		FOR BHF USE					

LL1

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.

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0054353

Facility Name: Warren Barr South Loop

Address: 1725 South Wabash (Number) Chicago (City) 60616 (Zip Code)

County: Cook

Telephone Number: (312) 787-9400 **Fax #** (312) 787-9590

HFS ID Number:

Date of Initial License for Current Owners: 8/14/2014

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda **Telephone Number:** (847) 282-6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/18 to 12/31/18 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed)
** Subject to the attached Accountants' Consulting Report* (Date)
(Print Name and Title)
(Firm Name & Address) Marcum, LLP, 9 Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	207	Skilled (SNF)	207	75,555	1
2		Skilled Pediatric (SNF/PED)			2
3	3	Intermediate (ICF)	3	1,095	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	210	TOTALS	210	76,650	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	38,625	895	17,706	57,226	8
9	SNF/PED					9
10	ICF	597	14	63	674	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,222	909	17,769	57,900	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.54%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 8/14/2014

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 8/14/2014 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 207 and days of care provided 13,646

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

STATE OF ILLINOIS

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	534,497	76,771	7,182	618,450		618,450	1,322	619,772			1
2	Food Purchase		390,967		390,967		390,967	(43,300)	347,667			2
3	Housekeeping	313,586	101,454	18,190	433,230		433,230	2,080	435,310			3
4	Laundry	22,772	51,252	203,831	277,855		277,855	(5,973)	271,882			4
5	Heat and Other Utilities			239,705	239,705		239,705	(9,927)	229,778			5
6	Maintenance	129,341	20,017	235,331	384,689		384,689	14,442	399,131			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,000,196	640,461	704,239	2,344,896		2,344,896	(41,356)	2,303,540			8
	B. Health Care and Programs											
9	Medical Director			44,435	44,435		44,435		44,435			9
10	Nursing and Medical Records	5,673,281	122,581	66,006	5,861,868		5,861,868	(149,461)	5,712,407			10
10a	Therapy	269,575			269,575		269,575		269,575			10a
11	Activities	145,612	4,838	1,344	151,794		151,794	83	151,877			11
12	Social Services	391,062	39,279	1,376	431,717		431,717	5,149	436,866			12
13	CNA Training											13
14	Program Transportation			77,988	77,988		77,988		77,988			14
15	Other (specify):*							9,484	9,484			15
16	**TOTAL Health Care and Programs**	6,479,530	166,698	191,149	6,837,377		6,837,377	(134,746)	6,702,631			16
	C. General Administration											
17	Administrative	229,299			229,299		229,299	109,513	338,812			17
18	Directors Fees											18
19	Professional Services			278,376	278,376		278,376	(44,070)	234,306			19
20	Dues, Fees, Subscriptions & Promotions			187,722	187,722		187,722	(131,076)	56,646			20
21	Clerical & General Office Expenses	640,849	9,204	1,118,229	1,768,282		1,768,282	(892,560)	875,722			21
22	Employee Benefits & Payroll Taxes			1,310,034	1,310,034		1,310,034	(96,242)	1,213,792			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,302	1,302		1,302	3,628	4,930			24
25	Other Admin. Staff Transportation			3,923	3,923		3,923		3,923			25
26	Insurance-Prop.Liab.Malpractice			494,441	494,441		494,441	6,641	501,082			26
27	Other (specify):*							69,398	69,398			27
28	**TOTAL General Administration**	870,148	9,204	3,394,027	4,273,379		4,273,379	(974,769)	3,298,610			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,349,874	816,363	4,289,415	13,455,652		13,455,652	(1,150,870)	12,304,782			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.

Facility Name & ID Number Warren Barr South Loop #0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							917,222	917,222			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			134,532	134,532		134,532	1,712,788	1,847,320			32
33	Real Estate Taxes			384,000	384,000		384,000	5,609	389,609			33
34	Rent-Facility & Grounds			2,658,180	2,658,180		2,658,180	(2,653,810)	4,370			34
35	Rent-Equipment & Vehicles			40,560	40,560		40,560	(21,802)	18,758			35
36	Other (specify):*											36
37	**TOTAL Ownership**			3,217,272	3,217,272		3,217,272	(39,994)	3,177,278			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	889,442	1,112,439	2,161,644	4,163,525		4,163,525		4,163,525			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			351,323	351,323		351,323		351,323			42
43	Other (specify):*			1,145,753	1,145,753		1,145,753	(1,145,753)				43
44	**TOTAL Special Cost Centers**	889,442	1,112,439	3,658,720	5,660,601		5,660,601	(1,145,753)	4,514,848			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	9,239,316	1,928,802	11,165,407	22,333,525		22,333,525	(2,336,617)	19,996,908			45

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,164)	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	917,222	30		9
10	Interest and Other Investment Income	(83,441)	32		10
11	Discounts, Allowances, Rebates & Refunds	(43,261)	02		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(61)	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	(2,231)	21		18
19	Entertainment	(4,036)	21		19
20	Contributions	(68,550)	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	(727,530)	21		24
25	Fund Raising, Advertising and Promotional	(49,091)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,575,972)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,648,115)		$	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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(688,502)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (688,502)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,336,617)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Warren Barr South Loop

ID# 0054353

Report Period Beginning: 01/01/18

Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Miscellaneous Income	$ (4,019)	21	1
2	Patient Personal Items	(9,857)	10	2
3	Bank Charges	(5,823)	21	3
4	Sequestration Expense	(179,368)	21	4
5	Pharmacy Discounts	(5,569)	10	5
6	Non-Allowable Expense	(1,145,753)	43	6
7	Building Co - Accounting Fees	(3,467)	19	7
8	Building Co - Management Fees	(50,000)	21	8
9	Building Co - Amortization	(89,917)	36	9
10	Additional R&M	6,350	06	10
11	Capitalized R&M	(2,620)	06	11
12	Non-Allowable Auto Lease	(26,753)	35	12
13	PAC Dues	(13,693)	20	13
14	Donations	(500)	20	14
15	Non-Allowable Legal Fees	(44,896)	19	15
16	Collections	(88)	21	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(1,575,972)		49

