

		FOR BHF USE					

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2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0051219</u></p> <p>Facility Name: <u>Radford Green</u></p> <p>Address: <u>960 Audubon Way</u> <u>Lincolnshire</u> <u>60069</u> Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>(847) 876 - 2401</u> Fax # <u>(847) 876 - 2402</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/18/10</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Jeremy M. Brune, CPA</u> Telephone Number: <u>(779) 875 - 3979</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/13</u> to <u>12/31/13</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Jeremy M. Brune, CPA</u> <u>CEO</u> (Firm Name & Address) <u>Jeremy Brune & Associates, LLC</u> <u>2508 Riverwalk Drive Plainfield, Illinois 60586</u> (Telephone) <u>(779) 875 - 3979</u> Fax # <u>(866) 216 - 5355</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Jeremy M. Brune, CPA</u> <u>CEO</u> (Firm Name & Address) <u>Jeremy Brune & Associates, LLC</u> <u>2508 Riverwalk Drive Plainfield, Illinois 60586</u> (Telephone) <u>(779) 875 - 3979</u> Fax # <u>(866) 216 - 5355</u>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green

0051219 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	88	Skilled (SNF)	88	32,120	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	88	TOTALS	88	32,120	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	119	7,732	12,203	20,054	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	119	7,732	12,203	20,054	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.43%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

Assisted Living, Independent Living, Clinic

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 11/18/10

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

YES Date 11/18/10 NO

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

YES NO If YES, enter number of beds certified 88 and days of care provided 11,974

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green # 0051219 Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	1,462,021	261,162	24,715	1,747,898		1,747,898	(1,488,308)	259,590		1
2	Food Purchase		1,606,348		1,606,348		1,606,348	(1,377,603)	228,745		2
3	Housekeeping	521,991	102,161	45,216	669,368		669,368	(443,254)	226,114		3
4	Laundry	37,769	138,297		176,066		176,066	(116,591)	59,475		4
5	Heat and Other Utilities			986,276	986,276		986,276	(921,476)	64,800		5
6	Maintenance	497,025	73,806	704,013	1,274,844		1,274,844	(1,192,901)	81,943		6
7	Other (specify):* See Supplemental	883,188	7,025		890,213		890,213	(808,003)	82,210		7
8	TOTAL General Services	3,401,994	2,188,799	1,760,220	7,351,013		7,351,013	(6,348,136)	1,002,877		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	2,961,733	259,313	347,025	3,568,071		3,568,071		3,568,071		10
10a	Therapy										10a
11	Activities	212,109	22,449	2,129	236,687		236,687	(71,774)	164,913		11
12	Social Services	232,597	30,490	17,458	280,545		280,545	(85,074)	195,471		12
13	CNA Training										13
14	Program Transportation			41,637	41,637		41,637	(41,637)			14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	3,406,439	312,252	408,249	4,126,940		4,126,940	(198,485)	3,928,455		16
	C. General Administration										
17	Administrative			1,211,035	1,211,035		1,211,035	(888,322)	322,713		17
18	Directors Fees										18
19	Professional Services			216,582	216,582		216,582	(156,229)	60,353		19
20	Dues, Fees, Subscriptions & Promotions			362,706	362,706		362,706	(345,043)	17,663		20
21	Clerical & General Office Expenses	575,605	22,042	373,812	971,459		971,459	(691,261)	280,198		21
22	Employee Benefits & Payroll Taxes			2,246,177	2,246,177		2,246,177	(1,187,686)	1,058,491		22
23	Inservice Training & Education										23
24	Travel and Seminar			27,577	27,577		27,577	(8,363)	19,214		24
25	Other Admin. Staff Transportation			39,104	39,104		39,104	(39,018)	86		25
26	Insurance-Prop.Liab.Malpractice			387,006	387,006		387,006	(261,814)	125,192		26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	575,605	22,042	4,863,999	5,461,646		5,461,646	(3,577,736)	1,883,910		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,384,038	2,523,093	7,032,468	16,939,599		16,939,599	(10,124,357)	6,815,242		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.

**Radford Green
Medicaid Cost Report
01/01/13 - 12/31/13**

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	883,188	7,025	
Total	883,188	7,025	-
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Total	-	-	-

Facility Name & ID Number Radford Green

#0051219

Report Period Beginning:

01/01/13

Ending:

12/31/13

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			4,591,670	4,591,670		4,591,670	(4,136,089)	455,581			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			839,740	839,740		839,740	(785,696)	54,044			32
33	Real Estate Taxes			925,004	925,004		925,004	(864,085)	60,919			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			59,053	59,053		59,053	(53,600)	5,453			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			6,415,467	6,415,467		6,415,467	(5,839,470)	575,997			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		611,839	1,553,235	2,165,074		2,165,074		2,165,074			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	44,498	62,943		107,441		107,441	(87,247)	20,194			41
42	Provider Participation Fee			98,755	98,755		98,755		98,755			42
43	Other (specify):* See Supplemental	1,141,143	75,694	975,604	2,192,441		2,192,441	(2,192,441)				43
44	TOTAL Special Cost Centers	1,185,641	750,476	2,627,594	4,563,711		4,563,711	(2,279,688)	2,284,023			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,569,679	3,273,569	16,075,529	27,918,777		27,918,777	(18,243,515)	9,675,262			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

