



Facility Name & ID Number The Grove of Lagrange Park

# 0050443 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 \_\_\_\_\_

	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	131	Skilled (SNF)	131	47,815	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	131	TOTALS	131	47,815	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	4,146	1,101	9,573	14,821	8
9	SNF/PED					9
10	ICF	21,773	3,903	630	26,305	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,919	5,004	10,203	41,126	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.01%

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 04/01/2009

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

YES  Date 04/01/2009 NO

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

YES  NO  If YES, enter number of beds certified 131 and days of care provided 7,740

Medicare Intermediary CGS Administrators

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 &amp; ID Number

The Grove of Lagrange Park

# 0050443

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	226,504	20,416	18,913	265,833		265,833	265,833			1
2	Food Purchase		228,779		228,779	(12,775)	216,004	(12,289)	203,715		2
3	Housekeeping	180,028	28,776	862	209,666		209,666	844	210,510		3
4	Laundry	104,584	22,393		126,977		126,977		126,977		4
5	Heat and Other Utilities			112,404	112,404		112,404	(4,070)	108,334		5
6	Maintenance	66,583		145,372	211,955		211,955	(7,830)	204,125		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	577,699	300,364	277,551	1,155,614	(12,775)	1,142,839	(23,345)	1,119,494		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,001	30,001		30,001		30,001		9
10	Nursing and Medical Records	2,219,594	228,808	110,320	2,558,722		2,558,722	(99,289)	2,459,433		10
10a	Therapy	100,438			100,438		100,438		100,438		10a
11	Activities	108,582	8,236		116,818		116,818		116,818		11
12	Social Services	91,053		6,539	97,592		97,592	4,375	101,967		12
13	CNA Training										13
14	Program Transportation			796	796		796		796		14
15	Other (specify):*							214	214		15
16	<b>TOTAL Health Care and Programs</b>	2,519,667	237,044	147,656	2,904,367		2,904,367	(94,700)	2,809,667		16
	<b>C. General Administration</b>										
17	Administrative	154,963		23,618	178,581		178,581	11,469	190,050		17
18	Directors Fees										18
19	Professional Services			401,043	401,043	(4,045)	396,998	(262,920)	134,078		19
20	Dues, Fees, Subscriptions & Promotions			217,342	217,342		217,342	(183,813)	33,529		20
21	Clerical & General Office Expenses	171,282	7,292	309,015	487,589		487,589	(130,591)	356,998		21
22	Employee Benefits & Payroll Taxes			628,083	628,083	12,775	640,858		640,858		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,520	2,520		2,520	706	3,226		24
25	Other Admin. Staff Transportation			7,448	7,448		7,448		7,448		25
26	Insurance-Prop.Liab.Malpractice			117,088	117,088		117,088	896	117,984		26
27	Other (specify):*							25,474	25,474		27
28	<b>TOTAL General Administration</b>	326,245	7,292	1,706,157	2,039,694	8,730	2,048,424	(538,779)	1,509,645		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,423,611	544,700	2,131,364	6,099,675	(4,045)	6,095,630	(656,824)	5,438,806		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 The Grove of Lagrange Park

#0050443

Report Period Beginning:

01/01/13

Ending:

12/31/13

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			206,719	206,719		206,719	12,252	218,971			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,369	20,369		20,369	354,464	374,833			32
33	Real Estate Taxes			219,164	219,164	4,045	223,209	2,613	225,822			33
34	Rent-Facility & Grounds			578,631	578,631		578,631	(578,631)	0			34
35	Rent-Equipment & Vehicles			8,501	8,501		8,501		8,501			35
36	Other (specify):*							0	0			36
37	<b>TOTAL Ownership</b>			1,033,384	1,033,384	4,045	1,037,429	(209,302)	828,127			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		361,315	835,780	1,197,095		1,197,095		1,197,095			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			270,401	270,401		270,401		270,401			42
43	Other (specify):*	51,051		521,698	572,749		572,749	(572,749)	0			43
44	<b>TOTAL Special Cost Centers</b>	51,051	361,315	1,627,879	2,040,245		2,040,245	(572,749)	1,467,496			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,474,662	906,015	4,792,627	9,173,304		9,173,304	(1,438,875)	7,734,429			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 The Grove of Lagrange Park

# 0050443

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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer-</b>	<b>BHF USE</b>	
			<b>ence</b>	<b>ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(5,046)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(76,935)	30		9
10	Interest and Other Investment Income	(53,384)	32		10
11	Discounts, Allowances, Rebates & Refunds	(12,027)	02		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(278)	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	(11,375)	21		18
19	Entertainment				19
20	Contributions	(92,000)	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	(170,817)	21		24
25	Fund Raising, Advertising and Promotional	(82,274)	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	(804,218)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,308,354)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
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)	(130,521)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (130,521)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,438,875)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