Warren Barr South Loop

ID# 0054353

Report Period Beginning: 01/01/18

Ending: 12/31/18

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			1,322									1,322	1
2	Food Purchase	(43,322)		22									(43,300)	2
3	Housekeeping			2,080									2,080	3
4	Laundry			13						(5,986)			(5,973)	4
5	Heat and Other Utilities	(11,164)				1,237							(9,927)	5
6	Maintenance	3,730		10,385		1,665		(1,339)					14,442	6
7	Other (specify):*													7
8	**TOTAL General Services**	(50,756)		13,822		2,903		(1,339)		(5,986)			(41,356)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(15,426)		(133,776)			(259)						(149,461)	10
10a	Therapy													10a
11	Activities			83									83	11
12	Social Services			5,149									5,149	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				9,484								9,484	15
16	**TOTAL Health Care and Programs**	(15,426)		(128,544)	9,484		(259)						(134,746)	16
	C. General Administration													
17	Administrative			109,513									109,513	17
18	Directors Fees													18
19	Professional Services	(48,363)	3,467	13,314		52			(12,540)				(44,070)	19
20	Fees, Subscriptions & Promotions	(131,834)		757		1							(131,076)	20
21	Clerical & General Office Expenses	(973,095)	50,000	30,127		407							(892,560)	21
22	Employee Benefits & Payroll Taxes				(96,242)								(96,242)	22
23	Inservice Training & Education													23
24	Travel and Seminar			3,628									3,628	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			6,164		477							6,641	26
27	Other (specify):*			69,398									69,398	27
28	**TOTAL General Administration**	(1,153,291)	53,467	232,900	(96,242)	937			(12,540)				(974,769)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(1,219,473)	53,467	118,178	(86,758)	3,840	(259)	(1,339)	(12,540)	(5,986)			(1,150,870)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Warren Barr South Loop # 0054353 **Report Period Beginning:** 01/01/18 **Ending:** 12/31/18

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	917,222											917,222	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(83,441)	1,790,295	40		5,893							1,712,788	32
33	Real Estate Taxes					5,609							5,609	33
34	Rent-Facility & Grounds		(2,654,000)	51,148		(50,958)							(2,653,810)	34
35	Rent-Equipment & Vehicles	(26,753)			4,951								(21,802)	35
36	Other (specify):*	(89,917)	89,917											36
37	**TOTAL Ownership**	717,111	(773,788)	51,188	4,951	(39,456)							(39,994)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(1,145,753)											(1,145,753)	43
44	**TOTAL Special Cost Centers**	(1,145,753)											(1,145,753)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,648,115)	(720,321)	169,366	(81,808)	(35,616)	(259)	(1,339)	(12,540)	(5,986)			(2,336,617)	45

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 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. [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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 2,654,000	FNR Chicago SL		$	$ (2,654,000)	1
2	V	19	Accounting		FNR Chicago SL		3,467	3,467	2
3	V	21	Management Fee		FNR Chicago SL		50,000	50,000	3
4	V	32	Interest Expense - Mortgage		FNR Chicago SL		1,606,621	1,606,621	4
5	V	32	Interest Expense - CapEx		FNR Chicago SL		183,675	183,675	5
6	V	36	Amortization Expense		FNR Chicago SL		89,917	89,917	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 2,654,000			$ 1,933,679	$ * (720,321)	14

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	DIETICIAN SALARY	$	Legacy Healthcare Financial Services		$ 1,246	$ 1,246	15
16	V	01	DIETARY SUPPLIES		Legacy Healthcare Financial Services		76	76	16
17	V	02	FOOD		Legacy Healthcare Financial Services		22	22	17
18	V	03	HOUSEKEEPING		Legacy Healthcare Financial Services		2,080	2,080	18
19	V	04	LINEN REPLACEMENT		Legacy Healthcare Financial Services		13	13	19
20	V	06	MAINTENANCE SALARY		Legacy Healthcare Financial Services		8,843	8,843	20
21	V	06	REPAIRS AND MAINTENANCE		Legacy Healthcare Financial Services		1,542	1,542	21
22	V	10	NURSING SALARY	218,995	Legacy Healthcare Financial Services		81,776	(137,219)	22
23	V	10	NURSE CONSULTANT		Legacy Healthcare Financial Services		3,349	3,349	23
24	V	10	MEDICAL SUPPLIES		Legacy Healthcare Financial Services		94	94	24
25	V	12	SOCIAL SERVICE SALARY		Legacy Healthcare Financial Services		5,119	5,119	25
26	V	11	ACTIVITIES PROGRAM		Legacy Healthcare Financial Services		83	83	26
27	V	12	SOCIAL SERVICE CONSULTANT		Legacy Healthcare Financial Services		30	30	27
28	V	17	CFO/ADMINISTRATIVE SALARY		Legacy Healthcare Financial Services		109,513	109,513	28
29	V	19	PROFESSIONAL FEES		Legacy Healthcare Financial Services		13,314	13,314	29
30	V	20	DUES/LICENSE/PERMITS		Legacy Healthcare Financial Services		757	757	30
31	V	21	CLERICAL AND GENERAL WAGES	428,042	Legacy Healthcare Financial Services		445,289	17,247	31
32	V	21	CLERICAL AND OFFICE EXPENSE		Legacy Healthcare Financial Services		12,880	12,880	32
33	V	24	EDUCATION AND SEMINARS		Legacy Healthcare Financial Services		3,628	3,628	33
34	V	26	INSURANCE- GENERAL		Legacy Healthcare Financial Services		6,164	6,164	34
35	V	27	NON-NURSING PAYROLL TAXES/BENEFITS		Legacy Healthcare Financial Services		69,398	69,398	35
36	V	32	INTEREST		Legacy Healthcare Financial Services		40	40	36
37	V	34	RENT		Legacy Healthcare Financial Services		50,958	50,958	37
38	V	34	OFFSITE STORAGE/PARKING		Legacy Healthcare Financial Services		190	190	38
39	Total			$ 647,037			$ 816,403	$ * 169,366	39

