                  | Private Pay - Net Inpatient Revenue                            | 379,514       | 45 |
| 46                                                  | Medicare - Net Inpatient Revenue                               | 2,519,051     | 46 |
| 47                                                  | Other-(specify) Insurance                                      | 705,992       | 47 |
| 48                                                  | Other-(specify)                                                |               | 48 |
| 49                                                  | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 13,352,390 | 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           | 1,960                           | 2,225                            | \$ 146,432                                   | \$ 65.81                  | 1  |
| 2  | Assistant Director of Nursing | 2,045                           | 2,234                            | 101,315                                      | 45.35                     | 2  |
| 3  | Registered Nurses             | 23,537                          | 27,988                           | 1,041,012                                    | 37.19                     | 3  |
| 4  | Licensed Practical Nurses     | 64,011                          | 84,040                           | 3,179,748                                    | 37.84                     | 4  |
| 5  | CNAs & Orderlies              | 65,030                          | 82,470                           | 1,372,114                                    | 16.64                     | 5  |
| 6  | CNA Trainees                  |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist            | 27,129                          | 31,034                           | 956,155                                      | 30.81                     | 7  |
| 8  | Rehab/Therapy Aides           | 6,636                           | 7,298                            | 110,361                                      | 15.12                     | 8  |
| 9  | Activity Director             | 1,896                           | 2,153                            | 40,149                                       | 18.65                     | 9  |
| 10 | Activity Assistants           | 9,274                           | 10,219                           | 141,797                                      | 13.88                     | 10 |
| 11 | Social Service Workers        | 11,836                          | 12,997                           | 305,223                                      | 23.48                     | 11 |
| 12 | Dietician                     | 2,979                           | 3,251                            | 83,069                                       | 25.55                     | 12 |
| 13 | Food Service Supervisor       | 1,624                           | 1,815                            | 57,085                                       | 31.45                     | 13 |
| 14 | Head Cook                     | 4,825                           | 5,476                            | 83,564                                       | 15.26                     | 14 |
| 15 | Cook Helpers/Assistants       | 26,452                          | 28,869                           | 412,996                                      | 14.31                     | 15 |
| 16 | Dishwashers                   |                                 |                                  |                                              |                           | 16 |
| 17 | Maintenance Workers           | 5,347                           | 5,734                            | 110,243                                      | 19.23                     | 17 |
| 18 | Housekeepers                  | 26,308                          | 29,030                           | 431,311                                      | 14.86                     | 18 |
| 19 | Laundry                       | 2,615                           | 2,871                            | 42,332                                       | 14.74                     | 19 |
| 20 | Administrator                 | 1,832                           | 2,080                            | 142,895                                      | 68.70                     | 20 |
| 21 | Assistant Administrator       | 2,320                           | 2,448                            | 79,441                                       | 32.45                     | 21 |
| 22 | Other Administrative          | 1,632                           | 1,881                            | 71,706                                       | 38.13                     | 22 |
| 23 | Office Manager                | 149                             | 149                              | 3,936                                        | 26.42                     | 23 |
| 24 | Clerical                      | 13,069                          | 13,893                           | 239,877                                      | 17.27                     | 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               | 2                               | 2                                | 80                                           | 40.00                     | 31 |
| 32 | Other Health Care(specify)    |                                 |                                  |                                              |                           | 32 |
| 33 | Other(specify) See Attached   | 14,400                          | 15,265                           | 239,611                                      | 15.70                     | 33 |
| 34 | TOTAL (lines 1 - 33)          | 316,908                         | 375,422                          | \$ 9,392,452 *                               | \$ 25.02                  | 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              |                                        | \$                                                  |                                             | 35 |
| 36 | Medical Director                | Monthly                                | 30,000                                              | 09-03                                       | 36 |
| 37 | Medical Records Consultant      |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                | Monthly                                | 56,681                                              | 10-03                                       | 38 |
| 39 | Pharmacist Consultant           | Monthly                                | 15,663                                              | 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             | Monthly                                | 411                                                 | 11-03                                       | 44 |
| 45 | Social Service Consultant       | Monthly                                | 7,248                                               | 12-03                                       | 45 |
| 46 | Other(specify)                  |                                        |                                                     |                                             | 46 |
| 47 |                                 |                                        |                                                     |                                             | 47 |
| 48 |                                 |                                        |                                                     |                                             | 48 |
| 49 | TOTAL (lines 35 - 48)           |                                        | \$ 110,003                                          |                                             | 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 NumberWarren Barr South Loop

