

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	150	Skilled (SNF)	150	54,750	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	150	TOTALS	150	54,750	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	36,029	6,508	9,141	51,678	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,029	6,508	9,141	51,678	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.39%

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 02/01/2003

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/2003 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 8,918

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	321,673	74,684	20,594	416,951		416,951	6,963	423,914		1
2	Food Purchase		292,563		292,563		292,563	(240)	292,323		2
3	Housekeeping	181,281	46,553		227,834		227,834	719	228,553		3
4	Laundry	135,754	37,835		173,589		173,589		173,589		4
5	Heat and Other Utilities			232,663	232,663		232,663	949	233,612		5
6	Maintenance	114,831		250,282	365,113		365,113	14,091	379,204		6
7	Other (specify):*							5,092	5,092		7
8	TOTAL General Services	753,539	451,635	503,539	1,708,713		1,708,713	27,575	1,736,288		8
	B. Health Care and Programs										
9	Medical Director			38,000	38,000		38,000		38,000		9
10	Nursing and Medical Records	3,544,594	218,580	11,160	3,774,334		3,774,334	57,311	3,831,645		10
10a	Therapy	209,028		1,750	210,778		210,778		210,778		10a
11	Activities	202,296	52,803		255,099		255,099		255,099		11
12	Social Services	209,771	1,003		210,774		210,774	25,366	236,140		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							12,764	12,764		15
16	TOTAL Health Care and Programs	4,165,689	272,386	50,910	4,488,985		4,488,985	95,441	4,584,426		16
	C. General Administration										
17	Administrative	126,867			126,867		126,867	103,450	230,317		17
18	Directors Fees										18
19	Professional Services			619,846	619,846	(9,933)	609,913	(489,570)	120,344		19
20	Dues, Fees, Subscriptions & Promotions			47,365	47,365		47,365	(14,144)	33,221		20
21	Clerical & General Office Expenses	101,903	37,709	207,196	346,808		346,808	59,027	405,835		21
22	Employee Benefits & Payroll Taxes			751,400	751,400		751,400	(18,091)	733,309		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,319	2,319		2,319	2,864	5,183		24
25	Other Admin. Staff Transportation			13,418	13,418		13,418	1,197	14,615		25
26	Insurance-Prop.Liab.Malpractice			282,653	282,653		282,653	2,333	284,986		26
27	Other (specify):*							49,953	49,953		27
28	TOTAL General Administration	228,770	37,709	1,924,197	2,190,676	(9,933)	2,180,743	(302,980)	1,877,764		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,147,998	761,730	2,478,646	8,388,374	(9,933)	8,378,441	(179,964)	8,198,477		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.

Facility Name & ID Number

Chateau Nrsg & Rehab Center

#0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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			77,218	77,218		77,218	73,293	150,511			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,816	1,816		1,816	324,580	326,396			32
33	Real Estate Taxes			58,828	58,828	9,933	68,761	3,719	72,480			33
34	Rent-Facility & Grounds			684,000	684,000		684,000	(684,000)				34
35	Rent-Equipment & Vehicles			40,822	40,822		40,822	941	41,763			35
36	Other (specify):*											36
37	TOTAL Ownership			862,684	862,684	9,933	872,617	(281,467)	591,150			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		667,013	1,078,737	1,745,750		1,745,750	(25,972)	1,719,778			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			341,592	341,592		341,592		341,592			42
43	Other (specify):*			3,741	3,741		3,741	(3,741)				43
44	TOTAL Special Cost Centers		667,013	1,424,070	2,091,083		2,091,083	(29,713)	2,061,370			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,147,998	1,428,743	4,765,400	11,342,141		11,342,141	(491,145)	10,850,996			45

*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

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning: 01/01/13

Ending: 12/31/13

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- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(470)	02		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	(18,452)	30		9
10	Interest and Other Investment Income	(77,326)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(365)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,100)	21		18
19	Entertainment				19
20	Contributions	(1,275)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(92,743)	21		24
25	Fund Raising, Advertising and Promotional	(11,384)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(191)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(45,615)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (248,920)		\$	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)	(242,224)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (242,224)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (491,145)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Chateau Nrsg & Rehab Center

