

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237 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	314	Skilled (SNF)	314	114,610	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	314	TOTALS	314	114,610	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	7,037	20,315	31,033	58,385	8
9	SNF/PED					9
10	ICF	38,110	10		38,120	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,147	20,325	31,033	96,505	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.20%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 12/01/1975

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 314 and days of care provided 24,546

Medicare Intermediary Wisconsin Physician 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

Facility Name & ID Number

Glenview Terrace Nursing Ctr

0026237

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
	A. General Services										
1	Dietary	731,175	62,664	552,867	1,346,706		1,346,706	6,164	1,352,870		1
2	Food Purchase		949,858		949,858	(158,848)	791,010	(4,737)	786,273		2
3	Housekeeping	635,283	91,753		727,036		727,036	11,539	738,575		3
4	Laundry	345,043	45,752		390,795		390,795		390,795		4
5	Heat and Other Utilities			319,629	319,629		319,629	5,329	324,958		5
6	Maintenance	252,572	93,510	321,966	668,048		668,048	15,836	683,884		6
7	Other (specify):*										7
8	TOTAL General Services	1,964,073	1,243,537	1,194,462	4,402,072	(158,848)	4,243,224	34,131	4,277,355		8
	B. Health Care and Programs										
9	Medical Director			130,300	130,300		130,300		130,300		9
10	Nursing and Medical Records	7,603,350	355,029	156,588	8,114,967		8,114,967	(8,122)	8,106,845		10
10a	Therapy	1,641,323		33,000	1,674,323		1,674,323		1,674,323		10a
11	Activities	433,734	46,933	6,695	487,362		487,362		487,362		11
12	Social Services	456,782		4,200	460,982		460,982		460,982		12
13	CNA Training										13
14	Program Transportation			428	428		428	(109)	319		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	10,135,189	401,962	331,211	10,868,362		10,868,362	(8,231)	10,860,131		16
	C. General Administration										
17	Administrative	349,734		60,000	409,734		409,734	(47,500)	362,234		17
18	Directors Fees										18
19	Professional Services			1,171,827	1,171,827	(3,766)	1,168,061	(142,241)	1,025,820		19
20	Dues, Fees, Subscriptions & Promotions			330,457	330,457		330,457	(147,628)	182,829		20
21	Clerical & General Office Expenses	593,422	7,806	553,467	1,154,695		1,154,695	(99,944)	1,054,751		21
22	Employee Benefits & Payroll Taxes			2,359,592	2,359,592	158,848	2,518,440	(695)	2,517,745		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,922	14,922		14,922	(393)	14,529		24
25	Other Admin. Staff Transportation			3,630	3,630		3,630	3	3,633		25
26	Insurance-Prop.Liab.Malpractice			453,856	453,856		453,856	2,139	455,995		26
27	Other (specify):*							92,517	92,517		27
28	TOTAL General Administration	943,156	7,806	4,947,751	5,898,713	155,082	6,053,795	(343,741)	5,710,054		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	13,042,418	1,653,305	6,473,424	21,169,147	(3,766)	21,165,381	(317,842)	20,847,540		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

Glenview Terrace Nursing Ctr

#0026237

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			246,079	246,079		246,079	589,688	835,767			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			418,817	418,817		418,817	(81,432)	337,385			32
33	Real Estate Taxes					3,766	3,766	772,375	776,141			33
34	Rent-Facility & Grounds			1,770,000	1,770,000		1,770,000	(1,770,000)				34
35	Rent-Equipment & Vehicles			74,934	74,934		74,934	6,366	81,300			35
36	Other (specify):*							79,324	79,324			36
37	TOTAL Ownership			2,509,830	2,509,830	3,766	2,513,596	(403,679)	2,109,917			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,477,608	1,817,196		3,294,804		3,294,804		3,294,804			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			506,989	506,989		506,989		506,989			42
43	Other (specify):*	210,770		143,673	354,443		354,443	(354,443)	0			43
44	TOTAL Special Cost Centers	1,688,378	1,817,196	650,662	4,156,236		4,156,236	(354,443)	3,801,793			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	14,730,796	3,470,501	9,633,916	27,835,213		27,835,213	(1,075,964)	26,759,249			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 Glenview Terrace Nursing Ctr

0026237

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	(2,745)	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	150,699	30		9
10	Interest and Other Investment Income	(475,158)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,992)	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	(159)	21		18
19	Entertainment				19
20	Contributions	(29,750)	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	(346,243)	21		24
25	Fund Raising, Advertising and Promotional	(19,775)	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	(875,767)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,600,890)		\$	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)	524,926		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 524,926		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,075,964)		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

