

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237 Report Period Beginning: 01/01/12 Ending: 12/31/12

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>314</u>	Skilled (SNF)	<u>314</u>	<u>114,924</u>	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	<u>314</u>	TOTALS	<u>314</u>	<u>114,924</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>8,688</u>	<u>18,354</u>	<u>33,123</u>	<u>60,165</u>	8
9	SNF/PED					9
10	ICF	<u>38,035</u>	<u>121</u>		<u>38,156</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>46,723</u>	<u>18,475</u>	<u>33,123</u>	<u>98,321</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.55%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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

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

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 12/01/1975

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 314 and days of care provided 26,508

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glenview Terrace Nsg Ctr # 0026237 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	882,320	145,766	17,968	1,046,054		1,046,054	5,741	1,051,795		1
2	Food Purchase		876,568		876,568	(144,643)	731,925	(6,044)	725,881		2
3	Housekeeping	621,175	105,452		726,627		726,627	11,325	737,952		3
4	Laundry	347,244	50,174		397,418		397,418		397,418		4
5	Heat and Other Utilities			320,395	320,395		320,395	4,712	325,107		5
6	Maintenance	249,290	97,016	296,749	643,055		643,055	2,176	645,231		6
7	Other (specify):*										7
8	TOTAL General Services	2,100,029	1,274,976	635,112	4,010,117	(144,643)	3,865,474	17,910	3,883,384		8
	B. Health Care and Programs										
9	Medical Director			118,900	118,900		118,900		118,900		9
10	Nursing and Medical Records	7,496,399	348,005	117,189	7,961,593		7,961,593	(475)	7,961,118		10
10a	Therapy	1,538,852		42,000	1,580,852		1,580,852		1,580,852		10a
11	Activities	404,353	41,816	7,621	453,790		453,790		453,790		11
12	Social Services	522,118		4,500	526,618		526,618		526,618		12
13	CNA Training										13
14	Program Transportation			1,994	1,994		1,994		1,994		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	9,961,722	389,821	292,204	10,643,747		10,643,747	(475)	10,643,272		16
	C. General Administration										
17	Administrative	341,502		140,000	481,502		481,502	(127,755)	353,747		17
18	Directors Fees										18
19	Professional Services			985,588	985,588	(22,844)	962,744	(412,089)	550,655		19
20	Dues, Fees, Subscriptions & Promotions			306,173	306,173		306,173	(198,221)	107,952		20
21	Clerical & General Office Expenses	597,898	7,613	525,128	1,130,639		1,130,639	(64,725)	1,065,914		21
22	Employee Benefits & Payroll Taxes			2,490,808	2,490,808	144,643	2,635,451	(644)	2,634,808		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,179	14,179		14,179	30	14,209		24
25	Other Admin. Staff Transportation			4,205	4,205		4,205		4,205		25
26	Insurance-Prop.Liab.Malpractice			412,475	412,475		412,475	2,151	414,626		26
27	Other (specify):*							88,700	88,700		27
28	TOTAL General Administration	939,400	7,613	4,878,556	5,825,569	121,799	5,947,368	(712,552)	5,234,816		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	13,001,151	1,672,410	5,805,872	20,479,433	(22,844)	20,456,589	(695,118)	19,761,472		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			247,693	247,693		247,693	624,029	871,722			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			403,591	403,591		403,591	457,312	860,903			32
33	Real Estate Taxes			65,800	65,800	22,844	88,644	653,720	742,364			33
34	Rent-Facility & Grounds			2,339,000	2,339,000		2,339,000	(2,339,000)				34
35	Rent-Equipment & Vehicles			78,825	78,825		78,825	1,487	80,312			35
36	Other (specify):*							70,950	70,950			36
37	TOTAL Ownership			3,134,909	3,134,909	22,844	3,157,753	(531,502)	2,626,251			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,291,857	2,328,619		3,620,476		3,620,476		3,620,476			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			634,967	634,967		634,967	(37,743)	597,224			42
43	Other (specify):*	181,992		305,018	487,010		487,010	(487,010)	(0)			43
44	TOTAL Special Cost Centers	1,473,849	2,328,619	939,985	4,742,453		4,742,453	(524,753)	4,217,700			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	14,475,000	4,001,029	9,880,766	28,356,795	(0)	28,356,795	(1,751,373)	26,605,422			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO, PLEASE CORRECT

