



Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>234</u>	Skilled (SNF)	<u>234</u>	<u>85,410</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>234</u>	TOTALS	<u>234</u>	<u>85,410</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>9,218</u>	<u>9,218</u>	8
9	SNF/PED					9
10	ICF	<u>60,978</u>	<u>3,836</u>	<u>2,940</u>	<u>67,754</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>60,978</u>	<u>3,836</u>	<u>12,158</u>	<u>76,972</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.12%

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 07/01/1994

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 07/01/1994 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 234 and days of care provided 7,843

Medicare Intermediary National Government Service

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	370,602	57,447	13,836	441,885		441,885		441,885		1
2	Food Purchase		377,780		377,780	(18,670)	359,110	(188)	358,922		2
3	Housekeeping		4,546	306,749	311,295		311,295		311,295		3
4	Laundry		32,245	153,748	185,993		185,993		185,993		4
5	Heat and Other Utilities			331,848	331,848		331,848	(31,300)	300,548		5
6	Maintenance	80,877	60,546	205,612	347,035		347,035	11,831	358,866		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	451,479	532,564	1,011,793	1,995,836	(18,670)	1,977,166	(19,657)	1,957,509		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			82,330	82,330		82,330		82,330		9
10	Nursing and Medical Records	4,107,049	716,461	26,225	4,849,735		4,849,735	(17,103)	4,832,632		10
10a	Therapy										10a
11	Activities	130,405	3,046	2,264	135,715		135,715	982	136,697		11
12	Social Services	202,581			202,581		202,581		202,581		12
13	CNA Training										13
14	Program Transportation			6,437	6,437		6,437		6,437		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,440,035	719,507	117,256	5,276,798		5,276,798	(16,121)	5,260,677		16
	<b>C. General Administration</b>										
17	Administrative	160,635		1,011,779	1,172,414		1,172,414	(971,131)	201,283		17
18	Directors Fees										18
19	Professional Services			176,955	176,955	(16,841)	160,114	(30,147)	129,967		19
20	Dues, Fees, Subscriptions & Promotions			109,760	109,760		109,760	(62,570)	47,190		20
21	Clerical & General Office Expenses	263,429	32,604	556,893	852,926		852,926	(203,979)	648,947		21
22	Employee Benefits & Payroll Taxes			1,067,195	1,067,195	18,670	1,085,865		1,085,865		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,176	3,176		3,176	156	3,332		24
25	Other Admin. Staff Transportation			371	371		371	2,004	2,375		25
26	Insurance-Prop.Liab.Malpractice			963,373	963,373		963,373	20,502	983,875		26
27	Other (specify):*							50,581	50,581		27
28	<b>TOTAL General Administration</b>	424,064	32,604	3,889,502	4,346,170	1,829	4,347,999	(1,194,585)	3,153,414		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,315,578	1,284,675	5,018,551	11,618,804	(16,841)	11,601,963	(1,230,363)	10,371,600		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 Jackson Sq Skl Nrsng & Living

#0039834

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			174,567	174,567		174,567	155,956	330,523			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			118,499	118,499		118,499	385,127	503,626			32
33	Real Estate Taxes					16,841	16,841	387,415	404,256			33
34	Rent-Facility & Grounds			1,181,927	1,181,927		1,181,927	(1,181,455)	472			34
35	Rent-Equipment & Vehicles			29,475	29,475		29,475	6,146	35,621			35
36	Other (specify):*							59,529	59,529			36
37	<b>TOTAL Ownership</b>			1,504,468	1,504,468	16,841	1,521,309	(187,282)	1,334,027			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		435,038	1,648,919	2,083,957		2,083,957	(14,022)	2,069,935			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			542,107	542,107		542,107		542,107			42
43	Other (specify):*	141,104			141,104		141,104	(141,104)				43
44	<b>TOTAL Special Cost Centers</b>	141,104	435,038	2,191,026	2,767,168		2,767,168	(155,126)	2,612,042			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,456,682	1,719,713	8,714,045	15,890,440		15,890,440	(1,572,771)	14,317,669			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,780)	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	(106,660)	30		9
10	Interest and Other Investment Income	(7,918)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(188)	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	(44)	21		18
19	Entertainment	(898)	24		19
20	Contributions	(17,250)	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	(376,369)	21		24
25	Fund Raising, Advertising and Promotional	(38,158)	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	(757,226)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,314,491)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY					
48		49	50	51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(258,280)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (258,280)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (1,572,771)</b>		<b>37</b>