**Radford Green
Medicaid Cost Report
01/01/13 - 12/31/13**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Marketing	424,284		893,719
Clinic	167,987	64,566	(40,000)
Assisted Living	548,872	11,128	
Independent Living			121,885
Total	1,141,143	75,694	975,604

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	(77,597)	02		4
5	Telephone, TV & Radio in Resident Rooms	(98,643)	21		5
6	Rented Facility Space	(27,646)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(17,181)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(36,175)	21		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				18
19	Entertainment				19
20	Contributions	(5,684)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(570)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(306,657)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Supplemental Schedule	(17,382,516)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (17,952,669)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(290,846)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (290,846)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (18,243,515)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Radford GreenID# 0051219Report Period Beginning: 01/01/13Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (381)	21	1
2	Tech Support Income	(8,175)	19	2
3	Transportation Income (To Expense)	(41,637)	14	3
4	Bank Charges	(15,760)	21	4
5	Lates Fees	(4,325)	21	5
6	Board Expenses	(17,214)	21	6
7	Travel - Non-Allowable - Out of State	(38,176)	25	7
8	Insurance - Directors and Officers	(30,033)	26	8
9	Marketing and Promotion	(1,318,003)	43	9
10	Clinic	(192,553)	43	10
11	Assisted Living	(560,000)	43	11
12	Independent Living	(121,885)	43	12
13	Non-Allowable Legal	(35,747)	19	13
14	Gift Shop Income	(87,247)	41	14
15				15
16				16
17				17
18				18
19				19
20				20
21	Non-Allowable (Allocated)			21
22	Dietary	(1,488,308)	01	22
23	Food	(1,300,006)	02	23
24	Housekeeping	(443,254)	03	24
25	Laundry	(116,591)	04	25
26	Heat and Other Utilities	(921,476)	05	26
27	Maintenance	(1,165,255)	06	27
28	Security	(808,003)	07	28
29	Activities	(71,774)	11	29
30	Social Services	(85,074)	12	30
31	Transportation	0	14	31
32	Administrative	(597,476)	17	32
33	Professional Fees	(111,737)	19	33
34	Dues and Subscriptions	(32,702)	20	34
35	Office and Clerical	(518,763)	21	35
36	Employee Benefits	(1,187,686)	22	36
37	Travel and Seminar	(8,363)	24	37
38	Other Staff Transportation	(842)	25	38
39	Insurance	(231,781)	26	39
40	Depreciation	(4,136,089)	30	40
41	Interest	(768,515)	32	41
42	Real Estate Taxes	(864,085)	33	42
43	Rent - Equipment and Vehicles	(53,600)	35	43
44				44
45				45
46				46
47				47
48				48
49	Total	(17,382,516)		49