Glenview Terrace Nursing Ctr

ID# 0026237

Report Period Beginning: 01/01/13

Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	2013 Seminar	\$ 245	24	1
2	Driver's Salary	(36,044)	43	2
3	Marketing Salary	(87,648)	43	3
4	Veteran Expenses	(8,122)	10	4
5	Life Insurance	(695)	22	5
6	Bank Charges	(25,130)	21	6
7	Credit Card Fees	(24,957)	21	7
8	Public Relations	(85,987)	20	8
9	Additional R&M	6,938	06	9
10	Bldg Co. - Annual Report Fee	(250)	20	10
11	Bldg Co. - Accounting Fees	(24,742)	19	11
12	Bldg Co. - Loan Amortization Costs	(4,935)	36	12
13	Non Allowable Auto Expense	(23,673)	43	13
14	Non Allowable Marketing Travel	(1,663)	43	14
15	State of Illinois Income	(160)	21	15
16	Miscellaneous Income	(1,846)	21	16
17	Non Allowable Interest	(120,903)	32	17
18	Capitalized R&M	(2,574)	06	18
19	Non Allowable Rent	(141,000)	34	19
20	Non Allowable Fees	(120,000)	43	20
21	Non Allowable Office Expense	(60,000)	21	21
22	Non Allowable Legal Fees	(11,071)	19	22
23	Non Allowable Seminar	(638)	24	23
24	COPE Dues	(15,497)	20	24
25	Non Allowable Salary	(85,415)	43	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	(875,767)	49

Glenview Terrace Nursing Ctr

ID# 0026237

Report Period Beginning: 01/01/13

Ending: 12/31/13

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

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenview Terrace Nursing Ctr# 0026237

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			6,164									6,164	1
2	Food Purchase	(4,737)											(4,737)	2
3	Housekeeping			11,539									11,539	3
4	Laundry													4
5	Heat and Other Utilities			5,329									5,329	5
6	Maintenance	4,364		11,472									15,836	6
7	Other (specify):*													7
8	TOTAL General Services	(373)		34,504									34,131	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(8,122)											(8,122)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation					(109)							(109)	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(8,122)				(109)							(8,231)	16
	C. General Administration													
17	Administrative				(47,500)								(47,500)	17
18	Directors Fees													18
19	Professional Services	(35,813)	24,742	(131,795)	625								(142,241)	19
20	Fees, Subscriptions & Promotions	(151,259)	250	3,381									(147,628)	20
21	Clerical & General Office Expenses	(458,495)		353,139	5,412								(99,944)	21
22	Employee Benefits & Payroll Taxes	(695)											(695)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(393)											(393)	24
25	Other Admin. Staff Transportation			3									3	25
26	Insurance-Prop.Liab.Malpractice			2,139									2,139	26
27	Other (specify):*			90,975	1,542								92,517	27
28	TOTAL General Administration	(646,654)	24,992	317,842	(39,921)								(343,741)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(655,150)	24,992	352,346	(39,921)	(109)							(317,842)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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	150,699	423,020	15,969									589,688	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(596,061)	497,690	16,939									(81,432)	32
33	Real Estate Taxes		758,129	14,246									772,375	33
34	Rent-Facility & Grounds	(141,000)	(1,629,000)										(1,770,000)	34
35	Rent-Equipment & Vehicles			6,366									6,366	35
36	Other (specify):*	(4,935)	84,259										79,324	36
37	TOTAL Ownership	(591,297)	134,098	53,520									(403,679)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(354,443)											(354,443)	43
44	TOTAL Special Cost Centers	(354,443)											(354,443)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,600,890)	159,090	405,866	(39,921)	(109)							(1,075,964)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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 Rental Income	\$ 1,629,000	Glenview Terrace Property, LLC	100.00%	\$	\$ (1,629,000)	1
2	V	32 Interest Income	674	Glenview Terrace Property, LLC	100.00%		(674)	2
3	V	20 Annual Report Fee		Glenview Terrace Property, LLC	100.00%	250	250	3
4	V	19 Accounting Fees		Glenview Terrace Property, LLC	100.00%	24,742	24,742	4
5	V	32 Mortgage Interest Expense		Glenview Terrace Property, LLC	100.00%	498,364	498,364	5
6	V	33 Real Estate Taxes		Glenview Terrace Property, LLC	100.00%	758,129	758,129	6
7	V	36 MIP Insurance		Glenview Terrace Property, LLC	100.00%	79,324	79,324	7
8	V	30 Depreciation		Glenview Terrace Property, LLC	100.00%	423,020	423,020	8
9	V	36 Loan Amortization		Glenview Terrace Property, LLC	100.00%	4,935	4,935	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,629,674			\$ 1,788,764	\$ * 159,090	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	1 <u>DIETARY</u>	\$	<u>ITEX / AK CARE COMPANY</u>	100.00%	\$ 6,164	\$ 6,164
16	V	3 <u>HOUSEKEEPING</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	11,539	11,539
17	V	5 <u>UTILITIES</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	5,329	5,329
18	V	6 <u>REPAIRS AND MAINT.</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	11,472	11,472
19	V	19 <u>PROFESSIONAL FEES</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	13,927	13,927
20	V	20 <u>FEES, SUBSCRIPTIONS</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	3,381	3,381
21	V	21 <u>CLERICAL AND GENERAL</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	50,923	50,923
22	V	25 <u>AUTO</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	3	3
23	V	26 <u>INSURANCE</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	2,139	2,139
24	V	30 <u>DEPRECIATION</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	15,969	15,969
25	V	32 <u>INTEREST</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	16,939	16,939
26	V	33 <u>REAL ESTATE TAXES</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	14,246	14,246
27	V	35 <u>EQUIPMENT RENTAL</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	6,366	6,366
28	V						
29	V						
30	V						
31	V	21 <u>CLERICAL SALARIES</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	302,216	302,216
32	V	27 <u>GEN ADMIN. - EMP. BEN.</u>		<u>ITEX / AK CARE COMPANY</u>	100.00%	90,975	90,975
33	V						
34	V						
35	V	19 <u>HOME OFFICE</u>	137,000	<u>ITEX / AK CARE COMPANY</u>	100.00%		(137,000)
36	V	19 <u>DATA PROCESSING</u>	8,722	<u>ITEX / AK CARE COMPANY</u>	100.00%		(8,722)
37	V						
38	V						
39	Total		\$ 145,722			\$ 551,588	\$ * 405,866