The Grove of Lagrange Park

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

ID# 0050443

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Capitalized R&M	\$ (14,002)	06	1
2	Additional R&M	3,495	06	2
3	Pharmacy - Veterans	(70,763)	10	3
4	Sequestration	(49,722)	21	4
5	Patient Personal Items	(644)	10	5
6	Meals	(2,248)	21	6
7	Bank Charges	(5,041)	21	7
8	Penalties	(1,777)	21	8
9	Annual Report	(250)	20	9
10	Collections	(248)	20	10
11	Prior Year Dues	(4,493)	20	11
12	Non-Allowable Seminars	(385)	24	12
13	Non-Allowable Legal	(5,983)	19	13
14	Marketing Salary	(51,051)	43	14
15	Building Company - Title Fees	(1,543)	20	15
16	Building Company - Amortization - Prepaid Loan Feee	(69,294)	36	16
17	Building Company - License and Fees	(250)	20	17
18	Building Company - Legal Fees	(3,284)	19	18
19	Non-Allowable Expenses	(521,698)	43	19
20	COPE Dues	(5,038)	20	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	(804,218)	49

The Grove of Lagrange Park

ID# 0050443  
 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	<b>Total</b>		0	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Grove of Lagrange Park# 0050443

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													1
2	Food Purchase	(12,305)		16									(12,289)	2
3	Housekeeping			844									844	3
4	Laundry													4
5	Heat and Other Utilities	(5,046)		976									(4,070)	5
6	Maintenance	(10,507)		2,677									(7,830)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(27,858)</b>		<b>4,513</b>									<b>(23,345)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(71,407)				(27,882)							(99,289)	10
10a	Therapy													10a
11	Activities													11
12	Social Services					4,375							4,375	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					214							214	15
16	<b>TOTAL Health Care and Programs</b>	<b>(71,407)</b>				<b>(23,293)</b>							<b>(94,700)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			1		11,469							11,469	17
18	Directors Fees													18
19	Professional Services	(9,266)	3,284	(257,199)		261							(262,920)	19
20	Fees, Subscriptions & Promotions	(186,096)	1,793	447	22	22							(183,813)	20
21	Clerical & General Office Expenses	(240,980)	(15)	108,986		1,418							(130,591)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(385)		1,042		49							706	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			896									896	26
27	Other (specify):*			24,926		549							25,474	27
28	<b>TOTAL General Administration</b>	<b>(436,728)</b>	<b>5,062</b>	<b>(120,902)</b>	<b>22</b>	<b>13,768</b>							<b>(538,779)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(535,993)</b>	<b>5,062</b>	<b>(116,389)</b>	<b>22</b>	<b>(9,525)</b>							<b>(656,824)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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	(76,935)	84,154	2,069	2,964								12,252	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(53,384)	405,356	14	2,477								354,464	32
33	Real Estate Taxes				2,613								2,613	33
34	Rent-Facility & Grounds		(578,631)	7,822	(7,822)								(578,631)	34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(69,294)	69,294										0	36
37	<b>TOTAL Ownership</b>	<b>(199,613)</b>	<b>(19,827)</b>	<b>9,905</b>	<b>232</b>								<b>(209,302)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(572,749)											(572,749)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(572,749)</b>											<b>(572,749)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,308,354)	(14,765)	(106,484)	254	(9,525)							(1,438,875)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 578,631	Grove of LaGrange Healthcare Properties LLC	100.00%	\$	\$ (578,631)	1
2	V	21 Bank Service	15	Grove of LaGrange Healthcare Properties LLC	100.00%		(15)	2
3	V	32 Interest	43	Grove of LaGrange Healthcare Properties LLC	100.00%	405,399	405,356	3
4	V	20 Title Fees		Grove of LaGrange Healthcare Properties LLC	100.00%	1,543	1,543	4
