



Facility Name & ID Number Niles Nrsrg Rehab Center

# 0050088 Report Period Beginning: 1/1/20 Ending: 12/31/20

**III. STATISTICAL DATA**

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

|   | 1                                  | 2                           | 3                            | 4                                      |   |
|---|------------------------------------|-----------------------------|------------------------------|--|---|
|   | Beds at Beginning of Report Period | Licensure Level of Care     | Beds at End of Report Period | Licensed Bed Days During Report Period |   |
| 1 | 304                                | Skilled (SNF)               | 304                          | 110,960                                | 1 |
| 2 |                                    | Skilled Pediatric (SNF/PED) |                              |  | 2 |
| 3 |                                    | Intermediate (ICF)          |                              |  | 3 |
| 4 |                                    | Intermediate/DD             |                              |  | 4 |
| 5 |                                    | Sheltered Care (SC)         |                              |  | 5 |
| 6 |                                    | ICF/DD 16 or Less           |                              |  | 6 |
| 7 | 304                                | TOTALS                      | 304                          | 110,960                                | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |                  |            |            |    |
|----|--------------------|--|------------------|------------|------------|----|
|    |                    | 2<br>Medicaid Recipient  | 3<br>Private Pay | 4<br>Other | 5<br>Total |    |
| 8  | SNF                | 70,152   | 2,069            | 12,672     | 84,893     | 8  |
| 9  | SNF/PED            |  |                  |            |            | 9  |
| 10 | ICF                |  |                  |            |            | 10 |
| 11 | ICF/DD             |  |                  |            |            | 11 |
| 12 | SC                 |  |                  |            |            | 12 |
| 13 | DD 16 OR LESS      |  |                  |            |            | 13 |
| 14 | TOTALS             | 70,152   | 2,069            | 12,672     | 84,893     | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.51%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
NONE

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started 06/20/08

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 06/20/08 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 304 and days of care provided 8,308

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

Facility Name & ID Number Niles Nrsrg Rehab Center # 0050088 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

|     | Operating Expenses   | Costs Per General Ledger |               |            |            | Reclass-ification<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |     |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|-----|
|     |  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10  |
|     | <b>A. General Services</b>                                       |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 1   | Dietary  | 821,277                  | 83,190        | 19,700     | 924,167    |                        | 924,167                    | (94)              | 924,073                |                  | 1   |
| 2   | Food Purchase  |                          | 782,338       |            | 782,338    |                        | 782,338                    |                   | 782,338                |                  | 2   |
| 3   | Housekeeping   | 793,233                  | 106,861       |            | 900,094    |                        | 900,094                    |                   | 900,094                |                  | 3   |
| 4   | Laundry  | 68,505                   | 35,713        |            | 104,218    |                        | 104,218                    |                   | 104,218                |                  | 4   |
| 5   | Heat and Other Utilities   |                          |               | 358,364    | 358,364    |                        | 358,364                    | 3,574             | 361,938                |                  | 5   |
| 6   | Maintenance  | 150,580                  | 41,148        | 118,082    | 309,810    |                        | 309,810                    | (112)             | 309,698                |                  | 6   |
| 7   | Other (specify):*  |                          |               |            |            |                        |                            |                   |                        |                  | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 1,833,595                | 1,049,250     | 496,146    | 3,378,991  |                        | 3,378,991                  | 3,368             | 3,382,359              |                  | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 9   | Medical Director   |                          |               | 51,000     | 51,000     |                        | 51,000                     |                   | 51,000                 |                  | 9   |
| 10  | Nursing and Medical Records                                      | 6,786,906                | 440,044       | 124,621    | 7,351,571  |                        | 7,351,571                  | (301,688)         | 7,049,883              |                  | 10  |
| 10a | Therapy  |                          |               | 1,461,989  | 1,461,989  |                        | 1,461,989                  |                   | 1,461,989              |                  | 10a |
| 11  | Activities   | 450,587                  | 36,946        |            | 487,533    |                        | 487,533                    | (1,000)           | 486,533                |                  | 11  |
| 12  | Social Services  | 205,019                  |               | 5,435      | 210,454    |                        | 210,454                    |                   | 210,454                |                  | 12  |
| 13  | CNA Training   |                          |               |            |            |                        |                            |                   |                        |                  | 13  |
| 14  | Program Transportation   |                          |               |            |            |                        |                            |                   |                        |                  | 14  |
| 15  | Other (specify):* <b>RX Consultant</b>                           |                          |               | 24,705     | 24,705     |                        | 24,705                     | (596)             | 24,109                 |                  | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 7,442,512                | 476,990       | 1,667,750  | 9,587,252  |                        | 9,587,252                  | (303,284)         | 9,283,968              |                  | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                        |                            |                   |                        |                  |     |
| 17  | Administrative   | 172,790                  |               | 3,793      | 176,583    |                        | 176,583                    | 97,755            | 274,338                |                  | 17  |
| 18  | Directors Fees   |                          |               |            |            |                        |                            |                   |                        |                  | 18  |
| 19  | Professional Services  |                          |               | 1,155,194  | 1,155,194  |                        | 1,155,194                  | 23,056            | 1,178,250              |                  | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 3,913      | 3,913      |                        | 3,913                      | 255               | 4,168                  |                  | 20  |
| 21  | Clerical & General Office Expenses                               | 351,664                  | 105,026       | 838,742    | 1,295,432  |                        | 1,295,432                  | 113,799           | 1,409,231              |                  | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 1,681,073  | 1,681,073  |                        | 1,681,073                  | 71,385            | 1,752,458              |                  | 22  |
| 23  | Inservice Training & Education                                   |                          |               |            |            |                        |                            |                   |                        |                  | 23  |
| 24  | Travel and Seminar   |                          |               | 25,734     | 25,734     |                        | 25,734                     | 19,082            | 44,816                 |                  | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               |            |            |                        |                            |                   |                        |                  | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 1,890,819  | 1,890,819  |                        | 1,890,819                  | 134,653           | 2,025,472              |                  | 26  |
| 27  | Other (specify):*  |                          |               |            |            |                        |                            |                   |                        |                  | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 524,454                  | 105,026       | 5,599,268  | 6,228,748  |                        | 6,228,748                  | 459,984           | 6,688,732              |                  | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 9,800,561                | 1,631,266     | 7,763,164  | 19,194,991 |                        | 19,194,991                 | 160,069           | 19,355,060             |                  | 29  |

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

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

V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                       | Cost Per General Ledger |               |            |            | Reclass-ification<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |
|----|---|-------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|
|    |   | Salary/Wage<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10 |
|    | <b>D. Ownership</b>                                   |                         |               |            |            |                        |                            |                   |                        |                  |    |
| 30 | Depreciation  |                         |               | 210,256    | 210,256    |                        | 210,256                    | 38,634            | 248,890                |                  | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                         |               | 13,638     | 13,638     |                        | 13,638                     | 1,212,336         | 1,225,974              |                  | 31 |
| 32 | Interest  |                         |               | 182        | 182        |                        | 182                        | 457,310           | 457,492                |                  | 32 |
| 33 | Real Estate Taxes                                     |                         |               | 925,675    | 925,675    |                        | 925,675                    |                   | 925,675                |                  | 33 |
| 34 | Rent-Facility & Grounds                               |                         |               | 2,063,915  | 2,063,915  |                        | 2,063,915                  | (2,055,275)       | 8,640                  |                  | 34 |
| 35 | Rent-Equipment & Vehicles                             |                         |               |            |            |                        |                            |                   |                        |                  | 35 |
| 36 | Other (specify):*                                     |                         |               | 2,821      | 2,821      |                        | 2,821                      | (2,821)           |                        |                  | 36 |
| 37 | <b>TOTAL Ownership</b>                                |                         |               | 3,216,487  | 3,216,487  |                        | 3,216,487                  | (349,816)         | 2,866,671              |                  | 37 |
|    | <b>Ancillary Expense</b>                              |                         |               |            |            |                        |                            |                   |                        |                  |    |
|    | <b>E. Special Cost Centers</b>                        |                         |               |            |            |                        |                            |                   |                        |                  |    |
| 38 | Medically Necessary Transportation                    |                         |               | 684        | 684        |                        | 684                        |                   | 684                    |                  | 38 |
| 39 | Ancillary Service Centers                             |                         | 620,885       |            | 620,885    |                        | 620,885                    | (5,647)           | 615,238                |                  | 39 |
| 40 | Barber and Beauty Shops                               |                         |               |            |            |                        |                            |                   |                        |                  | 40 |
| 41 | Coffee and Gift Shops                                 |                         |               |            |            |                        |                            |                   |                        |                  | 41 |
| 42 | Provider Participation Fee                            |                         |               | 628,793    | 628,793    |                        | 628,793                    |                   | 628,793                |                  | 42 |
| 43 | Other (specify):*                                     |                         |               | 363,389    | 363,389    |                        | 363,389                    | (363,389)         |                        |                  | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     |                         | 620,885       | 992,866    | 1,613,751  |                        | 1,613,751                  | (369,036)         | 1,244,715              |                  | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | 9,800,561               | 2,252,151     | 11,972,517 | 24,025,229 |                        | 24,025,229                 | (558,784)         | 23,466,445             |                  | 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 Niles Nrsg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

**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.)**

|    |   | 1            | 2              | 3               |    |
|----|---|--------------|----------------|-----------------|----|
|    | NON-ALLOWABLE EXPENSES                                      | Amount       | Refer-<br>ence | BHF USE<br>ONLY |    |
| 1  | Day Care  | \$           |                | \$              | 1  |
| 2  | Other Care for Outpatients                                  |              |                |                 | 2  |
| 3  | Governmental Sponsored Special Programs                     |              |                |                 | 3  |
| 4  | Non-Patient Meals   |              |                |                 | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                     |              |                |                 | 5  |
| 6  | Rented Facility Space                                       |              |                |                 | 6  |
| 7  | Sale of Supplies to Non-Patients                            |              |                |                 | 7  |
| 8  | Laundry for Non-Patients                                    |              |                |                 | 8  |
| 9  | Non-Straightline Depreciation                               | (115,326)    | 30             |                 | 9  |
| 10 | Interest and Other Investment Income                        | (263,368)    | 32             |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                    |              |                |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                     |              |                |                 | 12 |
| 13 | Sales Tax   | (94)         | 1              |                 | 13 |
| 14 | Non-Care Related Interest                                   |              |                |                 | 14 |
| 15 | Non-Care Related Owner's Transactions                       |              |                |                 | 15 |
| 16 | Personal Expenses (Including Transportation)                |              |                |                 | 16 |
| 17 | Non-Care Related Fees                                       |              |                |                 | 17 |
| 18 | Fines and Penalties   | (1,430)      | 21             |                 | 18 |
| 19 | Entertainment   |              |                |                 | 19 |
| 20 | Contributions   | (3,040)      | 21             |                 | 20 |
| 21 | Owner or Key-Man Insurance                                  |              |                |                 | 21 |
| 22 | Special Legal Fees & Legal Retainers                        |              |                |                 | 22 |
| 23 | Malpractice Insurance for Individuals                       |              |                |                 | 23 |
| 24 | Bad Debt  | (363,389)    | 43             |                 | 24 |
| 25 | Fund Raising, Advertising and Promotional                   | (37,464)     | 21             |                 | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | (2,821)      | 36             |                 | 26 |
| 27 | CNA Training for Non-Employees                              |              |                |                 | 27 |
| 28 | Yellow Page Advertising                                     |              |                |                 | 28 |
| 29 | Other-Attach Schedule                                       | (9,758)      | Various        |                 | 29 |
| 30 | <b>SUBTOTAL (A): (Sum of lines 1-29)</b>                    | \$ (796,690) |                | \$              | 30 |