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Jackson Sq Skl Nrsg & LivingID# 0039834Report Period Beginning: 01/01/13Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty Income	\$ (52)	10	1
2	Patient Needs	(9,505)	10	2
3	Patient Clothing	(2,131)	10	3
4	Veterans' Expense	(11,041)	10	4
5	Payroll - Marketing	(92,641)	43	5
6	Payroll-Guest Relation	(48,463)	43	6
7	Bank Charges	(17,961)	21	7
8	Theft Expense	(677)	21	8
9	Sequestration Fee	(49,096)	21	9
10	Non-Care Depreciation	(1,184)	30	10
11	Misc. Income - Medical Recors Copies	(417)	10	11
12	Building Co. - Professional Fees	(15,015)	19	12
13	Building Co. - Bank Fees	(207)	21	13
14	Building Co. - Amortization	(164,261)	36	14
15	Building Co. - Licenses & Inspections	(100)	20	15
16	Building Co. - Replacement Tax	(5,286)	21	16
17	Building Co. - Prepayment Penalty Expense	(234,283)	21	17
18	Annual Reports	(175)	20	18
19	Collection Expense	(7,529)	21	19
20	Clinic Allocation - Real Estate	(30,882)	33	20
21	Clinic Allocation - Utilities	(24,155)	05	21
22	Non-Allowable and out of Period Legal Fees	(38,069)	19	22
23	Capitalized R&M	(2,752)	06	23
24	Additional R&M	7,348	06	24
25	COPE Dues	(8,691)	20	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>	(757,226)	49

Jackson Sq Skl Nrsg & Living

ID# 0039834

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

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

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

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Jackson Sq Skl Nrsng &amp; Living

# 0039834

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	(188)											(188)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(33,935)		2,635									(31,300)	5
6	Maintenance	4,596		7,235									11,831	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(29,527)</b>		<b>9,870</b>									<b>(19,657)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(23,146)		6,488				(445)					(17,103)	10
10a	Therapy													10a
11	Activities			982									982	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(23,146)</b>		<b>7,470</b>				<b>(445)</b>					<b>(16,121)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(971,131)									(971,131)	17
18	Directors Fees													18
19	Professional Services	(53,084)	15,015	7,922									(30,147)	19
20	Fees, Subscriptions & Promotions	(64,374)	100	1,704									(62,570)	20
21	Clerical & General Office Expenses	(691,452)	239,776	247,697									(203,979)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(898)		1,054									156	24
25	Other Admin. Staff Transportation			2,004									2,004	25
26	Insurance-Prop.Liab.Malpractice		18,755	1,747									20,502	26
27	Other (specify):*			50,581									50,581	27
28	<b>TOTAL General Administration</b>	<b>(809,809)</b>	<b>273,646</b>	<b>(658,422)</b>									<b>(1,194,585)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(862,481)</b>	<b>273,646</b>	<b>(641,082)</b>				<b>(445)</b>					<b>(1,230,363)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Jackson Sq Skl Nrsg & Living# 0039834

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(107,844)	249,221	14,579									155,956	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(7,918)	391,222	1,823									385,127	32
33	Real Estate Taxes	(30,882)	411,758	6,539									387,415	33
34	Rent-Facility & Grounds		(1,181,927)	472									(1,181,455)	34
35	Rent-Equipment & Vehicles			6,146									6,146	35
36	Other (specify):*	(164,261)	223,790										59,529	36
37	<b>TOTAL Ownership</b>	<b>(310,905)</b>	<b>94,064</b>	<b>29,559</b>									<b>(187,282)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(6,229)	(1,285)	(6,508)				(14,022)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(141,104)											(141,104)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(141,104)</b>					<b>(6,229)</b>	<b>(1,285)</b>	<b>(6,508)</b>				<b>(155,126)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,314,491)	367,710	(611,523)			(6,229)	(1,730)	(6,508)				(1,572,771)	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 Rental Income	\$ 1,181,927	Jackson Square Associates		\$	\$ (1,181,927)	1	
2	V	32 Interest	486	Jackson Square Associates		391,708	391,222	2	
3	V	19 Professional Fees		Jackson Square Associates		15,015	15,015	3	
4	V	21 Bank Fees		Jackson Square Associates		207	207	4	
5	V	30 Depreciation		Jackson Square Associates		249,221	249,221	5	
6	V	36 Amortization		Jackson Square Associates		164,261	164,261	6	
7	V	33 Real Estate Taxes		Jackson Square Associates		411,758	411,758	7	
8	V	26 Property & Liability Insurance		Jackson Square Associates		18,755	18,755	8	
9	V	20 Licenses & Inspections		Jackson Square Associates		100	100	9	
10	V	36 MIP Expense		Jackson Square Associates		59,529	59,529	10	
11	V	21 Replacement Tax		Jackson Square Associates		5,286	5,286	11	
12	V	21 Prepayment Penalty Expense		Jackson Square Associates		234,283	234,283	12	
13	V							13	
14	Total		\$ 1,182,413			\$ 1,550,123	\$ *	367,710	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	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,635	\$ 2,635
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	894	894
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	6,341	6,341
18	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	6,488	6,488
19	V	11 ACTIVITY SALARIES		NUCARE SERVICES CORP.	100.00%	982	982
20	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	40,648	40,648
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	7,922	7,922
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,704	1,704
23	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	222,314	222,314
24	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	25,383	25,383
25	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,054	1,054
26	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	2,004	2,004
27	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	1,747	1,747
28	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	50,581	50,581
29	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	14,579	14,579
30	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,823	1,823
31	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	6,539	6,539
32	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	472	472
33	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	3,785	3,785
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,361	2,361
35	V				100.00%		
36	V	17 BOOKKEEPING SERVICES	1,011,779	NUCARE SERVICES CORP.			(1,011,779)
37	V						
38	V						
39	Total		\$ 1,011,779			\$ 400,256	\$ * (611,523)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 49,425	DIAMOND INSURANCE	40.00%	\$ 49,425	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 49,425			\$ 49,425	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 Workers Compensation	\$ 116,526	MAPLELEAF INSURANCE		\$ 116,526	\$
16	V	26 Liability Insurance	331,587	MAPLELEAF INSURANCE		331,587	
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 448,113			\$ 448,113	\$ *