**Radford Green
Medicaid Cost Report
01/01/13 - 12/31/13**

Page 5 Supplementary

197101

Description	Cost Center	Total Salary	Total Expenses (Allowable)	Direct Nusing Home Expenses	Direct Other Expenses	Expenses For Allocation	Allocation Method	Allocation Basis Nursing Home	Allocation Basis Total	Allocated Plus Direct		Allocated Plus Direct		Nursing Home Cost Total	Other Cost Total	
										Nursing Home Salary	Nursing Home Other	Other Salary	Other Expenses			
Dietary	1	1,462,021	1,747,898			1,747,898	Meals Served	60,162	405,089	217,133	42,457	1,244,888	243,420	259,590	1,488,308	
Food	2	-	1,528,751			1,528,751	Meals Served	60,162	402,075		228,745		1,300,006	228,745	1,300,006	
Housekeeping	3	521,991	669,368			669,368	Units * Schedule	14,324	42,404.43	176,329	49,784	345,662	97,593	226,114	443,254	
Laundry	4	37,769	176,066			176,066	Units * Schedule	14,324	42,404		12,758	25,011	91,580	59,475	116,591	
Heat and Other Utilities	5	-	986,276			986,276	Square Feet	7,056	107,394		-	64,800	-	64,800	921,476	
Maintenance	6	497,025	1,247,198			1,247,198	Square Feet	7,056	107,394		32,656	49,288	464,369	700,885	1,165,255	
Other	7	883,188	890,213			890,213	Patient Days	20,054	217,155		81,561	649	801,627	6,376	82,210	808,003
Medical Director	9	-	-			-	Direct				-	-	-	-	-	-
Nursing and Medical Records	10	2,961,733	3,568,071	3,568,071		-	Direct			2,961,733	606,338	-	-	3,568,071	-	
Therapy	10a	-	-			-	Direct			-	-	-	-	-	-	-
Activities	11	212,109	236,687			236,687	Patient Days **	20,054	28,782	147,788	17,125	64,321	7,453	164,913	71,774	
Social Services	12	232,597	280,545			280,545	Patient Days **	20,054	28,782	162,063	33,408	70,534	14,540	195,471	85,074	
CNA Training	13	-	-			-	Direct			-	-	-	-	-	-	-
Transportation	14	-	-			-	Patient Days	20,054	217,155	-	-	-	-	-	-	-
Other	15	-	-			-	Patient Days	20,054	217,155	-	-	-	-	-	-	-
Administrative	17	-	920,189			920,189	Net Revenue	8,822,648	25,157,025	-	322,713	-	597,476	322,713	597,476	
Directors Fees	18	-	-			-	N/A				-	-	-	-	-	-
Professional Fees	19	-	172,090			172,090	Net Revenue	8,822,648	25,157,025	-	60,353	-	111,737	60,353	111,737	
Dues and Subscriptions	20	-	50,365			50,365	Net Revenue	8,822,648	25,157,025	-	17,663	-	32,702	17,663	32,702	
Office and Clerical	21	575,605	798,961			798,961	Net Revenue	8,822,648	25,157,025	201,866	78,332	373,739	145,024	280,198	518,763	
Employee Benefits	22	-	2,246,177			2,246,177	Allocated Salary	4,038,386	8,569,679	-	1,058,491	-	1,187,686	1,058,491	1,187,686	
Inservice Training and Expense	23	-	-			-	N/A			-	-	-	-	-	-	-
Travel and Seminar	24	-	27,577			27,577	Patient Days **	20,054	28,782	-	19,214	-	8,363	19,214	8,363	
Other Staff Transportation	25	-	928			928	Patient Days	20,054	217,155	-	86	-	842	86	842	
Insurance	26	-	356,973			356,973	Net Revenue	8,822,648	25,157,025	-	125,192	-	231,781	125,192	231,781	
Other	27	-	-			-	N/A			-	-	-	-	-	-	-
Depreciation	30	-	4,591,670			4,591,670	Sub-Schedule	7,056	107,394	-	455,581	-	4,136,089	455,581	4,136,089	
Amortization	31	-	-			-	Square Feet	7,056	107,394	-	-	-	-	-	-	-
Interest	32	-	822,559			822,559	Square Feet	7,056	107,394	-	54,044	-	768,515	54,044	768,515	
Real Estate Taxes	33	-	925,004			925,004	Square Feet	7,056	107,394	-	60,918.61	-	864,085	60,919	864,085	
Rent - Facilities and Grounds	34	-	-			-	N/A			-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	59,053			59,053	Patient Days	20,054	217,155	-	5,453	-	53,600	5,453	53,600	
Other	36	-	-			-	N/A			-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A			-	-	-	-	-	-	-
Ancillary Service Centers	39	-	2,165,074	2,165,074		-	Direct			-	2,165,074	-	-	2,165,074	-	
Barber and Beauty Shop	40	-	-			-	N/A			-	-	-	-	-	-	-
Coffee and Gift Shops	41	44,498	20,194			20,194	Pass			44,498	(24,304)	-	-	20,194	-	
Provider Participation Fee	42	-	98,755	98,755		-	Direct			-	98,755	-	-	98,755	-	
Other	43	1,141,143	2,192,441		2,192,441	-	Direct			-	-	1,141,143	1,051,298	-	2,192,441	
		8,569,679	26,779,083	5,831,900	2,192,441	18,754,742				4,038,386	5,636,876	4,531,293	12,572,528	9,675,263	17,103,820	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Radford Green