**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            | 2         |    |
|----|---|--------------|-----------|----|
|    |   | Amount       | 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) |              |           | 34 |
| 35 | Other- Attach Schedule                                    | 237,906      | Various   | 35 |
| 36 | <b>SUBTOTAL (B): (sum of lines 31-35)</b>                 | \$ 237,906   |           | 36 |
|    | (sum of SUBTOTALS   |              |           |    |
| 37 | <b>TOTAL ADJUSTMENTS (A) and (B) )</b>                    | \$ (558,784) |           | 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   | 2  | 3      | 4         |    |
|----|--|-----|----|--------|-----------|----|
|    |  | Yes | No | Amount | 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 | <b>TOTAL (C): (sum of lines 38-46)</b> |     |    | \$     |           | 47 |

| BHF USE ONLY |  |    |  |    |  |    |  |
|--------------|--|----|--|----|--|----|--|
| 48           |  | 49 |  | 50 |  | 51 |  |
|              |  |    |  |    |  |    |  |

Niles Nrsrg Rehab Center

ID# 0050088

Report Period Beginning: 1/1/20

Ending: 12/31/20

| NON-ALLOWABLE EXPENSES |                                  | Amount   | Sch. V Line Reference |    |
|------------------------|----------------------------------|----------|-----------------------|----|
| 1                      | RP Profit                        | \$ (150) | 10                    | 1  |
| 2                      | RP Profit                        | (596)    | 15                    | 2  |
| 3                      | RP Profit                        | (5,647)  | 39                    | 3  |
| 4                      | Misc Income - Vendor Rebate      | (2,146)  | 6                     | 4  |
| 5                      | Misc Income - Med Records        | (219)    | 10                    | 5  |
| 6                      | Misc Income - Acitivity Donation | (1,000)  | 11                    | 6  |
| 7                      |                                  |          |                       | 7  |
| 8                      |                                  |          |                       | 8  |
| 9                      |                                  |          |                       | 9  |
| 10                     |                                  |          |                       | 10 |
| 11                     |                                  |          |                       | 11 |
| 12                     |                                  |          |                       | 12 |
| 13                     |                                  |          |                       | 13 |
| 14                     |                                  |          |                       | 14 |
| 15                     |                                  |          |                       | 15 |
| 16                     |                                  |          |                       | 16 |
| 17                     |                                  |          |                       | 17 |
| 18                     |                                  |          |                       | 18 |
| 19                     |                                  |          |                       | 19 |
| 20                     |                                  |          |                       | 20 |
| 21                     |                                  |          |                       | 21 |
| 22                     |                                  |          |                       | 22 |
| 23                     |                                  |          |                       | 23 |
| 24                     |                                  |          |                       | 24 |
| 25                     |                                  |          |                       | 25 |
| 26                     |                                  |          |                       | 26 |
| 27                     |                                  |          |                       | 27 |
| 28                     |                                  |          |                       | 28 |
| 29                     |                                  |          |                       | 29 |
| 30                     |                                  |          |                       | 30 |
| 31                     |                                  |          |                       | 31 |
| 32                     |                                  |          |                       | 32 |
| 33                     |                                  |          |                       | 33 |
| 34                     |                                  |          |                       | 34 |
| 35                     |                                  |          |                       | 35 |
| 36                     |                                  |          |                       | 36 |
| 37                     |                                  |          |                       | 37 |
| 38                     |                                  |          |                       | 38 |
| 39                     |                                  |          |                       | 39 |
| 40                     |                                  |          |                       | 40 |
| 41                     |                                  |          |                       | 41 |
| 42                     |                                  |          |                       | 42 |
| 43                     |                                  |          |                       | 43 |
| 44                     |                                  |          |                       | 44 |
| 45                     |                                  |          |                       | 45 |
| 46                     |                                  |          |                       | 46 |
| 47                     |                                  |          |                       | 47 |
| 48                     |                                  |          |                       | 48 |
| 49                     | <b>Total</b>                     | (9,758)  |                       | 49 |

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

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

|     | Operating Expenses   | PAGES           | PAGE             | PAGE           | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | SUMMARY           |           |
|-----|--|-----------------|------------------|----------------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------|-----------|
|     | A. General Services  | 5 & 5A          | 6                | 6A             | 6B       | 6C       | 6D       | 6E       | 6F       | 6G       | 6H       | 6I       | TOTALS            |           |
|     |  |                 |                  |                |          |          |          |          |          |          |          |          | (to Sch V, col.7) |           |
| 1   | Dietary  | (94)            | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (94)              | 1         |
| 2   | Food Purchase  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 2         |
| 3   | Housekeeping   | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 3         |
| 4   | Laundry  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 4         |
| 5   | Heat and Other Utilities                                   | 0               | 3,574            | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 3,574             | 5         |
| 6   | Maintenance  | (2,146)         | 2,034            | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (112)             | 6         |
| 7   | Other (specify):*  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 7         |
| 8   | <b>TOTAL General Services</b>                              | <b>(2,240)</b>  | <b>5,608</b>     | <b>0</b>       | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3,368</b>      | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                         |                 |                  |                |          |          |          |          |          |          |          |          |                   |           |
| 9   | Medical Director   | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 9         |
| 10  | Nursing and Medical Records                                | (369)           | (301,319)        | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (301,688)         | 10        |
| 10a | Therapy  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 10a       |
| 11  | Activities   | (1,000)         | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (1,000)           | 11        |
| 12  | Social Services  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 12        |
| 13  | CNA Training   | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 13        |
| 14  | Program Transportation                                     | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 14        |
| 15  | Other (specify):*  | (596)           | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (596)             | 15        |
| 16  | <b>TOTAL Health Care and Programs</b>                      | <b>(1,965)</b>  | <b>(301,319)</b> | <b>0</b>       | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(303,284)</b>  | <b>16</b> |
|     | <b>C. General Administration</b>                           |                 |                  |                |          |          |          |          |          |          |          |          |                   |           |
| 17  | Administrative   | 0               | 97,755           | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 97,755            | 17        |
| 18  | Directors Fees   | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 18        |
| 19  | Professional Services                                      | 0               | 19,670           | 3,386          | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 23,056            | 19        |
| 20  | Fees, Subscriptions & Promotions                           | 0               | 255              | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 255               | 20        |
| 21  | Clerical & General Office Expenses                         | (41,934)        | 155,733          | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 113,799           | 21        |
| 22  | Employee Benefits & Payroll Taxes                          | 0               | 71,385           | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 71,385            | 22        |
| 23  | Inservice Training & Education                             | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 23        |
| 24  | Travel and Seminar   | 0               | 19,082           | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 19,082            | 24        |
| 25  | Other Admin. Staff Transportation                          | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 25        |
| 26  | Insurance-Prop.Liab.Malpractice                            | 0               | 3,789            | 130,864        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 134,653           | 26        |
| 27  | Other (specify):*  | 0               | 0                | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 27        |
| 28  | <b>TOTAL General Administration</b>                        | <b>(41,934)</b> | <b>367,668</b>   | <b>134,250</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>459,984</b>    | <b>28</b> |
| 29  | <b>TOTAL Operating Expense</b><br>(sum of lines 8,16 & 28) | <b>(46,139)</b> | <b>71,958</b>    | <b>134,250</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>160,069</b>    | <b>29</b> |

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Niles Nrsg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

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

|    | Capital Expense  | PAGES            | PAGE          | PAGE           | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | PAGE     | SUMMARY TOTALS<br>(to Sch V, col.7) |           |
|----|--|------------------|---------------|----------------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------------------------|-----------|
|    | D. Ownership   | 5 & 5A           | 6             | 6A             | 6B       | 6C       | 6D       | 6E       | 6F       | 6G       | 6H       | 6I       |                                     |           |
| 30 | Depreciation   | (115,326)        | 114           | 153,846        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 38,634                              | 30        |
| 31 | Amortization of Pre-Op. & Org.                             | 0                | 0             | 1,212,336      | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1,212,336                           | 31        |
| 32 | Interest   | (263,368)        | 9,516         | 711,162        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 457,310                             | 32        |
| 33 | Real Estate Taxes  | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 33        |
| 34 | Rent-Facility & Grounds                                    | 0                | 8,640         | (2,063,915)    | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (2,055,275)                         | 34        |
| 35 | Rent-Equipment & Vehicles                                  | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 35        |
| 36 | Other (specify):*  | (2,821)          | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (2,821)                             | 36        |
| 37 | <b>TOTAL Ownership</b>                                     | <b>(381,515)</b> | <b>18,270</b> | <b>13,429</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(349,816)</b>                    | <b>37</b> |
|    | <b>Ancillary Expense</b>                                   |                  |               |                |          |          |          |          |          |          |          |          |                                     |           |
|    | <b>E. Special Cost Centers</b>                             |                  |               |                |          |          |          |          |          |          |          |          |                                     |           |
| 38 | Medically Necessary Transportation                         | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 38        |
| 39 | Ancillary Service Centers                                  | (5,647)          | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (5,647)                             | 39        |
| 40 | Barber and Beauty Shops                                    | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 40        |
| 41 | Coffee and Gift Shops                                      | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 41        |
| 42 | Provider Participation Fee                                 | 0                | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                                   | 42        |
| 43 | Other (specify):*  | (363,389)        | 0             | 0              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (363,389)                           | 43        |
| 44 | <b>TOTAL Special Cost Centers</b>                          | <b>(369,036)</b> | <b>0</b>      | <b>0</b>       | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(369,036)</b>                    | <b>44</b> |
| 45 | <b>GRAND TOTAL COST<br/>(sum of lines 29, 37 &amp; 44)</b> | <b>(796,690)</b> | <b>90,227</b> | <b>147,679</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(558,784)</b>                    | <b>45</b> |



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 |
| Michael Blisko    | 40          | Ambassador Nursing & Rehab Center  | Chicago    | Infinity Healthcare               | Hillside | Consulting Co.   |
| GELP              | 40          | Belhaven Nursing & Rehab Center    | Chicago    | Niles Nursing Realty              |          | Realty Co.       |
| A & F Realty, LLC | 20          | Citi View Multicare Center         | Cicero     | United Rx                         |          | Pharmacy Co.     |
|                   |             | Continental Nursing & Rehab Center | Chicago    |                                   |          |                  |
|                   |             | Forest View Nursing & Rehab Center | Itasca     |                                   |          |                  |
|                   |             | Lakeview Nursing & Rehab Center    | Chicago    |                                   |          |                  |
|                   |             | Midway Neurological & Rehab Center | Bridgeview |                                   |          |                  |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