* Total must agree with the amount recorded on line 34 of Schedule VI. 830,838

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	35	EQUIPMENT RENTAL		Legacy Healthcare Financial Services		266	$ 266	15
16	V	35	AUTO RENTAL		Legacy Healthcare Financial Services		4,685	4,685	16
17	V	15	NURSING PAYROLL TAXES/BENEFITS		Legacy Healthcare Financial Services		9,484	9,484	17
18	V								18
19	V	22	PAYROLL TAXES	96,242	Legacy Healthcare Financial Services			(96,242)	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			$ 96,242			$ 14,434	$ * (81,808)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	CF St. Louis LLC		$ 1,237	$ 1,237	15
16	V	6	REPAIRS & MAINTENANCE		CF St. Louis LLC		1,665	1,665	16
17	V	19	PROFESSIONAL FEES		CF St. Louis LLC		52	52	17
18	V	20	DUES & SUBSCRIPTIONS		CF St. Louis LLC		1	1	18
19	V	21	OFFICE EXPENSE		CF St. Louis LLC		407	407	19
20	V	26	INSURANCE		CF St. Louis LLC		477	477	20
21	V	32	INTEREST EXPENSE		CF St. Louis LLC		5,893	5,893	21
22	V	33	REAL ESTATE TAXES		CF St. Louis LLC		5,609	5,609	22
23	V								23
24	V								24
25	V								25
26	V	34	RENT	50,958	CF St. Louis LLC			(50,958)	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			$ 50,958			$ 15,342	$ * (35,616)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Medical Supplies	$ 9,000	ReMED Services		$ 8,741	$ (259)	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			$ 8,741	$ * (259)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	06	Maintenance	$ 18,000	ML Group Design and Development		$ 16,661	$ (1,339)	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			$ 16,661	$ * (1,339)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Payroll Processing	$ 47,898	ProPay HR LLC		$ 35,358	$ (12,540)	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			$ 47,898			$ 35,358	$ * (12,540)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	04	Laundry Services	$ 256,938	EcoBrite Linen		$ 250,952	$ (5,986)	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			$ 250,952	$ * (5,986)	39

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	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 BILLINGS	BILLINGS, MT	LEGACY HC & FINANCIAL SERV	LINCOLNWOOD	HOME OFFICE/BOOKKEEPI	2
3			AVANTARA ELGIN	ELGIN	ML GROUP DESIGN & DEV	SKOKIE	ASSET MANAGEMENT	3
4			AVANTARA LONG GROVE	LONG GROVE	REMED SERVICES LLC	LINCOLNWOOD	NURSING EQUIPMENT	4
5			AVANTARA PARK RIDGE	PARK RIDGE	AURORA SUPPORTIVE LIVING	AURORA	SUPPORTIVE LIVING	5
6			AZRIA MIDTOWN	OMAHA, NE	TERRACE GARDENS	MORTON GROVE	ASSISTED LIVING	6
7			AZRIA MONTCLAIR	OMAHA, NE	LINCOLNSHIRE ASSISTED LIVI	LINCOLNSHIRE	ASSISTED LIVING	7
8			AZRIA OLATHE	OLATHE, KS	CF ST. LOUIS LLC	SKOKIE	BUILDING COMPANY	8
9			BETHANY TERRACE	MORTON GROVE	PROPAY HR	EVANSTON	PAYROLL PROCESSING	9
10			CARLTON SKILLED NURSING FACILITY LLC	CHICAGO	ECOBRITE LINEN	SKOKIE	LAUNDRY SUPPLIES	10
11			CHALET SKILLED NURSING FACILITY LLC	CHICAGO				11
12			CLARK SKILLED NURSING FACILITY	CHICAGO				12
13			ELMBROOK SKILLED NURSING FACILITY LLC	ELMHURST				13
14			EVANSTON SKILLED NURSING FACILITY LLC	EVANSTON				14
15			GROVE AT THE LAKE SKILLED NURSING FACILITY LLC	ZION				15
16			GROVE OF FOX VALLEY	AURORA				16
17			GROVE OF ST. CHARLES	ST. CHARLES				17
18			LAGRANGE SKILLED NURSING FACILITY LLC	LAGRANGE PARK				18
19			LAKEFRONT SKILLED NURSING FACILITY LLC	CHICAGO				19
20			LINCOLN PARK SKILLED NURSING FACILITY LLC	CHICAGO				20
21			LINCOLNSHIRE LIVING & REHAB CENTER LLC	LINCOLNSHIRE				21
22			NORTHBROOK SKILLED NURSING FACILITY LLC	NORTHBROOK				22
23			PETERSON PARK ASSOCIATES LIMITED PARTNERSHIP	CHICAGO				23
24			SKOKIE SKILLED NURSING FACILITY LLC	SKOKIE				24
25			ST. GEORGE SKILLED NURSING FACILITY	ST. GEORGE, UT				25
26			VALLEY SKILLED NURSING FACILITY	BILLINGS, MT				26
27			WARREN BARR LIVING AND REHAB	CHICAGO				27
28			WARREN BARR NORTH SHORE	HIGHLAND PARK				28
29								29
30								30

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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: 01/01/18 Ending: 12/31/18

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
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: 01/01/18 Ending: 12/31/18