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

SEE ACCOUNTANTS' COMPILATION REPORT

Glenview Terrace Nsg Ctr

ID# 0026237

Report Period Beginning: 01/01/12

Ending: 12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Driver's Salary	\$ (35,739)	43	1
2	Marketing Salary	(58,874)	43	2
3	Veteran Expenses	(458)	10	3
4	Bank Charges	(19,141)	21	4
5	Credit Card Fees	(26,243)	21	5
6	Public Relations	(122,741)	20	6
7	COPE Dues	(16,327)	20	7
8	Jury Duty Income	(17)	10	8
9	Misc. Income - State of Illinois	(180)	21	9
10	Miscellaneous Income	(153)	21	10
11	Non-Allowable Interest	(86,572)	32	11
12	2013 Seminar	(245)	24	12
13	2012 Seminar from Prior Year	245	24	13
14	Non-Allowable Legal	(19,218)	19	14
15	Non-Allowable Office Expense	(240,000)	21	15
16	Non-Allowable Fees	(280,000)	43	16
17	Non-Allowable Auto Expense	(25,018)	43	17
18	Non-Allowable Marketing Travel	(2,918)	43	18
19	Building Co. - Annual Report Fee	(250)	20	19
20	Building Co. - Prepayment Penalty	(79,944)	21	20
21	Building Co. - Office Expense	(12)	21	21
22	Building Co. - Legal	(865)	19	22
23	Building Co. - Amortization	(169,302)	36	23
24	Non-Allowable Salary	(84,461)	43	24
25	Non-Allowable Rent	(384,000)	34	25
26	Capitalized R&M	(11,435)	06	26
27	Additional R&M	4,363	06	27
28	Non-Allowable Professional Fees	(750)	19	28
29	Life Insurance	(644)	22	29
30	Prior Year Bed Tax Assessment	(37,743)	42	30
31	Building Co. - Accounting Fees	(14,621)	19	31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,713,263)		49

Glenview Terrace Nsg Ctr

Report Period Beginning: ID# 0026237
 Ending: 01/01/12
 12/31/12

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

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			5,741									5,741	1
2	Food Purchase	(6,044)											(6,044)	2
3	Housekeeping			11,325									11,325	3
4	Laundry													4
5	Heat and Other Utilities			4,712									4,712	5
6	Maintenance	(7,072)		9,248									2,176	6
7	Other (specify):*													7
8	TOTAL General Services	(13,116)		31,026									17,910	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(475)											(475)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(475)											(475)	16
	C. General Administration													
17	Administrative				(127,755)								(127,755)	17
18	Directors Fees													18
19	Professional Services	(35,454)	38,329	(415,576)	612								(412,089)	19
20	Fees, Subscriptions & Promotions	(199,430)	250	959									(198,221)	20
21	Clerical & General Office Expenses	(466,182)	79,956	316,201	5,300								(64,725)	21
22	Employee Benefits & Payroll Taxes	(644)											(644)	22
23	Inservice Training & Education													23
24	Travel and Seminar			30									30	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			2,151									2,151	26
27	Other (specify):*			87,227	1,473								88,700	27
28	TOTAL General Administration	(701,709)	118,535	(9,008)	(120,370)								(712,552)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(715,301)	118,535	22,018	(120,370)								(695,118)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12 Ending:

12/31/12

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	119,034	488,608	16,387									624,029	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(401,667)	827,176	31,803									457,312	32
33	Real Estate Taxes		640,496	13,224									653,720	33
34	Rent-Facility & Grounds	(384,000)	(1,955,000)										(2,339,000)	34
35	Rent-Equipment & Vehicles			1,487									1,487	35
36	Other (specify):*	(169,302)	240,252										70,950	36
37	TOTAL Ownership	(835,935)	241,532	62,901									(531,502)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	(37,743)											(37,743)	42
43	Other (specify):*	(487,010)											(487,010)	43
44	TOTAL Special Cost Centers	(524,753)											(524,753)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(2,075,989)	360,067	84,919	(120,370)								(1,751,373)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 6-Supplemental		See 6-Supplemental		See 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,955,000	Glenview Terrace Property, LLC	100.00%	\$	\$ (1,955,000)	1
2	V	32 Interest Income	2,542	Glenview Terrace Property, LLC	100.00%		(2,542)	2
3	V	20 Annual Report Fee		Glenview Terrace Property, LLC	100.00%	250	250	3
4	V	21 Prepayment Penalty		Glenview Terrace Property, LLC	100.00%	79,944	79,944	4
5	V	21 Office Expense		Glenview Terrace Property, LLC	100.00%	12	12	5
6	V	19 Legal		Glenview Terrace Property, LLC	100.00%	865	865	6
7	V	19 Accounting Fees		Glenview Terrace Property, LLC	100.00%	14,621	14,621	7
8	V	32 Mortgage Interest Expense		Glenview Terrace Property, LLC	100.00%	829,718	829,718	8
9	V	33 Real Estate Taxes		Glenview Terrace Property, LLC	100.00%	640,496	640,496	9
10	V	36 MIP Insurance		Glenview Terrace Property, LLC	100.00%	70,950	70,950	10
11	V	30 Depreciation		Glenview Terrace Property, LLC	100.00%	488,608	488,608	11
12	V	36 Loan Amortization		Glenview Terrace Property, LLC	100.00%	169,302	169,302	12
13	V	19 RE Related Legal Fees		Glenview Terrace Property, LLC	100.00%	22,843	22,843	13
14	Total		\$ 1,957,542			\$ 2,317,609	\$ * 360,067	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	1 DIETARY	\$	ITEX / AK CARE COMPANY	100.00%	\$ 5,741	\$ 5,741
16	V	3 HOUSEKEEPING			100.00%	11,325	11,325
17	V	5 UTILITIES			100.00%	4,712	4,712
18	V	6 REPAIRS AND MAINT.			100.00%	9,248	9,248
19	V	19 PROFESSIONAL FEES			100.00%	16,424	16,424
20	V	20 FEES, SUBSCRIPTIONS			100.00%	959	959
21	V	21 CLERICAL AND GENERAL			100.00%	45,019	45,019
22	V	24 EDUCATION/SEMINARS			100.00%	30	30
23	V	26 INSURANCE			100.00%	2,151	2,151
24	V	30 DEPRECIATION			100.00%	16,387	16,387
25	V	32 INTEREST			100.00%	31,803	31,803
26	V	33 REAL ESTATE TAXES			100.00%	13,224	13,224
27	V	35 EQUIPMENT RENTAL			100.00%	1,487	1,487
28	V						
29	V						
30	V						
31	V	21 CLERICAL SALARIES			100.00%	271,182	271,182
32	V	27 GEN ADMIN. - EMP. BEN.			100.00%	87,227	87,227
33	V						
34	V						
35	V	19 BOOKKEEPING FEES	432,000		100.00%		(432,000)
36	V						
37	V						
38	V						
39	Total		\$ 432,000			\$ 516,919	\$ * 84,919

* 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	17 J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 12,245	\$ 12,245
16	V	19 PROFESSIONAL FEES			100.00%	612	612
17	V	21 OFFICE			100.00%	5,300	5,300
18	V	27 EMPLOYEE BENEFITS			100.00%	1,473	1,473
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V	17 MANAGEMENT FEES	140,000		100.00%		(140,000)
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 140,000			\$ 19,630	\$ * (120,370)

* 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number

Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM SHOSHANA	0.590%	CLARIDGE IMPERIAL, LTD.	CHICAGO	GLENVIEW TERRACE PROPER		BUILDING CO.	1
2	ADINA AARON	0.263%	HARMONY NURSING & REHAB.	CHICAGO	ITEX / A.K. CARE	LINCOLNWOOD	BOOKEEPING CO./MANA	2
3	AHUYA WEINREB	1.177%	THE CARLTON AT THE LAKE, INC.	CHICAGO	JLR FINANCIAL SERVICES CO	LINCOLNWOOD	MANAGEMENT CO.	3
4	ALBERT MILSTEIN	2.170%	WHITEHALL NORTH	DEERFIELD	SEASONS HOSPICE	PARK RIDGE	HOSPICE	4
5	DARRIN CHAN	1.976%						5
6	DAVIS GLENVIEW TERRACE LLC	9.820%						6
7	DENISE CHAN	1.976%						7
8	DEVORAH SHOSHANA	0.590%						8
9	DISCRETIONARY TRUST FOR JENNIFER	2.867%						9
10	DISCRETIONARY TRUST FOR JULIE T.Y.	2.867%						10
11	ELIEZER LEON SILVER	0.590%						11
12	ELIYAHU DAVIS	1.177%						12
13	ELLIOTT ROBINSON	1.877%						13
14	ESTHER V. STEIN	0.263%						14
15	FEIGE C. KNOBEL DISCRETIONARY TRUST	6.020%						15
16	FREDA ROBINSON	1.279%						16
17	HENRY CHEN	1.976%						17
18	IRVING CUTLER	0.395%						18
19	J & J PARTNERSHIP	8.260%						19
20	JANET HARRIS	2.370%						20
21	JAY ROBINSON	0.393%						21
22	JOEL E. JACOBSON	0.263%						22
23	LAURENCE & CORALIE ZUNG	4.147%						23
24	LEAH FINK REPARATIONS TRUST	1.980%						24
25	LEONARD & MOLLY BOLNICK	0.790%						25
26	MARK HOLLANDER DISCRETIONARY TRUST	6.020%						26
27	MOSHE Y. DAVIS	1.177%						27
28	NAOMI FARKAS	3.950%						28
29	NESANEL B. DAVIS	1.177%						29
30	R & L ASSOCIATES	0.395%						30