* 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	17 J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 12,500	\$ 12,500
16	V	19 PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	625	625
17	V	21 OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	5,412	5,412
18	V	27 EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,542	1,542
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V	17 MANAGEMENT FEES	60,000	JLR FINANCIAL SERVICES CORP.	100.00%		(60,000)
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 60,000			\$ 20,079	\$ * (39,921)

* 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	14 Ambulance Services	\$ 626	Lifeline Ambulance		\$ 517	\$ (109)
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		\$ 626			\$ 517	\$ * (109)

* 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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

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

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glenview Terrace Nursing Ctr

0026237

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	RAJCHENBACH GLENVIEW TERRACE LLC	9.800%						1
2	ROBINSON-LEVITT FAMILY TRUST	0.296%						2
3	ROSLYN HAMER	1.580%						3
4	SANDI SPRECKMAN TRUST	0.393%						4
5	SHARON HOLLANDER DISCRETIONARY TRUST	6.020%						5
6	SHELDON AND FREDA ROBINSON	0.988%						6
7	SHELDON ROBINSON	0.395%						7
8	SHELDON ROBINSON DELTA TRUST	1.976%						8
9	SHELDON ROBINSON REVOCABLE TRUST	3.558%						9
10	SHOSHANA BRAUN	1.177%						10
11	SNYDER-MILSTEIN LLC	0.990%						11
12	SOREL SIMON TRUST	0.395%						12
13	STEVE AND BARBARA GELLER	0.296%						13
14	SUSAN MOESER	0.393%						14
15	YEHUDA SILVER	0.590%						15
16	YEHOSHUA Y. DAVIS	1.177%						16
17	YISROEL M. DAVIS	1.177%						17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 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	Jack Rajchenbach	Relative	Administrative	0.00%	See Attached	6.00	10.00%	Alloc. Salary	\$ 12,500	17-7	1
2	Mark Hollander	Relative	Administrative	0.00%	See Attached	27.00	45.00%	Salary	145,900	17-1	2
3	Aber Hollander	Relative	Administrative	0.00%	See Attached	40.00	100.00%	Salary	134,941	17-1	3
4	Allen Hollander	Relative	Clerical	0.00%	See Attached	16.67	41.68%	Salary	7,384	21-1	4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 300,725		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	359,890	4	\$ 19,355	\$ 114,610	\$ 6,164	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	359,890	4	36,232	114,610	11,539	2
3	5	UTILITIES	AVAILABLE BED DAYS	359,890	4	16,733	114,610	5,329	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	359,890	4	36,022	114,610	11,472	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	359,890	4	43,733	114,610	13,927	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	359,890	4	10,618	114,610	3,381	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	359,890	4	159,905	114,610	50,923	7
8	25	AUTO	AVAILABLE BED DAYS	359,890	4	10	114,610	3	8
9	26	INSURANCE	AVAILABLE BED DAYS	359,890	4	6,715	114,610	2,139	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	359,890	4	50,144	114,610	15,969	10
11	32	INTEREST	AVAILABLE BED DAYS	359,890	4	53,191	114,610	16,939	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	359,890	4	44,734	114,610	14,246	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	359,890	4	19,991	114,610	6,366	13
14									14
15									15
16									16
17	21	CLERICAL SALARIES	DIRECT ALLOCATION		4	893,229	893,229	302,216	17
18	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		4	268,886		90,975	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,659,498	\$ 893,229	\$ 551,588	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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