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	DIETICIAN SALARY	AVAIL. BED DAYS	1,918,919	34	$ 33,257	$ 33,257	71,905	$ 1,246	1
2	01	DIETARY SUPPLIES	AVAIL. BED DAYS	1,918,919	34	2,031		71,905	76	2
3	02	FOOD	AVAIL. BED DAYS	1,918,919	34	595		71,905	22	3
4	03	HOUSEKEEPING	AVAIL. BED DAYS	1,918,919	34	55,512		71,905	2,080	4
5	04	LINEN REPLACEMENT	AVAIL. BED DAYS	1,918,919	34	343		71,905	13	5
6	06	MAINTENANCE SALARY	AVAIL. BED DAYS	1,918,919	34	235,999	235,999	71,905	8,843	6
7	06	REPAIRS AND MAINTENANCE	AVAIL. BED DAYS	1,918,919	34	41,154		71,905	1,542	7
8	10	NURSING SALARY	AVAIL. BED DAYS	1,918,919	34	2,182,345	2,182,345	71,905	81,776	8
9	10	NURSE CONSULTANT	AVAIL. BED DAYS	1,918,919	34	89,384		71,905	3,349	9
10	10	MEDICAL SUPPLIES	AVAIL. BED DAYS	1,918,919	34	2,503		71,905	94	10
11	12	SOCIAL SERVICE SALARY	AVAIL. BED DAYS	1,918,919	34	136,611	136,611	71,905	5,119	11
12	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	1,918,919	34	2,204		71,905	83	12
13	12	SOCIAL SERVICE CONSULTAN	AVAIL. BED DAYS	1,918,919	34	800		71,905	30	13
14	17	CFO/ADMINISTRATIVE SALAR	AVAIL. BED DAYS	1,918,919	34	2,922,553	2,922,553	71,905	109,513	14
15	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,918,919	34	355,302		71,905	13,314	15
16	20	DUES/LICENSE/PERMITS	AVAIL. BED DAYS	1,918,919	34	20,207		71,905	757	16
17	21	CLERICAL AND GENERAL WA	AVAIL. BED DAYS	1,918,919	34	11,883,371	11,883,371	71,905	445,289	17
18	21	CLERICAL AND OFFICE EXPEI	AVAIL. BED DAYS	1,918,919	34	343,715		71,905	12,880	18
19	24	EDUCATION AND SEMINARS	AVAIL. BED DAYS	1,918,919	34	96,819		71,905	3,628	19
20	26	INSURANCE- GENERAL	AVAIL. BED DAYS	1,918,919	34	164,496		71,905	6,164	20
21	27	NON-NURSING PAYROLL TAXI	AVAIL. BED DAYS	1,918,919	34	1,852,008		71,905	69,398	21
22	32	INTEREST	AVAIL. BED DAYS	1,918,919	34	1,074		71,905	40	22
23	34	RENT	AVAIL. BED DAYS	1,918,919	34	1,359,900		71,905	50,958	23
24	34	OFFSITE STORAGE/PARKING	AVAIL. BED DAYS	1,918,919	34	5,072		71,905	190	24
25	TOTALS					$ 21,787,253	$ 17,394,136		$ 816,403	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	1,918,919	34	7,088		71,905	266	1
2	35	AUTO RENTAL	AVAIL. BED DAYS	1,918,919	34	125,028		71,905	4,685	2
3	15	NURSING PAYROLL TAXES/BE	AVAIL. BED DAYS	1,918,919	34	253,092		71,905	9,484	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					$ 385,208	$		$ 14,434	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. BED DAYS	1,916,917	34	$ 32,982	$	71,905	$ 1,237	1
2	6	REPAIRS & MAINTENANCE	AVAIL. BED DAYS	1,916,917	34	44,396		71,905	1,665	2
3	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,916,917	34	1,378		71,905	52	3
4	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	1,916,917	34	23		71,905	1	4
5	21	OFFICE EXPENSE	AVAIL. BED DAYS	1,916,917	34	10,860		71,905	407	5
6	26	INSURANCE	AVAIL. BED DAYS	1,916,917	34	12,721		71,905	477	6
7	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,916,917	34	157,106		71,905	5,893	7
8	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,916,917	34	149,528		71,905	5,609	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					$ 408,994	$		$ 15,342	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Medical Supplies	Direct			$	$		$ 8,741	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					$	$		$ 8,741	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] 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 Street
City / State / Zip Code: Skokie, IL
Phone Number: (847) 676-5300
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance	Direct			$	$		$ 16,661	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					$	$		$ 16,661	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] NO [ ]

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

Name of Related Organization: ProPay HR LLC
Street Address: 2201 W. Maint St
City / State / Zip Code: Evanston, IL 60202
Phone Number: (847) 905-3268
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	Payroll Services	Direct			$	$		$ 35,358	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					$	$		$ 35,358	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	4	Laundry Services	Direct			$	$		$ 250,952	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					$	$		$ 250,952	25

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
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: 01/01/18 Ending: 12/31/18

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
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12										12
13										13
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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: 01/01/18 Ending: 12/31/18

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	The Private Bank		X	Mortgage			$	$ 27,425,000			$ 1,606,621	1
2												2
3												3
4												4
5												5
	Working Capital											
6	The Private Bank		X	Line of Credit				1,530,000			134,532	6
7	The Private Bank		X	CapEx				3,064,381			183,675	7
8												8
9	TOTAL Facility Related						$	$ 32,019,381			$ 1,924,827	9
	B. Non-Facility Related*											
10	Interest Income		X								(83,441)	10
11	Allocated from Legacy HC		X								40	11
12	Allocated from CF St. Louis		X								5,893	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (77,508)	14
15	TOTALS (line 9+line14)						$	$ 32,019,381			$ 1,847,319	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

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

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 522,911	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.)		$ 454,172	2
3. Under or (over) accrual (line 2 minus line 1).		$ (68,739)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 458,348	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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **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.		$ 389,609	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	667,176	8
	2014	680,616	9
	2015	381,836	10
	2016	354,328	11
	2017	448,563	12

2018 Accrual - $448,563 x 1.02 = $458,348 (Rounded)
Allocated from CF St. Louis - $5,609
*Beginning Accrual Adjusted

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2017 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

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	17-22-300-045-0000	Long Term Care Facility	$ 6,811.58	$ 6,811.58
2.	17-22-300-047-0000	Long Term Care Facility	$ 7,057.61	$ 7,057.61
3.	17-22-300-049-0000	Long Term Care Facility	$ 7,298.26	$ 7,298.26
4.	17-22-300-074-0000	Long Term Care Facility	$ 16,438.67	$ 16,438.67
5.	17-22-301-014-0000	Long Term Care Facility	$ 21,054.91	$ 21,054.91
6.	17-22-301-015-0000	Long Term Care Facility	$ 50,993.30	$ 50,993.30
7.	17-22-301-016-0000	Long Term Care Facility	$ 203,307.04	$ 203,307.04
8.	17-22-301-017-0000	Long Term Care Facility	$ 103,482.37	$ 103,482.37
9.	17-22-301-050-0000	Long Term Care Facility	$ 32,119.35	$ 32,119.35
10.	10-23-406-034-0000	Home Office Allocation	$ 492,481.94	$ 5,608.90
		TOTALS	$ 941,045.03	$ 454,171.99

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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: 2017 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 2017 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2017.