ID# 0046177

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Rental Income	\$ (1,250)	06	1
2	Jury Duty Income	(17)	10	2
3	Patient Clothing	(230)	10	3
4	Theft Loss	(2,208)	21	4
5	Collection Expense	(6,258)	21	5
6	Annual Report	(250)	20	6
7	Prior Year Equipment Rental	(190)	35	7
8	Prior Year Medical Supplies	(1,059)	10	8
9	Capitalized R&M	(5,958)	06	9
10	Non-Allowable Legal	(18,403)	19	10
11	COPE Dues	(4,995)	20	11
12	Building Company - Misc. Admin. Expense	(310)	21	12
13	Building Company - Bank Service Charge	(299)	21	13
14	Building Company - Filing Fee	(250)	20	14
15	Building Company - Amortization	(6,572)	36	15
16	Designer Fees	(3,741)	43	16
17	Additional R&M	6,373	06	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(45,615)	49

Chateau Nrsg & Rehab Center

ID# 0046177

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Chateau Nrsg & Rehab Center# 0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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			337		8,635	(2,009)						6,963	1
2	Food Purchase	(835)		595									(240)	2
3	Housekeeping			596		123							719	3
4	Laundry													4
5	Heat and Other Utilities			787		162							949	5
6	Maintenance	(835)		5,139	9,728	59							14,091	6
7	Other (specify):*				3,780	1,312							5,092	7
8	TOTAL General Services	(1,670)		7,454	13,508	10,291	(2,009)						27,575	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(1,305)				58,616							57,311	10
10a	Therapy													10a
11	Activities													11
12	Social Services					25,366							25,366	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					12,764							12,764	15
16	TOTAL Health Care and Programs	(1,305)				96,746							95,441	16
	C. General Administration													
17	Administrative			3,940	21,750	77,760							103,450	17
18	Directors Fees													18
19	Professional Services	(18,403)		(313,631)		(157,536)							(489,570)	19
20	Fees, Subscriptions & Promotions	(18,154)	250	3,519		241							(14,144)	20
21	Clerical & General Office Expenses	(103,109)	609	16,630	135,058	9,839							59,027	21
22	Employee Benefits & Payroll Taxes				(18,091)								(18,091)	22
23	Inservice Training & Education													23
24	Travel and Seminar			451		2,413							2,864	24
25	Other Admin. Staff Transportation			1,197									1,197	25
26	Insurance-Prop.Liab.Malpractice			1,611		722							2,333	26
27	Other (specify):*				37,019	12,934							49,953	27
28	TOTAL General Administration	(139,665)	859	(286,283)	175,736	(53,627)							(302,980)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(142,640)	859	(278,829)	189,244	53,410	(2,009)						(179,964)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13 Ending:

12/31/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(18,452)	82,788	7,242		1,715							73,293	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(77,326)	363,101	1,982		36,823							324,580	32
33	Real Estate Taxes			3,084		635							3,719	33
34	Rent-Facility & Grounds		(684,000)										(684,000)	34
35	Rent-Equipment & Vehicles	(190)		1,131									941	35
36	Other (specify):*	(6,572)	6,572											36
37	TOTAL Ownership	(102,540)	(231,539)	13,439		39,173							(281,467)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(1,065)	(4,579)	(20,009)	(319)			(25,972)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(3,741)											(3,741)	43
44	TOTAL Special Cost Centers	(3,741)					(1,065)	(4,579)	(20,009)	(319)			(29,713)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(248,920)	(230,680)	(265,390)	189,244	92,583	(3,074)	(4,579)	(20,009)	(319)			(491,145)	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 Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 684,000	Chateau Willowbrook Property, LLC	100.00%	\$	\$ (684,000)	1
2	V	33 Rental - RE Taxes	58,828	Chateau Willowbrook Property, LLC	100.00%		(58,828)	2
3	V	21 Misc Admin Expense		Chateau Willowbrook Property, LLC	100.00%	310	310	3
4	V	21 Bank Service Charge		Chateau Willowbrook Property, LLC	100.00%	299	299	4
5	V	20 Filing Fee		Chateau Willowbrook Property, LLC	100.00%	250	250	5
6	V	30 Depreciation		Chateau Willowbrook Property, LLC	100.00%	82,788	82,788	6
7	V	36 Amortization		Chateau Willowbrook Property, LLC	100.00%	6,572	6,572	7
8	V	33 Real Estate Tax Expense		Chateau Willowbrook Property, LLC	100.00%	58,828	58,828	8
9	V	32 Interest		Chateau Willowbrook Property, LLC	100.00%	363,101	363,101	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 742,828			\$ 512,148	\$ * (230,680)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	01 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 337	\$	337	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	595		595	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	596		596	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	787		787	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	5,139		5,139	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	3,940		3,940	20
21	V	19 Professional Fees	323,628	Extended Care Consulting, LLC	100.00%	9,997		(313,631)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	3,519		3,519	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	16,630		16,630	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	451		451	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	1,197		1,197	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	1,611		1,611	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	7,242		7,242	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	1,982		1,982	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	3,084		3,084	29
30	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	1,131		1,131	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		\$ 323,628			\$ 58,238	\$ *	(265,390)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06 Maintenance (Pooled)		Extended Care Consulting, LLC	100.00%	9,797	\$	9,797	15
16	V	06 Maintenance (Direct)	24,250	Extended Care Consulting, LLC	100.00%	24,181		(69)	16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	1,004		1,004	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	2,776		2,776	18
19	V								19
20	V								20
21	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	21,750		21,750	21
22	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	136,922		136,922	22
23	V	21 Office and Clerical (Direct)	36,052	Extended Care Consulting, LLC	100.00%	34,188		(1,864)	23
24	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	29,636		29,636	24
25	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	7,383		7,383	25
26	V	22 Employee Benefits	18,091	Extended Care Consulting, LLC	100.00%			(18,091)	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		\$ 78,393			\$ 267,637	\$ *	189,244	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	03 Housekeeping	\$	Extended Care Clinical, LLC	100.00%	\$ 123	\$	123	15
16	V	05 Utilities		Extended Care Clinical, LLC	100.00%	162		162	16
17	V	06 Maintenance		Extended Care Clinical, LLC	100.00%	59		59	17
18	V	19 Professional Fees	159,396	Extended Care Clinical, LLC	100.00%	1,860		(157,536)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	241		241	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC	100.00%	2,497		2,497	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC	100.00%	2,413		2,413	21
22	V	26 Insurance		Extended Care Clinical, LLC	100.00%	722		722	22
23	V	30 Depreciation		Extended Care Clinical, LLC	100.00%	1,715		1,715	23
24	V	32 Interest		Extended Care Clinical, LLC	100.00%	36,823		36,823	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC	100.00%	635		635	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC	100.00%	8,635		8,635	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	1,312		1,312	27
28	V	10 Nursing Salary		Extended Care Clinical, LLC	100.00%	58,616		58,616	28
29	V	12 Social Service Salary		Extended Care Clinical, LLC	100.00%	25,366		25,366	29
30	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	12,764		12,764	30
31	V	17 Administration Salary		Extended Care Clinical, LLC	100.00%	77,760		77,760	31
32	V	21 Office Salary		Extended Care Clinical, LLC	100.00%	7,342		7,342	32
33	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	12,934		12,934	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 159,396			\$ 251,979	\$ *	92,583	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Supplies, Supplements	\$ 7,175	Care Centers Health Systems, Inc.	100.00%	\$ 5,166	\$ (2,009)
16	V	10 Nursing Supplies		Care Centers Health Systems, Inc.	100.00%		
17	V	39 Ancillary Expense	3,804	Care Centers Health Systems, Inc.	100.00%	2,739	(1,065)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 10,979			\$ 7,905	\$ * (3,074)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Ventilator Equipment	22,080	Vent Lease LLC	100.00%	17,501	\$ (4,579)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 22,080			\$ 17,501	\$ * (4,579)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,034,184	Tri Care Rehab	100.00%	\$ 1,014,175	\$ (20,009)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,034,184			\$ 1,014,175	\$ * (20,009)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Ancillary Expense	35,790	Reliable Medical of the Midwest, LLC	100.00%	35,471	\$	(319)	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		\$ 35,790			\$ 35,471	\$ *	(319)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	22 Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 243,806	\$ 243,806	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	243,806	CCS Employee Benefits Group	100.00%		(243,806)	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		\$ 243,806			\$ 243,806	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	ROTHNER HEALTH VENTURES G II, LLC	100.0000%	AVENUE CARE NURSING AND REHABILITATION CENTER,LLC	CHICAGO	CHATEAU WILLOWBROOK PR	WILLOWBROOK	BUILDING CO.	1
2			BEECHER MANOR NURSING AND REHABILITATION CENTER, LLC BEECHER		EXTENDED CARE CONSULTING	EVANSTON	MANAGEMENT/BOOKKEEP	2
3			BOULEVARD CARE NURSING AND REHABILITATION CENTER,LLC CHICAGO		EXTENDED CARE CLINICAL	EVANSTON	ADMINISTRATIVE	3
4			BRIAR PLACE LTD	INDIAN HEAD PARK	CARE CENTER HEALTH SYSTE	DES PLAINES	DIETARY & FOOD SUPPLEN	4
5			CHATEAU NURSING AND REHABILITATION CENTER, L.L.C.	WILLOWBROOK	C.C.S. VEBA	EVANSTON	HEALTH INSURANCE	5
6			COUNTRYSIDE NURSING AND REHABILITATION CENTER, LLC	DOLTON	ROTHNER VENTS LLC	EVANSTON	VENTALATOR RENTAL	6
7			DYER NURSING & REHAB	DYER, IN	TRICARE REHAB	HILLSIDE	THERAPY	7
8			GRASMERE PLACE, LLC	CHICAGO	RELIABLE MEDICAL SUPPLY	DES PLAINES	MEDICAL SUPPLY	8
9			LAKE COUNTY NURSING & REHAB	EAST CHICAGO, IN	CARE CENTER BUILDING LLC	EVANSTON	BLDG COMPANY	9
10			LAKWOOD NURSING & REHABILITATION CENTER, L.L.C.	PLAINFIELD				10
11			LEMONT NURSING AND REHABILITATION CENTER, L.L.C.	LEMONT				11
12			MCKINLEY HEALTH CARE CENTER	CANTON, OH				12
13			OAK PARK HEALTHCARE CENTER, L.L.C.	OAK PARK				13
14			PARC AT JOLIET LLC	JOLIET				14
15			PARK HOUSE NURSING AND REHABILITATION CENTER,LLC	CHICAGO				15
16			PRAIRIE MANOR NURSING & REHABILITATION CENTER, L.L.C.	CHICAGO HEIGHTS				16
17			PRAIRIE VILLAGE HEALTHCARE CENTER, INC.	JACKSONVILLE				17
18			RAINBOW BEACH QOC, L.L.C.	CHICAGO				18
19			SEBOS NURSING & REHAB	HOBART, IN				19
20			SHEFFIELD MANOR	DYER, IN				20
21			SHERIDAN SHORES CARE & REHABILITATION CENTER, INC.	CHICAGO				21
22			SOUTH SUBURBAN REHABILITATION CENTER, LLC	HOMWOOD				22
23			TIMBER POINT HEALTHCARE CENTER, INC.	CAMP POINT				23
24			TRI-STATE NURSING & REHABILITATION CENTER, INC.	LANSING				24
25			WHEATON CARE CENTER	WHEATON				25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning: 01/01/13 Ending: 12/31/13