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	\$ 142,009	Integra Healthcare Equipment	100.00%	\$ 135,780	\$ (6,229)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 142,009			\$ 135,780	\$ * (6,229)

\* 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 Ambulance	\$ 2,548	Lifeline Ambulance	100.00%	\$ 2,103	\$	(445)	15
16	V	39 Ambulance	7,349	Lifeline Ambulance	100.00%	6,064		(1,285)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 9,897			\$ 8,167	\$ *	(1,730)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Respiratory	\$ 32,420	Integra Respiratory Service		\$ 25,912	\$ (6,508)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 32,420			\$ 25,912	\$ * (6,508)

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<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	BARRY & RANDY CARR	4.750%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REI	CHICAGO	JACKSON SQUARE ASSOCIATE	CHICAGO	BUILDING CO.	1
2	GARY HOKIN	25.000%	CALIFORNIA GARDENS CORP.	CHICAGO	MAPLELEAF INSURANCE	GRAND CAYMAN	LIABILITY INS.	2
3	GERRY JENICH	5.000%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	JLR FINANCIAL SERVICES	LINCOLNWOOD	MANAGEMENT CO.	3
4	RAJCHENBACH FAMILY TRUST	4.750%	CLARIDGE IMPERIAL, LTD.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	4
5	ROBERT HARTMAN	55.750%	MONROE CORP.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	5
6	MARK HOLLANDER DISCRETIONARY TRUST	1.583%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	6
7	SHARON HOLLANDER DISCRETIONARY TRUST	1.583%	ARIA POST ACUTE CARE	HILLSIDE	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING	7
8	FEIGE C. KNOBEL DISCRETIONARY TRUST	1.583%	THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	8
9			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	9
10			RENAISSANCE EAST	MESA, ARIZONA	INTEGRA HEALTHCARE EQUI	ELMHURST	DME & MEDICAL SUPPLIES	10
11			RENAISSANCE PARK SOUTH,LLC	CHICAGO	LIFELINE AMBULANCE,LLC	CHICAGO	AMBULANCE	11
12			RENAISSANCE VILLAGE AL	MESA, ARIZONA	INTEGRA RESPIRATORY SERV	ELMHURST	RESPIRATORY	12
13			RENAISSANCE VILLAGE IL	MESA, ARIZONA				13
14			RENAISSANCE WEST	MESA, ARIZONA				14
15			CLAREMONT - HANOVER PARK	HANOVER PARK				15
16			SEVEN OAKS	GLENDALE, WISC.				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

Jackson Sq Skl Nrsg & Living

# 0039834

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 Jackson Sq Skl Nrsg & Living # 0039834 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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts									11
12	anticipated to be considered allowable by the IL. Dept. of HFS.									12
13								TOTAL	\$	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 Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

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 NUCARE SERVICES CORP.  
 Street Address 7257 N. LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 847) 933-2600  
 Fax Number ( 847) 933-2601

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	5	UTILITIES	AVAIL. CENSUS DAYS 1,205,960	16	\$ 37,199	\$	85,410	\$ 2,635	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	12,620	12,620	85,410	894	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,205,960	16	89,537		85,410	6,341	3
4	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	91,606	91,606	85,410	6,488	4
5	11	ACTIVITY SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	13,872	13,872	85,410	982	5
6	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	573,931	573,931	85,410	40,648	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,205,960	16	111,853		85,410	7,922	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,205,960	16	24,065		85,410	1,704	8
9	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,205,960	16	3,139,005	3,139,005	85,410	222,314	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,205,960	16	358,395		85,410	25,383	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,205,960	16	14,876		85,410	1,054	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,205,960	16	28,298		85,410	2,004	12
13	26	INSURANCE	AVAIL. CENSUS DAYS 1,205,960	16	24,669		85,410	1,747	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,205,960	16	714,188		85,410	50,581	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,205,960	16	205,852		85,410	14,579	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,205,960	16	25,740		85,410	1,823	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,205,960	16	92,330		85,410	6,539	17
18	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,205,960	16	6,664		85,410	472	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,205,960	16	53,447		85,410	3,785	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,205,960	16	33,335		85,410	2,361	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,651,481	\$ 3,831,033		\$ 400,256	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