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	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	48	9	\$ 100,000	\$ 100,000	6	\$ 12,500	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	9	5,000	6	625	2	
3	21	OFFICE	AVG. HOURS WORKED	48	9	43,293	6	5,412	3	
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	48	9	12,338	6	1,542	4	
5									5	
6									6	
7									7	
8									8	
9									9	
10									10	
11									11	
12									12	
13									13	
14									14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 160,631	\$ 143,293		\$ 20,079	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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 Lifeline Ambulance LLC
 Street Address 2424 S. Wabash Avenue
 City / State / Zip Code Chicago, IL 60616
 Phone Number (312) 949-9595
 Fax Number (312) 949-9262

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	14	Ambulance Services	Direct		\$	\$		\$ 517	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				\$	\$		\$ 517	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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 Glenview Terrace Nursing Ctr

0026237

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	HUD		X	Mortgage			\$	\$ 15,727,943			\$ 498,364	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6	MB Financial		X	Line of Credit				3,802,706			204,262	6					
7	INAC		X	Insurance Financing							7,786	7					
8	See Supplemental Schedule							597,814			85,866	8					
9	TOTAL Facility Related						\$	\$ 20,128,463			\$ 796,278	9					
B. Non-Facility Related*																	
10	Interest Income		X								(475,158)	10					
11	Interest Income - Bldg. Co.		X								(674)	11					
12	Allocated from ITEX		X								16,939	12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (458,893)	14					
15	TOTALS (line 9+line14)						\$	\$ 20,128,463			\$ 337,385	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 79,324 Line # 36

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

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

Facility Name & ID Number

Glenview Terrace Nursing Ctr

0026237

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	Omnicare		X				\$	\$ 597,814			\$ 44,787					
9	Shareholder Loans	X									41,079					
10																
11																
12																
13																
14	TOTAL Working Capital							597,814			85,866					
	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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	725,446		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	737,929		2
3. Under or (over) accrual (line 2 minus line 1).		\$	12,483		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	759,880		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	3,766		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	776,129		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>626,952</u>			8
	2009	<u>630,272</u>			9
	2010	<u>676,238</u>			10
	2011	<u>690,901</u>			11
	2012	<u>723,683</u>			12
2013 Accrual = \$723,683 x 1.05 = \$759,880 (Rounded)					
Allocated from ITEX: \$14,246					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenview Terrace Nursing Ctr COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0026237
 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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-28-401-042-0000</u>	<u>Long Term Care Property</u>	\$ <u>723,682.99</u>	\$ <u>723,682.99</u>
2. <u>10-35-312-022-0000</u>	<u>Allocation from ITEX/AK Care</u>	\$ <u>53,305.60</u>	\$ <u>16,228.69</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>776,988.59</u></u>	\$ <u><u>739,911.68</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 Glenview Terrace Nursing Ctr