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center # 0046177 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Adam Vales	Relative	Clerical	N/A	See Attached	2.27	5.68%	Alloc Sal	\$ 3,969	22-07	1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	3.41	6.05%	Alloc Fee/Sal	11,911	17-07	2
3											3
4											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	\$ 15,880		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 Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Extended Care Consulting, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	01	Dietary	Patient Days	1,101,784	30	\$ 7,195	\$ 51,678	\$ 337	1
2	02	Food	Patient Days	1,101,784	30	12,684	51,678	595	2
3	03	Housekeeping	Patient Days	1,101,784	30	12,707	51,678	596	3
4	05	Utilities	Patient Days	1,101,784	30	16,778	51,678	787	4
5	06	Maintenance	Patient Days	1,101,784	30	109,559	51,678	5,139	5
6	17	Administrative	Patient Days	1,101,784	30	84,000	51,678	3,940	6
7	19	Professional Fees	Patient Days	1,101,784	30	213,139	51,678	9,997	7
8	20	Dues and Subscriptions	Patient Days	1,101,784	30	75,016	51,678	3,519	8
9	21	Office and Clerical	Patient Days	1,101,784	30	354,548	51,678	16,630	9
10	24	Seminar and Travel	Patient Days	1,101,784	30	9,615	51,678	451	10
11	25	Other Staff Admin. Trans.	Patient Days	1,101,784	30	25,510	51,678	1,197	11
12	26	Insurance	Patient Days	1,101,784	30	34,345	51,678	1,611	12
13	30	Depreciation	Patient Days	1,101,784	30	154,393	51,678	7,242	13
14	32	Interest	Patient Days	1,101,784	30	42,261	51,678	1,982	14
15	33	Real Estate Taxes	Patient Days	1,101,784	30	65,749	51,678	3,084	15
16	35	Rent - Equipment & Auto	Patient Days	1,101,784	30	24,117	51,678	1,131	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,241,615	\$		\$ 58,238	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Extended Care Consulting, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	06	Maintenance (Pooled)	Patient Days	1,101,784	30	208,870	208,870	51,678	9,797	1
2	06	Maintenance (Direct)	Direct		30	331,520	331,520		24,181	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,101,784	30	21,409		51,678	1,004	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		30	37,937			2,776	4
5										5
6										6
7	17	Administrative (Pooled)	Patient Days	1,101,784	30	463,710	463,710	51,678	21,750	7
8	21	Office and Clerical (Pooled)	Patient Days	1,101,784	30	2,919,199	2,919,199	51,678	136,922	8
9	21	Office and Clerical (Direct)	Direct		30	328,534	328,534		34,188	9
10	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,101,784	30	631,850		51,678	29,636	10
11	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		30	55,508			7,383	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					\$ 4,998,538	\$ 4,251,833		\$ 267,637	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Extended Care Clinical, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	03	Housekeeping	Patient Days	610,520	17	\$ 1,450	\$ 51,678	\$ 123	1
2	05	Utilities	Patient Days	610,520	17	1,914	51,678	162	2
3	06	Maintenance	Patient Days	610,520	17	698	51,678	59	3
4	19	Professional Fees	Patient Days	610,520	17	21,974	51,678	1,860	4
5	20	Dues and Subscriptions	Patient Days	610,520	17	2,847	51,678	241	5
6	21	Office & Clerical	Patient Days	610,520	17	29,496	51,678	2,497	6
7	24	Travel and Seminar	Patient Days	610,520	17	28,507	51,678	2,413	7
8	26	Insurance	Patient Days	610,520	17	8,533	51,678	722	8
9	30	Depreciation	Patient Days	610,520	17	20,257	51,678	1,715	9
10	32	Interest	Patient Days	610,520	17	435,028	51,678	36,823	10
11	33	Real Estate Taxes	Patient Days	610,520	17	7,502	51,678	635	11
12	01	Dietary Salary	Patient Days	610,520	17	102,014	102,014	8,635	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	610,520	17	15,504	51,678	1,312	13
14	10	Nursing Salary	Patient Days	610,520	17	692,482	692,482	58,616	14
15	12	Social Service Salary	Patient Days	610,520	17	299,672	299,672	25,366	15
16	15	Emp. Ben. - Healthcare	Patient Days	610,520	17	150,791	51,678	12,764	16
17	17	Administration Salary	Patient Days	610,520	17	918,652	918,652	77,760	17
18	21	Office Salary	Patient Days	610,520	17	86,739	86,739	7,342	18
19	27	Emp. Ben. - Gen. Admin.	Patient Days	610,520	17	152,803	51,678	12,934	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,976,862	\$ 2,099,559	\$ 251,979	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Care Centers Health Systems, Inc.
 Street Address 200 Howard
 City / State / Zip Code Des Plaines, Illinois 60018
 Phone Number (224) 612-5662
 Fax Number (224) 612-5862