0051219

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	(1,488,308)	0	0	0	0	0	0	0	0	0	0	(1,488,308)	1
2	Food Purchase	(1,377,603)	0	0	0	0	0	0	0	0	0	0	(1,377,603)	2
3	Housekeeping	(443,254)	0	0	0	0	0	0	0	0	0	0	(443,254)	3
4	Laundry	(116,591)	0	0	0	0	0	0	0	0	0	0	(116,591)	4
5	Heat and Other Utilities	(921,476)	0	0	0	0	0	0	0	0	0	0	(921,476)	5
6	Maintenance	(1,192,901)	0	0	0	0	0	0	0	0	0	0	(1,192,901)	6
7	Other (specify):*	(808,003)	0	0	0	0	0	0	0	0	0	0	(808,003)	7
8	TOTAL General Services	(6,348,136)	0	0	0	0	0	0	0	0	0	0	(6,348,136)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(71,774)	0	0	0	0	0	0	0	0	0	0	(71,774)	11
12	Social Services	(85,074)	0	0	0	0	0	0	0	0	0	0	(85,074)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(41,637)	0	0	0	0	0	0	0	0	0	0	(41,637)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(198,485)	0	0	0	0	0	0	0	0	0	0	(198,485)	16
	C. General Administration													
17	Administrative	(597,476)	(290,846)	0	0	0	0	0	0	0	0	0	(888,322)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(156,229)	0	0	0	0	0	0	0	0	0	0	(156,229)	19
20	Fees, Subscriptions & Promotions	(345,043)	0	0	0	0	0	0	0	0	0	0	(345,043)	20
21	Clerical & General Office Expenses	(691,261)	0	0	0	0	0	0	0	0	0	0	(691,261)	21
22	Employee Benefits & Payroll Taxes	(1,187,686)	0	0	0	0	0	0	0	0	0	0	(1,187,686)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(8,363)	0	0	0	0	0	0	0	0	0	0	(8,363)	24
25	Other Admin. Staff Transportation	(39,018)	0	0	0	0	0	0	0	0	0	0	(39,018)	25
26	Insurance-Prop.Liab.Malpractice	(261,814)	0	0	0	0	0	0	0	0	0	0	(261,814)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,286,890)	(290,846)	0	(3,577,736)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(9,833,511)	(290,846)	0	(10,124,357)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(4,136,089)	0	0	0	0	0	0	0	0	0	0	(4,136,089) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(785,696)	0	0	0	0	0	0	0	0	0	0	(785,696) 32
33	Real Estate Taxes	(864,085)	0	0	0	0	0	0	0	0	0	0	(864,085) 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(53,600)	0	0	0	0	0	0	0	0	0	0	(53,600) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(5,839,470)	0	0	0	0	0	0	0	0	0	0	(5,839,470) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	(87,247)	0	0	0	0	0	0	0	0	0	0	(87,247) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(2,192,441)	0	0	0	0	0	0	0	0	0	0	(2,192,441) 43
44	TOTAL Special Cost Centers	(2,279,688)	0	0	0	0	0	0	0	0	0	0	(2,279,688) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(17,952,669)	(290,846)	0	(18,243,515) 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
Lincolnshire Holdings, LLC	100.00%			Senior Care		
				Development, LLC	Harrison, NY	Development Co.
				Monarch Landing	Naperville, IL	Asst & Ind Living
				Meadow Ridge	Redding, CN	CCRC
				Evergreen Woods	Branford, CN	CCRC

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	17 Management Fees	\$ 290,846	Senior Care Development, LLC	100.00%	\$	\$	(290,846)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 290,846			\$	\$ *	(290,846)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green # 0051219 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										11
12										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 Radford Green

0051219

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Radford Green COUNTY Lake
 FACILITY IDPH LICENSE NUMBER 0051219
 CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune, CPA
 TELEPHONE (779) 875 - 3979 FAX #: (866) 216 - 5355

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>15-22-406-001</u>	<u>Complex - NG, IL and AL</u>	\$ <u>69,950.95</u>	\$ <u>69,950.95</u>
2. <u>15-23-302-001</u>	<u>Complex - NG, IL and AL</u>	\$ <u>897,227.86</u>	\$ <u>897,227.86</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	<u>Non-Care Allocation</u>	\$ _____	\$ _____
6. _____	<u>Based on Square Footage</u>	\$ <u>(903,633.23)</u>	\$ <u>(903,633.23)</u>
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>63,545.58</u></u>	\$ <u><u>63,545.58</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 providecopies of their original second installment tax bill.

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 107,394 B. General Construction Type: Exterior Brick Frame Steel Number of Stories _____

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).

Independent Living (467 Units)

Assisted Living (44 Units)