0026237 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1978</u>	<u>\$ 167,502</u>	1
2					2
3	TOTALS			\$ 167,502	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	314		1975	\$ 2,750,940	\$ 423,020	40	\$ 68,774	\$ (354,247)	\$ 2,569,546	4
5			1989	1,453,936		40	36,348	36,348	879,044	5
6			2002	4,266,341		40	106,659	106,659	319,977	6
7										7
8										8
Improvement Type**										
9	Various		1975	28,890		20			28,890	9
10	Various		1977	11,520		20			11,520	10
11	Various		1978	1,209		20			1,209	11
12	Various		1979	4,832		20			4,832	12
13	Various		1980	6,097		20			6,097	13
14	Various		1981	2,004		20			2,004	14
15	Various		1982	6,604		20			6,604	15
16	Various		1983	5,607		20			5,607	16
17	Various		1984	4,233		20			4,233	17
18	Various		1985	10,997		20			10,997	18
19	Various		1986	2,080		20			2,080	19
20	Various		1987	2,375		20			2,375	20
21	Various		1988	4,955		20			4,955	21
22	Various		1989	111,464		20			111,464	22
23	Various		1990	98,033		20			98,033	23
24	Various		1991	2,229		20			2,229	24
25	Various		1992	3,024		20			3,024	25
26	Various		1993	103,239		20	1,298	1,298	101,906	26
27	Various		1994	23,033		20	1,152	1,152	21,679	27
28	Various		1995	44,266		20	2,213	2,213	40,766	28
29	Various		1996	93,171		20	4,659	4,659	81,876	29
30	Various		1997	102,244		20	3,431	3,431	61,036	30
31	Various		1998	103,389		20	4,025	4,025	83,636	31
32	Various		1999	150,958		20	3,531	3,531	132,209	32
33	Various		2000	37,198		20	1,860	1,860	24,692	33
34	Various		2001	217,477		20	10,874	10,874	136,928	34
35	Various		2002	5,478,038		20	265,707	265,707	3,582,922	35
36	Various		2003	1,988,331		20	81,551	81,551	1,202,405	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2004	\$ 154,078	\$	20	\$ 11,943	\$ 11,943	\$ 144,216	37
38	Various	2005	112,565		20	7,802	7,802	83,696	38
39	Various	2006	43,728		20	3,147	3,147	36,647	39
40	Various	2007	78,768		20	7,114	7,114	46,227	40
41	Various	2008	249,755		20	27,972	27,972	205,892	41
42	Various	2009	186,004		20	6,497	6,497	30,290	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	<u>Related Building Company (Pages 12F & 12G)</u>								67
68	<u>Related Party Allocations (Pages 12H & 12I)</u>		664,334	15,539		19,672	4,133	421,732	68
69	<u>Financial Statement Depreciation</u>			246,079			(246,079)		69
70	TOTAL (lines 4 thru 69)		\$ 18,607,945	\$ 684,638		\$ 676,228	\$ (8,410)	\$ 10,513,472	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nursing Ctr# 0026237