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

| 1          | 2     | 3 Cost Per General Ledger                 | 4            | 5 Cost to Related Organization           | 6                    | 7                                      | 8 Difference:  |    |
|------------|-------|---|--------------|--|----------------------|--|--|----|
| Schedule V | Line  | Item                                      | Amount       | Name of Related Organization             | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 1          | V     | 5 Heat and Other Utilities                | \$           | Infinity Healthcare Management of IL LLC |                      | \$ 3,574                               | \$ 3,574   | 1  |
| 2          | V     | 6 Maintenance                             | 1            | Infinity Healthcare Management of IL LLC |                      | 2,035                                  | 2,034  | 2  |
| 3          | V     | 10 Nursing and Medical Records            | 405,691      | Infinity Healthcare Management of IL LLC |                      | 104,372                                | (301,319)  | 3  |
| 4          | V     | 17 Administrative                         | 1,182        | Infinity Healthcare Management of IL LLC |                      | 98,937                                 | 97,755   | 4  |
| 5          | V     | 19 Professional Services                  | 1,043,414    | Infinity Healthcare Management of IL LLC |                      | 1,063,084                              | 19,670   | 5  |
| 6          | V     | 20 Dues, Fees, Subscriptions & Promotions |              | Infinity Healthcare Management of IL LLC |                      | 255                                    | 255  | 6  |
| 7          | V     | 21 Clerical & General Office Expenses     | 209,257      | Infinity Healthcare Management of IL LLC |                      | 364,990                                | 155,733  | 7  |
| 8          | V     | 22 Employee Benefits & Payroll Taxes      | 9            | Infinity Healthcare Management of IL LLC |                      | 71,394                                 | 71,385   | 8  |
| 9          | V     | 24 Travel and Seminar                     | 5,423        | Infinity Healthcare Management of IL LLC |                      | 24,505                                 | 19,082   | 9  |
| 10         | V     | 26 Insurance-Prop.Liab.Malpractice        |              | Infinity Healthcare Management of IL LLC |                      | 3,789                                  | 3,789  | 10 |
| 11         | V     | 30 Depreciation                           |              | Infinity Healthcare Management of IL LLC |                      | 114                                    | 114  | 11 |
| 12         | V     | 32 Interest                               |              | Infinity Healthcare Management of IL LLC |                      | 9,516                                  | 9,516  | 12 |
| 13         | V     | 34 Rent-Facility & Grounds                |              | Infinity Healthcare Management of IL LLC |                      | 8,640                                  | 8,640  | 13 |
| 14         | Total |   | \$ 1,664,977 |  |                      | \$ 1,755,204                           | \$ * 90,227  | 14 |

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

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

| 1          | 2     | 3 Cost Per General Ledger | 4            | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |
|------------|-------|---------------------------|--------------|--------------------------------|----------------------|--|--|
| Schedule V | Line  | Item                      | Amount       | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15         | V     | 34 Rent                   | \$ 2,063,915 | Niles Nursing Realty           |                      | \$                                     | (2,063,915)  |
| 16         | V     | 31 Amortization           |              | Niles Nursing Realty           |                      | 1,212,336                              | 1,212,336  |
| 17         | V     | 30 Depreciation           |              | Niles Nursing Realty           |                      | 153,846                                | 153,846  |
| 18         | V     | 19 Professional Services  |              | Niles Nursing Realty           |                      | 3,386                                  | 3,386  |
| 19         | V     | 26 Insurance              |              | Niles Nursing Realty           |                      | 130,864                                | 130,864  |
| 20         | V     | 32 Interest               |              | Niles Nursing Realty           |                      | 711,162                                | 711,162  |
| 21         | V     |                           |              |                                |                      |  |  |
| 22         | V     |                           |              |                                |                      |  |  |
| 23         | V     |                           |              |                                |                      |  |  |
| 24         | V     |                           |              |                                |                      |  |  |
| 25         | V     |                           |              |                                |                      |  |  |
| 26         | V     |                           |              |                                |                      |  |  |
| 27         | V     |                           |              |                                |                      |  |  |
| 28         | V     |                           |              |                                |                      |  |  |
| 29         | V     |                           |              |                                |                      |  |  |
| 30         | V     |                           |              |                                |                      |  |  |
| 31         | V     |                           |              |                                |                      |  |  |
| 32         | V     |                           |              |                                |                      |  |  |
| 33         | V     |                           |              |                                |                      |  |  |
| 34         | V     |                           |              |                                |                      |  |  |
| 35         | V     |                           |              |                                |                      |  |  |
| 36         | V     |                           |              |                                |                      |  |  |
| 37         | V     |                           |              |                                |                      |  |  |
| 38         | V     |                           |              |                                |                      |  |  |
| 39         | Total |                           | \$ 2,063,915 |                                |                      | \$ 2,211,594                           | \$ * 147,679   |

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

Facility Name & ID Number

Niles Nrsg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

**VII. RELATED PARTIES**

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

|    | 1<br>OWNERS |             | 2<br>RELATED NURSING HOMES            |             | 3<br>OTHER RELATED BUSINESS ENTITIES |      |                  |    |
|----|-------------|-------------|---------------------------------------|-------------|--------------------------------------|------|------------------|----|
|    | Name        | Ownership % | Name                                  | City        | Name                                 | City | Type of Business |    |
| 1  |             |             | Momence Meadows Nursing & Rehab Ctr   | Momence     |                                      |      |                  | 1  |
| 2  |             |             | Oak Lawn Respiratory & Rehab Center   | Oak Lawn    |                                      |      |                  | 2  |
| 3  |             |             | Parker Nursing & Rehab Center         | Streater    |                                      |      |                  | 3  |
| 4  |             |             | Parkshore Estates Nursing & Rehab Ctr | Chicago     |                                      |      |                  | 4  |
| 5  |             |             | Southpoint Nursing & Rehab Center     | Chicago     |                                      |      |                  | 5  |
| 6  |             |             | West Suburban Nursing & Rehab Center  | Bloomington |                                      |      |                  | 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 Niles Nrsg Rehab Center # 0050088 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

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

# 0050088

Report Period Beginning:

1/1/20

Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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.

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

Facility Name & ID Number

Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

**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                                   | Name of Lender                    | 2         |    | 3               | 4           | 5       | 6               |                          | 7      | 8       | 9          | 10 |              |                |         |               |                          |                                   |
|-------------------------------------|-----------------------------------|-----------|----|-----------------|-------------|---------|-----------------|--------------------------|--------|---------|------------|----|--------------|----------------|---------|---------------|--------------------------|-----------------------------------|
|                                     |                                   | Related** |    |                 |             |         | Purpose of Loan | Monthly Payment Required |        |         |            |    | Date of Note | Amount of Note |         | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |
|                                     |                                   | YES       | NO |                 |             |         |                 |                          |        |         |            |    |              | Original       | Balance |               |                          |                                   |
| <b>A. Directly Facility Related</b> |                                   |           |    |                 |             |         |                 |                          |        |         |            |    |              |                |         |               |                          |                                   |
| <b>Long-Term</b>                    |                                   |           |    |                 |             |         |                 |                          |        |         |            |    |              |                |         |               |                          |                                   |
| 1                                   | HUD                               |           | X  | Mortgage        | \$91,487.00 | 7/31/14 | \$ 22,000,000   | \$ 19,882,891            | 9/1/49 | 3.5000  | \$ 716,763 | 1  |              |                |         |               |                          |                                   |
| 2                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 2  |              |                |         |               |                          |                                   |
| 3                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 3  |              |                |         |               |                          |                                   |
| 4                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 4  |              |                |         |               |                          |                                   |
| 5                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 5  |              |                |         |               |                          |                                   |
| <b>Working Capital</b>              |                                   |           |    |                 |             |         |                 |                          |        |         |            |    |              |                |         |               |                          |                                   |
| 6                                   | Infinity Funding                  | X         |    | Working Capital | None        | Various | Various         | Various                  | None   | Various | 182        | 6  |              |                |         |               |                          |                                   |
| 7                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 7  |              |                |         |               |                          |                                   |
| 8                                   |                                   |           |    |                 |             |         |                 |                          |        |         |            | 8  |              |                |         |               |                          |                                   |
| 9                                   | <b>TOTAL Facility Related</b>     |           |    |                 | \$91,487.00 |         | \$ 22,000,000   | \$ 19,882,891            |        |         | \$ 716,945 | 9  |              |                |         |               |                          |                                   |
| <b>B. Non-Facility Related*</b>     |                                   |           |    |                 |             |         |                 |                          |        |         |            |    |              |                |         |               |                          |                                   |
| 10                                  |                                   |           |    |                 |             |         |                 |                          |        |         |            | 10 |              |                |         |               |                          |                                   |
| 11                                  |                                   |           |    |                 |             |         |                 |                          |        |         |            | 11 |              |                |         |               |                          |                                   |
| 12                                  |                                   |           |    |                 |             |         |                 |                          |        |         |            | 12 |              |                |         |               |                          |                                   |
| 13                                  |                                   |           |    |                 |             |         |                 |                          |        |         |            | 13 |              |                |         |               |                          |                                   |
| 14                                  | <b>TOTAL Non-Facility Related</b> |           |    |                 |             |         | \$              | \$                       |        |         | \$         | 14 |              |                |         |               |                          |                                   |
| 15                                  | <b>TOTALS (line 9+line14)</b>     |           |    |                 |             |         | \$ 22,000,000   | \$ 19,882,891            |        |         | \$ 716,945 | 15 |              |                |         |               |                          |                                   |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 130,864      Line # 26

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

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

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

|  |           |                                    |                  |                         |
|--|-----------|------------------------------------|------------------|-------------------------|
| 1. Real Estate Tax accrual used on 2019 report.  |           | \$                                 | <b>(839,449)</b> | <b>1</b>                |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)  |           | \$                                 | <b>885,812</b>   | <b>2</b>                |
| 3. Under or (over) accrual (line 2 minus line 1).  |           | \$                                 | <b>1,725,261</b> | <b>3</b>                |
| 4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)   |           | \$                                 | <b>(799,586)</b> | <b>4</b>                |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br><b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b> |           | \$                                 |                  | <b>5</b>                |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br><b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>      |           | \$                                 |                  | <b>6</b>                |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.  |           | \$                                 | <b>925,675</b>   | <b>7</b>                |
| Real Estate Tax History:   |           |                                    |                  |                         |
| Real Estate Tax Bill for Calendar Year:  | 2015      | <b>808,182</b>                     | <b>8</b>         |                         |
|  | 2016      | <b>786,432</b>                     | <b>9</b>         |                         |
|  | 2017      | <b>883,625</b>                     | <b>10</b>        |                         |
|  | 2018      | <b>898,714</b>                     | <b>11</b>        |                         |
|  | 2019      | <b>885,812</b>                     | <b>12</b>        |                         |
|  |           |                                    |                  | <b>FOR BHF USE ONLY</b> |
|  | <b>13</b> | FROM R. E. TAX STATEMENT FOR 2019  | \$               | <b>13</b>               |
|  | <b>14</b> | PLUS APPEAL COST FROM LINE 5       | \$               | <b>14</b>               |
|  | <b>15</b> | LESS REFUND FROM LINE 6            | \$               | <b>15</b>               |
|  | <b>16</b> | AMOUNT TO USE FOR RATE CALCULATION | \$               | <b>16</b>               |

**NOTES:**

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

**2019 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Niles Nrsg Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0050088

CONTACT PERSON REGARDING THIS REPORT Aaron Mauer

TELEPHONE 773-747-4506 FAX #: 773-747-4725

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

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

| (A)                          | (B)                         | (C)                         | (D)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|------------------------------|-----------------------------|-----------------------------|--|
| <u>Tax Index Number</u>      | <u>Property Description</u> | <u>Total Tax</u>            |  |
| 1. <u>09-11-306-005-0000</u> | <u>Nursing Home</u>         | \$ <u>337,774.46</u>        | \$ <u>337,774.46</u>   |
| 2. <u>09-11-306-006-0000</u> | <u>Nursing Home</u>         | \$ <u>337,601.81</u>        | \$ <u>337,601.81</u>   |
| 3. <u>09-11-306-013-0000</u> | <u>Nursing Home</u>         | \$ <u>210,436.16</u>        | \$ <u>210,436.16</u>   |
| 4. _____                     | _____                       | \$ _____                    | \$ _____   |
| 5. _____                     | _____                       | \$ _____                    | \$ _____   |
| 6. _____                     | _____                       | \$ _____                    | \$ _____   |
| 7. _____                     | _____                       | \$ _____                    | \$ _____   |
| 8. _____                     | _____                       | \$ _____                    | \$ _____   |
| 9. _____                     | _____                       | \$ _____                    | \$ _____   |
| 10. _____                    | _____                       | \$ _____                    | \$ _____   |
| <b>TOTALS</b>                |                             | \$ <u><u>885,812.43</u></u> | \$ <u><u>885,812.43</u></u>                                      |

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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



Facility Name & ID Number Niles Nrsg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 17,850 B. General Construction Type: Exterior Concrete Frame Steel Number of Stories 6

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Empty lines for listing other business entities.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: 18,185,064 2. Number of Years Over Which it is Being Amortized: 15
3. Current Period Amortization: 1,212,336 4. Dates Incurred: Prior to 8/31/12

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Facility, 2012, \$500,000. Row 2: (blank). Row 3: TOTALS, \$500,000.