Clinic

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

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

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Campus		2010	\$ 15,949,445	1
2	Non-Care ADJ			(14,901,535)	2
3	TOTALS			\$ 1,047,910	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	88		2010		\$ 154,168,197	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements - Purchase Allocation		2010		2,798,696						9
10	Air Curtains - Furnish and Installation		2011		3,095						10
11	Landscaping		2011		9,037						11
12	Tree and Installation		2011		2,696						12
13	Heat Exchanger Plates		2011		8,860						13
14	Fire Pump		2011		1,795						14
15	HVAC Sensors		2011		9,895						15
16	HVAC Condensing Coil		2011		4,132						16
17	Pump Repair		2011		9,736						17
18	Boiler Clean / Check		2011		5,810						18
19	Compressor		2011		21,168						19
20	Locker Room Floor		2011		3,610						20
21	Carpet - ***		2011		42,842						21
22	Design Center		2011		6,568						22
23	Storage Room		2011		6,539						23
24	Bathroom Modifications - Labor, Tile, Granite Countertops - ***		2011		22,240						24
25	Electrical Cable / EMR System		2012		7,000						25
26	Doors and Locks		2012		8,416						26
27	Boiler Exhaust		2012		22,106						27
28	Stainless Steel Cooling Tower		2012		3,672						28
29	Resident Room - Carpeting and Flooring - ***		2012		86,751						29
30	Parking Lot Paving		2012		10,328						30
31	Sidewalks		2012		20,230						31
32	Landscaping - Tree Removal and Replacement		2012		9,611						32
33	Window Treatments and Blinds - ***		2012		45,683						33
34	Automatic Doors		2012		48,281						34
35	Garage Doors		2012		10,061						35
36	Club House - Carpentry, Electrical, Plumbing, Drywall, Painting		2012		700,645						36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	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	Nuse Call / Communication System	2012	\$ 74,168	\$		\$	\$	37
38	Bathroom Modifications - Shower Pans, Wall System, Tub - ***	2012	34,991					38
39	Resident Rooms - Lighting, Countertops, Closet Systems - ***	2012	65,447					39
40	Resident Rooms - Carpentry, Electrical, Plumbing, Drywall, Paint	2012	30,817					40
41	Occupancy Sensors and Switch Module	2012	3,526					41
42	Main Door	2013	4,873					42
43	Cooling Tower	2013	14,700					43
44	Expansion Tank	2013	2,673					44
45	Heat Pumps	2013	2,544					45
46	Storage Tanks	2013	14,604					46
47	Flooring - Resident Rooms - ***	2013	86,034					47
48	Irrigation System	2013	10,751					48
49	Trees	2013	20,650					49
50	Room Signage	2013	2,055					50
51	Fire System	2013	21,451					51
52	Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2013	152,315					52
53	Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2013	11,836					53
54	Multipurpose Room - Signage	2013	15,900					54
55	Multipurpose Room - Lighting, Flooring, Electrical	2013	18,252					55
56	Therapy Room - Remodel - Flooring, Paint, Electrical	2013	79,900					56
57	Fitness Room Remodel - Flooring, Lighting, Electrical	2013	114,855					57
58	Resident Rooms - Pull Cords	2013	106,279					58
59	Gatehouse - Security System	2013	3,987					59
60								60
61								61
62								62
63								63
64								64
65	*** - A Sub-Schedule is provided that includes specific details							65
66	of room locations within the facility where the leasehold							66
67	improvements were made.							67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$ 158,990,309	\$		\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12A, Carried Forward		\$ 158,990,309	\$		\$	\$	\$	1
2									2
3	Dispositions								3
4	Various	2010	(1,019)						4
5	Various	2011	(9,785)						5
6	Various	2012	(11,835)						6
7	Financial Statement Depreciation			4,127,307		4,127,307		12,838,579	7
8									8
9	Assisted Living, Independent Living & Clinic								9
10	Allocations Based on Square Footage (Non-Care ADJ)								10
11									11
12	Building	2010	(144,039,039)	(3,600,886)		(3,600,886)		(11,406,411)	12
13	Leasehold Improvements	2010	(2,613,864)	(132,659)		(132,659)		(420,088)	13
14	Leasehold Improvements	2011	(142,133)	(13,781)		(13,781)		(33,837)	14
15	Leasehold Improvements	2012	(993,578)	(75,465)		(75,465)		(96,682)	15
16	Leasehold Improvements	2013	(496,595)	(19,549)		(19,549)		(19,549)	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)		\$ 10,682,461	\$ 284,967		\$ 284,967	\$	\$ 862,012	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	\$ 3,257,883	\$ 428,221	\$ 428,221	\$		\$ 1,311,284	71
72	Current Year Purchases	115,716	12,127	12,127			12,127	72
73	Fully Depreciated Assets							73
74	Non-Care Adjustment	(1,749,502)	(271,311)	(271,311)			(851,678)	74
75	TOTALS	\$ 1,624,097	\$ 169,037	\$ 169,037	\$		\$ 471,733	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	Facility - Purchase Alloc.	Various	Various	\$ 120,079	\$ 24,015	\$ 24,015	\$		\$ 68,967	76
77	Non-Care Adjustment	Various	Various	(112,190)	(22,438)	(22,438)			(64,436)	77
78										78
79										79
80	TOTALS			\$ 7,889	\$ 1,577	\$ 1,577	\$		\$ 4,531	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 13,362,357	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 455,581	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 455,581	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,338,276	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	Land	\$ 14,901,535	\$	\$	86
87	Building	144,039,039	3,600,886	11,406,411	87
88	Building Improvements	4,246,170	241,454	570,156	88
89	Equipment	1,749,502	271,311	851,678	89
90	Vehicles	112,190	22,438	64,436	90
91	TOTALS	\$ 165,048,436	\$ 4,136,089	\$ 12,892,681	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

**

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: \$ 5,453 Description: See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)		
			Staff		Outside Practitioner (other than consultant)								
			Units of Service	Cost	Units	Cost							
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	450,792	\$		\$	450,792	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					89,552				89,552	2
3	Licensed Recreational Therapist		hrs										3
4	Licensed Physical Therapist	39 - 03	hrs					925,159				925,159	4
5	Physician Care		visits										5
6	Dental Care		visits										6
7	Work Related Program		hrs										7
8	Habilitation		hrs										8
9	Pharmacy	39 - 02	# of prescripts						564,942			564,942	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10
11	Academic Education		hrs										11
12	Other (specify): See Supplemental	39 - 02							46,897			46,897	12
13	Other (specify): See Supplemental	39 - 03							87,732			87,732	13
14	TOTAL			\$			\$	1,553,235	\$	611,839	\$	2,165,073	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

**Radford Green
Medicaid Cost Report
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Page 16 Supplemental Schedule

Description	Supplies	Other
Medical Supplies	22,253	
Oxygen	24,644	
Radiology		44,130
Laboratory		42,627
Ambulance		975
Total	<u>46,897</u>	<u>87,732</u>

Facility Name & ID Number **Radford Green**# **0051219**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*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 8,735,953	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>274,404</u>)	1,967,779		3
4	Supply Inventory (priced at)	55,463		4
5	Short-Term Investments			5
6	Prepaid Insurance	334,867		6
7	Other Prepaid Expenses	45,775		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental</u>	4,894		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 11,144,731	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	16,034,803		13
14	Buildings, at Historical Cost	154,190,201		14
15	Leasehold Improvements, at Historical Cost	4,805,718		15
16	Equipment, at Historical Cost	3,656,333		16
17	Accumulated Depreciation (book methods)	(14,231,417)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 164,455,638	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 175,600,369	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 5,508,437	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	468,248		30
31	Accrued Taxes Payable (excluding real estate taxes)	85,379		31
32	Accrued Real Estate Taxes(Sch.IX-B)	953,711		32
33	Accrued Interest Payable	278,854		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,294,629	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	13,385,000		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental</u>	137,656,592		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 151,041,592	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 158,336,221	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 17,264,148	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 175,600,369	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

**Radford Green
Medicaid Cost Report
01/01/13 - 12/31/13**

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Due from Related Entities	4,894	
Total	4,894	-
 Line 23 - Other Long Term Assets		
Total	-	-
 Line 36 - Other Current Liabilities		
Total	-	-
 Line 43 - Other Long Term Liabilities		
Deposits	732,000	
Deferred Revenue	136,924,592	
Total	137,656,592	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 22,019,608	1
2	Restatements (describe):		2
3	Acct. Principle Change - Ind. Living Refundable Dep.	(765,481)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 21,254,127	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,989,979)	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	(2,000,000)	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)	\$ (3,989,979)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 17,264,148	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		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,822,648	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,822,648	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	465,525	6
7	Oxygen	1,808	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 467,333	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	57,254	12
13	Barber and Beauty Care	28,032	13
14	Non-Patient Meals	107,590	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	21,807	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 214,683	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	17,181	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 17,181	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	16,406,953	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,406,953	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 25,928,798	30

1		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	7,351,013	31
32	Health Care	4,126,940	32
33	General Administration	5,461,646	33
B. Capital Expense			
34	Ownership	6,415,467	34
C. Ancillary Expense			
35	Special Cost Centers	4,464,956	35
36	Provider Participation Fee	98,755	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 27,918,777	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,989,979)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,989,979)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 17,282	44
45	Private Pay - Net Inpatient Revenue	2,586,726	45
46	Medicare - Net Inpatient Revenue	6,194,685	46
47	Other-(specify) Insurance - Net Inpatient Revenue	23,955	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,822,648	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Radford Green
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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Assisted Living	1,496,705	
Independent Living	14,837,672	
Space Rental	9,748	9,748
Transportation	55,779	55,779
Vending Machine Commissions	383	
Tech Support	8,175	8,175
Loss on Sale of Assets	(1,890)	
Miscellaneous	381	381
Total	16,406,953	74,083

Facility Name & ID Number **Radford Green**

0051219

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	3,583	3,977	\$ 163,606	\$ 41.14	1
2	Assistant Director of Nursing					2
3	Registered Nurses	28,447	30,075	1,037,794	34.51	3
4	Licensed Practical Nurses	15,967	17,281	471,519	27.29	4
5	CNAs & Orderlies	75,613	81,166	1,169,811	14.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,834	10,758	212,109	19.72	10
11	Social Service Workers	6,564	7,370	232,597	31.56	11
12	Dietician					12
13	Food Service Supervisor	1,870	2,002	78,328	39.12	13
14	Head Cook					14
15	Cook Helpers/Assistants	114,687	120,156	1,383,693	11.52	15
16	Dishwashers					16
17	Maintenance Workers	19,838	21,910	497,025	22.68	17
18	Housekeepers	43,645	47,429	521,991	11.01	18
19	Laundry	3,159	3,432	37,769	11.00	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,541	26,519	575,605	21.71	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	7,198	7,778	119,003	15.30	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	90,986	99,843	2,068,829	20.72	33
34	TOTAL (lines 1 - 33)	445,932	479,696	\$ 8,569,679 *	\$ 17.86	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 24,715	01 - 03	35
36	Medical Director			36
37	Medical Records Consultant	700	10 - 03	37
38	Nurse Consultant	79,919	10 - 03	38
39	Pharmacist Consultant	5,881	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	19,587	11 - 03	44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 130,802		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 155,523	10 - 03	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	105,002	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 260,525		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