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 Supplies, Supplements	Direct Allocation			\$		\$ 5,166	1
2	10	Nursing Supplies	Direct Allocation						2
3	39	Ancillary Expense	Direct Allocation					2,739	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				\$	\$		\$ 7,905	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Vent Lease, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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	39	Ventilator Equipment	Direct Allocation					17,501	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 17,501	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization TriCare Rehab
 Street Address 240 Fencil Lane
 City / State / Zip Code Hillside, IL 60162
 Phone Number (773) 449-9400
 Fax Number (773) 449-9700

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	39	Therapy	Direct Allocation		\$	\$		\$ 1,014,175	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				\$	\$		\$ 1,014,175	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Reliable Medical of the Midwest, LLC
 Street Address 200 Howard Avenue
 City / State / Zip Code Des Plaines, Illinois 60018-5909
 Phone Number (847) 566-0800
 Fax Number ()

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	39	Ancillary Expense	Direct Allocation					35,471	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 35,471	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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 CCS Employee Benefits Group, Inc.
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847)905-4000
 Fax Number (847)905-4040

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	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 243,806	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				\$	\$		\$ 243,806	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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							\$	\$			\$					
2																
3																
4																
5																
6																
7	TOTAL Long-Term															
	Working Capital															
8	Allocated from Extended Care Clinica	X					\$	\$			\$ 36,823					
9																
10																
11																
12																
13																
14	TOTAL Working Capital										36,823					
	B. Non-Facility Related*															
15							\$	\$			\$					
16																
17																
18																
19																
20	TOTAL Non-Facility Related															

* 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.)

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Chateau Nrsg & Rehab Center COUNTY Dupage
 FACILITY IDPH LICENSE NUMBER 0046177
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>09-23-407-043</u>	<u>Long Term Care Property</u>	\$ <u>56,109.52</u>	\$ <u>56,109.52</u>
2. <u>See Attached</u>	<u>Alloc from 2201 Main/Care Center</u>	\$ <u>133,178.74</u>	\$ <u>2,932.01</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>189,288.26</u></u>	\$ <u><u>59,041.53</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,447 B. General Construction Type: Exterior Brick Frame Masonry & Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>273,121</u>	<u>2003</u>	<u>\$ 295,367</u>	<u>1</u>
2	<u>Allocated from 2201 Main/Care Centers Building/ EC Clinical</u>			<u>18,053</u>	<u>2</u>
3	TOTALS	273,121		\$ 313,420	3