Please complete the Real Estate Tax Statement below and include it in the 2018 cost report along with a copy of your 2017 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.

2017 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

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to 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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,975 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1982	$ 1,748,076	1
2	Allocated from CF St. Louis			7,403	2
3	TOTALS			$ 1,755,479	3

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	207		2014	1983	$ 14,080,962	$	35	$ 402,313	$ 402,313	$ 1,771,143	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2014	172,636		20	13,065	13,065	56,064	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
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
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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 12G)		3,336,767			166,838	166,838	500,515	67
68	Related Party Allocations (Pages 12H & 12I)		293,387			13,815	13,815	41,129	68
69	Financial Statement Depreciation								69
70	TOTAL (lines 4 thru 69)		$ 17,883,752	$		$ 596,032	$ 596,032	$ 2,368,851	70

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 17,883,752	$		$ 596,032	$ 596,032	$ 2,368,851	1
2	4Th Floor - Demo/Electrical/Flooring/Plumbing/Carpentry	2015	43,675		20	2,184	2,184	8,735	2
3	Chiller Replacement	2015	158,276		20	7,914	7,914	31,655	3
4	5Th Floor Basement/Hallway/Laundry - Repaired Pipes	2015	5,200		20	260	260	1,040	4
5	4Th Floor Spa - Demo/Tiling	2015	8,365		20	418	418	1,673	5
6	5Th Floor Corridor - Demo/Tiling	2015	35,524		20	1,776	1,776	7,105	6
7	Paint On 5Th Floor Resident Rms	2015	33,955		20	1,698	1,698	6,791	7
8	5Th Floor Corridor Sprinklers	2015	4,982		20	249	249	996	8
9	5Th Floor Shower Room Repair Tiling/Valves/Corner Guards	2015	4,190		20	210	210	838	9
10	4Th Floor Shower/Spa Room - Valves/Drains	2015	17,783		20	889	889	3,557	10
11	5Th Floor Corridor - Demo/Tiling	2015	31,591		20	1,580	1,580	6,318	11
12	Administrative Fees	2015	5,352		20	268	268	1,070	12
13	Design Fee Lobby	2015	6,800		20	340	340	1,360	13
14	5Th Floor Bathroom - Shower Base/Faucet/Head	2015	2,500		20	125	125	500	14
15	5Th Floor Wall Partition/Valves/Paint/Tiles	2015	5,870		20	294	294	1,174	15
16	5Th Floor Tiling	2015	6,434		20	322	322	1,287	16
17	Cubicle Cutrain Tracks For 5Th Floor	2015	3,217		20	161	161	643	17
18	Cubicle Cutrain Tracks For 5Th Floor	2015	3,975		20	199	199	795	18
19	4Th And 5Th Floor Shades	2015	4,500		20	225	225	900	19
20	Permit Fees	2015	4,469		20	223	223	894	20
21	4Th Floor Shades	2015	24,650		20	1,233	1,233	4,930	21
22	Install A/C System For Server Room	2015	4,430		20	222	222	886	22
23	5Th Floor Corridor - Tiling/Demo	2015	31,591		20	1,580	1,580	6,318	23
24	4Th Floor West Shower Room Demoltion	2015	8,365		20	418	418	1,673	24
25	5Th Floor Corridor Wallcovering	2015	5,600		20	280	280	1,120	25
26	3Rd Floor Corridor Tiling	2015	5,518		20	276	276	1,104	26
27	5Th Floor Corridor/Lounge - Drywall/Ceiling/Wallcovering	2015	8,985		20	449	449	1,797	27
28	Repaired 5Th Floor Valves/Lighting/Railing	2015	9,145		20	457	457	1,829	28
29	5Th Floor Bathroom - Valves/Drains	2015	6,800		20	340	340	1,360	29
30	4Th Floor Heat Pump	2015	4,988		20	249	249	998	30
31	Landscaping Front Of Wall/Sidewalk/Walkway	2015	17,838		20	892	892	3,568	31
32	Therapy Rm/Office/Gym - Demo/Electrical	2015	23,956		20	1,198	1,198	4,791	32
33	5Th Floor Tiling	2015	7,574		20	379	379	1,515	33
34	TOTAL (lines 1 thru 33)		$ 18,429,850	$		$ 623,337	$ 623,337	$ 2,478,071	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 18,429,850	$		$ 623,337	$ 623,337	$ 2,478,071	1
2	5Th Floor Nurse Stations - Demo/Installled New Wiring	2015	18,575		20	929	929	3,715	2
3	5Th Floor 2Nd Spa Demolition	2015	8,650		20	433	433	1,730	3
4	Sprinkler System	2015	5,400		20	270	270	1,080	4
5	5Th Floor Corridor Cornerguards/Drywall	2015	5,480		20	274	274	1,096	5
6	Sprinkler System	2015	3,665		20	183	183	733	6
7	4Th Floor Drapery	2015	5,623		20	281	281	1,125	7
8	Security System	2015	21,964		20	1,098	1,098	4,393	8
9	Inspection	2015	5,220		20	261	261	1,044	9
10	5Th Floor Corridor/Lounge - Tiling And Baseboards	2015	5,600		20	280	280	1,120	10
11	Sprinkler System	2015	4,980		20	249	249	996	11
12	Installed Exhaust Fan For Pump Room	2015	6,429		20	321	321	1,286	12