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	RAJCHENBACH GLENVIEW TERRACE LLC	9.800%						1
2	ROBINSON-LEVITT FAMILY TRUST	0.296%						2
3	ROSLYN HAMER	1.580%						3
4	SANDI SPRECKMAN TRUST	0.393%						4
5	SHARON HOLLANDER DISCRETIONARY TRUST	6.020%						5
6	SHELDON AND FREDA ROBINSON	0.988%						6
7	SHELDON ROBINSON	0.395%						7
8	SHELDON ROBINSON DELTA TRUST	1.976%						8
9	SHELDON ROBINSON REVOCABLE TRUST	3.558%						9
10	SHOSHANA BRAUN	1.177%						10
11	SNYDER-MILSTEIN LLC	0.990%						11
12	SOREL SIMON TRUST	0.395%						12
13	STEVE AND BARBARA GELLER	0.296%						13
14	SUSAN MOESER	0.393%						14
15	YEHUDA SILVER	0.590%						15
16	YEHOSHUA Y. DAVIS	1.177%						16
17	YISROEL M. DAVIS	1.177%						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

Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Jack Rajchenbach	Relative	Administrative	0.00%	See Attached	6.00	10.00%	Alloc. Salary	\$ 12,245	17-7	1	
2	Mark Hollander	Relative	Administrative	0.00%	See Attached	27.00	45.00%	Salary	145,900	17-1	2	
3	Aber Hollander	Relative	Administrative	0.00%	See Attached	40.00	100.00%	Salary	129,052	17-1	3	
4	Allen Hollander	Relative	Clerical	0.00%	N/A	18.05	100.00%	Salary	13,165	21-1	4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 300,362		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization ITEX / AK CARE COMPANY
 Street Address 6633 N. LINCOLN AVE.
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

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	DIETARY	AVAILABLE BED DAYS	360,876	4	\$ 18,028	\$ 114,924	\$ 5,741	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	360,876	4	35,563	114,924	11,325	2
3	5	UTILITIES	AVAILABLE BED DAYS	360,876	4	14,796	114,924	4,712	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	360,876	4	29,040	114,924	9,248	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	360,876	4	51,572	114,924	16,424	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	360,876	4	3,012	114,924	959	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	360,876	4	141,365	114,924	45,019	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	360,876	4	95	114,924	30	8
9	26	INSURANCE	AVAILABLE BED DAYS	360,876	4	6,754	114,924	2,151	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	360,876	4	51,459	114,924	16,387	10
11	32	INTEREST	AVAILABLE BED DAYS	360,876	4	99,865	114,924	31,803	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	360,876	4	41,525	114,924	13,224	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	360,876	4	4,669	114,924	1,487	13
14									14
15									15
16									16
17	21	CLERICAL SALARIES	DIRECT ALLOCATION		4	782,540	782,540	271,182	17
18	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		4	251,708		87,227	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,531,991	\$ 782,540	\$ 516,919	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization JLR FINANCIAL SERVICES CORP.
 Street Address 6633 NORTH LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

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	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	49	10	\$ 100,000	\$ 100,000	6	\$ 12,245	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	49	10	5,000		6	612	2
3	21	OFFICE	AVG. HOURS WORKED	49	10	43,284	43,284	6	5,300	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	49	10	12,031		6	1,473	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					\$ 160,315	\$ 143,284		\$ 19,630	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237 Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V 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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	HUD		X	Mortgage			\$	\$ 15,930,000		\$ 829,718	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
Working Capital																			
6	MB Financial		X	Line of Credit				6,175,000		222,813	6								
7	INAC		X	Insurance Financing						8,468	7								
8	See Supplemental Schedule							992,615		85,738	8								
9	TOTAL Facility Related						\$	\$ 23,097,615		\$ 1,146,737	9								
B. Non-Facility Related*																			
10	Interest Income		X							(315,095)	10								
11	Interest Income - Bldg. Co.		X							(2,542)	11								
12	Allocated from ITEX		X							31,803	12								
13	See Supplemental Schedule										13								
14	TOTAL Non-Facility Related						\$	\$		\$ (285,834)	14								
15	TOTALS (line 9+line14)						\$	\$ 23,097,615		\$ 860,903	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 70,950 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	TOTAL Long-Term										7									
Working Capital																				
8	Omnicare		X				\$	\$ 992,615		\$ 45,765	8									
9	Related Parties	X									9									
10	Shareholder Loan	X								39,974	10									
11	Allocated from ITEX		X								11									
12											12									
13											13									
14	TOTAL Working Capital										14									
B. Non-Facility Related*																				
15							\$	\$		\$	15									
16											16									
17											17									
18											18									
19											19									
20	TOTAL Non-Facility Related										20									