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	2	3	4	5	6	7	8	9	
FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
150	2003	1987	\$ 2,658,301	\$ 82,788	39	\$ 68,162	\$ (14,626)	\$ 1,332,586	4
									5
									6
									7
									8
Improvement Type**									
Various		2003	51,953		20	1,641	1,641	32,579	9
Various		2004	98,684		20	4,650	4,650	50,397	10
Various		2005	69,862		20	3,493	3,493	28,446	11
Various		2006	50,399		20	3,226	3,226	24,130	12
Various		2007	126,729		20	6,725	6,725	44,298	13
Various		2008	39,099		20	1,803	1,803	18,657	14
Various		2009	25,582		20	2,286	2,286	10,004	15
									16
									17
									18
									19
									20
									21
									22
									23
									24
									25
									26
									27
									28
									29
									30
									31
									32
									33
									34
									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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		238,642			11,932	11,932	95,086	67
68		73,281	4,979		4,979		49,599	68
69			77,218			(77,218)		69
70		\$ 3,432,532	\$ 164,985		\$ 108,897	\$ (56,088)	\$ 1,685,782	70

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,432,532	\$ 164,985		\$ 108,897	\$ (56,088)	\$ 1,685,782	1
2	Heat Exchanger	2010	5,600		20	280	280	1,097	2
3	Tile Flooring	2010	4,001		20	267	267	1,045	3
4	Doors In Kitchen	2010	3,170		20	159	159	515	4
5	Xcel - Cubicle Curtains	2011	6,191		20	619	619	1,496	5
6	John Williams Interiors Amtico Solid Vinyl Wood Look Flooring	2011	15,060		20	753	753	2,008	6
7	Shower Rooms - New Showers, Water Lines, Floor, Walls, Grab Bars	2011	57,000		20	2,850	2,850	6,888	7
8	On-Line Communication Cable To Extend Nurse Call Audio	2011	2,832		20	142	142	330	8
9	Fox Valley Fire - Pulled Fire, Built Relays, Programming	2011	18,362		20	918	918	2,066	9
10	Paint - Labor	2011	7,443		20	372	372	775	10
11	New Sidewall Sprinkler Head In Elevator Shaft	2011	3,530		20	177	177	427	11
12	Pipe And Fittings	2012	3,900		20	195	195	358	12
13	Resurfacing-Add Layer To Level Driveway	2012	5,800		20	387	387	677	13
14	Water Heater	2012	8,500		20	425	425	638	14
15	Medium Grade Vinyl Plank Flooring	2012	13,250		20	2,650	2,650	3,533	15
16	Remote E-Stop - Install Conduit And Wiring	2012	2,644		20	132	132	165	16
17	Millwork, Elevator, Subflooring, Vinyl Floor	2012	22,650		20	4,530	4,530	5,663	17
18	Corridors On All Floors - Paint, Wallpaper	2013	3,921		20	163	163	163	18
19	Rehab Dining Room - Flooring/Base/Mouldings	2013	17,000		20	1,200	1,200	1,200	19
20	Main Entrance Doors - New Vertical Rod Panic Devices	2013	4,435		20	111	111	111	20
21	New 20 Ampere 208 And 30 Ampere 120 Volts Circuits And Outlet	2013	5,500		20	63	63	63	21
22	Rear Entrance Doors - New Panic Devices	2013	4,030		20	84	84	84	22
23	Repaired Concrete Staircase Walls, Concrete Curbs, Brick Paver	2013	6,910		20	44	44	44	23
24	Ice Crm/Gift Shop - Architectural, Framing, Drywall, Masonry, Fl	2013	129,000		20	6,450	6,450	6,450	24
25	Corridors On All Floors - Wallpaper	2013	5,959		20	298	298	298	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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								
2		\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873		1
3									2
4									3
5									4
6									5
7									6
8									7
9									8
10									9
11									10
12									11
13									12
14									13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	TOTAL (lines 1 thru 33)	\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873		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		\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873	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 12D, Carried Forward		\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,789,221	\$ 164,985		\$ 132,164	\$ (32,821)	\$ 1,721,873	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9	Life Safety Code Improvements (Net of Settlement)	2005	231,242		20	11,562	11,562	92,496	9
10	Professional Fees-Architect	2007	7,400		20	370	370	2,590	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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 (12F & 12G lines 1 thru 33)	\$ 238,642	\$		\$ 11,932	\$ 11,932	\$ 95,086	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	Related Party Information								
2	Buildings:								
3	Allocated from 2201 Main/Care Centers Building	2002	20,629	529	20	529		5,973	3
4	Allocated from Extended Care Clinical LLC	2002	4,248	109	20	109		1,230	4
5									5
6									6
7									7
8	Leasehold Information								
9	Allocated from Extended Care Consulting LLC	2007	216	11	20	11		76	9
10	Allocated from Extended Care Consulting LLC	2009	129	6	20	6		32	10
11	Allocated from Extended Care Consulting LLC	2010	1,265	63	20	63		253	11
12	Allocated from Extended Care Consulting LLC	2011	455	23	20	23		68	12
13	Allocated from Extended Care Consulting LLC	2012	150	8	20	8		15	13
14									14
15	Allocated from 2201 Main/Care Centers Building	2002	17,041	1,557	20	1,557		15,589	15
16	Allocated from 2201 Main/Care Centers Building	2003	20,083	1,835	20	1,835		18,371	16
17	Allocated from 2201 Main/Care Centers Building	2005	998	106	20	106		784	17
18	Allocated from 2201 Main/Care Centers Building	2009	180	9	20	9		45	18
19									19
20	Allocated from Extended Care Clinical LLC	2002	3,509	321	20	321		3,210	20
21	Allocated from Extended Care Clinical LLC	2003	4,136	378	20	378		3,783	21
22	Allocated from Extended Care Clinical LLC	2005	205	22	20	22		161	22
23	Allocated from Extended Care Clinical LLC	2009	37	2	20	2		9	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