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	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		\$ 18,607,945	\$ 684,638		\$ 676,228	\$ (8,410)	\$ 10,513,472	1
2	Ho Smith 670000 Btu Boiler	2010	8,500		20	1,700	1,700	6,800	2
3	Flate Plate Heat Exchanger	2010	4,590		20	918	918	2,907	3
4	Demolition & Repair Of Bathroom	2010	14,747		20	1,475	1,475	5,407	4
5	Aquabath Shower Units	2010	8,350		20	835	835	3,131	5
6	Aquabath Shower Units	2010	5,795		20	580	580	2,125	6
7	Built In Footboards & Headboards	2010	2,700		20	540	540	1,755	7
8	Inline Chiller	2010	5,501		20	1,100	1,100	3,759	8
9	Parking Lot Seal Coat	2010	2,800		20	140	140	525	9
10	Hvac Repair - Condenser	2010	3,166		20	158	158	554	10
11	Hvac Repair - Pump & Valve	2010	2,596		20	130	130	454	11
12	Generator Repair	2010	2,816		20	141	141	528	12
13	Carpet For Office	2011	3,049		20	436	436	1,125	13
14	Carpet 2Nd Floor Hallway	2011	15,000		20	2,143	2,143	5,179	14
15	Carpet 2Nd Floor Hallway	2011	19,850		20	2,836	2,836	6,617	15
16	Carpet 24 Rooms 1St Floor	2011	13,000		20	1,857	1,857	3,869	16
17	Ac Repair	2011	4,574		20	915	915	2,287	17
18	Boiler Work	2011	6,654		20	1,331	1,331	2,883	18
19	Air Conditioning System	2011	3,339		20	668	668	2,003	19
20	Wallcoverings	2011	2,708		20	542	542	1,625	20
21	Cornice Boards And Draperies	2011	3,023		20	605	605	1,713	21
22	Wallcoverings	2011	5,669		20	1,134	1,134	3,212	22
23	Wallcoverings	2011	3,163		20	633	633	1,687	23
24	Wallcoverings	2011	3,703		20	741	741	1,543	24
25	Computer Cubbies And Walls	2011	9,500		20	1,900	1,900	5,225	25
26	Bearing And Housing Repair	2011	3,108		20	622	622	1,761	26
27	Concrete Repair	2011	3,760		20	251	251	668	27
28	Ceramic Wall Tile	2011	3,400		20	340	340	963	28
29	French Door	2011	3,500		20	350	350	875	29
30	Airconditioning System For Elevator Room	2011	10,243		20	1,024	1,024	2,731	30
31	Roof Air Unit	2011	21,350		20	2,135	2,135	5,338	31
32	Roof Air Unit	2011	3,439		20	344	344	860	32
33	Roof Air Unit	2011	19,782		20	1,978	1,978	4,616	33
34	TOTAL (lines 1 thru 33)		\$ 18,831,320	\$ 684,638		\$ 706,726	\$ 22,088	\$ 10,598,199	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 18,831,320	\$ 684,638		\$ 706,726	\$ 22,088	\$ 10,598,199	1
2	Repaired Heating / Cooling Unit	2011	2,913		20	146	146	425	2
3	Repaired Boiler	2011	6,654		20	333	333	721	3
4	Replaced Heating / Cooling Unit	2011	3,339		20	167	167	501	4
5	Replace Sprinkler Heads	2011	3,457		20	173	173	360	5
6	Repaired Elevator Pit	2011	5,241		20	262	262	764	6
7	Asphalt Coating	2012	3,200		20	213	213	302	7
8	Carpet 24 Rooms 1St Floor	2012	16,750		20	3,350	3,350	5,304	8
9	Carpeting First Floor Hallway	2012	18,480		20	3,696	3,696	5,852	9
10	Carpeting First Floor Hallway	2012	18,480		20	3,696	3,696	4,928	10
11	Asphalt Paving	2012	11,850		20	790	790	1,119	11
12	3Rd Floor Dining Room - Wallcovering	2012	6,158		20	1,232	1,232	2,463	12
13	First Floor Resident Room - Wallcovering 330 Yards	2012	3,705		20	741	741	1,235	13
14	First Floor Resident Room - Wallcovering 660 Yards	2012	7,410		20	1,482	1,482	2,470	14
15	First Floor Resident Room - Wallcovering 300 Yards	2012	3,382		20	676	676	1,071	15
16	Room Heaters	2012	3,214		20	643	643	696	16
17	Baseboards	2012	4,160		20	832	832	1,664	17
18	Replace Water Heater	2012	8,974		20	897	897	1,720	18
19	Remove & Replace Taco Pump	2012	6,400		20	640	640	1,067	19
20	Ao Smith Boiler	2012	6,253		20	625	625	990	20
21	Install Sprinklers, Extend Sprinklers With Two Piece Escutcheon	2012	4,685		20	234	234	429	21
22	Replaced 2Nd Flat Plate Heat Exchanger	2012	6,750		20	338	338	478	22
23	Draperies For Patient Rooms	2013	3,600		20	720	720	720	23
24	Trane Heat Pump	2013	4,100		20	137	137	137	24
25	Heat Pump Tower, Circle, And Motor	2013	6,100		20	203	203	203	25
26	Generator Valve Repair	2013	2,574		20				26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,999,148	\$ 684,638		\$ 728,952	\$ 44,314	\$ 10,633,819	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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		\$ 18,999,148	\$ 684,638		\$ 728,952	\$ 44,314	\$ 10,633,819	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 18,999,148	\$ 684,638		\$ 728,952	\$ 44,314	\$ 10,633,819	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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	Totals from Page 12D, Carried Forward		\$ 18,999,148	\$ 684,638		\$ 728,952	\$ 44,314	\$ 10,633,819	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,999,148	\$ 684,638		\$ 728,952	\$ 44,314	\$ 10,633,819	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	Building Company Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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	Building Company Information Continued		\$	\$		\$	\$	\$	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)		\$	\$		\$	\$	\$	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		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocation from ITEX	1993	510,824	13,098	20	14,595	1,497	300,412	3
4									4
5									5
6									6
7									7
8	Leasehold Information								8
9	Allocation from ITEX	1993	64,276	378	20	940	562	64,276	9
10	Allocation from ITEX	1994	34,524	898	20	1,726	828	33,281	10
11	Allocation from ITEX	1995	5,884	16	20	294	278	5,352	11
12	Allocation from ITEX	1996	333		20	17	17	300	12
13	Allocation from ITEX	1997	9,926	255	20	496	241	8,188	13
14	Allocation from ITEX	1999	1,102	28	20	55	27	827	14
15	Allocation from ITEX	2005	4,826		20	241	241	2,021	15
16	Allocation from ITEX	2007	5,975	139	20	299	160	1,870	16
17	Allocation from ITEX	2008	22,773	584	20	752	168	4,199	17
18	Allocation from ITEX	2009	1,241	32	20	124	92	558	18
19	Allocation from ITEX	2010	2,650	111	20	133	22	448	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 Glenview Terrace Nursing Ctr