# 0054353

Report Period Beginning:01/01/20

Page 21

Ending:12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

| Name                                                                                           | Function           | Ownership % | Amount     |
|------------------------------------------------------------------------------------------------|--------------------|-------------|------------|
| Isaac Pure                                                                                     | Administrator      | 0           | \$ 142,895 |
| Mary Sales                                                                                     | Assistant Admin    | 0           | 285        |
| Leilane Linn                                                                                   | Assistant Admin    | 0           | 13,659     |
| Derek Temple                                                                                   | Assistant Admin    | 0           | 65,497     |
| Leilane Linn                                                                                   | Executive Director | 0           | 3,061      |
| Mary Sales                                                                                     | Executive Director | 0           | 68,645     |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.) |                    |             | \$ 294,042 |

B. Administrative - Other

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

C. Professional Services

| Vendor/Payee                                                                                              | Type                     | Amount     |
|-----------------------------------------------------------------------------------------------------------|--------------------------|------------|
| Marcum LLP                                                                                                | Accounting               | \$ 24,000  |
| ProPay HR                                                                                                 | Payroll Processing       | 48,376     |
| Onyx Procurement Solutions                                                                                | Procurement Services     | 12,570     |
| MTS Consulting                                                                                            | Tax Consultant           | 10,679     |
| Achieve Accreditation LLC                                                                                 | Accreditation Services   | 7,787      |
| Compliagent                                                                                               | Compliance Services      | 3,843      |
| Cortex Health Inc                                                                                         | Data Processing          | 14,125     |
| Hygieneering, Inc.                                                                                        | Environmental Consultant | 917        |
| Personnel Planners                                                                                        | Unemployment Consulting  | 1,259      |
| Telemedicine                                                                                              | Risk Prevention Software | 7,408      |
| See Attached                                                                                              | Legal                    | 654,430    |
| See Supplemental Schedule                                                                                 |                          | 9,233      |
| TOTAL (agree to Schedule V, line 19, column 3)<br>(For legal fee disclosure, see page 39 of instructions) |                          | \$ 794,627 |

D. Employee Benefits and Payroll Taxes

| Description                                 | Amount    |
|---------------------------------------------|-----------|
| Workers' Compensation Insurance             | \$ 89,884 |
| Unemployment Compensation Insurance         | 44,488    |
| FICA Taxes                                  | 718,523   |
| Employee Health Insurance                   | 195,777   |
| Employee Meals                              |           |
| Illinois Municipal Retirement Fund (IMRF)*  |           |
| Union Pension                               | 9,929     |
| Other Employee Benefits                     | 36,469    |
| 401K Expense                                | 9,418     |
| Voluntary Benefit Contributions             | 64,869    |
| Employee Physical Exams                     | 17,572    |
|                                             |           |
|                                             |           |
| TOTAL (agree to Schedule V, line 22, col.8) |           |

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

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

F. Dues, Fees, Subscriptions and Promotions

| Description                                                                  | Amount   |
|------------------------------------------------------------------------------|----------|
| IDPH License Fee                                                             | \$ 1,990 |
| Advertising: Employee Recruitment                                            | 468      |
| Health Care Worker Background Check<br>(Indicate # of checks performed 213 ) | 2,131    |
| Patient Background Checks                                                    | 444      |
| Dues & Subscriptions                                                         | 36,039   |
| Licenses & Fees                                                              | 1,286    |
|                                                                              |          |
|                                                                              |          |
| See Supplemental Schedule                                                    | 4,031    |
| Less: Public Relations Expense                                               | ( )      |
| Non-allowable advertising                                                    | ( )      |
| Yellow page advertising                                                      | ( )      |
| TOTAL (agree to Sch. V, line 20, col. 8)                                     |          |

G. Schedule of Travel and Seminar\*\*

| Description                        | Amount |
|------------------------------------|--------|
| Out-of-State Travel                | \$     |
|                                    |        |
|                                    |        |
| In-State Travel                    |        |
|                                    |        |
|                                    |        |
| Seminar Expense                    | 787    |
|                                    |        |
| See Supplemental Schedule          | 161    |
| Entertainment Expense              | ( )    |
| (agree to Sch. V, line 24, col. 8) |        |
| TOTAL                              | \$ 948 |

\* Attach copy of IMRF notifications

\*\*See instructions.



## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. HCCI - \$32,970, IHCA - \$17,352
- (3) Did the nursing home make political contributions or payments to a political 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. \$ 40,631 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO        If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
Warren Barr South Loop, IDPH #0052902
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 374,845  
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? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (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. Yes  
Attach invoices and a summary of services for all architect and appraisal fees