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenview Terrace Nsg Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>04-28-401-042-0000</u>	<u>Long Term Property Care</u>	\$ <u>690,900.70</u>	\$ <u>690,900.70</u>
2.	<u>10-35-312-022-0000</u>	<u>Allocation from ITEX/AK Care</u>	\$ <u>50,627.24</u>	\$ <u>15,413.27</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>741,527.94</u></u>	\$ <u><u>706,313.97</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

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 2011 report.		\$	710,049		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	704,125		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,924)		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	725,446		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	22,844		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>65,800</u> For <u>08,09</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	742,365		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2007	<u>609,463</u>		8	
	2008	<u>626,952</u>		9	
	2009	<u>630,272</u>		10	
	2010	<u>676,238</u>		11	
	2011	<u>690,901</u>		12	
2012 Accrual: \$690,901 x 1.05 = \$725,446					
Allocation from ITEX = \$13,224					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,000 B. General Construction Type: Exterior Brick Frame Steel & Concrete Number of Stories 3

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).

None

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

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

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1978</u>	<u>\$ 167,502</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 167,502	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12**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	314		1975	\$ 2,750,940	\$ 488,608	40	\$ 68,774	\$ (419,834)	\$ 2,500,772	4
5			1989	1,453,936		40	36,348	36,348	842,696	5
6			2002	4,266,341		40	106,659	106,659	213,318	6
7										7
8										8
	Improvement Type**									
9	Various		1975	28,890		20			28,890	9
10	Various		1977	11,520		20			6,484	10
11	Various		1978	1,209		20			1,209	11
12	Various		1979	4,832		20			4,832	12
13	Various		1980	6,097		20			6,097	13
14	Various		1981	2,004		20			1,610	14
15	Various		1982	6,604		20			2,943	15
16	Various		1983	5,607		20			5,607	16
17	Various		1984	4,233		20			4,233	17
18	Various		1985	10,997		20			9,125	18
19	Various		1986	2,080		20			2,071	19
20	Various		1987	2,375		20			1,655	20
21	Various		1988	4,955		20			4,169	21
22	Various		1989	111,464		20			107,016	22
23	Various		1990	98,033		20			85,773	23
24	Various		1991	2,229		20			2,008	24
25	Various		1992	3,024		20	113	113	2,929	25
26	Various		1993	103,239		20	4,466	4,466	100,608	26
27	Various		1994	23,033		20	1,152	1,152	20,527	27
28	Various		1995	44,266		20	2,213	2,213	38,552	28
29	Various		1996	93,171		20	4,659	4,659	77,217	29
30	Various		1997	102,244		20	3,567	3,567	57,605	30
31	Various		1998	103,389		20	4,025	4,025	79,611	31
32	Various		1999	150,958		20	3,531	3,531	128,679	32
33	Various		2000	37,198		20	1,860	1,860	22,832	33
34	Various		2001	217,477		20	10,874	10,874	126,054	34
35	Various		2002	5,478,038		20	276,141	276,141	3,317,214	35
36	Various		2003	1,988,331		20	97,228		1,120,853	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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2004	\$ 154,078	\$	20	\$ 11,943	\$ 11,943	\$ 132,273	37
38	Various	2005	112,565		20	8,177	8,177	75,894	38
39	Various	2006	43,728		20	3,147	3,147	33,500	39