**Radford Green
Medicaid Cost Report
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Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Security (Line 7)	44,080	48,120	883,188
Catering and Coffee Shop (Line 41)	3,497	3,854	44,498
Marketing (Line 43)	9,124	9,908	424,284
Clinic (Line 43)	6,828	7,497	167,987
Assisted Living (Line 43)	27,457	30,464	548,872
Total	<u>90,986</u>	<u>99,843</u>	<u>2,068,829</u>

Facility Name & ID Number Radford Green

0051219

Report Period Beginning: 01/01/13

Ending: 12/31/13

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
			\$	Workers' Compensation Insurance	\$ 318,552	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	95,113	Advertising: Employee Recruitment	20,341	
				FICA Taxes	624,801	Health Care Worker Background Check		
				Employee Health Insurance	961,836	(Indicate # of checks performed)		
				Employee Meals		<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Fees	11,532	
				Dental Insurance	28,012	Subscriptions	4,500	
				Life Insurance	6,218	Licenses and Fees	12,002	
				Disability Insurance	18,157	Advertising and Promotion	306,657	
				Vision Insurance	6,286	Non-Allowable (Page 5 Adjustments)	(32,702)	
				Pension	95,292	Less: Public Relations Expense	()	
				Other Employee Benefits	91,910	Non-allowable advertising	(306,657)	
				Non-Allowable (Page 5 Adjustments)	(1,187,686)	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,058,491	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,663	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)								
\$								
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
Senior Care Development, LLC			\$ 290,846			\$	Out-of-State Travel	\$
Life Care Services, LLC			920,189					
							In-State Travel	
							Seminar Expense	27,577
							Non-Allowable (Page 5 Adjustments)	(8,363)
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
				TOTAL		\$	TOTAL	\$ 19,214
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
\$ 1,211,035								
C. Professional Services								
Vendor/Payee	Type		Amount					
Beers, Hamerman & Co, P.C.	Audit and Tax Preparation		\$ 74,176					
Jeremy Brune & Associates, LLC	Accounting		4,200					
Electronic Claim Interchange	Data Processing		12,154					
HealthMedx, LLC	Data Processing		19,707					
Jackson Lewis	Legal		6,840					
Hinkley, Allen & Snyder, LLP	Legal		19,001					
Ungaretti & Harris	Legal		22,344					
Foley & Lardner, LLP	Legal		23,138					
Life Care Services, LLC	IT Consulting		24,810					
Monarch Landing	IT Consulting		4,540					
CT Corporation System	Other Professional		1,106					
See Supplemental Schedule			4,566					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 216,582								

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

**Radford Green
Medicaid Cost Report
01/01/13 - 12/31/13**

Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
On-Shift	Data Processing	1,800
Kronos	Data Processing	2,246
JJ Keller	Unemployment Consultant	455
HR Direct	Poster Guard	65

Total

4,566

**Radford Green
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Page 21 Supplemental Schedule - Legal Details

Vendor	Invoice Date	Amount	Allowable
Jackson Lewis	01/31/13	570	
Jackson Lewis	02/28/13	570	
Jackson Lewis	03/31/13	570	
Jackson Lewis	04/30/13	570	
Jackson Lewis	05/31/13	570	
Jackson Lewis	06/30/13	570	
Jackson Lewis	07/31/13	570	
Jackson Lewis	08/31/13	570	
Jackson Lewis	09/30/13	570	
Jackson Lewis	10/31/13	570	
Jackson Lewis	11/30/13	570	
Jackson Lewis	12/31/13	570	
Hinkley, Allen & Snyder, LLP	03/12/13	880	880
Hinkley, Allen & Snyder, LLP	01/10/13	1,181	
Hinkley, Allen & Snyder, LLP	05/31/13	1,094	1,094
Hinkley, Allen & Snyder, LLP	12/13/13	2,486	2,486
Hinkley, Allen & Snyder, LLP	12/13/13	2,486	
Hinkley, Allen & Snyder, LLP	05/31/13	1,249	
Hinkley, Allen & Snyder, LLP	06/15/12	402	
Hinkley, Allen & Snyder, LLP	07/16/13	332	
Hinkley, Allen & Snyder, LLP	08/13/13	6,110	6,110
Hinkley, Allen & Snyder, LLP	09/07/12	2,782	
Ungaretti & Harris	01/31/13	1,313	1,313
Ungaretti & Harris	03/31/13	9,718	
Ungaretti & Harris	03/31/13	3,109	3,109
Ungaretti & Harris	03/31/13	471	
Ungaretti & Harris	03/31/13	2,613	
Ungaretti & Harris	04/30/13	769	769
Ungaretti & Harris	04/30/13	349	349
Ungaretti & Harris	09/30/13	2,614	
Ungaretti & Harris	09/30/13	1,046	1,046
Ungaretti & Harris	09/30/13	233	
Ungaretti & Harris	11/30/13	111	111
Foley & Lardner, LLP	08/09/13	8,734	8,734
Foley & Lardner, LLP	11/14/13	8,591	8,591
Foley & Lardner, LLP		4,829	
Foley & Lardner, LLP	09/10/13	984	984
		71,323	35,576

Page 5 Adjustments

35,747

**Radford Green
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Page 21 Supplemental Schedule - Seminar

Payee	Topic	Date	Amount
Care2Learn Inc	On-Line Training Subscription	01/11/13	175
Bank of America	Meals	01/31/13	117
Bank of America	Meals	01/31/13	15
Life Services Network	Conference	01/31/13	99
Care2Learn Inc	On-Line Training Subscription	02/01/13	175
Bank of America	Meals	02/28/13	361
Care2Learn Inc	On-Line Training Subscription	03/01/13	175
Life Services Network	Annual Conference	03/18/13	3,888
Care2Learn Inc	On-Line Training Subscription	04/01/13	175
Bank of America	Conference	04/06/13	390
Karen O'Donnell	Coding Training	04/26/13	225
Life Care Services LLC	Meals	04/30/13	147
Bank of America	Meals	04/30/13	18
Life Care Services LLC	LCS Conference	04/30/13	1,358
Care2Learn Inc	On-Line Training Subscription	05/01/13	175
Joanne Kopper	Alzheimers Trailing	05/07/13	129
Karen O'Donnell	ICD Seminar	05/08/13	338
Mantas, Ms. Margaret	Meals	05/12/13	69
Rizner, Richard Robert	NRA Travel	05/21/13	34
Rizner, Richard Robert	LSN Parking	05/21/13	21
Manliguis, Mr. Ronald	NRA Parking	05/29/13	21
Life Care Services LLC	Meals	05/31/13	282
Haas, Steven	NRA Conference	05/31/13	147
Sheryl Messenger	Webinar	05/31/13	359
Care2Learn Inc	On-Line Training Subscription	06/01/13	175
Pontecore, Mr. Daniel	Meals	06/17/13	106
Swan, Ms. Catherine	CEU-Clinical Supervision	06/20/13	179
Bearnod, Ms. Aida	Travel Costs	06/25/13	297
Bank of America	Meals	06/30/13	150
Life Care Services LLC	LCS Conference	06/30/13	1,250
SHRM Conference	SHRM Conference	06/30/13	2,390
Care2Learn Inc	Monthly Subscription Fee	07/01/13	175
SOS Technologies	Training books	07/17/13	87
Joanne Kopper	IL Dept Aging Conference	07/19/13	250
Ahmed, Saba & Dale, Denise	AAIC Conference	07/31/13	1,210
JJ Keller	FMLA Conference	07/31/13	120
Messenger, Ms. Sheryl	HR Training	07/31/13	325
Care2Learn Inc	On-Line Training Subscription	08/01/13	175
Jacqueline Nitsche	Midwest Fitness Conference	08/13/13	398
Burriss Equipment Co	Boom Lift Training	08/29/13	150
Haas, Steven	Server Training Video	08/30/13	15
Lochnivar -	Boiler Training	08/31/13	400
Bank of America	Meals	08/31/13	99
Global Knowledge	Global Knowledge	08/31/13	2,876
Care2Learn Inc	On-Line Training Subscription	09/01/13	175
Bank of America	Meals	09/30/13	32
Kelly Sampson	Conference	09/30/13	199
Steve Haas	Conference	09/30/13	349
Care2Learn Inc	On-Line Training Subscription	10/01/13	175
Haas, Steven	Meals	10/09/13	175
Bank of America	Meals	10/31/13	83
Joanne Kopper	Govenor Conf on Aging	10/31/13	129
	Conference	10/31/13	90
Care2Learn Inc	On-Line Training Subscription	11/01/13	175
Manliguis, Mr. Ronald	Training Class	11/07/13	120
Sysco Food Services Chgo Inc	Meals	11/08/13	425
Mantas, Ms. Margaret	Expenses for Nov 2013	11/19/13	142
Sysco Food Services Chgo Inc	Meals	11/19/13	1,374
Arlington Rental Inc	Napkins and table clothes	11/22/13	294
Life Care Services LLC	Clinical Training Conference	11/27/13	1,396
Haas, Steven	F&B Conf	11/27/13	1,173
Care2Learn Inc	On-Line Training Subscription	12/01/13	175
Bank of America	Gift Cards	12/09/13	227
Messenger, Ms. Sheryl	HR Training	12/18/13	66
Bustamante, Mr. Rodolfo	HR Training	12/23/13	184
Haas, Steven	Meals	12/23/13	211
Ahmed, Saba	Skillpath	12/31/13	30
Bank of America	Meals	12/31/13	129
Bank of America	Meals	12/31/13	126
Yolanda	Skillpath	12/31/13	30
Ahmed, Saba	Skillpath	12/31/13	89
Vasquez, Y	Skillpath-Y.Vazquez	12/31/13	89

Non-Allowable 9Allocated Non-Nursing Home)

(8,363)

19,214

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												
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9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