Facility Name & ID Number Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		\$	\$		\$	\$	\$	\$	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)		\$ 73,281	\$ 4,979		\$ 4,979	\$	\$ 49,599	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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	\$ 78,165	\$ 485	\$ 9,383	\$ 8,898	10	\$ 60,071	71
72	Current Year Purchases	48,655	93	4,824	4,731	10	4,824	72
73	Fully Depreciated Assets	618,419	2,530	2,530		10	618,419	73
74								74
75	TOTALS	\$ 745,239	\$ 3,108	\$ 16,737	\$ 13,629		\$ 683,314	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	See Attached			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 52,082	\$ 870	\$ 1,610	\$ 740		\$ 44,210	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)	\$ 4,899,962	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 168,963	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 150,511	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (18,452)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,449,397	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: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 30,374 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Enterprise Rental Truck	\$	\$ 11,389	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 11,389	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chateau Nrsg & Rehab Center # 0046177 Report Period Beginning: 01/01/13 Ending: 12/31/13
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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	428,777	\$		\$	428,777	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				108,306				108,306	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				497,101				497,101	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					429,953			429,953	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>						44,553	237,060			281,613	13
14	TOTAL			\$		\$	1,078,737	\$	667,013	\$	1,745,750	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 Chateau Nrsg & Rehab Center