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 Diamond Insurance  
 Street Address 40 Skokie Blvd, Suite 105  
 City / State / Zip Code Northbrook, IL 60062  
 Phone Number ( 847) 559-1002  
 Fax Number ( 847) 562-0070

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	22	Workers Compensation	Direct Allocation		\$	\$		\$ 49,425	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				\$	\$		\$ 49,425	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

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 Maple Leaf Insurance  
 Street Address PO Box 69,720 West Bay Rd.  
 City / State / Zip Code Grand Cayman KY1-1102  
 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	22	Workers Compensation	Direct Allocation		\$	\$		\$ 116,526	1
2	26	Liability Insurance	Direct Allocation					331,587	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				\$	\$		\$ 448,113	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

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

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

( 630) 834-3700

Fax Number

( 630) 834-1500

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME and Medical Supplies	Direct Allocation		\$	\$		\$ 135,780	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				\$	\$		\$ 135,780	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lifeline Ambulance LLC  
 Street Address 2424 S. Wabash Ave  
 City / State / Zip Code Chicago, IL 60616  
 Phone Number ( 312) 949-9595  
 Fax Number ( 312) 9499262

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	Ambulance	Direct Allocation		\$	\$		\$ 2,103	1
2	39	Ambulance	Direct Allocation					6,064	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				\$	\$		\$ 8,167	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

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 Integra Respiratory Service  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Respiratory	Direct Allocation		\$	\$		\$ 25,912	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				\$	\$		\$ 25,912	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsg & Living

# 0039834

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 Jackson Sq Skl Nrsg & Living

# 0039834

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 Jackson Sq Skl Nrsg & Living

# 0039834

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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	HUD Loan		X	Mortgage			\$	\$ 12,908,816			\$ 391,708	1				
2												2				
3												3				
4												4				
5												5				
<b>Working Capital</b>																
6	Shareholders loan		X	Working Capital				1,509,000			7,763	6				
7	Private Bank		X	LOC				841,674			110,736	7				
8	See Supplemental Schedule										1,823	8				
9	<b>TOTAL Facility Related</b>						\$	\$ 15,259,490			\$ 512,030	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(7,918)	10				
11	Interest Income - Bldg. Co.		X								(486)	11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (8,404)	14				
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 15,259,490			\$ 503,626	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,529 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Jackson Sq Skl Nrsg & Living

# 0039834

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	Allocated from NuCare		X				\$	\$			\$ 649					
9	Alloc. From 7257 N. Lincoln		X								1,174					
10																
11																
12																
13																
14	<b>TOTAL Working Capital</b>										1,823					
	<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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<b>335,962</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>340,399</b>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>4,437</b>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>382,979</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>16,841</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 \$ 66,661 For 2009 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>404,257</b>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>250,726</u>	8	<b>FOR BHF USE ONLY</b>	
	2009	<u>289,566</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ 13
	2010	<u>304,857</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2011	<u>305,520</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2012	<u>333,859</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>2012 Accrual = \$364,741 x 1.05 = \$382,979</b>					
<b>Allocated from NuCare = \$6,539</b>					

**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 Jackson Sq Skl Nrsg & Living COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0039834

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

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

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>16-16-209-002-0000</u>	<u>Long Tern Care Property</u>	\$ <u>364,741.43</u>	\$ <u>333,859.43</u>
2. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>88,815.89</u>	\$ <u>6,290.23</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>453,557.32</u></u>	\$ <u><u>340,149.66</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>	\$ _____	\$ _____

**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.

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 110,407 B. General Construction Type: Exterior Brick Frame Brick/Concrete Number of Stories 3