5	V	36 Amortization of Loan Fee		Grove of LaGrange Healthcare Properties LLC	100.00%	69,294	69,294	5
6	V	30 Depreciation		Grove of LaGrange Healthcare Properties LLC	100.00%	84,154	84,154	6
7	V	20 License and Fees		Grove of LaGrange Healthcare Properties LLC	100.00%	250	250	7
8	V	19 Legal Fees		Grove of LaGrange Healthcare Properties LLC	100.00%	3,284	3,284	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 578,689			\$ 563,924	\$ * (14,765)	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	2	FOOD	Legacy Healthcare Financial Services	100.00%	\$ 16	\$	16	15
16	V	3	HOUSEKEEPING WAGES	Legacy Healthcare Financial Services	100.00%	753		753	16
17	V	3	HOUSEKEEPING SUPPLIES	Legacy Healthcare Financial Services	100.00%	91		91	17
18	V	5	UTILITIES	Legacy Healthcare Financial Services	100.00%	976		976	18
19	V	6	GROUNDS & MAINTENANCE	Legacy Healthcare Financial Services	100.00%	2,677		2,677	19
20	V	17	MANAGEMENT FEES	Legacy Healthcare Financial Services	100.00%				20
21	V	19	PROFESSIONAL FEES	Legacy Healthcare Financial Services	100.00%	6,801		6,801	21
22	V	20	FEES, SUBSCRIPTIONS	Legacy Healthcare Financial Services	100.00%	447		447	22
23	V	21	CLERICAL & GENERAL WAGES	Legacy Healthcare Financial Services	100.00%	100,428		100,428	23
24	V	21	CLERICAL & GENERAL OTHER COSTS	Legacy Healthcare Financial Services	100.00%	8,558		8,558	24
25	V	24	SEMINARS	Legacy Healthcare Financial Services	100.00%	1,042		1,042	25
26	V	26	INSURANCE	Legacy Healthcare Financial Services	100.00%	896		896	26
27	V	27	EMP. BEN.-GEN. ADMIN.	Legacy Healthcare Financial Services	100.00%	17,072		17,072	27
28	V	27	EMP BEN- OWNERS	Legacy Healthcare Financial Services	100.00%				28
29	V	30	DEPRECIATION	Legacy Healthcare Financial Services	100.00%	2,069		2,069	29
30	V	32	INTEREST	Legacy Healthcare Financial Services	100.00%	14		14	30
31	V	34	RENT	Legacy Healthcare Financial Services	100.00%	7,822		7,822	31
32	V								32
33	V	17	MANAGEMENT FEES					(23,618)	33
34	V	19	BOOKKEEPING FEES					(264,000)	34
35	V	17	MANAGEMENT FEES- C. RAJCHENBACH	Legacy Healthcare Financial Services	100.00%	11,809		11,809	35
36	V	17	MANAGEMENT FEES- M. SHABAT	Legacy Healthcare Financial Services	100.00%	11,809		11,809	36
37	V	27	HEALTH INSURANCE/BENEFITS- C. RAJCHENBACH	Legacy Healthcare Financial Services	100.00%	3,927		3,927	37
38	V	27	HEALTH INSURANCE/BENEFITS- M. SHABAT	Legacy Healthcare Financial Services	100.00%	3,927		3,927	38
39	Total		\$ 287,618			\$ 181,134	\$ *	(106,484)	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	20 DUES & SUBSCRIPTIONS		Legacy Real Properties	100.00%	22	\$	22	15
16	V	30 DEPRECIATION		Legacy Real Properties	100.00%	2,964		2,964	16
17	V	32 INTEREST EXPENSE		Legacy Real Properties	100.00%	2,477		2,477	17
18	V	33 REAL ESTATE TAXES		Legacy Real Properties	100.00%	2,613		2,613	18
19	V								19
20	V	34 RENT	7,822	Legacy Real Properties	100.00%			(7,822)	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		\$ 7,822			\$ 8,076	\$ *	254	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	10 NURSING SALARIES		Progressive Healthcare Consulting	100.00%	8,118	\$ 8,118
16	V	12 CLERGY SALARY		Progressive Healthcare Consulting	100.00%	536	536
17	V	12 ADMISSIONS SALARY		Progressive Healthcare Consulting	100.00%	3,839	3,839
18	V	15 EMP. BEN.-NURSING		Progressive Healthcare Consulting	100.00%	214	214
19	V	17 ADMIN SALARY- NON OWNER		Progressive Healthcare Consulting	100.00%	11,469	11,469
20	V	19 PROFESSIONAL FEES		Progressive Healthcare Consulting	100.00%	261	261
21	V	20 FEES, SUBSCRIPTIONS		Progressive Healthcare Consulting	100.00%	22	22
22	V	21 CLERICAL & GENERAL		Progressive Healthcare Consulting	100.00%	1,418	1,418
23	V	24 SEMINARS		Progressive Healthcare Consulting	100.00%	49	49
24	V	27 AUTO AND TRAVEL		Progressive Healthcare Consulting	100.00%	549	549
25	V						
26	V	10 NURSING CONSULTANT	36,000	Progressive Healthcare Consulting	100.00%		(36,000)
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		\$ 36,000			\$ 26,475	\$ * (9,525)