40	Various	2007	78,768		20	7,114	7,114	39,113	40
41	Various	2008	249,755		20	39,561	39,561	177,920	41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		664,334	15,643		21,944	6,301	402,058	68
69	Financial Statement Depreciation			247,693			(247,693)		69
70	TOTAL (lines 4 thru 69)		\$ 18,421,941	\$ 751,944		\$ 713,495	\$ (135,677)	\$ 9,783,948	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12**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	Totals from Page 12A, Carried Forward		\$ 18,421,941	\$ 751,944		\$ 713,495	\$ (38,449)	\$ 9,783,948	1
2	Carpet Rooms 102 & 100	2009	3,272		20	218	218	764	2
3	Tree Cutting & Asphalt	2009	12,000		20	300	300	1,100	3
4	7 New Private Baths	2009	50,000		20	1,250	1,250	5,000	4
5	9 New Private Baths	2009	45,000		20	1,125	1,125	4,500	5
6	9 New Private Baths	2009	52,466		20	1,312	1,312	4,044	6
7	Fireproofing Spray	2009	2,500		20	63	63	240	7
8	2 Aquabath Shower Units	2009	8,020		20	201	201	635	8
9	Remove Cabinets From 2008 Bill	2009	(9,000)		20	(225)	(225)	(900)	9
10	Canvas Wall Panels	2009	3,450		20	86	86	345	10
11	Repiping And New Valves	2009	3,475		20	87	87	290	11
12	5 New Smoke Dampers	2009	4,035		20	807	807	3,026	12
13	New Maxton Valve & Packing	2009	4,900		20	980	980	3,757	13
14	Alarm Repair	2009	2,909		20	145	145	521	14
15	Damper Installation	2009	2,977		20	149	149	471	15
16	Ho Smith 670000 Btu Boiler	2010	8,500		20	1,700	1,700	5,100	16
17	Flate Plate Heat Exchanger	2010	4,590		20	918	918	1,989	17
18	Demolition & Repair Of Bathroom	2010	14,747		20	1,475	1,475	3,933	18
19	Aquabath Shower Units	2010	8,350		20	835	835	2,296	19
20	Aquabath Shower Units	2010	5,795		20	580	580	1,545	20
21	Built In Footboards & Headboards	2010	2,700		20	540	540	1,215	21
22	Inline Chiller	2010	5,501		20	1,100	1,100	2,659	22
23	Parking Lot Seal Coat	2010	2,800		20	140	140	385	23
24	Hvac Repair - Condenser	2010	3,166		20	158	158	396	24
25	Hvac Repair - Pump & Valve	2010	2,596		20	130	130	325	25
26	Generator Repair	2010	2,816		20	141	141	387	26
27	Carpet For Office	2011	3,049		20	436	436	690	27
28	Carpet 2Nd Floor Hallway	2011	15,000		20	2,143	2,143	3,036	28
29	Carpet 2Nd Floor Hallway	2011	19,850		20	2,836	2,836	3,781	29
30	Carpet 24 Rooms 1St Floor	2011	13,000		20	1,857	1,857	2,012	30
31	Ac Repair	2011	4,574		20	915	915	1,372	31
32	Boiler Work	2011	6,654		20	1,331	1,331	1,553	32
33	Air Conditioning System	2011	3,339		20	668	668	1,336	33
34	TOTAL (lines 1 thru 33)		\$ 18,734,971	\$ 751,944		\$ 737,893	\$ (14,051)	\$ 9,841,748	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12**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	Totals from Page 12B, Carried Forward		\$ 18,734,971	\$ 751,944		\$ 737,893	\$ (14,051)	\$ 9,841,748	1
2	Wallcoverings	2011	2,708		20	542	542	1,083	2
3	Cornice Boards And Draperies	2011	3,023		20	605	605	1,109	3
4	Wallcoverings	2011	5,669		20	1,134	1,134	2,079	4
5	Wallcoverings	2011	3,163		20	633	633	1,054	5
6	Wallcoverings	2011	3,703		20	741	741	802	6
7	Computer Cubbies And Walls	2011	9,500		20	1,900	1,900	3,325	7
8	Bearing And Housing Repair	2011	3,108		20	622	622	1,140	8
9	Concrete Repair	2011	3,760		20	251	251	418	9
10	Ceramic Wall Tile	2011	3,400		20	340	340	623	10
11	French Door	2011	3,500		20	350	350	525	11
12	Airconditioning System For Elevator Room	2011	10,243		20	1,024	1,024	1,707	12
13	Roof Air Unit	2011	21,350		20	2,135	2,135	3,203	13
14	Roof Air Unit	2011	3,439		20	344	344	516	14
15	Roof Air Unit	2011	19,782		20	1,978	1,978	2,638	15
16	Repaired Heating / Cooling Unit	2011	2,913		20	146	146	279	16