0026237

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	Related Party Information Continued		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 664,334	\$ 15,539		\$ 19,672	\$ 4,133	\$ 421,732	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	\$ 1,513,262	\$ 430	\$ 84,365	\$ 83,935	10	\$ 1,264,479	71
72	Current Year Purchases	162,991		21,857	21,857	10	21,857	72
73	Fully Depreciated Assets	2,740,659		592	592	10	2,740,513	73
74								74
75	TOTALS	\$ 4,416,912	\$ 430	\$ 106,814	\$ 106,384		\$ 4,026,849	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 23,583,562	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 685,068	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 835,767	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 150,699	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 14,660,668	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.	<u>/2014</u>	\$ _____
13.	<u>/2015</u>	\$ _____
14.	<u>/2016</u>	\$ _____

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: \$ 51,884 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	<u>Residential Use</u>	<u>Ford Van</u>	\$ <u>1,650.00</u>	\$ <u>19,800</u>	17
18	<u>Residential Use</u>	<u>Chrysler Jeep</u>	<u>848.99</u>	<u>9,616</u>	18
19					19
20					20
21	TOTAL		\$ <u>2,498.99</u>	\$ <u>29,416</u>	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

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?</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>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		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 - 01	hrs	\$	792,642		\$			\$	792,642	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs		204,634			15,000			219,634	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 01	hrs		355,760			408,430			764,190	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					1,101,287			1,101,287	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>				124,572			292,479			417,051	13
14	TOTAL			\$	1,477,608		\$	1,817,196		\$	3,294,804	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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	\$ 475,954	\$ 695,438	1
2	Cash-Patient Deposits	37,139	37,139	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	6,498,703	6,498,703	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	629,185	629,185	6
7	Other Prepaid Expenses	91,009	91,009	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	363,046	729,752	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,095,036	\$ 8,681,226	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		8,932,843	14
15	Leasehold Improvements, at Historical Cost	1,211,513	8,812,790	15
16	Equipment, at Historical Cost	1,882,629	5,316,631	16
17	Accumulated Depreciation (book methods)	(2,223,729)	(15,573,584)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	6,922,303	8,190,177	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,792,716	\$ 15,877,677	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,887,752	\$ 24,558,903	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,970,928	\$ 2,986,928	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	35,639	35,639	28
29	Short-Term Notes Payable	4,219,828	4,219,828	29
30	Accrued Salaries Payable	861,490	861,490	30
31	Accrued Taxes Payable (excluding real estate taxes)	71,068	71,068	31
32	Accrued Real Estate Taxes(Sch.IX-B)		759,880	32
33	Accrued Interest Payable	18,231	59,517	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	23,196	85,940	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,200,380	\$ 9,080,290	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	180,693	180,693	39
40	Mortgage Payable		15,727,943	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)	\$ 180,693	\$ 15,908,636	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,381,073	\$ 24,988,926	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,506,679	\$ (430,023)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 15,887,752	\$ 24,558,903	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,649,175	1
2	Restatements (describe):		2
3	State Replacement Tax	(4,646)	3
4	Rounding	(3)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,644,526	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	862,153	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 862,153	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)	\$ 7,506,679	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	\$ 25,697,383	1
2	Discounts and Allowances for all Levels	(8,542,342)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,155,041	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,989,059	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 8,989,059	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	45	13
14	Non-Patient Meals	2,745	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,532,973	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	308,112	19
20	Radiology and X-Ray		20
21	Other Medical Services	226,508	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,070,383	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	475,158	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 475,158	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	7,725	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,725	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 28,697,366	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,402,072	31
32	Health Care	10,868,362	32
33	General Administration	5,898,713	33
B. Capital Expense			
34	Ownership	2,509,830	34
C. Ancillary Expense			
35	Special Cost Centers	3,649,247	35
36	Provider Participation Fee	506,989	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 27,835,213	40
41	Income before Income Taxes (line 30 minus line 40)**	862,153	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 862,153	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,423,817	44
45	Private Pay - Net Inpatient Revenue	4,102,972	45
46	Medicare - Net Inpatient Revenue	4,996,656	46
47	Other-(specify) <u>Insurance</u>	280,327	47
48	Other-(specify) <u>Veterans/Isolation/Alzheimer</u>	351,269	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,155,041	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237