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

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

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

Medical Clinic - Costs are not included on Schedule V

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>89,364</u>	<u>1987</u>	<u>\$ 71,619</u>	1
2	<u>Allocation - 2757 N. Lincoln</u>			<u>11,332</u>	2
3	<b>TOTALS</b>	<b>89,364</b>		<b>\$ 82,951</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	234		1980	\$ 3,173,042	\$ 249,221	39	\$ 81,360	\$ (167,861)	\$ 2,340,267	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1987	198,972		20			68,812	9
10	Various		1988	17,097		20			6,767	10
11	Various		1989	19,023		20			8,482	11
12	Various		1990	33,869		20			16,793	12
13	Various		1991	10,518		20			5,741	13
14	Various		1993	3,315		20	152	152	2,141	14
15	Various		1994	110,244		20	5,512	5,512	73,669	15
16	Various		1995	57,890		20	2,895	2,895	53,633	16
17	Various		1996	131,988		20	6,599	6,599	115,515	17
18	Various		1997	126,299		20	6,220	6,220	103,621	18
19	Various		1998	35,115		20	1,756	1,756	27,265	19
20	Various		1999	67,125		20	3,356	3,356	48,669	20
21	Various		2000	182,497		20	9,125	9,125	126,838	21
22	Various		2001	24,742		20	1,237	1,237	15,526	22
23	Various		2002	119,751		20			119,751	23
24	Various		2003	107,313		20	3,721	3,721	101,125	24
25	Various		2004	9,849		20	893	893	9,206	25
26	Various		2005	170,025		20	8,179	8,179	106,011	26
27	Various		2006	347,480		20	30,856	30,856	250,530	27
28	Various		2007	2,721		20	272	272	1,701	28
29	Various		2008	2,900		20	290	290	1,643	29
30	Various		2009	136,688		20	14,871	14,871	69,029	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 Jackson Sq Skl Nrsg & Living

# 0039834

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		420,782			22,128	22,128	136,324	67
68		161,672	7,332		6,023	(1,309)	51,326	68
69			173,385			(173,385)		69
70		\$ 5,670,916	\$ 429,938		\$ 205,445	\$ (224,493)	\$ 3,860,383	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Jackson Sq Skl Nrsng &amp; Living

# 0039834

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 12A, Carried Forward</b>		\$ 5,670,916	\$ 429,938		\$ 205,445	\$ (224,493)	\$ 3,860,383	1
2	Room Partitions	2010	7,000		20	1,400	1,400	5,600	2
3	Vinyl Tile- 4Th Flr Hallway, Parlor, Pantry	2010	6,124		20	408	408	1,565	3
4	High Tech Controller/Digital Components/Wiring On Boilers	2010	7,750		20	775	775	2,971	4
5	Vinyl Tile- 4Th Flr Hallway, Parlor, Pantry	2010	5,834		20	389	389	1,458	5
6	Clinic Project- New Cabinetry, Counter Tops	2010	4,400		20	880	880	3,373	6
7	1 Vulcan Hart Boiler	2010	2,842		20	406	406	1,522	7
8	Water Pump	2010	6,229		20	623	623	2,284	8
9	Remodel Bathroom, Demolish Shower, Ceiling And Remove Concr	2011	35,705		20	3,571	3,571	10,414	9
10	Replacement Project, Water Cooled Screw Chiller, Dual Screw Co	2011	174,913		20	17,491	17,491	49,559	10
11	Remove Concrete Around Drain, Install New Drain And 2" Drain	2011	24,657		20	2,466	2,466	6,986	11
12	4Th Flr Remove And Replace Existing Tub, Ceramic Tile From Fl	2011	3,880		20	388	388	1,067	12
13	1 Asst Bath 4Th Flr West- Demolish Shower Wall, Ceiling And Co	2011	17,853		20	1,785	1,785	4,909	13
14	3Rd Flr - 1 Asst Bath- Demolish Shower Wall, Ceiling, Remove Co	2011	12,473		20	1,247	1,247	3,430	14
15	2Nd Flr Remodel. Demolish Shower Wall, Ceiling, Remove Concre	2011	21,733		20	2,173	2,173	5,614	15
16	Replace Old Light Poles And Fixtures, Install New, Replace 2 Fixtu	2011	13,770		20	918	918	2,372	16
17	Swing Door Operator	2011	3,630		20	363	363	938	17
18	Dr. Stalling'S Office - Front Reception New Windwos & 1 Sliding I	2011	3,700		20	370	370	956	18
19	Sprinkler System Enhancement Per State Survey And Write-Up	2011	6,214		20	888	888	2,219	19
20	Repair Of Back-Up Generator, Re-Core Radiator, Replace Batteri	2011	9,256		20	926	926	2,314	20
21	Furnish & Install 2 Doors, Plain Sliced Red Oak-5Ply Fire Mineral	2011	3,227		20	323	323	807	21
22	Emergency Call-Replaced 10 Ft. Section Of Cracked 6" Cast Iron	2011	5,900		20	590	590	1,377	22
23	Xray Rm: Demolish 4 Door Opening, Furnish/Install 3 48" 90 Min	2011	16,700		20	1,670	1,670	4,036	23
24	Furnish/Install 3 Sprinkler Headset The Top Of Elevator Shafts Ar	2011	4,080		20	583	583	1,311	24
25	Replacement Project, Chiller Project, Pipes	2011	9,809		20	981	981	2,452	25
26	Replaced Bearing & Installed New Hose Filters	2011	3,223		20	161	161	457	26
27	Compressor For Trane A/C	2012	3,735		20	374	374	560	27
28	Dr. Rms-Floor,Wall,Countertop,Sink,Window,Paint	2012	8,500		20	850	850	1,204	28
29	Door Levers	2012	4,114		20	411	411	446	29
30	Elevator Motor	2012	2,524		20	126	126	158	30
31	Remove And Install Data Cables	2013	6,500		20	1,083	1,083	1,083	31
32	Remove And Installed Nre Fire Alarm Control Panel	2013	37,210		20	2,171	2,171	2,171	32
33	Receptacles For Kiosks	2013	4,055		20	541	541	541	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,148,455	\$ 429,938		\$ 252,775	\$ (177,163)	\$ 3,986,537	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,148,455	\$ 429,938		\$ 252,775	\$ (177,163)	\$ 3,986,537	1
2	Sprinkler Head Installation	2013	2,850		20	71	71	71	2
3	Removed And Installed Cedar Fence On East & South Side Of Bui	2013	23,055		20	1,537	1,537	1,537	3
4	Fire Alarm System	2013	7,416		20	618	618	618	4
5	Replace 4" Vcheck Valve - Sprinkler System	2013	2,752		20	138	138	138	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)		\$ 6,184,528	\$ 429,938		\$ 255,139	\$ (174,799)	\$ 3,988,901	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,184,528	\$ 429,938		\$ 255,139	\$ (174,799)	\$ 3,988,901	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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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)		\$ 6,184,528	\$ 429,938		\$ 255,139	\$ (174,799)	\$ 3,988,901	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jackson Sq Skl Nrsg & Living