17	Repaired Boiler	2011	6,654		20	333	333	388	17
18	Replaced Heating / Cooling Unit	2011	3,339		20	167	167	334	18
19	Replace Sprinkler Heads	2011	3,457		20	173	173	187	19
20	Repaired Elevator Pit	2011	5,241		20	262	262	502	20
21	Asphalt Coating	2012	3,200		20	89	89	89	21
22	Carpet 24 Rooms 1St Floor	2012	16,750		20	1,954	1,954	1,954	22
23	Carpeting First Floor Hallway	2012	18,480		20	2,156	2,156	2,156	23
24	Carpeting First Floor Hallway	2012	18,480		20	1,232	1,232	1,232	24
25	Asphalt Paving	2012	11,850		20	329	329	329	25
26	3Rd Floor Dining Room - Wallcovering	2012	6,158		20	1,232	1,232	1,232	26
27	First Floor Resident Room - Wallcovering 330 Yards	2012	3,705		20	494	494	494	27
28	First Floor Resident Room - Wallcovering 660 Yards	2012	7,410		20	988	988	988	28
29	First Floor Resident Room - Wallcovering 300 Yards	2012	3,382		20	395	395	395	29
30	Room Heaters	2012	3,214		20	54	54	54	30
31	Baseboards	2012	4,160		20	832	832	832	31
32	Replace Water Heater	2012	8,974		20	823	823	823	32
33	Remove & Replace Taco Pump	2012	6,400		20	427	427	427	33
34	TOTAL (lines 1 thru 33)		\$ 18,965,086	\$ 751,944		\$ 762,574	\$ 10,630	\$ 9,874,663	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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	Totals from Page 12C, Carried Forward		\$ 18,965,086	\$ 751,944		\$ 762,574	\$ 10,630	\$ 9,874,663	1
2	Ao Smith Boiler	2012	6,253		20	365	365	365	2
3	Install Sprinklers; Extend Sprinklers With Two Piece Escutcheon	2012	4,685		20	234	234	234	3
4	Replaced 2Nd Flat Plate Heat Exchanger	2012	6,750		20	338	338	338	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,982,774	\$ 751,944		\$ 763,510	\$ 11,566	\$ 9,875,599	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 18,982,774	\$ 751,944		\$ 763,510	\$ 11,566	\$ 9,875,599	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 18,982,774	\$ 751,944		\$ 763,510	\$ 11,566	\$ 9,875,599	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4	Allocation from ITEX	1993	510,824	13,098	35	14,595	1,497	285,817	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocation from ITEX	1993	64,276	378	20	3,212	2,834	63,333	9
10	Allocation from ITEX	1994	34,524	898	20	1,726	828	31,557	10
11	Allocation from ITEX	1995	5,884	16	20	294	278	5,058	11
12	Allocation from ITEX	1996	333		20	17	17	284	12
13	Allocation from ITEX	1997	9,926	255	20	496	241	7,692	13
14	Allocation from ITEX	1999	1,102	28	20	55	27	771	14
15	Allocation from ITEX	2005	4,826		20	241	241	1,779	15
16	Allocation from ITEX	2007	5,975	170	20	299	129	1,571	16
17	Allocation from ITEX	2008	22,773	584	20	752	168	3,447	17
18	Allocation from ITEX	2009	1,241	32	20	124	92	434	18
19	Allocation from ITEX	2010	2,650	184	20	133	(51)	315	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 664,334	\$ 15,643		\$ 21,944	\$ 6,301	\$ 402,058	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,574,477	\$ 744	\$ 102,642	\$ 101,898	10	\$ 1,326,319	71
72	Current Year Purchases	91,819		5,050	5,050	10	5,050	72
73	Fully Depreciated Assets	2,587,626		520	520	10	2,588,666	73
74								74
75	TOTALS	\$ 4,253,922	\$ 744	\$ 108,212	\$ 107,468		\$ 3,920,035	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 23,404,198	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 752,688	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 871,722	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 119,034	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,795,634	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ _____			7