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	1,584	2,024	\$ 108,244	\$ 53.48	1
2	Assistant Director of Nursing	5,110	5,500	207,654	37.76	2
3	Registered Nurses	86,427	105,218	2,781,623	26.44	3
4	Licensed Practical Nurses	45,724	52,102	1,273,927	24.45	4
5	CNAs & Orderlies	227,576	257,911	3,128,878	12.13	5
6	CNA Trainees					6
7	Licensed Therapist	46,745	53,830	1,477,608	27.45	7
8	Rehab/Therapy Aides	36,879	45,939	1,641,323	35.73	8
9	Activity Director	1,720	2,080	39,979	19.22	9
10	Activity Assistants	30,984	35,353	393,755	11.14	10
11	Social Service Workers	24,249	27,484	456,782	16.62	11
12	Dietician					12
13	Food Service Supervisor	923	1,114	17,642	15.84	13
14	Head Cook	9,146	10,404	97,090	9.33	14
15	Cook Helpers/Assistants	41,338	46,628	616,443	13.22	15
16	Dishwashers					16
17	Maintenance Workers	12,758	15,075	252,572	16.75	17
18	Housekeepers	47,913	53,788	635,283	11.81	18
19	Laundry	28,160	31,686	345,043	10.89	19
20	Administrator	4,599	4,693	138,001	29.41	20
21	Assistant Administrator					21
22	Other Administrative	3,055	3,149	211,733	67.24	22
23	Office Manager	1,899	2,199	55,830	25.39	23
24	Clerical	28,113	31,237	537,592	17.21	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,718	6,631	103,024	15.54	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	6,788	7,560	210,769	27.88	33
34	TOTAL (lines 1 - 33)	697,408	801,605	\$ 14,730,795 *	\$ 18.38	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	175	\$ 8,217	01-03	35
36	Medical Director	Monthly	130,300	09-03	36
37	Medical Records Consultant	Monthly	4,512	10-03	37
38	Nurse Consultant	Monthly	84,000	10-03	38
39	Pharmacist Consultant	Monthly	68,076	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	6,695	11-03	44
45	Social Service Consultant	Monthly	4,200	12-03	45
46	Other(specify)				46
47	Rehab Nursing Consultant	Monthly	33,000	10a-03	47
48	Dietary Services Consultant	Monthly	544,650	01-03	48
49	TOTAL (lines 35 - 48)	175	\$ 883,650		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. 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	
Aber Hollander	Administrator	0	\$ 134,941	Workers' Compensation Insurance	\$ 331,948	IDPH License Fee	\$	
Bradley Bartels	Administrator	0	3,060	Unemployment Compensation Insurance	94,201	Advertising: Employee Recruitment	102,570	
Mark Hollander	Exec. Director	0	145,900	FICA Taxes	1,098,843	Health Care Worker Background Check		
Ian Crook	VP Operations	0	65,833	Employee Health Insurance	733,906	(Indicate # of checks performed <u>207</u>)	20,688	
				Employee Meals	158,848	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Permits	4,997	
				401K Expense	33,656	Dues & Subscriptions	51,194	
				Pension Plan	47,608	Allocated from ITEX	3,381	
				Other Employee Benefits	8,682			
				Christmas Expenses	10,053			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 349,734	TOTAL (agree to Schedule V, line 22, col.8)	\$ 2,517,745	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 182,830	
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
JLR Financial Services Corp. - Management Fees			\$ 60,000				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 60,000				Seminar Expense	14,529
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
				TOTAL		\$	TOTAL	\$ 14,529

C. Professional Services		
Vendor/Payee	Type	Amount
Frost, Ruttenberg & Rothblatt	Accounting	\$ 65,143
Itex - AK Care	Centralized Bookkeeping	137,000
Personnel Planners	Unemployment Consult	1,793
Joint Commission	Accreditation	5,646
E-Health Data Solutions	Data Processing	7,260
Am Ex	Data Processing	62,974
ADL Data Systems	Data Processing	9,447
AK Care	Data Processing	8,722
Provinet	Data Processing	174,210
Health Medex	Data Processing	270,049
Verizon Data	Data Processing	1,756
See Supplemental Schedule		427,827
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 1,171,827

* 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												
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16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr# 0026237

Report Period Beginning:

01/01/13

Ending:

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? Yes
If YES, give association name and amount. ICLTC: \$32,970
- (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. \$ 6,840 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? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 506,989
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ 158,848 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,745
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? 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.