# 0039834

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 12D, Carried Forward</b>								
2		\$ 6,184,528	\$ 429,938		\$ 255,139	\$ (174,799)	\$ 3,988,901		1
3									2
4									3
5									4
6									5
7									6
8									7
9									8
10									9
11									10
12									11
13									12
14									13
15									14
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24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	<b>TOTAL (lines 1 thru 33)</b>								
		\$ 6,184,528	\$ 429,938		\$ 255,139	\$ (174,799)	\$ 3,988,901		33
									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 Jackson Sq Skl Nrsg &amp; Living

# 0039834

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>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	<b>Various</b>	2004	11,647		20	582	582	8,160	9
10	<b>Various</b>	2005	61,061		20	3,053	3,053	30,210	10
11									11
12									12
13	<b>Universal Wide Style Handrail</b>	2007	3,458		20	173	173	1,211	13
14	<b>Furnish Hardware - Audio And Video Cable</b>	2007	2,500		20	125	125	875	14
15	<b>Duro Last Roofing System</b>	2007	17,750		20	888	888	6,214	15
16									16
17	<b>Fire Alram (Repair)</b>	2007	4,364		20	218	218	1,527	17
18									18
19	<b>Waterflow Labor/Pipe Fitting Fire Alram</b>	2007	3,940		20	197	197	1,379	19
20	<b>Walkway</b>	2007	5,500		20	275	275	1,925	20
21	<b>Renovated Parking Lot</b>	2007	6,800		20	340	340	2,380	21
22	<b>Fire Alarm Control Panel</b>	2007	9,252		20	463	463	3,239	22
23									23
24	<b>Duro Lasting Roof Work</b>	2007	17,750		20	888	888	6,214	24
25	<b>Bristol/Modules For Chiller</b>	2007	5,832		20	292	292	2,042	25
26	<b>Compresor Replacer</b>	2007	2,823		20	141	141	987	26
27									27
28									28
29	<b>Telephone System</b>	2008	21,774		20	2,177	2,177	13,064	29
30	<b>Digital Video Multiplexer Recorder, Color Dome Camera</b>	2008	2,693		20	135	135	808	30
31	<b>Elevator Car Doors</b>	2008	3,875		20	194	194	1,164	31
32	<b>Furnish and Install Insulated Glass Window</b>	2008	25,820		20	1,291	1,291	7,746	32
33	<b>Furnish and Install Solid Iron Fence</b>	2008	4,860		20	243	243	1,458	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	Upholster Cornice & Roller Shades and Re-install	2008	27,819		20	1,391	1,391	8,346	2
3	Vinyl Floor Tile and Cove Base	2008	9,800		20	490	490	2,940	3
4									4
5									5
6									6
7	Tile work, Wallcoverings	2008	47,481		20	2,374	2,374	14,244	7
8	Renovation - Wallcoverings / Flooring / 1st & 2nd Floor	2008	29,588		20	1,479	1,479	8,876	8
9	Replacing Exit Faces and Lightbox Lexan Faces	2008	9,670		20	484	484	2,902	9
10	Capital Report Reconciliation	2008	(300)		20	(15)	(15)	(90)	10
11									11
12	K-020 IDPH Corrections-Demo & Carpentry, Painting,HVAC,								12
13	Plumbing - All Resident Rooms and Doctor Office Next Door	2012	85,025		20	4,251	4,251	8,503	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	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 420,782	\$		\$ 22,128	\$ 22,128	\$ 136,324	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>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated- 7257 N. Lincoln	2004	101,985	2,615	20	2,914	299	29,503	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	Allocated- NuCare Services	2003	830	80	20	42	(38)	420	9
10	Allocated- NuCare Services	2004	16,842	1,620	20	843	(777)	8,187	10
11	Allocated- NuCare Services	2005	999	96	20	50	(46)	442	11
12	Allocated- NuCare Services	2006	1,354	130	20	68	(62)	499	12
13	Allocated- NuCare Services	2008	1,427	137	20	71	(66)	375	13
14	Allocated- NuCare Services	2009	22,977	2,211	20	1,148	(1,063)	5,296	14
15	Allocated- NuCare Services	2010	3,531	340	20	177	(163)	619	15
16	Allocated- NuCare Services	2011	191	18	20	10	(8)	28	16
17	Allocated- NuCare Services	2012	212	20	20	11	(9)	19	17
18									18
19	Allocated- 7257 N. Lincoln	2005	9,297	65	20	588	523	4,975	19
20	Allocated- 7257 N. Lincoln	2004	2,027		20	101	101	963	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 Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		\$	\$		\$	\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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16									16
17									17
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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>		\$ 161,672	\$ 7,332		\$ 6,023	\$ (1,309)	\$ 51,326	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	\$ 538,101	\$ 6,733	\$ 39,961	\$ 33,228	10	\$ 456,304	71
72	Current Year Purchases	295,889	452	35,293	34,841	10	134,757	72
73	Fully Depreciated Assets	1,284,160		5	5	10	1,284,160	73
74								74
75	TOTALS	\$ 2,118,151	\$ 7,185	\$ 75,259	\$ 68,074		\$ 1,875,221	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		1992 FORD VAN	1990	\$ 2,282	\$	\$	\$	5	\$	76
77		Allocated from NuCare	2013	627	60	125	65	5	429	77
78										78
79										79
80	TOTALS			\$ 2,909	\$ 60	\$ 125	\$ 65		\$ 429	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)	\$ 8,388,539	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 437,183	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 330,523	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (106,660)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,864,551	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	INSTALL NEW COMPRESS - 2000	\$ 16,764	\$ 838	\$ 11,664	86
87	WATER FAUCETS - 2001	1,361	68	839	87
88	RESURFACE PK LOT/SIDEWALK - 20	2,778	278	3,149	88
89					89
90					90
91	TOTALS	\$ 20,903	\$ 1,184	\$ 15,652	91