13	Installed Sewage System	2015	10,995		20	550	550	2,199	13
14	5Th Floor Bathroom Valves/Drains	2015	6,800		20	340	340	1,360	14
15	Installed Exhaust Fan And Concrete Work	2015	8,644		20	432	432	1,729	15
16	5Th Floor Pipe Insulation For Chiller	2015	14,193		20	710	710	2,839	16
17	Repairing Wiring For Phone System	2015	11,810		20	590	590	2,362	17
18	Permit Fee	2015	8,938		20	447	447	1,788	18
19	5Th Floor Signs	2015	3,621		20	181	181	724	19
20	4Th And 5Th Floor - Electrical And Lights	2015	15,553		20	778	778	3,111	20
21	Bathroom Faucet	2015	2,649		20	132	132	530	21
22	Heating And A/C Repairs	2015	11,738		20	587	587	2,348	22
23	Install Kiosks & Electrical Outlets On 1St, 2Nd, 3Rd Fl	2015	3,550		20	178	178	710	23
24	4Th Floor Electrical Light Fixtures	2015	7,860		20	393	393	1,572	24
25	Handrails For Corridors	2015	3,381		20	169	169	676	25
26	5Th Floor Light Fixtures	2015	3,125		20	156	156	625	26
27	5Th Floor Shower Room Grab Bars	2015	2,889		20	144	144	578	27
28	3Rd Floor Drapery	2015	8,138		20	407	407	1,628	28
29	5Th Floor Drapery	2015	8,138		20	407	407	1,628	29
30	5Th Floor Light Fixtures	2015	2,801		20	140	140	560	30
31	5Th Fl Hallway/Bathrooms/Reside Rm Lights	2015	10,684		20	534	534	2,137	31
32	5Th Floor Shades	2015	11,140		20	557	557	2,228	32
33	3Rd Floor Wallcoverings	2015	20,293		20	1,015	1,015	4,059	33
34	TOTAL (lines 1 thru 33)		$ 18,698,377	$		$ 636,763	$ 636,763	$ 2,531,776	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 18,698,377	$		$ 636,763	$ 636,763	$ 2,531,776	1
2	5Th Floor Sliding Doors	2015	6,600		20	330	330	1,320	2
3	5Th Floor Flooring/Tiling	2015	46,426		20	2,321	2,321	9,285	3
4	3Rd Floor Light Fixtures	2015	3,840		20	192	192	768	4
5	5Th Floor Elevator/Lobby Light Fixtures	2015	2,925		20	293	293	1,170	5
6	Phone System	2015	112,291		20	11,229	11,229	50,040	6
7	Rise Ductwork	2015	2,540		20	127	127	508	7
8	Heating Pump Repair	2015	3,334		20	167	167	667	8
9	Repair Leaking Pipe	2015	3,910		20	195	195	782	9
10	2-5Th Floor Renovation - Supplies	2015	43,067		20	2,153	2,153	8,613	10
11	Repaired And Installed New Motor For Pump	2016	3,204		20	160	160	481	11
12	Removed And Relocated 4 Cables Of Servers - Admin Office/Lobby	2016	5,105		20	255	255	766	12
13	Installed Termination Bar/24 Gauge Steel Counter/Gutter	2016	6,000		20	300	300	900	13
14	Installed A/C System For Elevator Equipment Room	2016	8,588		20	429	429	1,288	14
15	Repaired Elevator	2016	17,870		20	894	894	2,681	15
16	Repaired Fire Alarm On 4Th & 5Th Floor Patient Rooms	2016	5,559		20	278	278	834	16
17	Rewired Fire Alarm System	2016	5,673		20				17
18	Installed Fire Alarm System	2016	15,054		20	753	753	2,258	18
19	Installed Heat Pump System In Break Room	2016	5,889		20	294	294	883	19
20	1St And 2Nd Floor Offices - Shades	2016	7,400		20	370	370	1,110	20
21	Repaired West Elevator Cooling System	2016	2,578		20	129	129	387	21
22	3Rd Floor Cubicle Curtains	2016	19,223		20	961	961	2,883	22
23	1St And 3Rd Floor Patient Room Shades	2016	21,320		20	1,066	1,066	3,198	23
24	Permit Fee For Parking Spaces And Curb Lane	2016	2,530		20	127	127	380	24
25	Chiller Replacement	2016	26,385		20	1,319	1,319	3,958	25
26	Removed Fountain/Installed Steel Courtyard Edging	2016	3,785		20	189	189	568	26
27	Re-Angled Kitchen Hood Filters	2016	2,500		20	125	125	375	27
28	Security System	2016	11,299		20	565	565	1,695	28
29	Repaired Sprinkler Pipes/Valves	2016	4,896		20	245	245	734	29
30	Repaired Air Conditioner On 4Th Floor	2016	2,798		20	140	140	420	30
31	1St Floor Cubicle Curtains	2016	8,560		20	428	428	1,284	31
32	1St Floor Signage	2016	2,852		20	143	143	428	32
33	Repaired Parking Lot With Gravel	2016	8,250		20	413	413	1,238	33
34	TOTAL (lines 1 thru 33)		$ 19,120,626	$		$ 663,353	$ 663,353	$ 2,633,676	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 19,120,626	$		$ 663,353	$ 663,353	$ 2,633,676	1
2	1St Floor Patient Room Shades	2016	13,360		20	668	668	2,004	2
3	Repaired Fire Alarm System In South Wing	2016	17,318		20	866	866	2,598	3
4	Repaired Elevator By Lobby	2016	3,000		20	150	150	450	4
5	1St Floor - Carpentry And Millwork	2016	11,040		20	552	552	1,656	5
6	Exterior Signage	2016	4,511		20	226	226	677	6
7	Installed Elevator Ceiling Panels	2016	2,750		20	138	138	413	7
8	Repaired 17 Exhaust Curbs	2016	4,250		20	213	213	638	8
9	Installed Wiring For Phone System	2016	4,000		20	200	200	600	9