\* 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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	CHAIM RAJCHENBACH	33.5000%	ASTORIA PLACE LIVING AND REHABILITATION CENTER,LLC	CHICAGO	SHABAT & ASSOCIATES	SKOKIE	MANAGEMENT CO	1
2	JACK RAJCHENBACH	15.0000%	ELMBROOK NURSING,LLC	ELMHURST	LEGACY REAL PROPERTIES, I	LINCOLNWOOD	BUILDING CO	2
3	MENACHEM SHABAT	33.5000%	THE GROVE NORTH LIVING AND REHAB CENTER,LLC	SKOKIE	LEGACY HEALTHCARE & FINA	LINCOLNWOOD	HOME OFFICE / BOOKKEE	3
4	RONALD SHABAT	15.0000%	THE GROVE OF EVANSTON,LLC	EVANSTON	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	4
5	YAIR ZUCKERMAN	3.0000%	THE GROVE AT THE LAKE	ZION	PROGRESSIVE HEALTHCARE	LINCOLNWOOD	NURSE CONSULTING	5
6			THE GROVE AT LINCOLN PARK LIVING AND REHAB CENTER,LLC	CHICAGO	REMED SERVICES LLC	LINCOLNWOOD	DME SALES	6
7			LAKEFRONT NURSING & REHABILITATION CENTER, L.L.C.	CHICAGO	GROVE OF LAGRANGE HC PROP LLC		BUILDING CO	7
8			PARK VILLA NURSING AND REHABILITATION CENTER,LLC	MELROSE PARK				8
9			PETERSON PARK ASSOCIATES LIMITED PARTNERSHIP	CHICAGO				9
10			WINDSOR PARK	CHICAGO				10
11			CHALET LIVING & REHAB CENTER	CHICAGO				11
12			THE GROVE OF NORTHBROOK	NORTHBROOK				12
13			THE VILLA AT EVERGREEN	EVERGREEN PARK				13
14			WARREN BARR	CHICAGO				14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Grove of Lagrange Park

# 0050443

Report Period Beginning:

01/01/13

Ending:

12/31/13

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park # 0050443 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	Chaim Rajchenbach	Owner	Administrative	32.00%	See Attached	2.95	5.90%	Mgmt Fees	\$ 11,809	17-07	1
2	Menachem Shabat	Owner	Administrative	32.00%	See Attached	2.95	5.90%	Mgmt Fees	11,809	17-07	2
3	Yair Zuckerman	Owner	Administrative	3.00%	See Attached	3.48	8.70%				3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 23,618		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 The Grove of Lagrange Park

# 0050443 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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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 Legacy Healthcare Financial Services  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number (847) 679-9797  
 Fax Number (847) 679-1126

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

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	2	FOOD	AVAIL. BED DAYS	17	\$ 271	\$	47,815	\$ 16	1
2	3	HOUSEKEEPING WAGES	AVAIL. BED DAYS	17	12,745	12,745	47,815	753	2
3	3	HOUSEKEEPING SUPPLIES	AVAIL. BED DAYS	17	1,546		47,815	91	3
4	5	UTILITIES	AVAIL. BED DAYS	17	16,531		47,815	976	4
5	6	GROUNDS & MAINTENANCE	AVAIL. BED DAYS	17	45,337		47,815	2,677	5
6	17	MANAGEMENT FEES	AVAIL. BED DAYS	17			47,815		6
7	19	PROFESSIONAL FEES	AVAIL. BED DAYS	17	115,181		47,815	6,801	7
8	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	17	7,563		47,815	447	8
9	21	CLERICAL & GENERAL WAC	AVAIL. BED DAYS	17	1,700,817	1,700,817	47,815	100,428	9
10	21	CLERICAL & GENERAL OTH	AVAIL. BED DAYS	17	144,929		47,815	8,558	10
11	24	SEMINARS	AVAIL. BED DAYS	17	17,652		47,815	1,042	11
12	26	INSURANCE	AVAIL. BED DAYS	17	15,170		47,815	896	12
13	27	EMP. BEN.-GEN. ADMIN.	AVAIL. BED DAYS	17	289,128		47,815	17,072	13
14	27	EMP BEN- OWNERS	AVAIL. BED DAYS	17			47,815		14
15	30	DEPRECIATION	AVAIL. BED DAYS	17	35,039		47,815	2,069	15
16	32	INTEREST	AVAIL. BED DAYS	17	242		47,815	14	16
17	34	RENT	AVAIL. BED DAYS	17	132,473		47,815	7,822	17
18									18
19									19
20									20
21	17	MANAGEMENT FEES- C. RAJ	AVG HOURS WKD	50	200,000		3	11,809	21
22	17	MANAGEMENT FEES- M. SH	AVG HOURS WKD	50	200,000		3	11,809	22
23	27	HEALTH INSURANCE/BENE	AVG HOURS WKD	50	66,502		3	3,927	23
24	27	HEALTH INSURANCE/BENE	AVG HOURS WKD	50	66,502		3	3,927	24
25	TOTALS				\$ 3,067,628	\$ 1,713,563		\$ 181,134	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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 Legacy Real Properties  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 679-1126

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	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	809,780	17	368	47,815	22	1
2	30	DEPRECIATION	AVAIL. BED DAYS	809,780	17	50,196	47,815	2,964	2
3	32	INTEREST EXPENSE	AVAIL. BED DAYS	809,780	17	41,954	47,815	2,477	3
4	33	REAL ESTATE TAXES	AVAIL. BED DAYS	809,780	17	44,250	47,815	2,613	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				\$ 136,768	\$		\$ 8,076	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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 Progressive Healthcare Consulting  
 Street Address 7040 N. Ridgeway  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 679-1126