0046177

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,580	\$ 139,674	1
2	Cash-Patient Deposits	53,204	53,204	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	884,667	884,667	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	240,024	240,024	6
7	Other Prepaid Expenses	6,479	6,479	7
8	Accounts Receivable (owners or related parties)	619,474	5,134,482	8
9	Other(specify): <u>See Attached Schedule</u>	1,783,786	1,783,786	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,589,214	\$ 8,242,316	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		295,367	13
14	Buildings, at Historical Cost		3,805,411	14
15	Leasehold Improvements, at Historical Cost	707,354	707,354	15
16	Equipment, at Historical Cost	336,310	336,310	16
17	Accumulated Depreciation (book methods)	(560,081)	(2,464,075)	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):		60,860	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 483,583	\$ 2,741,227	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,072,797	\$ 10,983,543	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,439,405	\$ 2,439,405	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	49,021	49,021	28
29	Short-Term Notes Payable	244,215	244,215	29
30	Accrued Salaries Payable	358,251	358,251	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,123	20,123	31
32	Accrued Real Estate Taxes(Sch.IX-B)	58,915	58,915	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	9,940	15,012	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,179,870	\$ 3,184,942	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,494,427	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 7,494,427	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,179,870	\$ 10,679,369	46
47	TOTAL EQUITY(page 18, line 24)	\$ 892,927	\$ 304,174	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,072,797	\$ 10,983,543	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 528,197	1
2	Restatements (describe):		2
3	Prior Year Bad Debt / Allowance adjustment	(254,429)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 273,768	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	870,159	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	(250,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)	(1,000)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 619,159	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)	\$ 892,927	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	\$ 12,014,028	1
2	Discounts and Allowances for all Levels	(4,846,766)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,167,262	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,324,023	6
7	Oxygen	600	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,324,623	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	3,564	13
14	Non-Patient Meals	470	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	1,250	16
17	Sale of Drugs	435,446	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	59,566	19
20	Radiology and X-Ray	24,080	20
21	Other Medical Services	118,696	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 643,072	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	77,326	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 77,326	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	17	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,212,300	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,708,713	31
32	Health Care	4,488,985	32
33	General Administration	2,190,676	33
B. Capital Expense			
34	Ownership	862,684	34
C. Ancillary Expense			
35	Special Cost Centers	1,749,491	35
36	Provider Participation Fee	341,592	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,342,141	40
41	Income before Income Taxes (line 30 minus line 40)**	870,159	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 870,159	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,629,256	44
45	Private Pay - Net Inpatient Revenue	1,459,572	45
46	Medicare - Net Inpatient Revenue	248,858	46
47	Other-(specify) <u>Hospice</u>	866,302	47
48	Other-(specify) <u>Insurance</u>	(36,726)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,167,262	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 Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	1,988	2,171	\$ 98,830	\$ 45.52	1
2	Assistant Director of Nursing	1,884	2,170	88,325	40.70	2
3	Registered Nurses	45,770	50,231	1,563,151	31.12	3
4	Licensed Practical Nurses	15,817	17,932	512,172	28.56	4
5	CNAs & Orderlies	86,386	95,851	1,185,137	12.36	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,297	11,335	209,028	18.44	8
9	Activity Director	2,055	2,290	38,407	16.77	9
10	Activity Assistants	11,980	13,063	144,738	11.08	10
11	Social Service Workers	8,389	9,463	209,771	22.17	11
12	Dietician	3,245	3,538	70,320	19.88	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	6,133	6,672	85,356	12.79	15
16	Dishwashers	15,759	17,433	165,997	9.52	16
17	Maintenance Workers	5,566	6,328	114,831	18.15	17
18	Housekeepers	16,746	18,367	181,281	9.87	18
19	Laundry	12,986	14,393	135,754	9.43	19
20	Administrator	1,964	2,137	81,394	38.09	20
21	Assistant Administrator	1,971	2,052	45,473	22.16	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,678	6,379	101,903	15.97	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,775	3,184	53,177	16.70	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,319	3,696	62,951	17.03	33
34	TOTAL (lines 1 - 33)	260,708	288,685	\$ 5,147,996 *	\$ 17.83	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	415	\$ 20,594	01-03	35
36	Medical Director	Monthly	38,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	11,084	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	7	1,750	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	422	\$ 71,428		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	4	\$ 76	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4	\$ 76		53

SEE ACCOUNTANTS' COMPILATION REPORT

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	
Stephanie Mohr	Administrator	0.00%	\$ 81,394	Workers' Compensation Insurance	\$ 117,438	IDPH License Fee	\$ 1,990	
Amanda Bushey	Assist. Admin.	0.00%	11,655	Unemployment Compensation Insurance	90,908	Advertising: Employee Recruitment	455	
Domenica Turner	Assist. Admin.	0.00%	33,818	FICA Taxes	375,526	Health Care Worker Background Check	338	
				Employee Health Insurance	128,961	(Indicate # of checks performed <u>14</u>)		
				Employee Meals		<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		<u>Dues and Subscriptions</u>	18,923	
				<u>Employee Physicals</u>	11,885	<u>Licenses</u>	7,755	
				<u>Holiday Expense</u>	2,370	<u>Alloc from Extended Care Consulting</u>	3,519	
				<u>Other Employee Benefits</u>	6,220	<u>Alloc from Extended Care Clinical</u>	241	
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 126,867					
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Frost, Rothblatt, Ruttenberg	Accounting		\$ 25,783				Out-of-State Travel	\$
Paycor Payroll	Payroll Services		27,342					
E-Health Data Solutions	MDS Software Fee		3,180					
AIS Assessment & Intelligence	Customer Service Satisf.		1,260				In-State Travel	
Ability Network	Medicare Billing		161					
National Datacare Corporation	Resident Fund Processing		1,973					
Personal Planners	Unemployment Consultant		2,710					
See Attached	Legal		35,228				Seminar Expense	2,319
ADR Systems of America	Mediation Services		1,650				<u>Alloc from Extended Care Consulting</u>	451
Resolute Systems LLC	Mediation Services		223				<u>Alloc from Extended Care Clinical</u>	2,413
Online MSDS	MSDS Management		637					
See Supplemental Schedule			519,698				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 619,846				line 24, col. 8)	\$ 5,183

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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	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 Chateau Nrsg & Rehab Center

0046177

Report Period Beginning:

01/01/13

Ending:

12/31/13

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on Long Term Care \$15,135
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 70,644 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES No 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. \$ 341,592
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 470
- (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? None
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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