10	Repaired Elevator	2016	5,536		20	277	277	830	10
11	1St Floor Light Fixtures	2016	2,600		20	130	130	390	11
12	2Nd Floor Light Fixtures	2016	22,650		20	1,133	1,133	3,398	12
13	3Rd Floor - Electrical/Window/Paint/Handrails/Shades	2016	40,961		20	2,048	2,048	6,144	13
14	Repaired Elevator By Main Lobby	2016	13,000		20	650	650	1,950	14
15	Repaired Elevator Cab 2 Core Cars	2017	3,300		20	165	165	330	15
16	Elevator Cab - Demo/Installed Panels/Flooring/Railings	2017	26,320		20	1,316	1,316	2,632	16
17	1St Floor North Bathrooms Tiling	2017	3,200		20	160	160	320	17
18	Installed Four Nurse Call Stations On 1St Floor	2017	16,101		20	805	805	1,610	18
19	Signage - 1St-3Rd Floors Resident Rooms/Janitorial/Office	2017	3,320		20	166	166	332	19
20	Guestrm/Bath - Demo/Tile Base/Flooring/Doors/Drywall/Paint	2017	85,852		20	4,293	4,293	8,585	20
21	Repaired Air Handlers In Kitchen	2017	9,354		20	468	468	935	21
22	Installed/Repaired Duct Work/Vents/Controllers In Lobby	2017	12,065		20	603	603	1,207	22
23	Guestroom - Headboard/Closet Millwork/Lamination	2017	32,195		20	1,610	1,610	3,220	23
24	1St Floor North Patient Rms-New Flloring/Tiling/Electrical	2017	35,300		20	1,765	1,765	3,530	24
25	Cubicle Curtains	2017	4,982		20	249	249	498	25
26	Installed Light Receptacles/Switches For 11 1St Floor Rooms	2017	11,495		20	575	575	1,150	26
27	Kitchen Exhaust Fan Repair	2017	3,891		20	195	195	389	27
28	A/C-Convector Filters And Liner	2017	3,962		20	198	198	396	28
29	Repair Of Brick On The Façade West Side Of Building	2017	8,500		20	425	425	850	29
30	1St-3Rd Floor - Shower/Bathroom/Closet Repair	2017	107,586		20	5,379	5,379	10,759	30
31	Installation Of Intercom Delivery Door To Ring At Front Desk	2017	2,511		20	126	126	251	31
32	Door Operators For Elevators 1 & 3	2017	3,500		20	175	175	350	32
33	Fire Alarm System - Relocate Existing Smoke Detectors	2017	5,581		20	279	279	558	33
34	TOTAL (lines 1 thru 33)		$ 19,644,618	$		$ 689,552	$ 689,552	$ 2,693,324	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 19,644,618	$		$ 689,552	$	$ 2,693,324	1
2	16 Cubicle Curtains	2017	2,566		20	128	128	257	2
3	Lobby - Prime And Paint All New Drywall And Existing Wall	2017	4,655		20	233	233	466	3
4	Paint Stairway From Lobby Area To 1St Floor	2017	3,845		20	192	192	385	4
5	Electrical Work - Lower Level Electrical Room, Generator Ditribut	2017	26,500		20	1,325	1,325	2,650	5
6	Roofing - Install Metal Scupper/Coping With Downspout On North	2017	3,500		20	175	175	350	6
7	Elevator Door Operators ($7,560)	2018	6,998		20	756	756	756	7
8	Main Entrance - Repair Magnetic Breakout Switch For Door ($2,62	2018	2,425		20	121	121	131	8
9	Repaired Water Pumps And Walves ($10,000)	2018	9,256		20	463	463	463	9
10	Window Perforation Lamination ($3,349)	2018	3,100		20	155	155	155	10
11	Installed Shower Head In Bathroom ($3,178)	2018	2,942		20	147	147	147	11
12	Repaired Water Lines/Chilled Water System/Boiler/Piping ($47,500	2018	43,966		20	2,198	2,198	2,198	12
13	Installed 2 New Elevator Door Operators ($7,560)	2018	6,998		20	350	350	350	13
14	Repaired Radiator ($10,957)	2018	10,142		20	507	507	507	14
15	Installed Showerhead ($3,178)	2018	2,942		20	147	147	147	15
16	Repaired Fire Alarm Egress/Magnetic Locks ($2,859)	2018	2,646		20	132	132	132	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)		$ 19,777,097	$		$ 696,582	$ 7,030	$ 2,702,417	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	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								9
10	Related Architect/Design/IDPH Fees	2016	3,336,767		20	166,838	166,838	500,515	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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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	$	$ 500,515	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Allocated from CF St. Louis, LLC	2016	39,862		35	1,139	1,139	3,417	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from CF St. Louis, LLC	2016	247,485		20	12,374	12,374	37,123	9
10	Allocated from CF St. Louis, LLC	2017	5,744		20	287	287	574	10
11									11
12									12
13	Allocated from Legacy HC	2018	295		20	15	15	15	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)		$ 293,387	$		$ 13,815	$ 13,815	$ 41,129	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 293,387	$		$ 13,815	$ 13,815	$ 41,129	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 293,387	$		$ 13,815	$ 13,815	$ 41,129	34