Facility Name & ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

**XI. OWNERSHIP COSTS (continued)**

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

| 1                         | 2                                      | 3             | 4                | 5            | 6                         | 7             | 8                          | 9           |                          |
|---------------------------|--|---------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Beds*                     | FOR BHF USE ONLY                       | Year Acquired | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4                         | 304                                    | 2012          |                  | \$ 6,000,000 | \$ 153,846                | 39            | \$ 153,846                 | \$          | \$ 1,148,263             |
| 5                         |  |               |                  |              |                           |               |                            |             |                          |
| 6                         |  |               |                  |              |                           |               |                            |             |                          |
| 7                         |  |               |                  |              |                           |               |                            |             |                          |
| 8                         |  |               |                  |              |                           |               |                            |             |                          |
| <b>Improvement Type**</b> |  |               |                  |              |                           |               |                            |             |                          |
| 9                         | 2008 TOTAL                             |               | 2008             | 92,845       | 2,381                     | 39            | 2,381                      |             | 29,390                   |
| 10                        |  |               |                  |              |                           |               |                            |             |                          |
| 11                        | 2009 TOTAL                             |               | 2009             | 235,600      | 6,041                     | 39            | 6,041                      |             | 71,038                   |
| 12                        |  |               |                  |              |                           |               |                            |             |                          |
| 13                        | 2010 TOTAL                             |               | 2010             | 102,029      | 1,828                     | 39            | 1,828                      |             | 24,593                   |
| 14                        |  |               |                  |              |                           |               |                            |             |                          |
| 15                        | 2011 TOTAL                             |               | 2011             | 525,233      | 13,468                    | 39            | 13,468                     |             | 131,415                  |
| 16                        |  |               |                  |              |                           |               |                            |             |                          |
| 17                        | 2012 TOTAL                             |               | 2012             | 352,840      | 9,047                     | 39            | 9,047                      |             | 79,228                   |
| 18                        |  |               |                  |              |                           |               |                            |             |                          |
| 19                        | 2013 TOTALS                            |               | 2013             | 193,030      | 4,949                     | 39            | 4,949                      |             | 38,388                   |
| 20                        |  |               |                  |              |                           |               |                            |             |                          |
| 21                        | 2014 TOTALS                            |               | 2014             | 173,386      | 5,234                     | 39            | 5,234                      |             | 27,829                   |
| 22                        |  |               |                  |              |                           |               |                            |             |                          |
| 23                        | 2015 TOTALS                            |               | 2015             | 346,257      | 8,878                     | 39            | 8,878                      |             | 51,131                   |
| 24                        |  |               |                  |              |                           |               |                            |             |                          |
| 25                        | Paint 5th Floor Hallway                |               | 2016             | 9,250        | 237                       | 39            | 237                        |             | 1,238                    |
| 26                        | Paint 4th Floor Hallway                |               | 2016             | 12,026       | 308                       | 39            | 308                        |             | 1,610                    |
| 27                        | Paint 4th Floor Hallway                |               | 2016             | 17,186       | 441                       | 39            | 441                        |             | 2,302                    |
| 28                        | 3rd, 4th, 5th Floor Handrails          |               | 2016             | 12,245       | 314                       | 39            | 314                        |             | 1,640                    |
| 29                        | Condor Conversion for Astroslide       |               | 2016             | 3,593        | 92                        | 39            | 92                         |             | 480                      |
| 30                        | Parking Lot Lights                     |               | 2016             | 3,846        | 99                        | 39            | 99                         |             | 516                      |
| 31                        | Pit Ladder                             |               | 2016             | 4,261        | 109                       | 39            | 109                        |             | 570                      |
| 32                        | Small Walk-in Freezer                  |               | 2016             | 4,650        | 119                       | 39            | 119                        |             | 621                      |
| 33                        | Remove & Replace Wheel Stops-North Lot |               | 2016             | 4,694        | 120                       | 39            | 120                        |             | 628                      |
| 34                        | Remove & Replace Wheel Stops-South Lot |               | 2016             | 4,694        | 120                       | 39            | 120                        |             | 628                      |
| 35                        |  |               |                  |              |                           |               |                            |             |                          |
| 36                        |  |               |                  |              |                           |               |                            |             |                          |

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

## XI. OWNERSHIP COSTS (continued)

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

| 1  | 2   | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**  | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 | Flooring for 6 Resident Rooms                               | 2016             | \$ 5,570     | \$ 143                    | 39            | \$ 143                     |             | \$ 747                   | 37 |
| 38 | Mechanical Room Air Handler                                 | 2016             | 12,500       | 321                       | 39            | 321                        |             | 1,675                    | 38 |
| 39 | Install New Floors Rooms 523,524,525                        | 2016             | 4,392        | 113                       | 39            | 113                        |             | 589                      | 39 |
| 40 | Repair Room & Bathroom Walls Rooms 526,527,528              | 2016             | 4,058        | 104                       | 39            | 104                        |             | 543                      | 40 |
| 41 | New Flooring for 6 Rooms                                    | 2016             | 5,570        | 143                       | 39            | 143                        |             | 747                      | 41 |
| 42 | Kitchen/Laundry Water Heater Boiler                         | 2016             | 14,715       | 377                       | 39            | 377                        |             | 1,970                    | 42 |
| 43 | Electrical Supply for the Steamer & Coffee Maker            | 2016             | 3,530        | 91                        | 39            | 91                         |             | 474                      | 43 |
| 44 | Repair Walls in Rooms 529,530,531                           | 2016             | 5,000        | 128                       | 39            | 128                        |             | 668                      | 44 |
| 45 |   |                  |              |                           |               |                            |             |                          | 45 |
| 46 | Replace Heat Exchanger on Boiler #2                         | 2017             | 2,536        | 65                        | 39            | 65                         |             | 228                      | 46 |
| 47 | Replace Faulty Bearing for Main Building Air Handler        | 2017             | 2,037        | 52                        | 39            | 52                         |             | 182                      | 47 |
| 48 | Zero Plenum Light fixtures throughout Building              | 2017             | 10,173       | 261                       | 39            | 261                        |             | 913                      | 48 |
| 49 | Repair Walls in Rooms 520, 521, 522                         | 2017             | 4,037        | 104                       | 39            | 104                        |             | 363                      | 49 |
| 50 | New Flooring for 1st Floor Game Room                        | 2017             | 9,054        | 232                       | 39            | 232                        |             | 812                      | 50 |
| 51 | New Water Treatment Station                                 | 2017             | 2,059        | 53                        | 39            | 53                         |             | 185                      | 51 |
| 52 | Repair & Paint Walls in Rooms 517, 518                      | 2017             | 2,905        | 74                        | 39            | 74                         |             | 260                      | 52 |
| 53 | Patient Wanderer Systems                                    | 2017             | 11,482       | 294                       | 39            | 294                        |             | 1,030                    | 53 |
| 54 | Repipe Sprinkler System                                     | 2017             | 6,185        | 159                       | 39            | 159                        |             | 555                      | 54 |
| 55 | Remodel 5th floor Central Supply Room                       | 2017             | 2,800        | 72                        | 39            | 72                         |             | 252                      | 55 |
| 56 | Replace Hydronic Pipe in Dining Room                        | 2017             | 4,031        | 103                       | 39            | 103                        |             | 362                      | 56 |
| 57 |   |                  |              |                           |               |                            |             |                          | 57 |
| 58 | New exhaust for bathroom and heat pump for boiler room and  | 2018             | 22,954       | 589                       | 39            | 589                        |             | 1,471                    | 58 |
| 59 | kitchen AH coil report                                      |                  |              |                           |               |                            |             |                          | 59 |
| 60 | Bypass Piping for Water Treatment System and shower filters | 2018             | 52,972       | 1,358                     | 39            | 1,358                      |             | 3,396                    | 60 |
| 61 | New circulating pump and replace faulty bearing on pump     | 2018             | 5,077        | 130                       | 39            | 130                        |             | 325                      | 61 |
| 62 | New flooring, doors, paint for rooms 516,517,513            | 2018             | 3,980        | 102                       | 39            | 102                        |             | 255                      | 62 |
| 63 |   |                  |              |                           |               |                            |             |                          | 63 |
| 64 |   |                  |              |                           |               |                            |             |                          | 64 |
| 65 |   |                  |              |                           |               |                            |             |                          | 65 |
| 66 |   |                  |              |                           |               |                            |             |                          | 66 |
| 67 |   |                  |              |                           |               |                            |             |                          | 67 |
| 68 |   |                  |              |                           |               |                            |             |                          | 68 |
| 69 |   |                  |              |                           |               |                            |             |                          | 69 |
| 70 | TOTAL (lines 4 thru 69)                                     |                  | \$ 8,295,282 | \$ 212,699                |               | \$ 212,699                 |             | \$ 1,629,509             | 70 |

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

Facility Name & ID Number Niles Nrsrg Rehab Center# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**   | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12A, Carried Forward</b>                       |                  | \$ 8,295,282 | \$ 212,699                |               | \$ 212,699                 | \$          | \$ 1,629,509             | 1  |
| 2  | Plumbing Upgrade/ Instillation Heating cooling                     | 2018             | 32,918       | 844                       | 39            | 844                        |             | 2,110                    | 2  |
| 3  | New Feed Valve for Water Main / DPH Plumbing Upgrades              | 2018             | 8,019        | 206                       | 39            | 206                        |             | 514                      | 3  |
| 4  | New Circulating Pump   | 2018             | 4,186        | 107                       | 39            | 107                        |             | 269                      | 4  |
| 5  | New Hot & Cold Back Flow Lines for Laundry Room                    | 2018             | 4,000        | 103                       | 39            | 103                        |             | 256                      | 5  |
| 6  | Mill & Resurface Driveway  | 2018             | 7,560        | 194                       | 39            | 194                        |             | 485                      | 6  |
| 7  | Paint & Repair Walls in Rooms 507, 509, 511                        | 2018             | 4,750        | 122                       | 39            | 122                        |             | 305                      | 7  |
| 8  | Paint & Repair Kitchen Wall  | 2018             | 2,800        | 72                        | 39            | 72                         |             | 180                      | 8  |
| 9  | New Flooring for Kitchen   | 2018             | 3,023        | 78                        | 39            | 78                         |             | 194                      | 9  |
| 10 | New Entrance Door  | 2018             | 4,186        | 107                       | 39            | 107                        |             | 269                      | 10 |
| 11 | New Chemical Pump  | 2018             | 2,785        | 71                        | 39            | 71                         |             | 179                      | 11 |
| 12 | Reinsulate Dietary Room  | 2018             | 2,770        | 71                        | 39            | 71                         |             | 178                      | 12 |
| 13 | Reinsulate Barber Shop Room  | 2018             | 3,646        | 93                        | 39            | 93                         |             | 234                      | 13 |
| 14 | Reinsulate NE Crnr Office/Kitchen Ceiling                          | 2018             | 8,779        | 225                       | 39            | 225                        |             | 562                      | 14 |
| 15 | Remodel Rooms 510, 514, 515  | 2018             | 4,920        | 126                       | 39            | 126                        |             | 315                      | 15 |
| 16 | Replace Old Valves/Rmv Faulty Piping/ New Floor/Reinsulate         | 2018             | 15,010       | 385                       | 39            | 385                        |             | 962                      | 16 |
| 17 | Convert Walk-In Freezer to Cooler                                  | 2018             | 5,975        | 153                       | 39            | 153                        |             | 383                      | 17 |
| 18 | Remodel Rooms 423, 424, 501  | 2018             | 4,920        | 126                       | 39            | 126                        |             | 315                      | 18 |
| 19 | Medical Tap Filters  | 2018             | 3,480        | 89                        | 39            | 89                         |             | 223                      | 19 |
| 20 | Remodel Rooms 406, 408, 410  | 2018             | 4,590        | 118                       | 39            | 118                        |             | 294                      | 20 |
| 21 | Replace Cracked Heat Exchanger in Basement / New Floor             | 2018             | 6,799        | 174                       | 39            | 174                        |             | 436                      | 21 |
| 22 | Remodel Rooms 431, 412, 410 / New Motors Roof Fan                  | 2018             | 7,206        | 185                       | 39            | 185                        |             | 462                      | 22 |
| 23 | Remodel Rooms 406, 412, 414  | 2018             | 4,590        | 118                       | 39            | 118                        |             | 294                      | 23 |
| 24 | New Flooring   | 2018             | 3,149        | 81                        | 39            | 81                         |             | 201                      | 24 |
| 25 | Replace Spark Board & Transformer on Boiler 1                      | 2018             | 3,463        | 89                        | 39            | 89                         |             | 222                      | 25 |
| 26 | Remodel Rooms 409, 411, 413 / Patient Wandering System             | 2018             | 9,887        | 254                       | 39            | 254                        |             | 634                      | 26 |
| 27 | New Flooring   | 2018             | 3,417        | 88                        | 39            | 88                         |             | 219                      | 27 |
| 28 | Remodel Rooms 405, 407, 418  | 2018             | 4,750        | 122                       | 39            | 122                        |             | 305                      | 28 |
| 29 |  |                  |              |                           |               |                            |             |                          | 29 |
| 30 | Replace Isolation Valves on Left Hand Circulating Pump             | 2019             | 3,467        | 89                        | 39            | 89                         |             | 38                       | 30 |
| 31 | Remove tile & flooring in Rooms 414, 419, 420. Install new floorin | 2019             | 4,750        | 122                       | 39            | 122                        |             | 103                      | 31 |
| 32 | Remove tile & flooring in Rooms 221, 422, 431. Install new floorin | 2019             | 4,750        | 122                       | 39            | 122                        |             | 103                      | 32 |
| 33 | Flooring tile & flooing for Rooms 416, 421, 429, 425, 428.         | 2019             | 3,417        | 88                        | 39            | 88                         |             | 35                       | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                     |                  | \$ 8,483,244 | \$ 217,519                |               | \$ 217,519                 | \$          | \$ 1,640,789             | 34 |

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

Facility Name &amp; ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

## XI. OWNERSHIP COSTS (continued)

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

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**   | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12B, Carried Forward</b>                       |                  | \$ 8,483,244 | \$ 217,519                |               | \$ 217,519                 | \$          | \$ 1,640,789             | 1  |
| 2  | Replace Roof Top Exhaust Fans                                      | 2019             | 5,452        | 140                       | 39            | 140                        |             | 139                      | 2  |
| 3  | Remove tile & flooring in Rooms 423, 424, 425. Install new floorin | 2019             | 4,590        | 118                       | 39            | 118                        |             | 95                       | 3  |
| 4  | Upgrades to Fire Alarm System                                      | 2019             | 2,785        | 71                        | 39            | 71                         |             | 3                        | 4  |
| 5  | Upgrades to Fire Alarm System (down payment)                       | 2019             | 6,708        | 172                       | 39            | 172                        |             | 204                      | 5  |
| 6  | Replace OEM Burners on Boiler 1                                    | 2019             | 2,265        | 58                        | 39            | 58                         |             | 116                      | 6  |
| 7  | Upgrades to Fire Alarm System (final payment)                      | 2019             | 6,708        | 172                       | 39            | 172                        |             | 344                      | 7  |
| 8  | Boiler Room Combustion Air In-Forcer                               | 2019             | 6,875        | 176                       | 39            | 176                        |             | 353                      | 8  |
| 9  | Service to Front Lobby RTU   | 2019             | 1,958        | 50                        | 39            | 50                         |             | 100                      | 9  |
| 10 | Repair Water Leak in Main Air Handler Hot Water Coil               | 2019             | 2,364        | 61                        | 39            | 61                         |             | 121                      | 10 |
| 11 | New Hanging Unit Heater in Generator Room                          | 2019             | 2,975        | 76                        | 39            | 76                         |             | 146                      | 11 |
| 12 | New Back Door Convector for Basement                               | 2019             | 3,450        | 88                        | 39            | 88                         |             | 170                      | 12 |
| 13 | Install New Heater in Main Air Handler Room                        | 2019             | 3,762        | 96                        | 39            | 96                         |             | 185                      | 13 |
| 14 | Install New Hydronic Unit Heater in Main Air Handler Room          | 2019             | 5,406        | 139                       | 39            | 139                        |             | 266                      | 14 |
| 15 | Flooring for Rooms 416, 421, 429, 425, 428                         | 2019             | 3,417        | 88                        | 39            | 88                         |             | 168                      | 15 |
| 16 | Flooring for Rooms 416, 421, 429, 425, 428                         | 2019             | 3,417        | 88                        | 39            | 88                         |             | 168                      | 16 |
| 17 | Remove tile & Flooring in Rooms 417, 415, 401. Install new floor   | 2019             | 5,858        | 150                       | 39            | 150                        |             | 288                      | 17 |
| 18 | Remove tile & flooring in Rooms 416, 421, 429. Install new floorin | 2019             | 4,650        | 119                       | 39            | 119                        |             | 219                      | 18 |
| 19 | Remove tile & flooring in Rooms 425, 426, 428. Install new floorin | 2019             | 4,590        | 118                       | 39            | 118                        |             | 216                      | 19 |
| 20 | Flooring for 230, 211, 209   | 2019             | 3,417        | 88                        | 39            | 88                         |             | 161                      | 20 |
| 21 | Remove tile & flooring in Rooms 230, 211, 209. Install new floorin | 2019             | 5,020        | 129                       | 39            | 129                        |             | 225                      | 21 |
| 22 | Flooring for Rooms 215, 205, 207                                   | 2019             | 3,417        | 88                        | 39            | 88                         |             | 153                      | 22 |
| 23 | Remove & install flooring in Rooms 215, 205, 207. Install new floo | 2019             | 5,020        | 129                       | 39            | 129                        |             | 225                      | 23 |
| 24 | Rebuilt Starter and New Batteries for Alarm System                 | 2019             | 3,768        | 97                        | 39            | 97                         |             | 169                      | 24 |
| 25 | Remove Tile & Flooring in Rooms 204, 209, 211. Install new floori  | 2019             | 4,700        | 121                       | 39            | 121                        |             | 201                      | 25 |
| 26 | New Building Booster Pump  | 2019             | 6,344        | 163                       | 39            | 163                        |             | 271                      | 26 |
| 27 | Remove flooring in Korean Main Dining Room. Install new floorin    | 2019             | 6,650        | 171                       | 39            | 171                        |             | 284                      | 27 |
| 28 | Replace Blower Motor on Main Air Handler                           | 2019             | 4,376        | 112                       | 39            | 112                        |             | 187                      | 28 |
| 29 | Flooring for Rooms 204, 209, 211                                   | 2019             | 3,417        | 88                        | 39            | 88                         |             | 146                      | 29 |
| 30 | New Centrifugal Building Booster Pump                              | 2019             | 3,394        | 87                        | 39            | 87                         |             | 145                      | 30 |
| 31 | Remove & Strip existing floor tiles in Rooms 206, 208, 210 & bath  | 2019             | 4,600        | 118                       | 39            | 118                        |             | 187                      | 31 |
| 32 | Tile for Rooms 206, 208 & 210                                      | 2019             | 4,556        | 117                       | 39            | 117                        |             | 185                      | 32 |
| 33 | Vinyl tile for 1st Floor Conference Room                           | 2019             | 3,417        | 88                        | 39            | 88                         |             | 139                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                     |                  | \$ 8,622,570 | \$ 221,091                |               | \$ 221,091                 | \$          | \$ 1,646,766             | 34 |

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

Facility Name &amp; ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

## XI. OWNERSHIP COSTS (continued)

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

| 1  | 2   | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**  | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12C, Carried Forward</b>                        |                  | \$ 8,622,570 | \$ 221,091                |               | \$ 221,091                 | \$          | \$ 1,646,766             | 1  |
| 2  | Remove & Strip existing floor tiles in 1st Floor Conference Room;   | 2019             | 7,600        | 195                       | 39            | 195                        |             | 309                      | 2  |
| 3  | Remove & Strip existing floor tiles in Room 212, 216 & 217 & bath   | 2019             | 4,750        | 122                       | 39            | 122                        |             | 193                      | 3  |
| 4  | Remove & Strip floor tile in Group Room & Activity Department       | 2019             | 6,300        | 162                       | 39            | 162                        |             | 256                      | 4  |
| 5  | Tile for Group Room & Activity Department Office                    | 2019             | 5,786        | 148                       | 39            | 148                        |             | 235                      | 5  |
| 6  | New Delay Egress Emlock on 5th Floor; Replace Magnetic Lock o       | 2019             | 2,013        | 52                        | 39            | 52                         |             | 77                       | 6  |
| 7  | Install New Flooring in Kitchen                                     | 2019             | 2,800        | 72                        | 39            | 72                         |             | 96                       | 7  |
| 8  | New Surveillance Cameras  | 2019             | 5,967        | 153                       | 39            | 153                        |             | 204                      | 8  |
| 9  | Install New Flooring in 329 Rest Room                               | 2019             | 2,600        | 67                        | 39            | 67                         |             | 83                       | 9  |
| 10 | Remove Existing Flooring & Install New Flooring in 1st Floor Hu     | 2019             | 3,400        | 87                        | 39            | 87                         |             | 109                      | 10 |
| 11 | Replace Kitchen Air Handler Shaft & Bearing, Winterize Chiller      | 2019             | 2,295        | 59                        | 39            | 59                         |             | 74                       | 11 |
| 12 | Remove Existing Flooring & Install New Flooring in Room 216 Re      | 2019             | 2,600        | 67                        | 39            | 67                         |             | 83                       | 12 |
| 13 | Remove Existing Flooring & Install New Flooring in Room 428 Ba      | 2019             | 2,600        | 67                        | 39            | 67                         |             | 83                       | 13 |
| 14 | Remove Existing Flooring & Install New Flooring in Room 525 Re      | 2019             | 2,600        | 67                        | 39            | 67                         |             | 83                       | 14 |
| 15 | Flooring for Rooms 216, 428, 525                                    | 2019             | 4,456        | 114                       | 39            | 114                        |             | 143                      | 15 |
| 16 | New Refractory for Heating Boiler #1                                | 2019             | 4,441        | 114                       | 39            | 114                        |             | 133                      | 16 |
| 17 | Install New Vinyl Plank Flooring, Patch & Paint Walls in DON's C    | 2019             | 4,400        | 113                       | 39            | 113                        |             | 132                      | 17 |
| 18 | Install New Vinyl Plank Flooring, Patch & Paint Walls in BOM's      | 2019             | 3,400        | 87                        | 39            | 87                         |             | 102                      | 18 |
| 19 | Install New Aluminum Siding in Kitchen Walk-in Cooler               | 2019             | 2,800        | 72                        | 39            | 72                         |             | 84                       | 19 |
| 20 | Replace Freezer, Cooler & Overhang Sprinkler System                 | 2019             | 3,121        | 80                        | 39            | 80                         |             | 93                       | 20 |
| 21 |   | 2019             | 4,200        | 108                       | 39            | 108                        |             | 126                      | 21 |
| 22 | Install New Porcelain Tile, Paint & Patch Walls in 4th Floor Nursi  | 2019             | 2,800        | 72                        | 39            | 72                         |             | 84                       | 22 |
| 23 | Install New Porcelain Tile, Paint & Patch Walls in 1st Floor Activi | 2019             | 2,800        | 72                        | 39            | 72                         |             | 84                       | 23 |
| 24 | Install New Vinyl Plank Flooring, Patch & Paint Walls in 1st Floo   | 2019             | 4,200        | 108                       | 39            | 108                        |             | 126                      | 24 |
| 25 | Install New Porcelain Tile, New Toilet, Paint & Patch Walls in Ro   | 2019             | 2,800        | 72                        | 39            | 72                         |             | 78                       | 25 |
| 26 | Remove Damaged Floor & Base, Patch & Level Floors, Install Nev      | 2019             | 1,530        | 39                        | 39            | 39                         |             | 43                       | 26 |
| 27 | Install New Conduit & Ran New Electrical Wire for Outlet in Med     | 2019             | 2,200        | 56                        | 39            | 56                         |             | 61                       | 27 |
| 28 | Remove Existing Floor & Wall Tile, Install New Tiles on Floor &     | 2019             | 2,800        | 72                        | 39            | 72                         |             | 78                       | 28 |
| 29 | Remove Damaged Floor & Base, Install New Flooring in Room 31.       | 2019             | 1,900        | 49                        | 39            | 49                         |             | 53                       | 29 |
| 30 | Remove Existing Floor & Wall Tile, Install New Tiles on Floor &     | 2019             | 2,800        | 72                        | 39            | 72                         |             | 78                       | 30 |
| 31 | Remove Damaged Floor, Wall & Base, Install New Tiles on Floor       | 2019             | 2,800        | 72                        | 39            | 72                         |             | 78                       | 31 |
| 32 | Remove Damaged Floor, Wall & Base, Install New Tiles on Floor       | 2019             | 1,800        | 46                        | 39            | 46                         |             | 50                       | 32 |
| 33 | Remove Damaged Floor, Wall & Base, Install New Tiles on Floor       | 2019             | 8,400        | 215                       | 39            | 215                        |             | 233                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                      |                  | \$ 8,737,529 | \$ 224,039                |               | \$ 224,039                 | \$          | \$ 1,650,507             | 34 |

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

**XI. OWNERSHIP COSTS (continued)**

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

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**   | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12D, Carried Forward</b>                       |                  | \$ 8,737,529 | \$ 224,039                |               | \$ 224,039                 | \$          | \$ 1,650,507             | 1  |
| 2  | Replace Leaking Pipes in Generator Room in Basement                | 2019             | 2,685        | 69                        | 39            | 69                         |             | 75                       | 2  |
| 3  | Remove Damaged Floor, Wall & Base, Install New Tiles on Floor      | 2019             | 8,400        | 215                       | 39            | 215                        |             | 233                      | 3  |
| 4  | Remove Damaged Floor, Wall & Base, Install New Tiles on Floor      | 2019             | 2,800        | 72                        | 39            | 72                         |             | 78                       | 4  |
| 5  |  |                  |              |                           |               |                            |             |                          | 5  |
| 6  | Inventory of Sprinkler System Heads                                | 2020             | 3,577        | 92                        | 39            | 92                         |             | 92                       | 6  |
| 7  | Install New Tiles on the Bathroom Walls & Floors in Rooms 510,     | 2020             | 8,400        | 215                       | 39            | 215                        |             | 215                      | 7  |
| 8  | Install New Tiles on the Floor & Wall in Room 224                  | 2020             | 4,700        | 121                       | 39            | 121                        |             | 121                      | 8  |
| 9  | Install New Tiles on the Bathroom Walls & Floors in Rooms 513,     | 2020             | 8,400        | 215                       | 39            | 215                        |             | 215                      | 9  |
| 10 | Install New Tiles on the Bathroom Walls & Floors in Rooms 516,     | 2020             | 8,400        | 215                       | 39            | 215                        |             | 215                      | 10 |
| 11 | Install New Tiles on the Bathroom Walls & Floors in Rooms 523,     | 2020             | 8,400        | 215                       | 39            | 215                        |             | 215                      | 11 |
| 12 | Install New Tiles on the 2nd, 3rd, 4th, 5th Men's Showers on the F | 2020             | 22,400       | 574                       | 39            | 574                        |             | 574                      | 12 |
| 13 | Replace Corroded Pipes in Kitchen for State Inspector Piping Vio   | 2020             | 7,314        | 188                       | 39            | 172                        | (16)        | 188                      | 13 |
| 14 | Replace 3 Exhaust Fans on Lower Roof                               | 2020             | 2,785        | 71                        | 39            | 60                         | (12)        | 71                       | 14 |
| 15 | New Circulating Pump for Building RH                               | 2020             | 6,496        | 167                       | 39            | 125                        | (42)        | 167                      | 15 |
| 16 | Install New Isolation Valve and Replace Pipe in Kitchen            | 2020             | 2,657        | 68                        | 39            | 40                         | (28)        | 68                       | 16 |
| 17 | Repair Leaking Pipes in Kitchen                                    | 2020             | 3,189        | 82                        | 39            | 48                         | (34)        | 82                       | 17 |
| 18 | Repair Leaking Cold Water Pipe on West Side of Building            | 2020             | 3,529        | 90                        | 39            | 53                         | (38)        | 90                       | 18 |
| 19 | Repair Basement Injector Pumps                                     | 2020             | 3,168        | 81                        | 39            | 47                         | (34)        | 81                       | 19 |
| 20 | Test RPZ and Rebuild Kitchen Sink                                  | 2020             | 2,942        | 75                        | 39            | 38                         | (38)        | 75                       | 20 |
| 21 | Replace shaft and Bearings in Kitchen Air Handler                  | 2020             | 2,983        | 76                        | 39            | 32                         | (45)        | 76                       | 21 |
| 22 | Surveillance Cameras for Stairwells Outside Employee Parking L     | 2020             | 2,700        | 69                        | 39            | 23                         | (46)        | 69                       | 22 |
| 23 | Repair Water Leak in 1st Floor HR Office                           | 2020             | 3,380        | 87                        | 39            | 29                         | (58)        | 87                       | 23 |
| 24 | New 119 Gallon Storage Tanks for Kitchen/Laundry                   | 2020             | 16,200       | 415                       | 39            | 104                        | (312)       | 415                      | 24 |
| 25 | Replace Hot Water Mixing Valve                                     | 2020             | 7,802        | 200                       | 39            | 50                         | (150)       | 200                      | 25 |
| 26 | Medical Shower Filters, Medical Tap Filters & Faucet Aerator Ad    | 2020             | 3,867        | 99                        | 39            | 25                         | (74)        | 99                       | 26 |
| 27 | Booster Pump for Rooms 501 & 502                                   | 2020             | 3,175        | 81                        | 39            | 20                         | (61)        | 81                       | 27 |
| 28 | Replace Return Line Pump for the Domestic Hot Water Heater         | 2020             | 5,344        | 137                       | 39            | 23                         | (114)       | 137                      | 28 |
| 29 | Medical Shower Filters, Medical Tap Filters for Bathrooms          | 2020             | 3,120        | 80                        | 39            | 13                         | (67)        | 80                       | 29 |
| 30 | New Boiler for Building  | 2020             | 32,545       | 834                       | 39            | 139                        | (695)       | 834                      | 30 |
| 31 |  |                  |              |                           |               |                            |             |                          | 31 |
| 32 |  |                  |              |                           |               |                            |             |                          | 32 |
| 33 |  |                  |              |                           |               |                            |             |                          | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                     |                  | \$ 8,928,887 | \$ 228,946                |               | \$ 227,083                 | \$ (1,863)  | \$ 1,655,443             | 34 |

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



Facility Name & ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

XI. OWNERSHIP COSTS (continued)

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

|    | Category of Equipment    | 1<br>Cost    | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 53,266    | \$ 1,900                       | \$ 1,900                        | \$               | 5                   | \$ 53,266                     | 71 |
| 72 | Current Year Purchases   | 199,074      | 133,370                        | 19,907                          | (113,463)        | 5                   | 199,074                       | 72 |
| 73 | Fully Depreciated Assets | 1,783,139    |                                |                                 |                  | 5                   | 1,783,139                     | 73 |
| 74 |                          |              |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$ 2,035,479 | \$ 135,270                     | \$ 21,807                       | \$ (113,463)     |                     | \$ 2,035,479                  | 75 |

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

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

E. Summary of Care-Related Assets

|    |                            | 1<br>Reference   | 2<br>Amount   |      |
|----|----------------------------|--|---------------|------|
| 81 | Total Historical Cost      | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 11,464,366 | 81   |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$ 364,216    | 82   |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$ 248,890    | 83** |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$ (115,326)  | 84   |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$ 3,690,922  | 85   |

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

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

G. Construction-in-Progress

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

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

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



Facility Name & ID Number Niles Nrsg Rehab Center

# 0050088

Report Period Beginning: 1/1/20

Ending: 12/31/20

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES  NO

|   |                    | 1<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions          |                          |                        |                             |                       |                              |                                     | 4 |
| 5 |                    |                          |                        |                             |                       |                              |                                     | 5 |
| 6 |                    |                          |                        |                             |                       |                              |                                     | 6 |
| 7 | <b>TOTAL</b>       |                          |                        |                             | \$                    |                              |                                     | 7 |

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

|  |                    |             |
|--|--------------------|-------------|
|  | Fiscal Year Ending | Annual Rent |
|--|--------------------|-------------|

|     |             |          |
|-----|-------------|----------|
| 12. | _____ /2021 | \$ _____ |
| 13. | _____ /2022 | \$ _____ |
| 14. | _____ /2023 | \$ _____ |

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

|    | 1<br>Use     | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|--------------|-----------------------------|-------------------------------|--|----|
| 17 |              |                             | \$                            | \$                                     | 17 |
| 18 |              |                             |                               |  | 18 |
| 19 |              |                             |                               |  | 19 |
| 20 |              |                             |                               |  | 20 |
| 21 | <b>TOTAL</b> |                             | \$                            | \$                                     | 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.

**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.)**

|  |   |  |
|--|---|--|
| <p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> | <p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p> | <p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p> |
|--|---|--|

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**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) |  |
| <b>TOTAL TRAINED</b>         |  |

- (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.)

|    | Service  | 1<br>Schedule V<br>Line & Column<br>Reference | 2                 |    | 3                   |      | 4   |      | 5                                    |                               | 6                              |  | 7 |  | 8       |    |
|----|--|---|-------------------|----|---------------------|------|---|------|--------------------------------------|-------------------------------|--------------------------------|--|---|--|---------|----|
|    |  |   | Staff             |    | Units of<br>Service | Cost | Outside Practitioner<br>(other than consultant) |      | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |  |   |  |         |    |
|    |  |   |                   |    |                     |      | Units   | Cost |                                      |                               |                                |  |   |  |         |    |
| 1  | Licensed Occupational Therapist  | 10a-3   | hrs               | \$ | 7,222               | \$   | 538,972   | \$   | 7,222                                | \$                            | 538,972                        |  |   |  |         | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 10a-3   | hrs               |    | 3,015               |      | 296,772   |      | 3,015                                |                               | 296,772                        |  |   |  |         | 2  |
| 3  | Licensed Recreational Therapist  |   | hrs               |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 3  |
| 4  | Licensed Physical Therapist  | 10a-3   | hrs               |    | 6,520               |      | 626,245   |      | 6,520                                |                               | 626,245                        |  |   |  |         | 4  |
| 5  | Physician Care   |   | visits            |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 5  |
| 6  | Dental Care  |   | visits            |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 6  |
| 7  | Work Related Program   |   | hrs               |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 7  |
| 8  | Habilitation   |   | hrs               |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 8  |
| 9  | Pharmacy   | 39-2  | # of<br>prescrpts |    |                     |      |   |      |                                      | 234,113                       |                                |  |   |  | 234,113 | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |   | hrs               |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 10 |
| 11 | Academic Education   |   | hrs               |    |                     |      |   |      |                                      |                               |                                |  |   |  |         | 11 |
| 12 | Other (specify): <u>X-Ray</u>  | 39-2  |                   |    |                     |      |   |      |                                      | 14,744                        |                                |  |   |  | 14,744  | 12 |
| 13 | Other (specify): <u>Lab</u>  | 39-2  |                   |    |                     |      |   |      |                                      | 372,028                       |                                |  |   |  | 372,028 | 13 |
| 14 | TOTAL  |   |                   | \$ | 16,757              | \$   | 1,461,989                                       | \$   | 620,885                              | \$                            | 2,082,874                      |  |   |  |         | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

|                            |   | 1             | 2                    |    |
|----------------------------|---|---------------|----------------------|----|
|                            |   | Operating     | After Consolidation* |    |
| <b>A. Current Assets</b>   |   |               |                      |    |
| 1                          | Cash on Hand and in Banks   | \$ (273,185)  | \$ (272,117)         | 1  |
| 2                          | Cash-Patient Deposits   |               |                      | 2  |
| 3                          | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 7,267,308     | 7,267,308            | 3  |
| 4                          | Supply Inventory (priced at )                                     |               |                      | 4  |
| 5                          | Short-Term Investments  |               |                      | 5  |
| 6                          | Prepaid Insurance   | 425,140       | 425,140              | 6  |
| 7                          | Other Prepaid Expenses  |               |                      | 7  |
| 8                          | Accounts Receivable (owners or related parties)                   |               |                      | 8  |
| 9                          | Other(specify):   |               | 676,054              | 9  |
| 10                         | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>               | \$ 7,419,263  | \$ 8,096,385         | 10 |
| <b>B. Long-Term Assets</b> |   |               |                      |    |
| 11                         | Long-Term Notes Receivable  |               |                      | 11 |
| 12                         | Long-Term Investments   |               |                      | 12 |
| 13                         | Land  |               | 500,000              | 13 |
| 14                         | Buildings, at Historical Cost                                     |               | 6,000,000            | 14 |
| 15                         | Leasehold Improvements, at Historical Cost                        | 2,928,886     | 2,928,886            | 15 |
| 16                         | Equipment, at Historical Cost                                     | 1,427,480     | 19,369,161           | 16 |
| 17                         | Accumulated Depreciation (book methods)                           | (1,881,114)   | (13,250,499)         | 17 |
| 18                         | Deferred Charges  |               |                      | 18 |
| 19                         | Organization & Pre-Operating Costs                                | 197,434       | 440,817              | 19 |
| 20                         | Accumulated Amortization - Organization & Pre-Operating Costs     | (25,003)      | (160,639)            | 20 |
| 21                         | Restricted Funds  |               |                      | 21 |
| 22                         | Other Long-Term Assets (specify):                                 | 385,011       | 385,011              | 22 |
| 23                         | Other(specify):   |               |                      | 23 |
| 24                         | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 3,032,694  | \$ 16,212,737        | 24 |
| 25                         | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 10,451,957 | \$ 24,309,122        | 25 |

|  |  | 1             | 2                    |    |
|--|--|---------------|----------------------|----|
|  |  | Operating     | After Consolidation* |    |
| <b>C. Current Liabilities</b>                |  |               |                      |    |
| 26   | Accounts Payable   | \$ 3,456,462  | \$ 3,879,592         | 26 |
| 27   | Officer's Accounts Payable                                   | (10,060)      |                      | 27 |
| 28   | Accounts Payable-Patient Deposits                            |               | (10,060)             | 28 |
| 29   | Short-Term Notes Payable                                     |               | 410,314              | 29 |
| 30   | Accrued Salaries Payable                                     | 317,935       | 317,935              | 30 |
| 31   | Accrued Taxes Payable (excluding real estate taxes)          | 32,882        | 32,882               | 31 |
| 32   | Accrued Real Estate Taxes(Sch.IX-B)                          |               |                      | 32 |
| 33   | Accrued Interest Payable                                     |               |                      | 33 |
| 34   | Deferred Compensation  |               |                      | 34 |
| 35   | Federal and State Income Taxes                               |               |                      | 35 |
| <b>Other Current Liabilities(specify):</b>   |  |               |                      |    |
| 36   |  |               |                      | 36 |
| 37   |  |               |                      | 37 |
| 38   | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 3,797,219  | \$ 4,630,663         | 38 |
| <b>D. Long-Term Liabilities</b>              |  |               |                      |    |
| 39   | Long-Term Notes Payable                                      |               |                      | 39 |
| 40   | Mortgage Payable   |               | 19,472,577           | 40 |
| 41   | Bonds Payable  |               |                      | 41 |
| 42   | Deferred Compensation  |               |                      | 42 |
| <b>Other Long-Term Liabilities(specify):</b> |  |               |                      |    |
| 43   |  |               |                      | 43 |
| 44   |  |               |                      | 44 |
| 45   | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$            | \$ 19,472,577        | 45 |
| 46   | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 3,797,219  | \$ 24,103,240        | 46 |
| 47   | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 6,654,738  | \$ 205,882           | 47 |
| 48   | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 10,451,957 | \$ 24,309,122        | 48 |

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

|           |   | <b>1<br/>Total</b>  |             |
|-----------|---|---------------------|-------------|
| <b>1</b>  | <b>Balance at Beginning of Year, as Previously Reported</b>         | \$ <b>6,699,796</b> | <b>1</b>    |
| <b>2</b>  | Restatements (describe):  |                     | <b>2</b>    |
| <b>3</b>  |   |                     | <b>3</b>    |
| <b>4</b>  |   |                     | <b>4</b>    |
| <b>5</b>  |   |                     | <b>5</b>    |
| <b>6</b>  | <b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b> | \$ <b>6,699,796</b> | <b>6</b>    |
|           | <b>A. Additions (deductions):</b>                                   |                     |             |
| <b>7</b>  | NET Income (Loss) (from page 19, line 43)                           | (45,058)            | <b>7</b>    |
| <b>8</b>  | Aquisitions of Pooled Companies                                     |                     | <b>8</b>    |
| <b>9</b>  | Proceeds from Sale of Stock   |                     | <b>9</b>    |
| <b>10</b> | Stock Options Exercised   |                     | <b>10</b>   |
| <b>11</b> | Contributions and Grants  |                     | <b>11</b>   |
| <b>12</b> | Expenditures for Specific Purposes                                  |                     | <b>12</b>   |
| <b>13</b> | Dividends Paid or Other Distributions to Owners                     | ( )                 | <b>13</b>   |
| <b>14</b> | Donated Property, Plant, and Equipment                              |                     | <b>14</b>   |
| <b>15</b> | Other (describe) <b>Rounding Error</b>                              | <b>1</b>            | <b>15</b>   |
| <b>16</b> | Other (describe) <b>Rounding</b>                                    | <b>(1)</b>          | <b>16</b>   |
| <b>17</b> | <b>TOTAL Additions (deductions) (sum of lines 7-16)</b>             | \$ <b>(45,058)</b>  | <b>17</b>   |
|           | <b>B. Transfers (Itemize):</b>                                      |                     |             |
| <b>18</b> |   |                     | <b>18</b>   |
| <b>19</b> |   |                     | <b>19</b>   |
| <b>20</b> |   |                     | <b>20</b>   |
| <b>21</b> |   |                     | <b>21</b>   |
| <b>22</b> |   |                     | <b>22</b>   |
| <b>23</b> | <b>TOTAL Transfers (sum of lines 18-22)</b>                         | \$                  | <b>23</b>   |
| <b>24</b> | <b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>            | \$ <b>6,654,738</b> | <b>24</b> * |

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

Facility Name &amp; ID Number Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning: 1/1/20

Ending: 12/31/20

**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                             |   | Amount        |     |
|--|---|---------------|-----|
| <b>A. Inpatient Care</b>               |   |               |     |
| 1                                      | Gross Revenue -- All Levels of Care                       | \$ 19,806,259 | 1   |
| 2                                      | Discounts and Allowances for all Levels                   | (63,536)      | 2   |
| 3                                      | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 19,742,723 | 3   |
| <b>B. Ancillary Revenue</b>            |   |               |     |
| 4                                      | Day Care  |               | 4   |
| 5                                      | Other Care for Outpatients                                |               | 5   |
| 6                                      | Therapy   | 733,329       | 6   |
| 7                                      | Oxygen  |               | 7   |
| 8                                      | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 733,329    | 8   |
| <b>C. Other Operating Revenue</b>      |   |               |     |
| 9                                      | Payments for Education                                    |               | 9   |
| 10                                     | Other Government Grants                                   | 3,016,526     | 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   | 23,073        | 17  |
| 18                                     | Sale of Supplies to Non-Patients                          |               | 18  |
| 19                                     | Laboratory  |               | 19  |
| 20                                     | Radiology and X-Ray                                       | 163,784       | 20  |
| 21                                     | Other Medical Services                                    |               | 21  |
| 22                                     | Laundry   |               | 22  |
| 23                                     | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 3,203,383  | 23  |
| <b>D. Non-Operating Revenue</b>        |   |               |     |
| 24                                     | Contributions   |               | 24  |
| 25                                     | Interest and Other Investment Income***                   | 263,368       | 25  |
| 26                                     | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 263,368    | 26  |
| <b>E. Other Revenue (specify):****</b> |   |               |     |
| 27                                     | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |               | 27  |
| 28                                     | <u>Vending Income</u>                                     | 381           | 28  |
| 28a                                    | <u>Misc Income</u>  | 36,987        | 28a |
| 29                                     | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 37,368     | 29  |
| 30                                     | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 23,980,171 | 30  |

| II. Expenses                        |  | Amount        |    |
|-------------------------------------|--|---------------|----|
| <b>A. Operating Expenses</b>        |  |               |    |
| 31                                  | General Services   | 3,378,991     | 31 |
| 32                                  | Health Care  | 9,587,252     | 32 |
| 33                                  | General Administration   | 6,228,748     | 33 |
| <b>B. Capital Expense</b>           |  |               |    |
| 34                                  | Ownership  | 3,216,487     | 34 |
| <b>C. Ancillary Expense</b>         |  |               |    |
| 35                                  | Special Cost Centers   | 1,613,751     | 35 |
| 36                                  | Provider Participation Fee                                     |               | 36 |
| <b>D. Other Expenses (specify):</b> |  |               |    |
| 37                                  |  |               | 37 |
| 38                                  |  |               | 38 |
| 39                                  |  |               | 39 |
| 40                                  | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 24,025,229 | 40 |
| 41                                  | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | (45,058)      | 41 |
| 42                                  | <b>Income Taxes</b>  |               | 42 |
| 43                                  | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ (45,058)   | 43 |

| III. Net Inpatient Revenue detailed by Payer Source |   | Amount        |    |
|---|---|---------------|----|
| 44  | Medicaid - Net Inpatient Revenue                                      | \$ 13,279,312 | 44 |
| 45  | Private Pay - Net Inpatient Revenue                                   | 512,400       | 45 |
| 46  | Medicare - Net Inpatient Revenue                                      | 4,979,409     | 46 |
| 47  | Other-(specify) <u>NET PATIENT REVENUE</u>                            | 971,602       | 47 |
| 48  | Other-(specify)   |               | 48 |
| 49  | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 19,742,723 | 49 |

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? YES 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 Niles Nrsrg Rehab Center

# 0050088

Report Period Beginning:

1/1/20

Ending:

12/31/20

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

(This schedule must cover the entire reporting period.)

|    | 1                             | 2**                        | 3                                      | 4                   |          |    |
|----|-------------------------------|----------------------------|--|---------------------|----------|----|
|    | # of Hrs. Actually Worked     | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage |          |    |
| 1  | Director of Nursing           | 2,000                      | 2,272                                  | \$ 125,763          | \$ 55.35 | 1  |
| 2  | Assistant Director of Nursing | 7,226                      | 8,315                                  | 317,049             | 38.13    | 2  |
| 3  | Registered Nurses             | 49,094                     | 56,647                                 | 2,145,978           | 37.88    | 3  |
| 4  | Licensed Practical Nurses     | 27,753                     | 34,513                                 | 1,109,947           | 32.16    | 4  |
| 5  | CNAs & Orderlies              | 124,626                    | 156,513                                | 3,014,640           | 19.26    | 5  |
| 6  | CNA Trainees                  |                            |  |                     |          | 6  |
| 7  | Licensed Therapist            |                            |  |                     |          | 7  |
| 8  | Rehab/Therapy Aides           |                            |  |                     |          | 8  |
| 9  | Activity Director             |                            |  |                     |          | 9  |
| 10 | Activity Assistants           | 21,236                     | 23,679                                 | 450,587             | 19.03    | 10 |
| 11 | Social Service Workers        | 8,373                      | 9,127                                  | 205,019             | 22.46    | 11 |
| 12 | Dietician                     |                            |  |                     |          | 12 |
| 13 | Food Service Supervisor       |                            |  |                     |          | 13 |
| 14 | Head Cook                     |                            |  |                     |          | 14 |
| 15 | Cook Helpers/Assistants       | 40,998                     | 48,459                                 | 821,277             | 16.95    | 15 |
| 16 | Dishwashers                   |                            |  |                     |          | 16 |
| 17 | Maintenance Workers           | 5,620                      | 6,480                                  | 150,580             | 23.24    | 17 |
| 18 | Housekeepers                  | 41,681                     | 46,774                                 | 746,519             | 15.96    | 18 |
| 19 | Laundry                       | 3,720                      | 4,175                                  | 62,672              | 15.01    | 19 |
| 20 | Administrator                 | 3,151                      | 3,663                                  | 172,790             | 47.17    | 20 |
| 21 | Assistant Administrator       |                            |  |                     |          | 21 |
| 22 | Other Administrative          |                            |  |                     |          | 22 |
| 23 | Office Manager                |                            |  |                     |          | 23 |
| 24 | Clerical                      | 15,686                     | 17,070                                 | 351,664             | 20.60    | 24 |
| 25 | Vocational Instruction        |                            |  |                     |          | 25 |
| 26 | Academic Instruction          |                            |  |                     |          | 26 |
| 27 | Medical Director              |                            |  |                     |          | 27 |
| 28 | Qualified MR Prof. (QMRP)     |                            |  |                     |          | 28 |
| 29 | Resident Services Coordinator |                            |  |                     |          | 29 |
| 30 | Habilitation Aides (DD Homes) |                            |  |                     |          | 30 |
| 31 | Medical Records               | 3,477                      | 3,865                                  | 126,078             | 32.62    | 31 |
| 32 | Other Health Care(specify)    |                            |  |                     |          | 32 |
| 33 | Other(specify)                |                            |  |                     |          | 33 |
| 34 | TOTAL (lines 1 - 33)          | 354,641                    | 421,552                                | \$ 9,800,563 *      | \$ 23.25 | 34 |

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

|    | 1                               | 2  | 3                                  |      |    |
|----|---------------------------------|--|------------------------------------|------|----|
|    | Number of Hrs. Paid & Accrued   | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference |      |    |
| 35 | Dietary Consultant              | 410  | \$ 19,700                          | 1-3  | 35 |
| 36 | Medical Director                |  |                                    |      | 36 |
| 37 | Medical Records Consultant      |  |                                    |      | 37 |
| 38 | Nurse Consultant                | 1,299                                      | 69,351                             | 10-3 | 38 |
| 39 | Pharmacist Consultant           | 494  | 24,705                             | 15-3 | 39 |
| 40 | Physical Therapy Consultant     |  |                                    |      | 40 |
| 41 | Occupational Therapy Consultant |  |                                    |      | 41 |
| 42 | Respiratory Therapy Consultant  |  |                                    |      | 42 |
| 43 | Speech Therapy Consultant       |  |                                    |      | 43 |
| 44 | Activity Consultant             |  |                                    |      | 44 |
| 45 | Social Service Consultant       | 81   | 5,265                              | 12-3 | 45 |
| 46 | Other(specify)                  |  |                                    |      | 46 |
| 47 |                                 |  |                                    |      | 47 |
| 48 |                                 |  |                                    |      | 48 |
| 49 | TOTAL (lines 35 - 48)           | 2,284                                      | \$ 119,021                         |      | 49 |

**C. CONTRACT NURSES**

|    | 1                                | 2                    | 3                                  |      |    |
|----|----------------------------------|----------------------|------------------------------------|------|----|
|    | Number of Hrs. Paid & Accrued    | Total Contract Wages | Schedule V Line & Column Reference |      |    |
| 50 | Registered Nurses                |                      | \$                                 |      | 50 |
| 51 | Licensed Practical Nurses        |                      |                                    | 10-2 | 51 |
| 52 | Certified Nurse Assistants/Aides | 458                  | 55,270                             | 10-2 | 52 |
| 53 | TOTAL (lines 50 - 52)            | 458                  | \$ 55,270                          |      | 53 |



Facility Name & ID Number Niles Nrsng Rehab Center

# 0050088

Report Period Beginning: 1/1/20

Ending: 12/31/20

**XIX. SUPPORT SCHEDULES**

| A. Administrative Salaries  |                   |             |              | D. Employee Benefits and Payroll Taxes                           |            |   | F. Dues, Fees, Subscriptions and Promotions |        |
|---|-------------------|-------------|--------------|--|------------|---|---|--------|
| Name  | Function          | Ownership % | Amount       | Description  | Amount     | Description                                 | Amount                                      |        |
| Panganiban, Bryan   | Administrators    | 0           | \$ 13,477    | Workers' Compensation Insurance                                  | \$ 191,023 | IDPH License Fee                            | \$ 1,990                                    |        |
| Sianghio, John Marc   | Administrators    | 0           | 72,013       | Unemployment Compensation Insurance                              | 31,623     | Advertising: Employee Recruitment           |   |        |
| Ricana, Ralph R   | Administrators    | 0           | 52,860       | FICA Taxes   | 801,752    | Health Care Worker Background Check         |   |        |
| Eugenio, Ronron   | Administrators    | 0           | 5,721        | Employee Health Insurance  | 602,258    | (Indicate # of checks performed )           |   |        |
| Laurea, Russell   | Administrators    | 0           | 28,719       | Employee Meals   |            | Patient Background Checks                   |   |        |
|   |                   |             |              | Illinois Municipal Retirement Fund (IMRF)*                       |            | Management and network services             | 750   |        |
|   |                   |             |              | Uniforms   | 1,403      | Niles chamber of commerce                   | 275   |        |
|   |                   |             |              | Pension  | 92,727     | Village of Niles                            | 600   |        |
|   |                   |             |              | Employee background check  | 1,943      | Clia Laborotory                             | 180   |        |
|   |                   |             |              | Other Employee Expense   | 29,729     | Other Licenses and dues                     | 373   |        |
|   |                   |             |              |  |            | Less: Public Relations Expense              | ( )   |        |
|   |                   |             |              |  |            | Non-allowable advertising                   | ( )   |        |
|   |                   |             |              |  |            | Yellow page advertising                     | ( )   |        |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.)            |                   |             | \$ 172,790   | TOTAL (agree to Schedule V,<br>line 22, col.8)                   |            | TOTAL (agree to Sch. V,<br>line 20, col. 8) |   |        |
|   |                   |             |              | \$ 1,752,458   |            | \$ 4,168                                    |   |        |
| B. Administrative - Other   |                   |             |              | E. Schedule of Non-Cash Compensation Paid to Owners or Employees |            |   | G. Schedule of Travel and Seminar**         |        |
| Description   |                   |             | Amount       | Description  | Line #     | Amount                                      | Description                                 | Amount |
|   |                   |             | \$           |  |            | \$  | Out-of-State Travel                         | \$     |
|   |                   |             |              |  |            |   | Travel Reimbursement                        | 2,720  |
|   |                   |             |              |  |            |   | In-State Travel                             |        |
|   |                   |             |              |  |            |   | Travel Reimbursement                        | 19,082 |
|   |                   |             |              |  |            |   | Travel Reimbursement                        | 19,457 |
|   |                   |             |              |  |            |   | Seminar Expense                             |        |
|   |                   |             |              |  |            |   | Education and Seminars                      | 3,558  |
|   |                   |             |              |  |            |   | Entertainment Expense                       | ( )    |
| TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement)       |                   |             | \$           | TOTAL  |            | \$  | TOTAL (agree to Sch. V,<br>line 24, col. 8) |        |
|   |                   |             |              |  |            |   | \$ 44,816                                   |        |
| C. Professional Services  |                   |             |              |  |            |   |   |        |
| Vendor/Payee  | Type              |             | Amount       |  |            |   |   |        |
| Infinity Healthcare Management of I   | Managfement fees  |             | \$ 1,027,220 |  |            |   |   |        |
| Empire Risk Management Services, I  | Professionla fees |             | 12,000       |  |            |   |   |        |
| Genex Services, LLC.  | Professionla fees |             | 100          |  |            |   |   |        |
| Global Fiscal Midwest LLC   | Professionla fees |             | 14,032       |  |            |   |   |        |
| Infinity Healthcare Management of I   | Professionla fees |             | 1,759        |  |            |   |   |        |
| PROFESSIONAL SEARCH NETWC   | Professionla fees |             | 20,250       |  |            |   |   |        |
| USA Risk Management Inc   | Professionla fees |             | 2,048        |  |            |   |   |        |
| Premier Destine Inc   | Professionla fees |             | 704          |  |            |   |   |        |
| People Powered LLC  | Professionla fees |             | 2,000        |  |            |   |   |        |
| Infinity H Funding  | Professionla fees |             | 423          |  |            |   |   |        |
|   |                   |             |              |  |            |   |   |        |
| See attached schedule   |                   |             | 74,659       |  |            |   |   |        |
| TOTAL (agree to Schedule V, line 19, column 3)<br>(For legal fee disclosure, see page 39 of instructions) |                   |             | \$ 1,155,194 |  |            |   |   |        |

\* Attach copy of IMRF notifications

\*\*See instructions.