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	10	NURSING SALARIES	AVAIL. BED DAYS	550,071	11	93,385	93,385	47,815	8,118	1
2	12	CLERGY SALARY	AVAIL. BED DAYS	550,071	11	6,165	6,165	47,815	536	2
3	12	ADMISSIONS SALARY	AVAIL. BED DAYS	550,071	11	44,165	44,165	47,815	3,839	3
4	15	EMP. BEN.-NURSING	AVAIL. BED DAYS	550,071	11	2,467		47,815	214	4
5	17	ADMIN SALARY- NON OWNE	AVAIL. BED DAYS	550,071	11	131,937	131,937	47,815	11,469	5
6	19	PROFESSIONAL FEES	AVAIL. BED DAYS	550,071	11	3,003		47,815	261	6
7	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	550,071	11	250		47,815	22	7
8	21	CLERICAL & GENERAL	AVAIL. BED DAYS	550,071	11	16,314		47,815	1,418	8
9	24	SEMINARS	AVAIL. BED DAYS	550,071	11	560		47,815	49	9
10	27	AUTO AND TRAVEL	AVAIL. BED DAYS	550,071	11	6,314		47,815	549	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					\$ 304,561	\$ 275,653		\$ 26,475	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443 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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443 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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	<b>TOTAL Long-Term</b>															
	<b>Working Capital</b>															
8	<b>Allocated from Legacy Real Prop</b>		X				\$	\$			\$ 2,477					
9																
10																
11																
12																
13																
14	<b>TOTAL Working Capital</b>										2,477					
	<b>B. Non-Facility Related*</b>															
15							\$	\$			\$					
16																
17																
18																
19																
20	<b>TOTAL Non-Facility Related</b>															

\* 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**

<p><b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b></p>			
1. Real Estate Tax accrual used on 2012 report.		\$ <b>171,617</b>	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.)		\$ <b>243,379</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$ <b>71,762</b>	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ <b>150,015</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$ <b>4,045</b>	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ <b>225,822</b>	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2008	<b>215,952</b>	8
	2009	<b>181,479</b>	9
	2010	<b>198,970</b>	10
	2011	<b>229,198</b>	11
	2012	<b>240,767</b>	12
<b>Beginning Accrual Adjusted for the Estimated 2011 Real Estate Tax Savings</b>			
<b>Allocated from Legacy Real Properties: \$2,613</b>			

	<b>FOR BHF USE ONLY</b>		
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 The Grove of Lagrange Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0050443

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>15-33-128-010-0000</u>	<u>Long Term Care Property</u>	\$ <u>144,189.60</u>	\$ <u>144,189.60</u>
2. <u>15-33-128-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>96,576.90</u>	\$ <u>96,576.90</u>
3. <u>10-35-104-076-0000</u>	<u>Home Office Allocation</u>	\$ <u>44,384.14</u>	\$ <u>2,620.75</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>285,150.64</u></u>	\$ <u><u>243,387.25</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.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ <u>_____</u>	\$ <u>_____</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?             YES             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 The Grove of Lagrange Park

# 0050443 Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 43,000 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ 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>43,000</u>	<u>2011</u>	<u>\$ 750,000</u>	1
2	<u>Allocated from Legacy Real Properties</u>			<u>4,831</u>	2
3	<b>TOTALS</b>	<b>43,000</b>		<b>\$ 754,831</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	131		2011	1975	\$ 3,282,000	\$ 84,154	39	\$ 84,154	\$ (0)	\$ 185,840	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various		2009		327,624		20	18,106	18,106	77,550	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68			81,401	2,732		3,382	650	12,320
69				206,719			(206,719)	
70			\$ 3,691,025	\$ 293,605		\$ 105,642	\$ (187,963)	\$ 275,710

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Grove of Lagrange Park

# 0050443

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,691,025	\$ 293,605		\$ 105,642	\$ (187,963)	\$ 275,710	1
2	Landscaping	2010	11,350		20	568	568	2,270	2
3	2Nd Flr Nurses Station Cabinetry	2010	14,166		20	708	708	2,774	3
4	Reception Area - Cabinet/Desk/Granite	2010	8,500		20	1,700	1,700	6,658	4
5	Hot Water-New Valves/Motor/Pump	2010	2,666		20	133	133	511	5
6	Painting	2010	13,000		20	650	650	2,438	6
7	Plumbing	2010	5,869		20	293	293	1,100	7
8	Carpeting - 3Rd Flr	2010	8,806		20	440	440	1,541	8
9	Hot Water/Mixing Valve	2010	3,980		20	796	796	2,786	9
10	Carpeting -21 Bedrooms	2010	18,293		20	915	915	3,201	10
11	Landscaping	2010	6,500		20	325	325	1,110	11
12	Window Treatments	2010	5,459		20	273	273	864	12
13	Plumbing Install	2010	11,000		20	550	550	1,696	13
14	Alarm System	2010	2,947		20	147	147	467	14
15	Smoke And Fire Damper Repair	2010	3,100		20	310	310	956	15
16	Booster Pump System	2011	12,000		20	600	600	1,750	16
17	Ofive 180 - Patch & Repair Walls & Ceiling In Resident Rooms	2011	2,640		20	132	132	374	17
18	All N One Remodeling - Install Tiles/Sinks/Walling/Prime/Paint In	2011	3,522		20	176	176	499	18
19	Installation Of Acrylic Wall Mount Signs	2011	7,325		20	733	733	2,075	19
20	Healthcare Security Systems On 3Rd Floor	2011	4,500		20	643	643	1,821	20
21	Adig Construction - Install Wall Sconces (81), Install New Switches	2011	15,180		20	3,036	3,036	8,602	21
22	Pegasus - Cabinets/Footboards/Headboards	2011	3,600		20	720	720	2,040	22
23	Metal Studs, Screws, Drywall, Metal Door, Windows	2011	5,325		20	266	266	732	23
24	Metal Door, New Window, Drywall, Prime, Paint, Cove Base - Acti	2011	7,920		20	396	396	1,089	24
25	Basement - Electrical/Lighting - Outlet, Switches, Fluorescent Fixt	2011	2,830		20	142	142	377	25
26	Patch & Repair Wall In 1St Floor Resedent Room, New Tile In 1St	2011	4,224		20	282	282	739	26
27	110 Cable Tv Jacks & Duplex Outlets / Reinstall Tv Brackets	2011	16,500		20	825	825	2,200	27
28	Window Treatments - 2Nd Floor Dining & Resident Rooms	2011	5,799		20	290	290	749	28
29	Patch, Prime, Prep & Paint 20 Rooms On 2Nd Floor / Reinstall Tv	2011	10,500		20	525	525	1,356	29
30	New Wall Tiles, Reinstall Plumbing Fixtures, Paint Wall & Ceiling	2011	9,600		20	480	480	1,240	30
31	New Wall Tiles, Reinstall Plumbing Fixtures, Paint Wall & Ceiling	2011	9,600		20	480	480	1,240	31
32	Installed 17 Duplex Outlets & Tv Jacks, Reinstalled Tv Brackets	2011	2,890		20	145	145	361	32
33	Remove Wallpaper, Patch, Prime, Paint Walls / Install New Tv Lin	2011	5,325		20	266	266	666	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,935,942	\$ 293,605		\$ 123,587	\$ (170,018)	\$ 331,995	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Grove of Lagrange Park

# 0050443

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 3,935,942	\$ 293,605		\$ 123,587	\$ (170,018)	\$ 331,995	1
2	Prep, Patch, Paint 20 Rooms On 3Rd Floor / Reinstall All Tv'S & F	2011	10,500		20	525	525	1,094	2
3	Partition Wall In Garage / Installed Metal Door	2011	4,750		20	238	238	515	3
4	Tv Cable Installation	2011	5,000		20	250	250	521	4
5	West Passenger Elevator Repairs	2011	3,165		20	158	158	396	5
6	Prep And Paint Walls	2011	5,300		20	265	265	707	6
7	Kitchen-Cutting Floors To Replace Approx 8 Feet Of Pipes To Gr	2012	4,000		20	400	400	467	7
8	New Sealer, New Concrete, Replace Hot Water Valve, Light Fixtur	2012	4,850		20	243	243	485	8
9	Install New Granite Countertop, Install Countertop Legs, Cabinets	2012	4,672		20	234	234	428	9
10	Install Power Line In New Stove In Activity Room, Install New Fus	2012	2,550		20	128	128	234	10
11	Material, Electric & Ac Unit, Service Calls, Internet & Phone Wire	2012	5,175		20	259	259	453	11
12	Railing Bars For The Existing Stairways. Additional Bars Are Mac	2012	7,450		20	373	373	559	12
13	New Granite Countertop, Demolish Outside Wall By The Window	2012	5,000		20	250	250	313	13
14	Install New Sink And Faucet, Patch And Paint Wall, Install Panels	2012	3,790		20	190	190	237	14
15	Compressor Install	2013	3,853		20	450	450	450	15
16	Traveling Cable Replacement	2013	5,600		20	560	560	560	16
17	Satin Charms, Shield Security Storeroom Lever, Pushbutton Knob	2013	3,053		20	178	178	178	17
18	New Ceiling Layout, Repiped Sprinklers, Basement Remodel	2013	4,262		20	249	249	249	18
19	Cast Iron Pump Under Kitchen Replaced	2013	3,200		20	213	213	213	19
20	3Rd Floor Corridor & Dining Rm-Wood Planks, Glue, Millwork C	2013	25,862		20	1,078	1,078	1,078	20
21	Sprinklers In Basement For Rehab Room	2013	2,700		20	113	113	113	21
22	Lower Level - Contour Planks, Contour Stones	2013	19,967		20	303	303	303	22
23	3Rd Floor-Old Carpet Removal, Floor Prep, Planking Installation,	2013	18,043		20	601	601	601	23
24	Corridors, Bathrms - Drywall, Light Fixtures, Walls, Doors, Floori	2013	221,072		20	11,054	11,054	11,054	24
25	1St,2Nd, & 3Rd Floors-Painted Door Trims, Bottom Walls, Patchin	2013	3,250		20	163	163	163	25
26	Rodded Floor Drains, Grease Traps	2013	3,450		20	173	173	173	26
27	Repaired Air Conditioning Compressors In Patient Rms	2013	2,902		20	145	145	145	27
28	Patched Walls On 3Rd Flr Hallway, Painted Walls, Patching	2013	4,400		20	220	220	220	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,323,758	\$ 293,605		\$ 142,595	\$ (151,010)	\$ 353,899	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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		\$ 4,323,758	\$ 293,605		\$ 142,595	\$ (151,010)	\$ 353,899		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)	\$ 4,323,758	\$ 293,605		\$ 142,595	\$ (151,010)	\$ 353,899		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

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		\$ 4,323,758	\$ 293,605		\$ 142,595	\$ (151,010)	\$ 353,899	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)	\$ 4,323,758	\$ 293,605		\$ 142,595	\$ (151,010)	\$ 353,899	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	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								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 The Grove of Lagrange Park

# 0050443

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Grove of Lagrange Park

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from Legacy Real Properties	2009	37,428	1,248	20	1,248		5,614	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	Allocated from Legacy Healthcare Financial Services	2012	1,684	177	20	84	(93)	168	9
10	Allocated from Legacy Healthcare Financial Services	2013	5,385	566	20	269	(297)	269	10
11									11
12	Allocated from Legacy Real Properties	2009	21,255	531	20	1,063	532	3,985	12
13	Allocated from Legacy Real Properties	2010	6,463	210	20	259	49	906	13
14	Allocated from Legacy Real Properties	2011	9,186		20	459	459	1,378	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 The Grove of Lagrange Park

# 0050443

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	<b>Related Party Information Continued</b>		\$	\$		\$	\$	\$	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
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12H &amp; 12I lines 1 thru 33)</b>		\$ 81,401	\$ 2,732		\$ 3,382	\$ 650	\$ 12,320	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	\$ 547,199	\$ 1,647	\$ 67,023	\$ 65,376	10	\$ 171,864	71
72	Current Year Purchases	124,025	657	9,356	8,699	10	9,356	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 671,223	\$ 2,304	\$ 76,379	\$ 74,075		\$ 181,219	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)	\$ 5,749,813	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 295,909	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 218,974	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (76,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 535,119	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	Architectural/Engineering	\$ 11,232	92
93			93
94			94
95		\$ 11,232	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12. \_\_\_\_\_ /2014                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

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

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

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

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

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ 8,501 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park # 0050443 Report Period Beginning: 01/01/13 Ending: 12/31/13  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$ 257,020	\$		\$ 257,020	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				260,575			260,575	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs				273,762			273,762	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					309,613		309,613	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify): <u>See Supplemental</u>						44,423	51,702		96,125	13
14	TOTAL			\$			\$ 835,780	\$ 361,315		\$ 1,197,095	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 The Grove of Lagrange Park

# 0050443

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 7,688	\$ 288,706	1
2	Cash-Patient Deposits	29,534	29,534	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,802,391	2,802,391	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	78,026	78,026	6
7	Other Prepaid Expenses	145,237	174,606	7
8	Accounts Receivable (owners or related parties)	(88,038)	2,027,152	8
9	Other(specify): <u>See Attached Schedule</u>	18,212	18,212	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,993,050	\$ 5,418,627	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		750,000	13
14	Buildings, at Historical Cost		3,282,000	14
15	Leasehold Improvements, at Historical Cost	925,946	925,946	15
16	Equipment, at Historical Cost	731,752	731,752	16
17	Accumulated Depreciation (book methods)	(565,489)	(751,329)	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>	1,736,232	1,808,385	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,828,441	\$ 6,746,754	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,821,491	\$ 12,165,381	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 40,615	\$ 40,613	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	868,400	868,400	29
30	Accrued Salaries Payable	288,257	288,257	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,775	24,775	31
32	Accrued Real Estate Taxes(Sch.IX-B)		150,015	32
33	Accrued Interest Payable		35,234	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	2,296,772	2,424,368	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,518,819	\$ 3,831,662	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,283,511	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 6,283,511	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,518,819	\$ 10,115,173	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,302,672	\$ 2,050,208	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,821,491	\$ 12,165,381	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,951,573</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Year Workers Compensation</b>	(97,625)	<b>3</b>
<b>4</b>	<b>Prior Year HDSI Retainer</b>	40,000	<b>4</b>
<b>5</b>	<b>Rounding</b>	2	<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,893,950</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	733,722	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	(325,000)	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>408,722</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>2,302,672</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,548,920	1
2	Discounts and Allowances for all Levels	(802,967)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 7,745,953</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,791,471	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,791,471</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	261,972	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,813	19
20	Radiology and X-Ray	29,453	20
21	Other Medical Services	3,953	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 304,191</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	53,384	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 53,384</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	12,027	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 12,027</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 9,907,026</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,155,614	31
32	Health Care	2,904,367	32
33	General Administration	2,039,694	33
<b>B. Capital Expense</b>			
34	Ownership	1,033,384	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,769,844	35
36	Provider Participation Fee	270,401	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 9,173,304</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>733,722</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 733,722</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 4,111,334	44
45	Private Pay - Net Inpatient Revenue	862,320	45
46	Medicare - Net Inpatient Revenue	2,313,569	46
47	Other-(specify) <u>Veteran</u>	351,200	47
48	Other-(specify) <u>Insurance</u>	107,530	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 7,745,953</b>	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 The Grove of Lagrange Park

# 0050443

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	2,023	2,199	\$ 90,632	\$ 41.22	1
2	Assistant Director of Nursing	1,654	1,914	59,702	31.19	2
3	Registered Nurses	18,522	20,060	577,110	28.77	3
4	Licensed Practical Nurses	25,406	26,707	676,496	25.33	4
5	CNAs & Orderlies	63,811	68,492	789,194	11.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,999	5,513	100,438	18.22	8
9	Activity Director	1,886	2,089	31,329	15.00	9
10	Activity Assistants	6,790	7,781	77,253	9.93	10
11	Social Service Workers	3,875	4,212	91,053	21.62	11
12	Dietician					12
13	Food Service Supervisor	1,618	1,659	34,062	20.53	13
14	Head Cook	5,636	5,906	84,724	14.35	14
15	Cook Helpers/Assistants	9,464	10,546	107,718	10.21	15
16	Dishwashers					16
17	Maintenance Workers	3,850	4,169	66,583	15.97	17
18	Housekeepers	14,037	15,409	180,028	11.68	18
19	Laundry	6,920	7,636	104,584	13.70	19
20	Administrator	1,984	2,200	116,343	52.88	20
21	Assistant Administrator	1,992	2,136	38,620	18.08	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,739	13,847	171,282	12.37	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,147	2,326	26,460	11.38	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,000	2,080	51,052	24.54	33
34	TOTAL (lines 1 - 33)	191,353	206,881	\$ 3,474,663 *	\$ 16.80	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	407	\$ 18,913	01-03	35
36	Medical Director	Monthly	30,001	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	69,599	10-03	38
39	Pharmacist Consultant	Monthly	9,746	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				44
45	Social Service Consultant	63	3,780	12-03	45
46	Other(specify)				46
47	<u>Transitional Care Consultant</u>	Monthly	4,950	10-03	47
48	<u>Clergy</u>	Monthly	2,759	12-03	48
49	TOTAL (lines 35 - 48)	470	\$ 139,748		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	1,041	26,025	10-03	52
53	TOTAL (lines 50 - 52)	1,041	\$ 26,025		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park

# 0050443

Report Period Beginning: 01/01/13

Ending: 12/31/13

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Patricia Long	Administrator	0.00%	\$ 116,343	Workers' Compensation Insurance	\$ 100,839	IDPH License Fee	\$ 1,990	
Adriana Tamayo	Assistant Admin	0.00%	38,620	Unemployment Compensation Insurance	97,594	Advertising: Employee Recruitment	15,936	
				FICA Taxes	265,812	Health Care Worker Background Check	4,062	
				Employee Health Insurance	127,036	(Indicate # of checks performed <u>211</u> )		
				Employee Meals	12,775	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	8,801	
				Union Pension	9,456	Licenses	2,250	
				Employee Physical Exam	16,279	Allocated from Legacy Financial Serv.	447	
				Other Employee Benefits	11,067	Allocated from Legacy Real Properties	22	
						See Supplemental Schedule	22	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 154,963	TOTAL (agree to Schedule V, line 22, col.8)	\$ 640,858	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 33,530	
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
Chaim Rajchenbach - Management Fees			\$ 11,809				Out-of-State Travel	\$
Menachem Shabat - Management Fees			11,809					
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 23,618	TOTAL		\$	Seminar Expense	2,135
							Allocated from Legacy Financial Serv	1,042
							Allocated from Progressive HC	49
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 401,043				TOTAL	\$ 3,226

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

\*\*See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Grove of Lagrange Park# 0050443

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. IL Council on Long Term Care \$13,362
- (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. \$ 28,043 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO 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. \$ 270,401  
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. \$ 12,775 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.