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,138,522	$	$ 223,415	$ 223,415	10	$ 856,072	71
72	Current Year Purchases	40,263		4,254	4,254	10	4,254	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,178,784	$	$ 227,669	$ 227,669		$ 860,326	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 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)	$ 23,578,881	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 917,222	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 917,222	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,553,650	85	

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	$ 20,082	92
93			93
94			94
95		$ 20,082	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.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Storage				4,180			5
6	Allocated from Legacy HC				190			6
7	TOTAL				$ 4,370 **			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: *

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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 9,028 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2018 Dodge Caravan	$ 1,009	$ 5,045	17
18	Allocated from Legacy HC			4,685	18
19					19
20					20
21	TOTAL		$ 1,009	$ 9,730	21

* 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.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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
   - [X] NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 749,189	$		$ 749,189	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			218,713			218,713	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			782,155			782,155	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):			889,442		411,587	1,112,439		2,413,468	13
14	TOTAL			$ 889,442		$ 2,161,644	$ 1,112,439		$ 4,163,525	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.

STATE OF ILLINOIS

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 184,099	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,889,661	5,889,661	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	123,257	123,257	6
7	Other Prepaid Expenses	208,806	416,496	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule	89,167	89,167	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,310,891	$ 6,702,680	10
	B. Long-Term Assets			
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	1,420,557	4,491,965	15
16	Equipment, at Historical Cost	426,811	1,371,650	16
17	Accumulated Depreciation (book methods)	(174,138)	(1,957,160)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	2,586,389	5,847,811	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,259,619	$ 21,375,919	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,570,510	$ 28,078,599	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,289,464	$ 1,289,465	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,530,000	4,594,381	29
30	Accrued Salaries Payable	246,378	246,378	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,027	17,027	31
32	Accrued Real Estate Taxes(Sch.IX-B)		458,348	32
33	Accrued Interest Payable		70,811	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	125,393	3,071,857	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,208,262	$ 9,748,267	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		27,425,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	4,633,267	1,249,621	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 4,633,267	$ 28,674,621	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 7,841,529	$ 38,422,888	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,728,981	$ (10,344,289)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,570,510	$ 28,078,599	48

*(See instructions.)

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,149,978	1
2	Restatements (describe):		2
3	**Prior Year Depreciation**	(139,134)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,010,844	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	718,137	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)**	$ 718,137	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)**	$ 2,728,981	24 *

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 21,498,467	1
2	Discounts and Allowances for all Levels	(7,586,247)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 13,912,220	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,131,306	6
7	Oxygen	863	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 8,132,169	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	560,372	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	144,028	19
20	Radiology and X-Ray	195	20
21	Other Medical Services	166,047	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 870,642	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	83,441	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 83,441	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	See Supplemental Schedule	53,190	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 53,190	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 23,051,662	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,344,896	31
32	Health Care	6,837,377	32
33	General Administration	4,273,379	33
	B. Capital Expense		
34	Ownership	3,217,272	34
	C. Ancillary Expense		
35	Special Cost Centers	5,309,278	35
36	Provider Participation Fee	351,323	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 22,333,525	40
41	**Income before Income Taxes (line 30 minus line 40)****	718,137	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 718,137	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 11,234,645	44
45	Private Pay - Net Inpatient Revenue	189,476	45
46	Medicare - Net Inpatient Revenue	2,111,665	46
47	Other-(specify) Insurance	376,434	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 13,912,220	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.**

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,912	1,992	$ 121,923	$ 61.21	1
2	Assistant Director of Nursing	2,160	2,338	110,979	47.47	2
3	Registered Nurses	40,793	43,335	1,474,255	34.02	3
4	Licensed Practical Nurses	73,428	78,993	2,334,333	29.55	4
5	CNAs & Orderlies	112,656	119,125	1,537,532	12.91	5
6	CNA Trainees					6
7	Licensed Therapist	31,208	33,613	889,442	26.46	7
8	Rehab/Therapy Aides	11,786	12,738	269,575	21.16	8
9	Activity Director	1,952	2,080	33,726	16.21	9
10	Activity Assistants	8,577	9,253	111,886	12.09	10
11	Social Service Workers	20,414	21,648	391,062	18.06	11
12	Dietician	1,912	2,024	60,707	29.99	12
13	Food Service Supervisor	1,920	2,145	50,601	23.59	13
14	Head Cook	1,920	2,145	42,453	19.79	14
15	Cook Helpers/Assistants	28,950	31,414	380,736	12.12	15
16	Dishwashers					16
17	Maintenance Workers	7,401	8,008	129,341	16.15	17
18	Housekeepers	23,110	25,379	313,586	12.36	18
19	Laundry	1,657	1,878	22,772	12.13	19
20	Administrator	4,080	4,607	203,607	44.20	20
21	Assistant Administrator	632	696	25,692	36.91	21
22	Other Administrative					22
23	Office Manager	3,414	3,684	61,283	16.63	23
24	Clerical	33,393	36,359	579,566	15.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,792	2,048	55,956	27.32	31
32	Other Health Care(specify)					32
33	Other(specify) See Attached	2,024	2,192	38,303	17.47	33
34	TOTAL (lines 1 - 33)	417,091	447,694	$ 9,239,316 *	$ 20.64	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthy	$ 7,182	01-03	35
36	Medical Director	Monthy	44,435	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	49,129	10-03	38
39	Pharmacist Consultant	Monthly	16,877	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	1,344	11-03	44
45	Social Service Consultant	Monthly	1,376	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 120,343		49

C. CONTRACT NURSES

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

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Caitlin Casey	Administrator	0	$ 115,293
Yaakov Karsh	Administrator	0	33,857
Isaac Pure	Administrator	0	54,457
Mary Sales	Assistant Admin	0	25,692
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 229,299

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Marcum LLP	Accounting	$ 34,403
Compliance Resources Inc.	Compliance Audit	169
Paycor	Payroll Services	47,898
Agile MD	E.H.R. Software	616
2401 Incorporated	Architect Services	2,400
Achieve Accreditation	Accreditation Services	8,767
Integra Scripts	Pharmacy Mngmt Services	30,715
MTS Consulting	Tax Consultant	8,621
Personnel Planners	Unemployment Consultant	3,270
Compliagent	Business Mngmt Consultant	5,854
PSD Solutions	Data Processing	1,155
See Supplemental Schedule		134,509
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 278,376

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 186,971
Unemployment Compensation Insurance	129,803
FICA Taxes	646,050
Employee Health Insurance	149,493
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Union Pension	6,944
Other Employee Benefits	43,150
401K Expense	9,757
Voluntary Benefit Contributions	11,175
Employee Physical Exams	30,449
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,213,792

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,492
Advertising: Employee Recruitment	345
Health Care Worker Background Check	
(Indicate # of checks performed 75)	745
Patient Background Checks 887	8,868
Dues and Subscriptions	31,586
License and Permits	12,852
Allocated from Legacy HC	757
Allocated from CF St. Louis LLC	1
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 56,646

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,302
Allocated from Legacy HC	3,628
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,930

**See instructions.

Facility Name & ID Number Warren Barr South Loop # 0054353 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 - $18,270, IHCA - $14,302**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **#REF!** 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. $ **351,323**
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. $ Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **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