G. Construction-in-Progress

	Description	Cost	
92			92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning: 01/01/13

Ending: 12/31/13

**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	Allocated from NuCare (Parking Lot)				472			5
6								6
7	TOTAL				\$ 472			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: \$ 31,836 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	Allocated from Nucare		\$	\$ 3,785	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 3,785	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 Jackson Sq Skl Nrsg & Living # 0039834 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		4	5	6	7	8						
			Staff								Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)
			Units of Service	Cost							Units	Cost			
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 709,284	\$		\$ 709,284	1					
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			254,411			254,411	2					
3	Licensed Recreational Therapist		hrs							3					
4	Licensed Physical Therapist	39 - 03	hrs			565,776			565,776	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				336,384		336,384	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>					119,448	98,654		218,102	13					
14	TOTAL			\$		\$ 1,648,919	\$ 435,038		\$ 2,083,957	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 Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 7,001	\$ 659,337	1
2	Cash-Patient Deposits	6,489	6,489	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	4,242,477	4,305,424	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,941	(74,854)	6
7	Other Prepaid Expenses	8,626	8,626	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	107,783	107,783	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 4,375,317</b>	<b>\$ 5,012,805</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		888,457	13
14	Buildings, at Historical Cost		3,333,738	14
15	Leasehold Improvements, at Historical Cost	2,132,459	6,985,480	15
16	Equipment, at Historical Cost	1,274,252	1,955,990	16
17	Accumulated Depreciation (book methods)	(2,618,387)	(7,540,753)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		178,811	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>	2,445,402	3,582,521	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 3,233,726</b>	<b>\$ 9,384,244</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 7,609,043</b>	<b>\$ 14,397,049</b>	<b>25</b>

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,397,316	\$ 1,397,315	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,350,674	2,350,674	29
30	Accrued Salaries Payable	435,246	435,246	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,353	29,353	31
32	Accrued Real Estate Taxes(Sch.IX-B)		382,979	32
33	Accrued Interest Payable		35,341	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	20,100	20,100	35
<b>Other Current Liabilities(specify):</b>				
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 4,232,689</b>	<b>\$ 4,651,008</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,908,816	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>	4,448,483	4,646,727	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 4,448,483</b>	<b>\$ 17,555,543</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 8,681,172</b>	<b>\$ 22,206,551</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (1,072,129)</b>	<b>\$ (7,809,502)</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 7,609,043</b>	<b>\$ 14,397,049</b>	<b>48</b>

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,641,764)	1
2	Restatements (describe):		2
3	Bad Debts	(49,995)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,691,759)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	619,630	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 619,630	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,072,129)	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,844,646	1
2	Discounts and Allowances for all Levels	(1,131,520)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,713,126</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,975,662	6
7	Oxygen	15,183	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,990,845</b>	<b>8</b>
<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	10,264	16
17	Sale of Drugs	505,483	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	93,855	19
20	Radiology and X-Ray	19,038	20
21	Other Medical Services	102,401	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 731,041</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	7,918	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 7,928</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	67,130	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 67,130</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,510,070</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,995,836	31
32	Health Care	5,276,798	32
33	General Administration	4,346,170	33
<b>B. Capital Expense</b>			
34	Ownership	1,504,468	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,225,061	35
36	Provider Participation Fee	542,107	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>\$ 15,890,440</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>619,630</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 619,630</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 8,971,343	44
45	Private Pay - Net Inpatient Revenue	18,392	45
46	Medicare - Net Inpatient Revenue	1,469,028	46
47	Other-(specify) <u>CCHHS</u>	599,867	47
48	Other-(specify) <u>Managed Care, Veteran</u>	654,496	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,713,126</b>	<b>49</b>

\* 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 Jackson Sq Skl Nrsng & Living

# 0039834

Report Period Beginning: 01/01/13

Ending:

12/31/13

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,877	2,182	\$ 121,490	\$ 55.68	1
2	Assistant Director of Nursing	2,029	2,198	90,824	41.32	2
3	Registered Nurses	32,922	35,552	1,064,576	29.94	3
4	Licensed Practical Nurses	51,027	55,346	1,376,166	24.86	4
5	CNAs & Orderlies	119,583	134,583	1,387,790	10.31	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,596	2,596	42,355	16.32	9
10	Activity Assistants	6,849	7,799	88,050	11.29	10
11	Social Service Workers	7,602	8,077	160,097	19.82	11
12	Dietician					12
13	Food Service Supervisor	3,652	4,014	85,864	21.39	13
14	Head Cook	5,355	6,036	75,697	12.54	14
15	Cook Helpers/Assistants	17,573	19,899	209,041	10.51	15
16	Dishwashers					16
17	Maintenance Workers	4,344	4,561	80,877	17.73	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,053	2,270	138,822	61.16	20
21	Assistant Administrator					21
22	Other Administrative	231	231	21,813	94.43	22
23	Office Manager	1,752	1,814	45,893	25.30	23
24	Clerical	10,119	11,265	217,536	19.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,079	1,168	36,918	31.61	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	10,329	10,747	212,873	19.81	33
34	TOTAL (lines 1 - 33)	280,972	310,338	\$ 5,456,682 *	\$ 17.58	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	294	\$ 13,836	01-03	35
36	Medical Director	Monthly	82,330	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	280	14,187	10-03	38
39	Pharmacist Consultant	Monthly	12,038	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	38	2,264	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	612	\$ 124,655		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kenan R. Weekley	Administrator	0	\$ 60,871	Workers' Compensation Insurance	\$ 261,588	IDPH License Fee	\$	
Rick Walworth	Administrator	0	77,951	Unemployment Compensation Insurance	152,839	Advertising: Employee Recruitment	13,832	
				FICA Taxes	411,828	Health Care Worker Background Check		
Tony Prather	Reg. Dir of Operations	0	21,813	Employee Health Insurance	192,830	(Indicate # of checks performed 573 )	6,127	
				Employee Meals	18,670	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Advertising & Promotions	38,158	
				401 K Matching Expense	3,583	Licenses & Inspections	4,298	
				Other Employee Benefits	26,043	Dues & Subscriptions	21,229	
				Vision & Dental Insurance	(88)	Allocated from NuCare	1,704	
				Pension Expense	16,418			
				Chicago Head Tax	2,154	Less: Public Relations Expense	( )	
						Non-allowable advertising	(38,158)	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 160,635	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,085,865		\$ 47,190		
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
NuCare Services - Bookkeeping Fees			\$ 1,011,779			\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,011,779	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
				\$			\$ 3,332	
C. Professional Services								
Vendor/Payee	Type		Amount					
See Attached	Legal		\$ 70,943					
Frost, Ruttenberg & Rothblatt	Accounting		23,570					
McGladrey	Accounting		280					
Personnel Planners, Inc	Unemployment Consulting		8,016					
Ability Network	Computer Services		148					
CDW Government Inc	Computer Services		657					
E-Health Data Solutions	Computer Services		5,112					
Eitechs Corporation	Computer Services		818				Seminar Expense 2,278	
HDSI Health Data Systems	Computer Services		4,729				Allocated from NuCare 1,054	
MDI Achieve	Computer Services		21,386					
Providence Mgmt.& Develop.	Computer Services		16,249					
See Supplemental Schedule			25,047				Entertainment Expense ( )	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 176,956	TOTAL				

\* 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