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? _____

16. Rental Amount for movable equipment: \$ 46,894 Description: See Attached Schedule YES NO

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Residential Use	Ford Vans	\$ Various	\$ 22,951	17
18	Residential Use	Chrysler Jeep	805.00	10,467	18
19					19
20					20
21	TOTAL		\$ 805.00	\$ 33,418	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2013 \$ _____

13. _____/2014 \$ _____

14. _____/2015 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	Cost			Units	Cost									
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 631,569		\$		\$					\$ 631,569			1	
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	193,895					10,960							204,855	2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist	39 - 01	hrs	348,772					445,822							794,594	4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy	39 - 02	# of prescrpts						1,570,746							1,570,746	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs														10
11	Academic Education		hrs														11
12	Other (specify):																12
13	Other (specify): <u>See Supplemental</u>			117,621					301,091							418,712	13
14	TOTAL			\$ 1,291,857		\$		\$	2,328,619		\$		\$		3,620,476		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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/12

Ending:

12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 39,106	\$ 302,712	1
2	Cash-Patient Deposits	40,172	40,172	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	7,621,261	7,621,261	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	580,211	580,211	6
7	Other Prepaid Expenses	17,313	135,210	7
8	Accounts Receivable (owners or related parties)	7,001,152	7,001,152	8
9	Other(specify): <u>See Attached Schedule</u>	972,373	1,249,831	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,271,588	\$ 16,930,549	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		8,932,843	14
15	Leasehold Improvements, at Historical Cost	1,198,478	8,799,755	15
16	Equipment, at Historical Cost	1,711,935	5,145,937	16
17	Accumulated Depreciation (book methods)	(1,977,650)	(14,904,485)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	275,816	1,517,351	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,208,579	\$ 9,690,221	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,480,167	\$ 26,620,770	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,758,019	\$ 2,785,971	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	38,672	38,672	28
29	Short-Term Notes Payable	6,569,801	6,569,801	29
30	Accrued Salaries Payable	761,983	761,983	30
31	Accrued Taxes Payable (excluding real estate taxes)	67,815	67,815	31
32	Accrued Real Estate Taxes(Sch.IX-B)		725,446	32
33	Accrued Interest Payable	29,380	71,196	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	7,508	42,509	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,233,178	\$ 11,063,393	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	597,814	597,814	39
40	Mortgage Payable		15,930,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 597,814	\$ 16,527,814	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,830,992	\$ 27,591,207	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,649,175	\$ (970,437)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,480,167	\$ 26,620,770	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,245,173	1
2	Restatements (describe):		2
3	<u>Rounding</u>	<u>1</u>	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,245,174	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	894,293	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(490,292)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 404,001	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 6,649,175	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 26,558,379	1
2	Discounts and Allowances for all Levels	(8,301,448)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,256,931	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,098,951	6
7	Oxygen	13,893	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 8,112,844	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	293	13
14	Non-Patient Meals	4,405	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,031,877	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	249,343	19
20	Radiology and X-Ray		20
21	Other Medical Services	207,975	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,493,893	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	315,095	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 315,095	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	72,325	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 72,325	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 29,251,088	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,010,117	31
32	Health Care	10,643,747	32
33	General Administration	5,825,569	33
B. Capital Expense			
34	Ownership	3,134,909	34
C. Ancillary Expense			
35	Special Cost Centers	4,107,486	35
36	Provider Participation Fee	634,967	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 28,356,795	40
41	Income before Income Taxes (line 30 minus line 40)**	894,293	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 894,293	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,724,950	44
45	Private Pay - Net Inpatient Revenue	3,659,017	45
46	Medicare - Net Inpatient Revenue	6,071,851	46
47	Other-(specify) <u>Insurance</u>	519,151	47
48	Other-(specify) <u>Veterans/Isolation</u>	281,962	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,256,931	49

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

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

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

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	2,524	2,780	\$ 129,140	\$ 46.45	1
2	Assistant Director of Nursing	5,447	6,311	211,649	33.54	2
3	Registered Nurses	84,122	100,425	2,689,227	26.78	3
4	Licensed Practical Nurses	42,370	47,401	1,230,966	25.97	4
5	CNAs & Orderlies	218,153	244,912	3,133,773	12.80	5
6	CNA Trainees					6
7	Licensed Therapist	40,910	48,964	1,291,857	26.38	7
8	Rehab/Therapy Aides	37,621	44,088	1,538,852	34.90	8
9	Activity Director	1,784	2,080	40,084	19.27	9
10	Activity Assistants	29,641	33,642	364,269	10.83	10
11	Social Service Workers	25,554	29,174	522,118	17.90	11
12	Dietician					12
13	Food Service Supervisor	3,804	4,264	121,092	28.40	13
14	Head Cook	5,601	6,451	95,722	14.84	14
15	Cook Helpers/Assistants	49,769	56,023	665,506	11.88	15
16	Dishwashers					16
17	Maintenance Workers	12,823	15,118	249,290	16.49	17
18	Housekeepers	47,118	54,065	621,175	11.49	18
19	Laundry	26,353	30,667	347,244	11.32	19
20	Administrator	4,249	4,356	129,052	29.63	20
21	Assistant Administrator					21
22	Other Administrative	3,072	3,160	212,450	67.23	22
23	Office Manager	1,851	2,147	54,742	25.50	23
24	Clerical	34,771	38,659	543,156	14.05	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	5,790	6,622	101,644	15.35	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	5,980	6,240	181,992	29.17	33
34	TOTAL (lines 1 - 33)	689,307	787,549	\$ 14,475,000 *	\$ 18.38	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	Monthly	\$ 17,968	01-03	35
36	Medical Director	Monthly	118,900	09-03	36
37	Medical Records Consultant	47,401	4,533	10-03	37
38	Nurse Consultant	Monthly	83,846	10-03	38
39	Pharmacist Consultant	Monthly	28,810	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	7,621	11-03	44
45	Social Service Consultant	Monthly	4,500	12-03	45
46	Other(specify)				46
47	<u>Rehab Nursing Consultant</u>	Monthly	42,000	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	47,401	\$ 308,178		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			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/12

Ending:

12/31/12**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ILCTC - \$28,652.50
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 15,234 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES _____ NO _____
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 597,224
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 144,643 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 4,405
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? _____
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? N/A
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT