



Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708 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	100	Skilled (SNF)	100	36,500	1
2		Skilled Pediatric (SNF/PED)			2
3	97	Intermediate (ICF)	97	35,405	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	28,143	806	4,580	33,529	8
9	SNF/PED					9
10	ICF	27,298			27,298	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,441	806	4,580	60,827	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.59%

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

0 (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)

N/A

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 11/01/90

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

YES  Date 11/01/90 NO

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

YES  NO  If YES, enter number of beds certified 100 and days of care provided 4,575

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr # 0050708 Report Period Beginning: 01/01/13 Ending: 12/31/13

**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
	<b>A. General Services</b>										
1	Dietary	229,362	39,531	12,435	281,328		281,328	(1,920)	279,408		1
2	Food Purchase		329,074		329,074		329,074	700	329,774		2
3	Housekeeping	231,439	43,292		274,731		274,731	702	275,433		3
4	Laundry	30,412	15,234		45,646		45,646		45,646		4
5	Heat and Other Utilities			125,146	125,146		125,146	926	126,072		5
6	Maintenance	100,876		106,512	207,388		207,388	24,294	231,682		6
7	Other (specify):* <a href="#">See Supplemental</a>	39,270		1,209	40,479		40,479	1,182	41,661		7
8	<b>TOTAL General Services</b>	631,359	427,131	245,302	1,303,792		1,303,792	25,884	1,329,676		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,932,691	86,932	21,315	2,040,938		2,040,938	(17)	2,040,921		10
10a	Therapy	102,022		85	102,107		102,107		102,107		10a
11	Activities	117,340	9,961	1,664	128,965		128,965		128,965		11
12	Social Services	300,250	20,922	1,335	322,507		322,507		322,507		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <a href="#">See Supplemental</a>										15
16	<b>TOTAL Health Care and Programs</b>	2,452,303	117,815	36,399	2,606,517		2,606,517	(17)	2,606,500		16
	<b>C. General Administration</b>										
17	Administrative	237,165			237,165		237,165	30,237	267,402		17
18	Directors Fees										18
19	Professional Services			361,195	361,195	(6,682)	354,513	(154,453)	200,060		19
20	Dues, Fees, Subscriptions & Promotions			23,329	23,329		23,329	(10,728)	12,601		20
21	Clerical & General Office Expenses	216,598	14,617	618,740	849,955		849,955	(420,511)	429,444		21
22	Employee Benefits & Payroll Taxes			591,845	591,845		591,845	(4,762)	587,083		22
23	Inservice Training & Education			219	219		219		219		23
24	Travel and Seminar			2,946	2,946		2,946	531	3,477		24
25	Other Admin. Staff Transportation			8,618	8,618		8,618	1,408	10,026		25
26	Insurance-Prop.Liab.Malpractice			248,903	248,903		248,903	1,896	250,799		26
27	Other (specify):* <a href="#">See Supplemental</a>							36,457	36,457		27
28	<b>TOTAL General Administration</b>	453,763	14,617	1,855,795	2,324,175	(6,682)	2,317,493	(519,925)	1,797,568		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,537,425	559,563	2,137,496	6,234,484	(6,682)	6,227,802	(494,058)	5,733,744		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.

**Countryside Nrsg & Rehab Ctr  
 Medicaid Cost Report  
 01/01/13 - 12/31/13**

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**Page 3 Supplemental Schedule**

Description	Salaries	Supplies	Other
<b>Line 7 Detailed</b>			
Security	39,270		1,209
Alloc. Extended Care Consulting, LLC			1,182
Total	39,270	-	2,391
<b>Line 15 Detailed</b>			
Total	-	-	-
<b>Line 27 Detailed</b>			
Alloc. Extended Care Consulting, LLC			36,457
Total	-	-	36,457

**Countryside Nrsg & Rehab Ctr  
Medicaid Cost Report  
01/01/13 - 12/31/13**

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**Page 3 Supplemental Schedule - Other Admin. Staff Transportation**

<u>Payee</u>	<u>Amount</u>	<u>Allowable</u>
Care Consultants of Illinois	4,561	4,561
Tayor Lamont	4,006	4,006
Sonia Navar	31	31
Callie Graham	20	20
Alloc. Extended Care Consulting, LLC	1,408	1,408
	<u>10,026</u>	<u>10,026</u>

**Countryside Nrsg & Rehab Ctr**  
**Medicaid Cost Report**  
**01/01/13 - 12/31/13**

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**Page 3 Supplemental Schedule - Reclass**

Description	Cost Center	Increase	Decrease
Real Estate Taxes	33	6,682	
Professional Fees	19		6,682

Facility Name &amp; ID Number

Countryside Nrsg &amp; Rehab Ctr

#0050708

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	
	<b>D. Ownership</b>											
30	Depreciation			15,145	15,145		15,145	174,256	189,401			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			8,957	8,957		8,957	480,669	489,626			32
33	Real Estate Taxes			356,395	356,395	6,682	363,077	(4,325)	358,752			33
34	Rent-Facility & Grounds			651,963	651,963		651,963	(650,305)	1,658			34
35	Rent-Equipment & Vehicles			22,157	22,157		22,157	1,331	23,488			35
36	Other (specify):* See Supplemental											36
37	<b>TOTAL Ownership</b>			1,054,617	1,054,617	6,682	1,061,299	1,626	1,062,925			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		174,984	501,054	676,038		676,038	(5,736)	670,302			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			449,793	449,793		449,793		449,793			42
43	Other (specify):* See Supplemental											43
44	<b>TOTAL Special Cost Centers</b>		174,984	950,847	1,125,831		1,125,831	(5,736)	1,120,095			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	3,537,425	734,547	4,142,960	8,414,932		8,414,932	(498,168)	7,916,764			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

**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				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				9
10	Interest and Other Investment Income	(9,655)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,003)	01		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	(56,152)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(512,230)	21		24
25	Fund Raising, Advertising and Promotional	(14,869)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Supplemental Schedule	(84,455)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (679,364)		\$	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)	181,196		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 181,196		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (498,168)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Countryside Nrsrg & Rehab Ctr

ID# 0050708

Report Period Beginning: 01/01/13

Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Civil Money Penalties - Interest	\$ (8,149)	32	1
2	Capitalized Assets - Expensed < \$2,500	6,714	06	2
3	Bank Charges	(19,146)	21	3
4	Settlement	(11,271)	21	4
5	Collections	(2,448)	21	5
6	Non-Allowable Legal	(15,020)	19	6
7	RE Tax Refund Adjustment	(7,955)	33	7
8				8
9				9
10				10
11				11
12				12
13	Countryside Healthcare Center, LLC			13
14	Professional Fees	(14,415)	19	14
15	Administration	(739)	21	15
16	Amortization	(12,026)	31	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(84,455)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

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	(2,003)	0	397	0	(314)	0	0	0	0	0	0	(1,920)	1
2	Food Purchase	0	0	700	0	0	0	0	0	0	0	0	700	2
3	Housekeeping	0	0	702	0	0	0	0	0	0	0	0	702	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	926	0	0	0	0	0	0	0	0	926	5
6	Maintenance	6,714	0	6,049	11,531	0	0	0	0	0	0	0	24,294	6
7	Other (specify):*	0	0	0	1,182	0	0	0	0	0	0	0	1,182	7
8	<b>TOTAL General Services</b>	<b>4,711</b>	<b>0</b>	<b>8,774</b>	<b>12,713</b>	<b>(314)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25,884</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	(17)	0	0	0	0	0	0	(17)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	4,637	25,600	0	0	0	0	0	0	0	30,237	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(29,435)	14,415	(139,433)	0	0	0	0	0	0	0	0	(154,453)	19
20	Fees, Subscriptions & Promotions	(14,869)	0	4,141	0	0	0	0	0	0	0	0	(10,728)	20
21	Clerical & General Office Expenses	(601,986)	739	19,574	161,162	0	0	0	0	0	0	0	(420,511)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(4,762)	0	0	0	0	0	0	0	(4,762)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	531	0	0	0	0	0	0	0	0	531	24
25	Other Admin. Staff Transportation	0	0	1,408	0	0	0	0	0	0	0	0	1,408	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,896	0	0	0	0	0	0	0	0	1,896	26
27	Other (specify):*	0	0	0	36,457	0	0	0	0	0	0	0	36,457	27
28	<b>TOTAL General Administration</b>	<b>(646,290)</b>	<b>15,154</b>	<b>(107,246)</b>	<b>218,457</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(519,925)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(641,579)</b>	<b>15,154</b>	<b>(98,472)</b>	<b>231,170</b>	<b>(331)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(494,058)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number      Countryside Nrsg & Rehab Ctr#      0050708

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	165,732	8,524	0	0	0	0	0	0	0	0	174,256	30
31	Amortization of Pre-Op. & Org.	(12,026)	12,026	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,804)	496,140	2,333	0	0	0	0	0	0	0	0	480,669	32
33	Real Estate Taxes	(7,955)	0	3,630	0	0	0	0	0	0	0	0	(4,325)	33
34	Rent-Facility & Grounds	0	(650,305)	0	0	0	0	0	0	0	0	0	(650,305)	34
35	Rent-Equipment & Vehicles	0	0	1,331	0	0	0	0	0	0	0	0	1,331	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(37,785)</b>	<b>23,593</b>	<b>15,818</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,626</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	(1,325)	(4,375)	(36)	0	0	0	0	(5,736)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,325)</b>	<b>(4,375)</b>	<b>(36)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5,736)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(679,364)</b>	<b>38,747</b>	<b>(82,654)</b>	<b>231,170</b>	<b>(1,656)</b>	<b>(4,375)</b>	<b>(36)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(498,168)</b>	<b>45</b>

VII. RELATED PARTIES

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

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

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 Building Rent	\$ 650,305	Countryside Healthcare Center, LLC	100.00%	\$	\$ (650,305)	1
2	V	19 Professional Fees		Countryside Healthcare Center, LLC	100.00%	14,415	14,415	2
3	V	21 Office Expense		Countryside Healthcare Center, LLC	100.00%	739	739	3
4	V	30 Depreciation		Countryside Healthcare Center, LLC	100.00%	165,732	165,732	4
5	V	31 Amortization		Countryside Healthcare Center, LLC	100.00%	12,026	12,026	5
6	V	32 Interest		Countryside Healthcare Center, LLC	100.00%	496,140	496,140	6
7	V	33 Real Estate Taxes	355,778	Countryside Healthcare Center, LLC	100.00%	355,778		7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,006,083			\$ 1,044,830	\$ * 38,747	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Countryside Nrsg &amp; Rehab Ctr

# 0050708

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	Eric Rothner	2.00%	Avenue Care Nursing and Rehab	Chicago, IL	Ext. Care Consult.	Evanston, IL	Home Office	1
2	Rothner Family Grandchildren Trust	10.00%	Beecher Manor Nursing and Rehab	Beecher, IL	Ext. Care Clinical	Evanston, IL	Administrative	2
3	N & S Rothner Family Trust	88.00%	Briar Place	Indian Head, IL	CC Health Systems	Des Plaines, IL	Dietary & Suppl.	3
4			Chateau Village Nursing and Rehab	Willowbrook, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Grasmere Place	Chicago, IL	2201 Main	Evanston, IL	Bldg. Company	5
6			Lakewood Nursing and Rehab	Plainfield, IL	Rothner Vents	Evanston, IL	Vent. Rental	6
7			Lemont Nursing and Rehab	Lemont, IL	Tricare Rehab	Hillside, IL	Therapy	7
8			Prairie Manor Halth Care	Chicago Heights, IL	Reliable Medical	Des Plaines, IL	Medical Supplies	8
9			Rainbow Beach Nursing Center	Chicago, IL	Harbor Light	Glen Ellyn, IL	Hospice	9
10			Sheridan Shores	Chicago, IL				10
11			Snow Vally Nursing and Rehab	Lisle, IL				11
12			South Suburban Rehabilitation Center	Chicago, IL	Countryside			12
13			Tri-State Nursing and Rehab	Lansing, IL	Healthcare Ctr.	Dolton, IL	Bldg. Company	13
14			Wheaton Care Center	Wheaton, IL				14
15			Boulevard Care Nursing and Rehab	Chicago, IL				15
16			Countryside Nursing and Rehab	Dolton, IL				16
17			Hillcrest Nursing and Rehab	Joliet, IL				17
18			Oak Park Healthcare Center	Oak Park, IL				18
19			Park House Nursing and Rehab	Chicago, IL				19
20			Timber Point Healthcare Center	Camp Point, IL				20
21			Prairie Village Healthcare Center	Jacksonville, IL				21
22			Dyer Nursing and Rehab	Dyer, IN				22
23			Lake County Nursing and Rehab	East Chicago, IN				23
24			Sebos Nursing and Rehab	Holbart, IN				24
25			Sheffield Manor Nursing Center	Indianapolis, IN				25
26			McKinley Health Care Center	Canton, OH				26
27								27
28								28
29								29
30								30

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%	\$ 397	\$	397	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	700		700	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	702		702	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	926		926	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	6,049		6,049	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	4,637		4,637	20
21	V	19 Professional Fees	151,200	Extended Care Consulting, LLC	100.00%	11,767		(139,433)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	4,141		4,141	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	19,574		19,574	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	531		531	24
25	V	25 Other Staff Admin. Transportation		Extended Care Consulting, LLC	100.00%	1,408		1,408	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	1,896		1,896	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	8,524		8,524	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	2,333		2,333	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	3,630		3,630	29
30	V	35 Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	1,331		1,331	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		\$ 151,200			\$ 68,546	\$ *	(82,654)	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	\$	Extended Care Consulting, LLC	100.00%	\$ 11,531	\$ 11,531	15
16	V	06 Maintenance		Extended Care Consulting, LLC	100.00%			16
17	V	07 Emp. Ben. - Gen. Services		Extended Care Consulting, LLC	100.00%	1,182	1,182	17
18	V	07 Emp. Ben. - Gen. Services		Extended Care Consulting, LLC	100.00%			18
19	V	17 Administrative		Extended Care Consulting, LLC	100.00%	25,600	25,600	19
20	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	161,162	161,162	20
21	V	21 Office and Clerical	15,873	Extended Care Consulting, LLC	100.00%	15,873		21
22	V	27 Emp. Ben. - Gen. Admin.		Extended Care Consulting, LLC	100.00%	34,883	34,883	22
23	V	27 Emp. Ben. - Gen. Admin.		Extended Care Consulting, LLC	100.00%	1,574	1,574	23
24	V	22 Employee Benefits	4,762	Extended Care Consulting, LLC	100.00%		(4,762)	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		\$ 20,635			\$ 251,805	\$ * 231,170	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	\$ 1,121	Care Centers Health Systems, Inc.	100.00%	\$ 807	\$	(314)	15
16	V	10 Nursing	60	Care Centers Health Systems, Inc.	100.00%	43		(17)	16
17	V	39 Ancillary	4,730	Care Centers Health Systems, Inc.	100.00%	3,405		(1,325)	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		\$ 5,911			\$ 4,255	\$ *	(1,656)	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	39 Ancillary	\$ 226,093	Tricare Rehab	100.00%	\$ 221,718	\$	(4,375)	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		\$ 226,093			\$ 221,718	\$ *	(4,375)	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	39 Ancillary	\$ 4,075	Reliable Medical of the Midwest, LLC	100.00%	\$ 4,039	\$	(36)	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	<b>Total</b>		\$ 4,075			\$ 4,039	\$ *	(36)	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 Benefits	\$ 133,932	CCS VEBA	100.00%	\$ 133,932	\$	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		\$ 133,932			\$ 133,932	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number      Countryside Nrsng & Rehab Ctr      #      0050708      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	0.00	See Attached	1.25	3.13%	Alloc. Salary	\$ 2,180	22 - 07	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 2,180		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 Countryside Nrsg & Rehab Ctr

# 0050708

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 \_\_\_\_\_

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsng & Rehab Ctr

# 0050708

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 Extended Care Consulting, LLC  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905 - 3000  
 Fax Number ( 847) 491 - 9565

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	\$ 60,827	\$ 397	1
2	02	Food	Patient Days	1,101,784	30	12,684	60,827	700	2
3	03	Housekeeping	Patient Days	1,101,784	30	12,707	60,827	702	3
4	05	Utilities	Patient Days	1,101,784	30	16,778	60,827	926	4
5	06	Maintenance	Patient Days	1,101,784	30	109,559	60,827	6,049	5
6	17	Administrative	Patient Days	1,101,784	30	84,000	60,827	4,637	6
7	19	Professional Fees	Patient Days	1,101,784	30	213,139	60,827	11,767	7
8	20	Dues and Subscriptions	Patient Days	1,101,784	30	75,016	60,827	4,141	8
9	21	Office and Clerical	Patient Days	1,101,784	30	354,548	60,827	19,574	9
10	24	Seminar and Travel	Patient Days	1,101,784	30	9,615	60,827	531	10
11	25	Other Staff Admin. Transport.	Patient Days	1,101,784	30	25,510	60,827	1,408	11
12	26	Insurance	Patient Days	1,101,784	30	34,345	60,827	1,896	12
13	30	Depreciation	Patient Days	1,101,784	30	154,393	60,827	8,524	13
14	32	Interest	Patient Days	1,101,784	30	42,261	60,827	2,333	14
15	33	Real Estate Taxes	Patient Days	1,101,784	30	65,749	60,827	3,630	15
16	35	Rent - Equipment and Auto	Patient Days	1,101,784	30	24,117	60,827	1,331	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,241,616	\$	\$ 68,546	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsng & Rehab Ctr

# 0050708

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 Extended Care Consulting, LLC  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905 - 3000  
 Fax Number ( 847) 491 - 9565

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	Patient Days	1,101,784	30	\$ 208,870	\$ 208,870	60,827	\$ 11,531	1
2	06	Maintenance	Direct	1	1			1		2
3	07	Emp. Ben. - Gen. Services	Patient Days	1,101,784	30	21,409	21,409	60,827	1,182	3
4	07	Emp. Ben. - Gen. Services	Direct	1	1			1		4
5	17	Administrative	Patient Days	1,101,784	30	463,710	463,710	60,827	25,600	5
6	21	Office and Clerical	Patient Days	1,101,784	30	2,919,199	2,919,199	60,827	161,162	6
7	21	Office and Clerical	Direct	1	1	15,873	15,873	1	15,873	7
8	27	Emp. Ben. - Gen. Admin.	Patient Days	1,101,784	30	631,850	631,850	60,827	34,883	8
9	27	Emp. Ben. - Gen. Admin.	Direct	1	1	1,574		1	1,574	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					\$ 4,262,485	\$ 4,260,911		\$ 251,805	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

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 Care Centers Health Systems, Inc.  
 Street Address 200 Howard Avenue #246  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number ( 224) 612 - 5662  
 Fax Number ( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Profit Margin %	122,604	23	\$ 88,277	\$ 1,121	\$ 807	1
2	10	Nursing	Profit Margin %	5,445	23	3,920	60	43	2
3	39	Ancillary	Profit Margin %	139,357	23	100,339	4,729	3,405	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					\$ 192,536	\$	\$ 4,255	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

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 Tricare Rehab  
 Street Address 150 Fencil Lane  
 City / State / Zip Code Hillside, Illinois 60162  
 Phone Number ( 708) 449 - 9400  
 Fax Number ( 708) 449 - 9700

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	Profit Margin %	10,291,244	19	\$ 10,092,129	\$ 226,092	\$ 221,718	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					\$ 10,092,129	\$	\$ 221,718	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

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 Reliable Medical of the Midwest, LLC  
 Street Address 200 Howard Avenue, Suite 246  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number ( 847) 566 - 0800  
 Fax Number ( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Ancillary	Profit Margin %	194,494	13	\$ 192,763	\$ 4,075	\$ 4,039	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					\$ 192,763	\$	\$ 4,039	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

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 VEBA  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905 - 3000  
 Fax Number ( 847) 491 - 9565

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 Benefits	Direct Allocation	1	1	\$ 133,932	\$ 1	\$ 133,932	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					\$ 133,932	\$	\$ 133,932	25

SEE ACCOUNTANTS' COMPILATION REPORT





**2012 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Countryside Nrsg & Rehab Ctr COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0050708  
 CONTACT PERSON REGARDING THIS REPORT Edward N. Slack  
 TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

**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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>29-13-100-001-0000</u>	<u>Long Term Care Facility</u>	\$ <u>561,599.81</u>	\$ <u>561,599.81</u>
2. <u>Allocation</u>	<u>Long Term Care Facility</u>	\$ <u>133,178.74</u>	\$ <u>2,861.78</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>694,778.55</u></u>	\$ <u><u>564,461.59</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.

**Countryside Nrsg & Rehab Ctr  
Medicaid Cost Report  
01/01/13 - 12/31/13**

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**Page 10 Supplemental Schedule**

<b>Vendor</b>	<b>Description</b>	<b>Amount</b>
<b>Appeal Costs</b>		
Finkel, Martwick & Colson, P.C.	2010 - Real Estate Tax Refund	2,482
Appraisal Research Counseling		4,200
Total - Line 5 Total		6,682
<b>Refunds</b>		
Cook County	2010 - Real Estate Tax Refund	9,227
Total		9,227
<b>Refund Adjustment</b>		
Appeal Costs		6,682
Real Estate Tax Refund	9,227	
Appeal Costs	6,682	
Remainder	2,545	
1/2 of Remainder		1,273
Total - Line 6 Total		7,955

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 37,547 B. General Construction Type: Exterior Brick Frame 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).

N/A

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>132,928</u>	<u>1998</u>	<u>\$ 392,750</u>	1
2	<u>Alloc. Extended Care</u>			<u>17,620</u>	2
3	<b>TOTALS</b>	<b>132,928</b>		<b>\$ 410,370</b>	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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various		1991		24,648						9
10	Various		1992		28,172						10
11	Various		1993		11,940						11
12	Various		1994		4,878						12
13	Various		1995		34,004						13
14	Various		1996		20,232						14
15	Various		1997		17,236						15
16	Various		1998		13,979						16
17	Various		1999		33,838						17
18	Various		2000		18,955						18
19	Various		2001		8,806						19
20	Various		2003		136,685						20
21	Various		2004		49,614						21
22	Various		2005		80,983						22
23	Various		2006		65,138						23
24	Various		2007		46,168						24
25	Various		2008		74,086						25
26	Asphalt Repairs - Front and Rear Lots		2010		5,000	182	27.5	182		720	26
27	7 Air Conditioning Units		2010		3,569	411	5	411		2,953	27
28	Compressor		2011		2,760	552	5	552		1,196	28
29	Bathroom / Shower (Tile, Drywall, Piping)		2011		6,197	310	20	310		620	29
30	Kitchen Countertop		2011		3,200	160	20	160		320	30
31	Rehab Renovations (Tile Work)		2011		6,517	326	20	326		652	31
32	Sunroom Rehab (Tile, Drywall, Studs, Paint, Electrical Switch)		2011		2,983	149	20	149		298	32
33	D Wing - Base, Drywall, Tape, Paint, Tile and Adhesive		2012		6,779	339	20	339		508	33
34	SS Office - Base, Drywall, Tape, Paint, Locks		2012		1,622	81	20	81		122	34
35	Reception Area - Tile and Adhesive		2012		2,763	138	20	138		207	35
36	Hallways - Tile and Adhesive, Concrete		2012		13,924	696	20	696		1,044	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	<u>B Wing - Tile and Adhesive, Base, Drywall, Handrail, Paint</u>	<u>2012</u>	<u>\$ 21,761</u>	<u>\$ 1,088</u>	<u>20</u>	<u>\$ 1,088</u>		<u>\$ 1,632</u>	37
38	<u>Smokehouse - Storage Unit, Electric, Door, Locks</u>	<u>2012</u>	<u>18,862</u>	<u>943</u>	<u>20</u>	<u>943</u>		<u>1,179</u>	38
39	<u>Dining Room - Electrical and Paint</u>	<u>2012</u>	<u>2,683</u>	<u>134</u>	<u>20</u>	<u>134</u>		<u>168</u>	39
40	<u>Kitchen - Paint</u>	<u>2012</u>	<u>2,219</u>	<u>111</u>	<u>20</u>	<u>111</u>		<u>139</u>	40
41	<u>Hot Water Tank</u>	<u>2012</u>	<u>3,290</u>	<u>658</u>	<u>5</u>	<u>658</u>		<u>1,261</u>	41
42	<u>Concrete - Outside Back of Building</u>	<u>2013</u>	<u>4,350</u>	<u>127</u>	<u>20</u>	<u>127</u>		<u>127</u>	42
43	<u>Flooring - Dining Room</u>	<u>2013</u>	<u>14,944</u>	<u>311</u>	<u>20</u>	<u>311</u>		<u>311</u>	43
44	<u>Roof</u>	<u>2013</u>	<u>84,500</u>	<u>704</u>	<u>20</u>	<u>704</u>		<u>704</u>	44
45	<u>Heat Exchanger - Roof</u>	<u>2013</u>	<u>4,959</u>	<u>331</u>	<u>5</u>	<u>331</u>		<u>331</u>	45
46									46
47									47
48									48
49									49
50									50
51									51
52	<u>Countryside Healthcare Center, LLC</u>								52
53	<u>Building</u>	<u>1977</u>	<u>5,408,525</u>	<u>156,562</u>	<u>27.5</u>	<u>156,562</u>		<u>3,556,592</u>	53
54	<u>Various</u>	<u>2001</u>	<u>256,048</u>	<u>9,170</u>	<u>27.5</u>	<u>9,170</u>		<u>121,272</u>	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									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		<b>\$ 6,546,817</b>	<b>\$ 173,483</b>		<b>\$ 173,483</b>		<b>\$ 3,692,356</b>	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	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,546,817	\$ 173,483		\$ 173,483	\$	\$ 3,692,356	1
2									2
3	<b>Related Party Allocations - See Supplemental Schedules</b>								3
4									4
5									5
6	<b>Allocations - Extended Care Consulting</b>	2007	254	13	13			89	6
7	<b>Allocations - Extended Care Consulting</b>	2009	152	8	8			38	7
8	<b>Allocations - Extended Care Consulting</b>	2010	1,489	74	74			298	8
9	<b>Allocations - Extended Care Consulting</b>	2011	536	27	27			80	9
10	<b>Allocations - Extended Care Consulting</b>	2012	177	8	8			18	10
11									11
12									12
13	<b>Allocations - Extended Care Consulting / 2201 Main LLC</b>	2002	24,281	623	623			7,030	13
14	<b>Allocations - Extended Care Consulting / 2201 Main LLC</b>	2002	20,058	1,833	1,833			16,349	14
15	<b>Allocations - Extended Care Consulting / 2201 Main LLC</b>	2003	23,638	2,160	2,160			21,624	15
16	<b>Allocations - Extended Care Consulting / 2201 Main LLC</b>	2005	1,174	125	125			923	16
17	<b>Allocations - Extended Care Consulting / 2201 Main LLC</b>	2009	213	11	11			53	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,618,789	\$ 178,365		\$ 178,365	\$	\$ 3,738,858	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	\$ 33,047	\$ 6,294	\$ 6,294	\$	5 - 7	\$ 15,338	71
72	Current Year Purchases	6,000	1,100	1,100		5 - 7	1,100	72
73	Fully Depreciated Assets							73
74	See Supplemental	466,661	3,642	3,642			462,726	74
75	TOTALS	\$ 505,708	\$ 11,036	\$ 11,036	\$		\$ 479,164	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	Alloc. - Extended Care			\$ 8,556	\$	\$	\$		\$ 8,556	76
77										77
78										78
79										79
80	TOTALS			\$ 8,556	\$	\$	\$		\$ 8,556	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)	\$ 7,543,423	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 189,401	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 189,401	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,226,578	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

**Countryside Nrsg & Rehab Ctr  
Medicaid Cost Report  
01/01/13 - 12/31/13**

**Page 13 Supplemental Schedule**

Description	Cost	Depreciation	Accumulated Depreciation
<b>Related Party 1 - Countryside Healthcare Center, LLC</b>			
Prior	394,000		394,000
Current			
Total	394,000	-	394,000
<b>Related Party 2 - Extended Care Consulting, LLC</b>			
Prior	5,707	571	2,754
Current	1,091	109	109
Total	6,798	680	2,863
<b>Related Party 3 - Extended Care Consulting, LLC / 2201 Main LLC</b>			
Prior	6,724	78	6,724
Current			
Total	6,724	78	6,724
<b>Related Party 4 - Vent Lease - Matrix Software</b>			
Prior	59,139	2,884	59,139
Current			
Total	59,139	2,884	59,139
<b>Total</b>	<b>466,661</b>	<b>3,642</b>	<b>462,726</b>

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A - Related Party  
 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	See							5
6	Supplement				1,658			6
7	TOTAL				\$ 1,658			7

\*\*

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

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

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

15. Is Movable equipment rental included in building rental?  YES  NO  
 16. Rental Amount for movable equipment: \$ 18,275 Description: See Supplemental 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	Infinity	\$ 374.00	\$ 4,488	17
18	Facility	Various		725	18
19					19
20					20
21	TOTAL		\$ 374.00	\$ 5,213	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
 Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2014</u>	\$ _____
13.	<u>/2015</u>	\$ _____
14.	<u>/2016</u>	\$ _____

\* 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

**Countryside Nrsg & Rehab Ctr**  
**Medicaid Cost Report**  
**01/01/13 - 12/31/13**

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**Page 14 Supplemental Schedule - Building and Fixed Equipment**

<u>Vendor</u>	<u>Amount</u>
Mobile Mini, Inc.	1,658
Total	<u><u>1,658</u></u>

**Page 14 Supplemental Schedule - Equipment Rental**

<u>Vendor</u>	<u>Amount</u>
Aqua Coolers	816
Hughes Enterprise	12,144
Neopost	39
US Gas	66
Zerox	3,879
Alloc. - Extended Care Consulting	1,331
Total	<u><u>18,275</u></u>

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)			
			Staff		Outside Practitioner (other than consultant)									
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	226,653	\$		\$	226,653	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					36,327				36,327	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs					220,897				220,897	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 prescripts						146,147			146,147	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify): <a href="#">See Supplemental</a>	39 - 02							28,837			28,837	12	
13	Other (specify): <a href="#">See Supplemental</a>	39 - 03							17,177			17,177	13	
14	TOTAL			\$				\$	501,054	\$	174,984	\$	676,038	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

**Countryside Nrsg & Rehab Ctr**  
**Medicaid Cost Report**  
**01/01/13 - 12/31/13**

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**Page 16 Supplemental Schedule**

Description	Supplies	Other
Oxygen	10,691	
Medical Supplies	2,430	
Therapy and Rehab Supplies	5,089	
Wheelchairs and Walkers	1,202	
Food Pump and Supplies	4,729	
Low Pressure Mattresses	4,696	
Ambulance		708
Laboratory		9,607
Radiology		1,295
Other		5,567
Total	28,837	17,177

Facility Name & ID Number **Countryside Nrsg & Rehab Ctr**

# **0050708**

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 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,313	\$ 363,658	1
2	Cash-Patient Deposits	59,960	59,960	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>776,138</u> )	1,632,718	1,632,718	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	77,971	77,971	6
7	Other Prepaid Expenses	180,335	180,335	7
8	Accounts Receivable (owners or related parties)	1,915,098	4,295,661	8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,867,395	\$ 6,610,303	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		392,750	13
14	Buildings, at Historical Cost		5,408,525	14
15	Leasehold Improvements, at Historical Cost	206,492	462,540	15
16	Equipment, at Historical Cost	52,151	446,151	16
17	Accumulated Depreciation (book methods)	(30,930)	(4,102,794)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>		53,666	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 227,713	\$ 2,660,838	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,095,108	\$ 9,271,141	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,307,473	\$ 1,307,473	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	76,919	76,919	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	219,522	219,522	30
31	Accrued Taxes Payable (excluding real estate taxes)	7,352	7,352	31
32	Accrued Real Estate Taxes(Sch.IX-B)		589,680	32
33	Accrued Interest Payable		9,329	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Supplemental Schedule</u>			36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,611,266	\$ 2,210,275	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Supplemental Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 7,100,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,611,266	\$ 9,310,275	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,483,842	\$ (39,134)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,095,108	\$ 9,271,141	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Countryside Nrsg & Rehab Ctr  
Medicaid Cost Report  
01/01/13 - 12/31/13**

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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
<b>Line 9 - Other Current Assets</b>		
Total	-	-
<b>Line 23 - Other Long Term Assets</b>		
Financing Costs (Net of Amortization)		53,666
Total	-	53,666
<b>Line 36 - Other Current Liabilities</b>		
Total	-	-
<b>Line 43 - Other Long Term Liabilities</b>		
Total	-	-

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,964,760</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,964,760</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	\$ <b>1,019,082</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	\$ <b>(500,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>519,082</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>2,483,842</b>	<b>24</b> *

\* 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,316,132	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,316,132	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	88,633	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 88,633	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	9,655	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 9,655	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	19,594	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 19,594	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,434,014	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,303,792	31
32	Health Care	2,606,517	32
33	General Administration	2,324,175	33
<b>B. Capital Expense</b>			
34	Ownership	1,054,617	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	676,038	35
36	Provider Participation Fee	449,793	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,414,932	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,019,082	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,019,082	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,998,582	44
45	Private Pay - Net Inpatient Revenue	109,080	45
46	Medicare - Net Inpatient Revenue	2,183,645	46
47	Other-(specify) <u>Hospice - Net Inpatient Revenue</u>	23,575	47
48	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	1,250	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 9,316,132	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Finished 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 Countryside Nrsng & Rehab Ctr

# 0050708

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	1,892	2,125	\$ 86,132	\$ 40.53	1
2	Assistant Director of Nursing	1,457	1,538	53,479	34.77	2
3	Registered Nurses	17,174	18,901	527,113	27.89	3
4	Licensed Practical Nurses	25,270	27,427	622,214	22.69	4
5	CNAs & Orderlies	56,981	63,146	621,728	9.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,453	6,229	102,022	16.38	8
9	Activity Director	2,020	2,186	32,431	14.84	9
10	Activity Assistants	8,037	8,897	84,909	9.54	10
11	Social Service Workers	16,659	18,003	300,250	16.68	11
12	Dietician					12
13	Food Service Supervisor	1,996	2,134	38,923	18.24	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,968	6,528	71,994	11.03	15
16	Dishwashers	11,118	12,499	118,445	9.48	16
17	Maintenance Workers	5,558	6,299	100,876	16.01	17
18	Housekeepers	22,260	24,634	231,439	9.40	18
19	Laundry	2,818	3,113	30,412	9.77	19
20	Administrator	1,934	2,117	112,260	53.03	20
21	Assistant Administrator	3,514	3,905	63,597	16.29	21
22	Other Administrative	678	686	61,308	89.37	22
23	Office Manager					23
24	Clerical	9,656	10,609	216,598	20.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,912	2,085	22,025	10.56	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Security</u>	3,780	3,998	39,270	9.82	33
34	TOTAL (lines 1 - 33)	206,135	227,059	\$ 3,537,425 *	\$ 15.58	34

**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	248	\$ 12,435	01 - 03	35
36	Medical Director		12,000	09 - 03	36
37	Medical Records Consultant		2,177	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		19,045	10 - 03	39
40	Physical Therapy Consultant		85	10a - 03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	32	1,664	11 - 03	44
45	Social Service Consultant	22	1,335	12 - 03	45
46	Other(specify)				46
47	<u>Psychiatrist</u>		93	10 - 03	47
48					48
49	TOTAL (lines 35 - 48)	302	\$ 48,834		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

\*\* See instructions.

Facility Name & ID Number Countryside Nrsg & Rehab Ctr

# 0050708

Report Period Beginning: 01/01/13

Ending: 12/31/13

**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		
Callie M. Graham	Administrator	0	\$ 112,260	Workers' Compensation Insurance	\$ 84,697	IDPH License Fee	\$ 1,990		
Elimelech S. Ray	Asst. Admin.	0	24,834	Unemployment Compensation Insurance	60,595	Advertising: Employee Recruitment	675		
Angela M. Noland	Administration	0	38,763	FICA Taxes	264,709	Health Care Worker Background Check			
Sherwin Ray	Administration	0	61,308	Employee Health Insurance	168,484	(Indicate # of checks performed <u>76</u> )	3,080		
				Employee Meals		Patient Background Checks	<u>200</u> 2,000		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	98		
				Employee Physicals	1,177	Licenses	617		
				Holiday Expense	2,196	Advertising and Promotion	14,869		
				Other Employee Welfare	5,225	Alloc. Extended Care Consulting, LLC	4,141		
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 237,165						
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 587,083	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type	Amount							
Extended Care Consulting, LLC	Home Office	\$	151,200						
Plante & Moran, PLLC	Accounting		18,350						
Krupnick, Bokor & Kagda	Accounting		1,795						
Personnel Planners, Inc.	Unemployment Consultant		2,265						
Singer Networks	Computer Maintenance		15,854						
Comcast Cable	Data Processing		959						
Paycor	Data Processing		19,873						
American Data	Data Processing		4,675				Seminar Expense 2,946		
Medifax	Data Processing		859				Alloc. Extended Care Consulting, LLC 531		
E Health Data Solutions	Data Processing		6,634						
MDI Achieve	Data Processing		14,572						
See Supplemental Schedule			124,158				Entertainment Expense ( )		
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 361,195					TOTAL 3,477	

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**Countryside Nrsg & Rehab Ctr**  
**Medicaid Cost Report**  
**01/01/13 - 12/31/13**

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**Page 21 Supplemental Schedule - Other Professional Fees**

Vendor	Type	Amount
Care Consultants of Illinois	Data Processing	144
Ability Network	Data Processing	161
National Datacare Corporation	Data Processing	3,447
Nebo Systems, Inc.	Data Processing	67
Ashman & Stein	Legal	3,702
Williams, Montgomery & John, Ltd.	Legal	6,279
Hall, Prangle & Schoonveld, LLC	Legal	10,045
Hoover Hull, LLP	Legal	35
Law Offices of Michael Z Margolis	Legal	300
McVey & Parsky, LLC	Legal	3,474
Meyer Magence	Legal	789
O'Hagan Spencer, LLC	Legal	44,156
Quintairos, Prieto, Wood	Legal	3,270
Robbins, Salomon & Patt	Legal	613
Stephen N. Sher, P.C.	Legal	560
Williams, Montgomery & John, Ltd.	Legal	261
Finkel, Martwick & Colson, P.C.	Legal	29,994
Finkel, Martwick & Colson, P.C.	Other	2,482
Appraisal Research Counseling	Other	4,200
Care Consultants of Illinois	Other	45
Pharmacy Price Management	Other	238
Extended Care Consulting	Other	1,745
HFG	Other	8,151
Total		124,158

**Countryside Nrsng & Rehab Ctr  
Medicaid Cost Report  
01/01/13 - 12/31/13**

**Page 21 Supplemental Schedule - Legal Details**

Vendor	Invoice Date	Amount	Allowable
Hoover Hull, LLP	02/18/13	35	
McVey & Parsky, LLC	02/25/13	288	288
O'Hagan Spencer, LLC	02/25/13	5,637	5,637
Quintairos, Prieto, Wood	02/27/13	361	
Quintairos, Prieto, Wood	02/27/13	1,811	
Quintairos, Prieto, Wood	02/27/13	565	
Quintairos, Prieto, Wood	02/27/13	92	
Quintairos, Prieto, Wood	02/27/13	442	
Ashman & Stein	02/28/13	1,192	
McVey & Parsky, LLC	03/25/13	528	528
O'Hagan Spencer, LLC	03/31/13	369	369
Ashman & Stein	03/31/13	195	
O'Hagan Spencer, LLC	03/31/13	592	592
O'Hagan Spencer, LLC	03/31/13	2,844	2,844
Ashman & Stein	04/09/13	433	
O'Hagan Spencer, LLC	04/25/13	1,537	1,537
O'Hagan Spencer, LLC	04/30/13	2,045	2,045
McVey & Parsky, LLC	04/30/13	317	317
O'Hagan Spencer, LLC	05/09/13	787	787
Ashman & Stein	05/28/13	199	
Williams, Montgomery & John, Ltd.	05/28/13	350	
McVey & Parsky, LLC	05/31/13	256	256
O'Hagan Spencer, LLC	05/31/13	4,295	4,295
O'Hagan Spencer, LLC	06/18/13	952	952
Williams, Montgomery & John, Ltd.	06/24/13	371	
O'Hagan Spencer, LLC	06/26/13	3,920	3,920
O'Hagan Spencer, LLC	06/26/13	2,018	2,018
Meyer Magence	06/30/13	789	789
O'Hagan Spencer, LLC	06/30/13	699	699
O'Hagan Spencer, LLC	06/30/13	1,596	1,596
O'Hagan Spencer, LLC	06/30/13	2,255	2,255
Ashman & Stein	07/26/13	358	
McVey & Parsky, LLC	07/31/13	416	416
Stephen N. Sher, P.C.	07/31/13	560	
O'Hagan Spencer, LLC	07/31/13	1,160	1,160
O'Hagan Spencer, LLC	07/31/13	1,785	1,785
O'Hagan Spencer, LLC	07/31/13	422	422
Ashman & Stein	08/23/13	119	
Williams, Montgomery & John, Ltd.	08/23/13	1,346	
McVey & Parsky, LLC	08/23/13	192	192
O'Hagan Spencer, LLC	08/27/13	109	109
O'Hagan Spencer, LLC	08/27/13	1,238	1,238
Ashman & Stein	09/23/13	303	
Williams, Montgomery & John, Ltd.	09/23/13	1,058	
Hall, Prangle & Schoonveld, LLC	09/25/13	1,408	1,408
O'Hagan Spencer, LLC	09/25/13	1,594	1,594
Law Offices of Michael Z Margolis	10/03/13	300	
Ashman & Stein	10/21/13	650	
McVey & Parsky, LLC	10/28/13	416	416
McVey & Parsky, LLC	10/28/13	224	224
O'Hagan Spencer, LLC	10/31/13	929	929
Ashman & Stein	11/18/13	252	
Robbins, Salomon & Patt	11/18/13	613	
O'Hagan Spencer, LLC	11/29/13	2,540	2,540
Hall, Prangle & Schoonveld, LLC	11/29/13	489	489
Hall, Prangle & Schoonveld, LLC	11/29/13	1,083	1,083
Hall, Prangle & Schoonveld, LLC	11/29/13	2,673	2,673
O'Hagan Spencer, LLC	11/29/13	3,932	3,932
Williams, Montgomery & John, Ltd.	11/30/13	3,154	
McVey & Parsky, LLC	11/30/13	646	646
McVey & Parsky, LLC	12/31/13	192	192
Hall, Prangle & Schoonveld, LLC	12/31/13	1,851	1,851
O'Hagan Spencer, LLC	12/31/13	3,445	3,445
Williams, Montgomery & John, Ltd.	12/31/13	261	
Finkel, Martwick & Colson, P.C.	12/31/13	29,994	29,994
Total		<u>103,478</u>	<u>88,458</u>
Non-Allowable			<u>15,020</u>

**Countryside Nrsg & Rehab Ctr**  
**Medicaid Cost Report**  
**01/01/13 - 12/31/13**

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**Page 21 Supplemental Schedule - Seminar**

Vendor	Invoice Date	Amount	Allowable
IL Council on LTC	02/05/13	165	165
IL Council on LTC	02/06/13	165	165
American Health Care Assoc	01/15/13	161	161
IL Council on LTC	02/27/13	165	165
IL Council on LTC	02/28/13	165	165
IL Council on LTC	04/11/13	165	165
IL Council on LTC	04/11/13	165	165
IL Council on LTC	04/11/13	165	165
IL Council on LTC	04/23/13	165	165
IL Council on LTC	04/24/13	165	165
IL Council on LTC	08/15/13	165	165
IL Council on LTC	07/30/13	165	165
IL Council on LTC	07/30/13	165	165
IL Council on LTC	07/28/13	325	325
IL Council on LTC	10/21/13	165	165
IL Council on LTC	01/29/13	165	165
Care Centers of IL - Crisis Prevention	09/30/13	150	150
Alloc. Extended Care Consulting, LLC		531	531
		3,477	3,477
		3,477	3,477

**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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nrsg & Rehab Ctr# 0050708

Report Period Beginning:

01/01/13Ending: 12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report?  
If YES, give association name and amount. N/A No
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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?  
What was the average life used for new equipment added during this period? Yes  
5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line 10 - 02
- (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?  
If YES, give effective date of lease. No 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 X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 449,793  
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. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? Ln. 14  
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? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? 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**