

Facility Name & ID Number Montgomery Place

0037515 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

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	40	Skilled (SNF)	40	14,600	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	40	TOTALS	40	14,600	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	715	7,673	4,415	12,803	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	715	7,673	4,415	12,803	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.69%

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)
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 01/28/1992

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 14 and days of care provided 4,173

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/2014 Fiscal Year: 06/30/2014

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

Facility Name & ID Number

Montgomery Place

0037515

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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	765,672	185,032	502,753	1,453,457		1,453,457	(925,468)	527,989		1
2	Food Purchase		650,933		650,933		650,933	(427,111)	223,822		2
3	Housekeeping	250,252	46,680	2,618	299,550		299,550	(292,224)	7,326		3
4	Laundry	54,728	15,091	1,499	71,318		71,318	(12,774)	58,544		4
5	Heat and Other Utilities			540,400	540,400		540,400	(573,521)	(33,121)		5
6	Maintenance	301,475	14,794	301,623	617,892		617,892	(383,311)	234,581		6
7	Other (specify):*										7
8	TOTAL General Services	1,372,127	912,530	1,348,893	3,633,550		3,633,550	(2,614,409)	1,019,141		8
	B. Health Care and Programs										
9	Medical Director			26,091	26,091		26,091		26,091		9
10	Nursing and Medical Records	1,403,831	48,504	20,229	1,472,564		1,472,564	(672)	1,471,892		10
10a	Therapy		1,200	559,216	560,416		560,416		560,416		10a
11	Activities	95,511	1,509	20,752	117,772		117,772		117,772		11
12	Social Services	80,543	355	2,876	83,774		83,774		83,774		12
13	CNA Training										13
14	Program Transportation	51,222	119	3,709	55,050		55,050	(41,034)	14,016		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,631,107	51,687	632,873	2,315,667		2,315,667	(41,706)	2,273,961		16
	C. General Administration										
17	Administrative					104,731	104,731	(63,722)	41,009		17
18	Directors Fees										18
19	Professional Services			319,210	319,210		319,210	(198,619)	120,591		19
20	Dues, Fees, Subscriptions & Promotions			58,395	58,395		58,395	(36,974)	21,421		20
21	Clerical & General Office Expenses	782,643	11,890	257,989	1,052,522	(104,105)	948,417	(570,662)	377,755		21
22	Employee Benefits & Payroll Taxes			960,927	960,927	1,000	961,927	(496,689)	465,238		22
23	Inservice Training & Education										23
24	Travel and Seminar			25,521	25,521	(3,374)	22,147	(13,964)	8,183		24
25	Other Admin. Staff Transportation					1,723	1,723	(1,048)	675		25
26	Insurance-Prop.Liab.Malpractice			179,110	179,110		179,110	(174,001)	5,109		26
27	Other (specify):*			8,584	8,584		8,584	(8,584)			27
28	TOTAL General Administration	782,643	11,890	1,809,736	2,604,269	(25)	2,604,244	(1,564,263)	1,039,981		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,785,877	976,107	3,791,502	8,553,486	(25)	8,553,461	(4,220,378)	4,333,083		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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			2,606,097	2,606,097		2,606,097	(2,231,775)	374,322			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,874,350	1,874,350		1,874,350	(1,821,263)	53,087			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			17,840	17,840		17,840	(10,854)	6,986			35
36	Other (specify):*			73,919	73,919		73,919	(73,919)				36
37	TOTAL Ownership			4,572,206	4,572,206		4,572,206	(4,137,811)	434,395			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		137,770	13,000	150,770		150,770		150,770			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			72,000	72,000		72,000		72,000			42
43	Other (specify):* AL/IL/Marketing	540,828	98,595	750,452	1,389,875	25	1,389,900	(1,389,900)				43
44	TOTAL Special Cost Centers	540,828	236,365	835,452	1,612,645	25	1,612,670	(1,389,900)	222,770			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,326,705	1,212,472	9,199,160	14,738,337		14,738,337	(9,748,089)	4,990,248			45

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

SCHEDULE V, COLUMN 5 - RECLASSIFICATIONS

		To Line	From Line
Administrator wages	\$ 104,731	17	21
New hire orientation expenses	626	21	24
AL/IL Travel & Seminar	25	43	24
Staff tuition reimbursements	1,000	22	24
Reclassify Administrative Travel	1,723	25	24

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0037515

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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	(34,335)	2		4
5	Telephone, TV & Radio in Resident Rooms	(48,535)	5		5
6	Rented Facility Space	(31,057)	3		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	(13,123)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(1,808,140)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(36,000)	21		17
18	Fines and Penalties	(3,884)	27		18
19	Entertainment				19
20	Contributions	(4,700)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(712,004)	43		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 See Supplemental Schedule	(7,056,311)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (9,748,089)		\$	30

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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (9,748,089)		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.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	AL/IL Dietary Costs	\$ (925,468)	1	1
2	AL/IL Food Purchases	(392,320)	2	2
3	Rev Offset - Vending	(456)	2	3
4	AL/IL Housekeeping	(249,535)	3	4
5	Rev Offset - Housekeeping	(9,803)	3	5
6	Rev Offset - Housekeeping	(1,829)	3	6
7	Rev Offset - Laundry	(12,774)	4	7
8	AL/IL Heat & Other Utilities	(524,986)	5	8
9	Rev Offset - Miscellaneous Services	(13,955)	6	9
10	Rev Offset - Repairs/Upgrades	(4,855)	6	10
11	AL/IL Maintenance	(364,501)	6	11
12	Rev Offset - Medical Records	(672)	10	12
13	AL/IL Transportation	(21,778)	14	13
14	Rev Offset - Transportation	(19,256)	14	14
15	AL/IL Administrator	(63,722)	17	15
16	AL/IL Professional Services	(187,379)	19	16
17	Unallowable Legal	(11,240)	19	17
18	AL/IL Dues, Fees, Subscriptions	(33,284)	20	18
19	Lobbying Expenses	(3,690)	20	19
20	AL/IL Office & Clerical	(511,555)	21	20
21	Music Fund Expenses	(1,312)	21	21
22	Library Fund Expenses	(1,695)	21	22
23	Rev Offset - Other Miscellaneous	(20,100)	21	23
24	Marketing Employee Benefits	(60,065)	22	24
25	AL/IL Specific Employee Benefits	(65,039)	22	25
26	AL/IL Allocated Employee Benefits	(371,585)	22	26
27	AL/IL Travel & Seminar	(12,714)	24	27
28	Unallowable Travel Expenses	(1,250)	24	28
29	AL/IL Other Admin Staff Travel	(1,048)	25	29
30	AL/IL Insurance	(174,001)	26	30
31	AL/IL Equip Depreciation Expense	(2,231,775)	30	31
32	AL/IL Equip Rental	(10,854)	35	32

33	Unallowable Interest Expense (Investment Fees)	(73,919)	36	33
34	AL/IL Specific Expenses	(677,896)	43	34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(7,056,311)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Montgomery Place# 0037515

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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

	Operating Expenses	PAGES	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	(925,468)	0	0	0	0	0	0	0	0	0	0	(925,468)	1
2	Food Purchase	(427,111)	0	0	0	0	0	0	0	0	0	0	(427,111)	2
3	Housekeeping	(292,224)	0	0	0	0	0	0	0	0	0	0	(292,224)	3
4	Laundry	(12,774)	0	0	0	0	0	0	0	0	0	0	(12,774)	4
5	Heat and Other Utilities	(573,521)	0	0	0	0	0	0	0	0	0	0	(573,521)	5
6	Maintenance	(383,311)	0	0	0	0	0	0	0	0	0	0	(383,311)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,614,409)	0	(2,614,409)	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	(672)	0	0	0	0	0	0	0	0	0	0	(672)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(41,034)	0	0	0	0	0	0	0	0	0	0	(41,034)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(41,706)	0	(41,706)	16									
	C. General Administration													
17	Administrative	(63,722)	0	0	0	0	0	0	0	0	0	0	(63,722)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(198,619)	0	0	0	0	0	0	0	0	0	0	(198,619)	19
20	Fees, Subscriptions & Promotions	(36,974)	0	0	0	0	0	0	0	0	0	0	(36,974)	20
21	Clerical & General Office Expenses	(570,662)	0	0	0	0	0	0	0	0	0	0	(570,662)	21
22	Employee Benefits & Payroll Taxes	(496,689)	0	0	0	0	0	0	0	0	0	0	(496,689)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(13,964)	0	0	0	0	0	0	0	0	0	0	(13,964)	24
25	Other Admin. Staff Transportation	(1,048)	0	0	0	0	0	0	0	0	0	0	(1,048)	25
26	Insurance-Prop.Liab.Malpractice	(174,001)	0	0	0	0	0	0	0	0	0	0	(174,001)	26
27	Other (specify):*	(8,584)	0	0	0	0	0	0	0	0	0	0	(8,584)	27
28	TOTAL General Administration	(1,564,263)	0	(1,564,263)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,220,378)	0	(4,220,378)	29									

STATE OF ILLINOIS

Facility Name & ID Number Montgomery Place# 0037515

Report Period Beginning:

07/01/2013 Ending:

Summary B

06/30/2014

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)	
	D. Ownership													
30	Depreciation	(2,231,775)	0	0	0	0	0	0	0	0	0	0	(2,231,775)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,821,263)	0	0	0	0	0	0	0	0	0	0	(1,821,263)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(10,854)	0	0	0	0	0	0	0	0	0	0	(10,854)	35
36	Other (specify):*	(73,919)	0	0	0	0	0	0	0	0	0	0	(73,919)	36
37	TOTAL Ownership	(4,137,811)	0	0	0	0	0	0	0	0	0	0	(4,137,811)	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	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,389,900)	0	0	0	0	0	0	0	0	0	0	(1,389,900)	43
44	TOTAL Special Cost Centers	(1,389,900)	0	0	0	0	0	0	0	0	0	0	(1,389,900)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(9,748,089)	0	0	0	0	0	0	0	0	0	0	(9,748,089)	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
N/A	N/A	N/A	N/A	Hyde Park Home Care	Hyde Park	Home Health Agency

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		
1	V	N/A	\$			\$	\$	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		\$			\$	\$ *	14

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

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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	NONE								\$	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

Facility Name & ID Number Montgomery Place

0037515 Report Period Beginning: 07/01/2013

Ending: 6/30/2014

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 Montgomery Place Assisted & Independent Living
 Street Address 5550 Shouth Shore Drive
 City / State / Zip Code Chicago, IL 60637
 Phone Number (773) 753-4100
 Fax Number (773) 752-0056

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Meals	2	\$ 1,453,457	\$ 765,672	38,409	\$ 527,989	1
2	2	Food	Meals	2	616,142		38,409	223,822	2
3	3	Housekeeping	Square Feet	2	256,861	250,252	5,804	7,326	3
4	4	Laundry	Actual	1	58,544	54,728	58,544	58,544	4
5	5	Utilities	Square Feet	2	540,400		5,804	15,414	5
6	6	Maintenance	Revenue	2	599,082	301,475	4,400,389	234,581	6
7	9	Medical Director	Actual	1	26,091		26,091	26,091	7
8	10	Nursing/Medical Records	Actual	1	1,471,892	1,403,831	1,471,892	1,471,892	8
9	10A	Therapy	Actual	1	560,416		560,416	560,416	9
10	11	Activities	Actual	1	117,772	95,511	117,772	117,772	10
11	12	Social Services	Actual	1	83,774	80,543	83,774	83,774	11
12	14	Program Transportation	Revenue	2	35,794	51,222	4,400,389	14,016	12
13	17	Administrative	Revenue	2	11,237,880	104,731	4,400,389	41,009	13
14	19	Professional Fees	Revenue	2	307,970		4,400,389	120,591	14
15	20	Dues and Subscriptions	Revenue	2	54,705		4,400,389	21,421	15
16	21	Clerical & General Office	Revenue	2	840,775	677,912	4,400,389	329,220	16
17	22	Employee Benefits	Salary	2	4,326,705	836,823	2,405,464	465,238	17
18	24	Travel & Seminar	Revenue	2	11,237,880	20,897	4,400,389	8,183	18
19	25	Other Admin. Staff Transportat	Revenue	2	11,237,880	1,723	4,400,389	675	19
20	26	Insurance	Square Feet	2	203,488	179,110	5,804	5,109	20
21	30	Depreciation	Actual	2	2,606,097	2,606,097	374,322	374,322	21
22	32	Interest	Square Feet	2	203,488	1,861,227	5,804	53,087	22
23	35	Equipment Rental	Revenue	2	11,237,880	17,840	4,400,389	6,986	23
24	39	Ancillary	Actual	1	83,774	150,770	83,774	150,770	24
25	TOTALS				\$ 12,802,893	\$ 3,785,877		\$ 4,918,248	25

Facility Name & ID Number Montgomery Place

0037515 Report Period Beginning: 07/01/2013

Ending: 6/30/2014

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 Montgomery Place Assisted & Independent Living
 Street Address 5550 Shouth Shore Drive
 City / State / Zip Code Chicago, IL 60637
 Phone Number (773) 753-4100
 Fax Number (773) 752-0056

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	Carry Forward PG8 Totals				\$ 12,802,893	\$ 3,785,877		\$ 4,918,248	1
2	42 Provider Participation Fee	Actual	72,000	1	72,000		72,000	72,000	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				\$ 12,874,893	\$ 3,785,877		\$ 4,990,248	25

Facility Name & ID Number

Montgomery Place

0037515

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Illinois Finance Authority		X	Facility (revenue bonds)	N/A	11/20/06	\$ 40,850,000	\$ 32,150,000	5/15/2038	5.4940	\$ 1,874,350	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6												6					
7												7					
8												8					
9	TOTAL Facility Related						\$ 40,850,000	\$ 32,150,000			\$ 1,874,350	9					
B. Non-Facility Related*																	
10	Remove AL/IL portion of interest expense										(1,808,140)	10					
11	Interest income offset (PG5, Line 10)										(13,123)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (1,821,263)	14					
15	TOTALS (line 9+line14)						\$ 40,850,000	\$ 32,150,000			\$ 53,087	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ NONE Line # N/A

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2013 report.	\$			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.)	\$			2
3.	Under or (over) accrual (line 2 minus line 1).	\$			3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	\$			4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$			7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2009	_____	8	
		2010	_____	9	
		2011	_____	10	
		2012	_____	11	
		2013	_____	12	
FOR BHF USE ONLY					
		13	FROM R. E. TAX STATEMENT FOR 2013 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

NOTES:

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

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Montgomery Place COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037515

CONTACT PERSON REGARDING THIS REPORT Fred Saviano, CFO

TELEPHONE (773) 753-4100 FAX #: (773) 752-0056

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1.	N/A	N/A	\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
TOTALS			\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation 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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.**

Facility Name & ID Number Montgomery Place

0037515 Report Period Beginning:

07/01/2013 Ending:

06/30/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 5,804 B. General Construction Type: Exterior Brick Frame Steel 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).

Montgomery Place Retirement Community Assisted Living, 14,833 Square Feet, 22 Units

Montgomery Place Retirement Community Independent Living, 182,851 Square Feet, 160 Units

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>Land</u>	<u>13,650</u>	<u>1990</u>	<u>\$ 891,425</u>	1
2					2
3	TOTALS	13,650		\$ 891,425	3

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	40	1992	1992	\$ 5,735,741	\$	40	\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Various		1997	20,111		20			
10	Various		1998	19,268		20			
11	Various		1999	40,652		20			
12	Various		2000	143,621		20			
13	Various		2001	117,397		20			
14	Various		2002	68,258		20			
15	Various		2003	95,898		20			
16	Various		2004	76,985		20			
17	Various		2005	7,058		20			
18	Various		2006	14,779		20			
19	Various		2007	12,137		20			
20	Elevator		2008	3,481		20			
21	Building canopy & facade		2009	5,788		20			
22	Carpeting		2010	910		20			
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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

Facility Name & ID Number Montgomery Place

0037515

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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	Carpeting common areas	2012	\$ 1,193	\$	20	\$	\$	\$	37
38	Elevator cabinet	2012	56		20				38
39	Elevator control repair	2013	106		20				39
40	Carpeting common areas	2014	491		5				40
41	Philip Lifeline for residents	2014	1,728		1				41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52	Total nursing facility building depreciation expense and accumulated depreciation			316,206		316,206		4,201,464	52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,365,658	\$ 316,206		\$ 316,206	\$	\$ 4,201,464	70

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,237,547	\$ 55,802	\$ 55,802	\$	10	\$ 453,803	71
72	Current Year Purchases	11,571	2,314	2,314		5	2,314	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,249,118	\$ 58,116	\$ 58,116	\$		\$ 456,117	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	1999 Plymouth Voyager	2004	\$ 1,382	\$	\$	\$	5	\$ 1,382	76
77	Facility	2005 Glaval Universal Bus	2004	12,922				5	12,922	77
78	Facility	Auto	2007	4,110				5	4,110	78
79										79
80	TOTALS			\$ 18,414	\$	\$	\$		\$ 18,414	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)	\$ 8,524,615	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 374,322	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 374,322	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,675,995	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	Assisted & Independent Living	\$ 47,151,152	\$ 2,231,951	\$ 25,436,371	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 47,151,152	\$ 2,231,951	\$ 25,436,371	91

G. Construction-in-Progress

	Description	Cost	
92	Continuing upgrades to bldg	\$ 724,368	92
93			93
94			94
95		\$ 724,368	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ 17,840 Description: Copiers \$10,596 and Postage Meter \$7,243

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A.3	hrs	\$	6,355	\$ 209,293	\$ 93	6,355	\$ 209,386	1	
2	Licensed Speech and Language Development Therapist	10A.3	hrs		185	13,472	0	185	13,472	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	10A.3	hrs		9,874	336,451	1,107	9,874	337,558	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescrpts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	16,414	\$ 559,216	\$ 1,200	16,414	\$ 560,416	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.

Facility Name & ID Number Montgomery Place# 0037515Report Period Beginning: 07/01/2013Ending: 06/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 179,235	\$	1
2	Cash-Patient Deposits	1,273,779		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (74,570))	678,347		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	38,566		6
7	Other Prepaid Expenses	59,957		7
8	Accounts Receivable (owners or related parties)	101,850		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,331,734	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	9,084,705		12
13	Land	3,253,612		13
14	Buildings, at Historical Cost	46,655,075		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,762,486		16
17	Accumulated Depreciation (book methods)	(30,112,366)		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 (spec CIP)	724,368		22
23	Other(specify): <u>See Supplemental Schedule</u>	8,900,452		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 44,268,332	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 46,600,066	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 616,061	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	662,705		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Liabilities</u>	575,941		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,854,707	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	32,150,000		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Original Bond Issue, net</u>	437,514		43
44	<u>See Supplemental Schedule</u>	22,308,391		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 54,895,905	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 56,750,612	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (10,150,546)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 46,600,066	\$	48

*(See instructions.)

XV. BALANCE SHEET - Supplemental Schedule

<u>Line 23 - Other Long-Term Assets</u>		<u>Line 44 - Other Long-term Liabilities</u>	
<u>Description</u>	<u>Amount</u>	<u>Description</u>	<u>Amount</u>
Assets limited as to use - Bond funds	\$ 7,970,549	Due to affiliate - Church Home	\$ 2,775,826
Bond financing costs, net	873,841	Refundable entrance fees, net of amortization	15,660,294
Assets limited as to use - donor restricted	56,062	Nonrefundable entrance fees, net of amortization	3,872,271
	<u>\$ 8,900,452</u>		<u>#####</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,012,184)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,012,184)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,139,793)	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)	\$ (2,139,793)	17
	B. Transfers (Itemize):		
18	Less Temporarily Restricted FYE 06/30/2013	(58,726)	18
19	Temporarily Restricted FYE 06/30/2014	60,157	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 1,431	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (10,150,546)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Montgomery Place# 0037515Report Period Beginning: 07/01/2013Ending: 06/30/2014

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

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

		1		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 4,400,389	1	
2	Discounts and Allowances for all Levels	(1,581,564)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,818,825	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,136,751	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,136,751	8	
C. Other Operating Revenue				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop		12	
13	Barber and Beauty Care	10,104	13	
14	Non-Patient Meals	34,335	14	
15	Telephone, Television and Radio	48,535	15	
16	Rental of Facility Space	31,057	16	
17	Sale of Drugs	132,455	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	33,838	19	
20	Radiology and X-Ray	4,625	20	
21	Other Medical Services	154,776	21	
22	Laundry	12,774	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 462,499	23	
D. Non-Operating Revenue				
24	Contributions	850	24	
25	Interest and Other Investment Income***	977,071	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 977,921	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>See Supplemental Schedule</u>	7,202,548	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,202,548	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,598,544	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	3,633,550	31	
32	Health Care	2,315,667	32	
33	General Administration	2,604,269	33	
B. Capital Expense				
34	Ownership	4,572,206	34	
C. Ancillary Expense				
35	Special Cost Centers	1,540,645	35	
36	Provider Participation Fee	72,000	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,738,337	40	
41	Income before Income Taxes (line 30 minus line 40)**	(2,139,793)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,139,793)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 92,639	44
45	Private Pay - Net Inpatient Revenue	1,861,529	45
46	Medicare - Net Inpatient Revenue	816,995	46
47	Other-(specify) <u>Hospice</u>	4,279	47
48	Other-(specify) <u>Private Insurance</u>	43,383	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 2,818,825	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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.

SCHEDULE XVII. INCOME STATEMENT - Supplemental Schedule

Line 25 Interest and Other Investment Income

Income reported on this line includes changes to the market value of investments and restricted funds.

The investment income related to market value changes and restricted funds has not been offset against interest expense reported on Schedule V, line 32.

Line 28 - Other Revenue

<u>Description</u>	<u>Amount</u>
Independent Living, including amortized entrance fees	\$ 6,837,491
CH Admin Fee & Fee Revenue from HPHCS ¹	36,000
Cell Tower Revenue	45,310
Employee, Music, Library, Resident, and Care Assum Funds	(2,118)
Housekeeping Services	9,803
Massage Revenue	6,967
Medical Records Income	672
Miscellaneous Income	30,319
Miscellaneous Services	13,955
Room Rental	1,485
Transportation	19,256
Resident/Non-Resident Garage	202,952
Vending	456
	<u>\$ 7,202,548</u>

¹ CH - Church Home and HPHCS - Hyde Park Home Care Services

Facility Name & ID Number Montgomery Place

0037515

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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	1,416	1,982	\$ 121,051	\$ 61.08	1
2	Assistant Director of Nursing	1,747	2,137	80,408	37.63	2
3	Registered Nurses	9,238	10,499	323,185	30.78	3
4	Licensed Practical Nurses	12,750	14,803	344,134	23.25	4
5	CNAs & Orderlies	31,470	35,781	372,573	10.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,912	2,176	46,977	21.59	9
10	Activity Assistants	4,327	4,952	48,309	9.76	10
11	Social Service Workers	1,816	2,047	34,084	16.65	11
12	Dietician	936	1,140	16,430	14.41	12
13	Food Service Supervisor	384	590	20,099	34.07	13
14	Head Cook	488	655	15,365	23.46	14
15	Cook Helpers/Assistants	53,377	60,184	629,452	10.46	15
16	Dishwashers	9,027	10,328	93,651	9.07	16
17	Maintenance Workers	5,505	6,399	94,353	14.74	17
18	Housekeepers	23,541	26,967	327,340	12.14	18
19	Laundry	5,205	5,811	54,644	9.40	19
20	Administrator	1,884	2,243	104,731	46.69	20
21	Assistant Administrator					21
22	Other Administrative	11,017	13,196	591,217	44.80	22
23	Office Manager	6,058	6,971	123,542	17.72	23
24	Clerical	1,927	1,955	94,718	48.45	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,016	2,396	45,768	19.10	31
32	Other Health C: MDS Coord	1,948	2,241	65,518	29.24	32
33	Other(specify) <u>See Supplemental</u>	36,937	42,961	679,156	15.81	33
34	TOTAL (lines 1 - 33)	224,926	258,414	\$ 4,326,705 *	\$ 16.74	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	146	\$ 7,276	1.2	35
36	Medical Director	240	26,091	9.3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	84	2,928	10.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	88	2,874	11.3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	558	\$ 39,169		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)	0	\$ 0		53

XVIII. A. STAFFING AND SALARY COSTS SUPPLEMENTAL SCHEDULE - Line 33 Other

	1	2**	3	4
Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
33 A Marketing	6,856	8,081	\$ 242,524	\$ 30.01
33 B Transportation	4,019	4,547	51,045	11.23
33 C Security	9,419	10,739	134,420	12.52
33 D Activity Director - IL	1,880	2,191	46,698	21.31
33 E Assisted Living	14,763	17,403	204,469	11.75
Total Line 33	<u>36,937</u>	<u>42,961</u>	<u>\$ 679,156</u>	<u>\$ 15.81</u>

Facility Name & ID Number

Montgomery Place

0037515

Report Period Beginning: 7/1/2013 Ending:

6/30/2014

Page 21, C. Profession Fee Services - Detail of legal invoices

Inv #	Date	GL Acct.	Payee/Vendor	Amount	Comments	Unallowable Cost
6173719	6/20/2013	5446-10-201	Jackson Lewis, Attorneys at Law	\$ 1,283.68	Employment/Labor Relations Matters	\$ 1,283.68
6186669	6/21/2013	5446-10-201	Jackson Lewis, Attorneys at Law	841.50	Employment/Labor Relations Matters	841.50
6194717	7/16/2013	5446-10-201	Jackson Lewis, Attorneys at Law	4,127.81	Employment/Labor Relations Matters	
6206856	7/18/2013	5446-10-201	Jackson Lewis, Attorneys at Law	2,457.00	Employment/Labor Relations Matters	
6217012	8/26/2013	5446-10-201	Jackson Lewis, Attorneys at Law	2,158.72	Employment/Labor Relations Matters	
6218455	8/30/2013	5446-10-201	Jackson Lewis, Attorneys at Law	117.00	Employment/Labor Relations Matters	
6234631	9/3/2013	5446-10-201	Jackson Lewis, Attorneys at Law	1,743.95	Employment/Labor Relations Matters	
6234632	9/3/2013	5446-10-201	Jackson Lewis, Attorneys at Law	1,363.50	Employment/Labor Relations Matters	
6234633	9/3/2013	5446-10-201	Jackson Lewis, Attorneys at Law	3,471.72	Employment/Labor Relations Matters	
6234634	9/3/2013	5446-10-201	Jackson Lewis, Attorneys at Law	1,931.50	Employment/Labor Relations Matters	
6239067	9/30/2013	5446-10-201	Jackson Lewis, Attorneys at Law	11,433.00	Employment/Labor Relations Matters	
6264108	10/24/2013	5446-10-201	Jackson Lewis, Attorneys at Law	651.07	Employment/Labor Relations Matters	
6264109	10/24/2013	5446-10-201	Jackson Lewis, Attorneys at Law	8,117.55	Employment/Labor Relations Matters	
6265457	10/11/2013	5446-10-201	Jackson Lewis, Attorneys at Law	27.00	Employment/Labor Relations Matters	
6284820	11/9/2013	5446-10-201	Jackson Lewis, Attorneys at Law	593.97	Employment/Labor Relations Matters	
6284821	11/9/2013	5446-10-201	Jackson Lewis, Attorneys at Law	3,494.63	Employment/Labor Relations Matters	
6305348	12/11/2013	5446-10-201	Jackson Lewis, Attorneys at Law	542.36	Employment/Labor Relations Matters	
6306665	12/17/2013	5446-10-201	Jackson Lewis, Attorneys at Law	27.00	Employment/Labor Relations Matters	
6336513	1/16/2014	5446-10-201	Jackson Lewis, Attorneys at Law	90.00	Employment/Labor Relations Matters	
6347627	2/21/2014	5446-10-201	Jackson Lewis, Attorneys at Law	610.50	Employment/Labor Relations Matters	
6349005	2/19/2014	5446-10-201	Jackson Lewis, Attorneys at Law	27.00	Employment/Labor Relations Matters	
6376124	3/25/2014	5446-10-201	Jackson Lewis, Attorneys at Law	610.50	Employment/Labor Relations Matters	
6377457	3/27/2014	5446-10-201	Jackson Lewis, Attorneys at Law	54.00	Employment/Labor Relations Matters	
6397945	5/16/2014	5446-10-201	Jackson Lewis, Attorneys at Law	101.75	Employment/Labor Relations Matters	
6411388	6/16/2014	5446-10-201	Jackson Lewis, Attorneys at Law	457.87	Employment/Labor Relations Matters	
6422216	6/30/2014	5446-10-201	Jackson Lewis, Attorneys at Law	1,707.30	Employment/Labor Relations Matters	
6423403	6/30/2014	5446-10-201	Jackson Lewis, Attorneys at Law	495.00	Employment/Labor Relations Matters	
			Total Invoices - Jackson Lewis	48,536.88		2,125.18
1883146	8/6/2013	5446-10-201	Duane Morris	49.50	Grievance issue	
1895326	9/16/2013	5446-10-201	Duane Morris	2,425.50	Employment/Labor Relations Matters	

1898725	10/4/2013	5446-10-201	Duane Morris	1,138.50	Grievance issue	
1909382	11/8/2013	5446-10-201	Duane Morris	612.00	General facility matters	
1909383	11/8/2013	5446-10-201	Duane Morris	1,485.00	Employment/Labor Relations Matters	
1921649	12/16/2013	5446-10-201	Duane Morris	1,485.00	Employment/Labor Relations Matters	
1928770	1/16/2014	5446-10-201	Duane Morris	2,248.85	Employment/Labor Relations Matters	
1933948	2/7/2014	5446-10-201	Duane Morris	1,173.00	Employment/Labor Relations Matters	
			Total Invoices - Duane Morris	10,617.35		-
3588346	2/12/2014	5446-10-201	GreenbergTraurig	1,716.00	Employment/Labor Relations Matters	
3588358	2/12/2014	5446-10-201	GreenbergTraurig	1,612.00	Decertification - Union Matters	
3606017	3/11/2014	5446-10-201	GreenbergTraurig	4,264.00	Employment/Labor Relations Matters	
3606043	3/11/2014	5446-10-201	GreenbergTraurig	7,124.00	Decertification - Union Matters	
3621991	4/9/2014	5446-10-201	GreenbergTraurig	6,968.00	Decertification - Union Matters	
3621994	4/9/2014	5446-10-201	GreenbergTraurig	7,219.20	Employment/Labor Relations Matters	
3621995	4/9/2014	5446-10-201	GreenbergTraurig	364.00	Collective Bargaining - Union Matters	
3643861	5/12/2014	5446-10-201	GreenbergTraurig	52.00	Employment/Labor Relations Matters	
3643870	5/12/2014	5446-10-201	GreenbergTraurig	15,233.40	Collective Bargaining - Union Matters	
3675337	6/10/2014	5446-10-201	GreenbergTraurig	16,068.00	Collective Bargaining - Union Matters	
			GreenbergTraurig	60,620.60		-
1802914	8/16/2013	5446-10-201	Schiff Hardin LLP	2,146.00	Life Care at Home - name, trademark search (related to home care)	2,146.00
1812563	9/12/2013	5446-10-201	Schiff Hardin LLP	10,478.00	Unidine food service contract / therapy contract matters	
1820207	10/11/2013	5446-10-201	Schiff Hardin LLP	3,274.00	Therapy contract matters	
1829980	11/14/2013	5446-10-201	Schiff Hardin LLP	1,054.00	General facility matters	
1838566	12/12/2013	5446-10-201	Schiff Hardin LLP	2,487.50	General facility matters, LifeCare@Home Bi-Laws	1,116.00
1846823	1/10/2014	5446-10-201	Schiff Hardin LLP	135.00	General facility matters	
			Total Invoices - Schiff Hardin LLP	19,574.50		3,262.00
8223695	7/31/2013	5446-10-201	Ungaretti & Harris	1,763.75	General patient matters	
8223993	8/16/2013	5446-10-201	Ungaretti & Harris	331.25	General patient matters	
8226535	10/31/2013	5446-10-201	Ungaretti & Harris	1,830.55	General patient matters	
8227544	11/30/2013	5446-10-201	Ungaretti & Harris	1,702.50	General patient matters	
8228408	12/31/2013	5446-10-201	Ungaretti & Harris	2,565.00	General patient matters	
8229161	1/31/2014	5446-10-201	Ungaretti & Harris	1,310.00	General patient matters	
8231314	3/31/2014	5446-10-201	Ungaretti & Harris	1,301.25	General patient matters	
8230486	2/28/2014	5446-10-201	Ungaretti & Harris	3,187.50	General patient matters	
8232628	4/30/2014	5446-10-201	Ungaretti & Harris	1,231.25	General patient matters	
8233694	5/31/2014	5446-10-201	Ungaretti & Harris	1,157.50	General patient matters	
8234388	6/30/2014	5446-10-201	Ungaretti & Harris	663.75	General patient matters	
8234395	6/30/2014	5446-10-201	Ungaretti & Harris	2,227.50	Acquisition of supreme Home Healthcare	2,227.50
			Total Invoices - Ungaretti & Harris	17,508.05		2,227.50
254094	6/12/2014	5446-10-201	Neal, Gerber & Eisenberg LLP	4,977.50	Employment/Labor Relations Matters	
			Total Invoices - Neal, Gerber & Eisenberg LLP	4,977.50		-

		5446-10-201	Settlement Agreement - Asonye & Associates	5,750.00	Unallowable expense	5,750.00
		5446-10-201	Remove PY Accrued Legal Expenses	(11,465.34)		
		5446-10-201	Unreconciled amount	(4,353)		

Total Legal Invoices (rounded) \$ 151,767 [A] Total Unallowable Legal Expenses (rounded) \$ 11,240

Unallowable legal expenses (11,240)

Net Legal Services \$ 140,527

Total Legal Expenses per General Ledger \$ 151,767 [B]

Variance \$ - [A] - [B]

Facility Name & ID Number Montgomery Place

0037515

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

Date	Payee	Topic	Attendee	Job Class	Location
4/30/14-5/2/14	NIU Outreach	LSN Conference	Michelle Mason	Activity Director- Healthcare	Rosemont
1/24/2014	NCCDP	Train the Trainer, Certified Dementia Care Manager	Michelle Mason	Activity Director-HCP	Chicago
3/22/2014	Fred Pryor	Payroll Law- One year training	Elaine Ayot	Accounting Manager	Chicago
3/22/2014	Fred Pryor	Payroll Law- One year training	Sandy Paraf	A/P- Payroll	Merrillville
3/22/2014	Fred Pryor	One year training	Lorri Colbert	Office Manager	Chicago
4/30/14-5/2/14	NIU Outreach	LSN Conference	Lorri Colbert	Office Manager	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Demetris Franklin	HR Coordinator	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Sheila Bogen	COO	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Fred Saviano	CFO	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Sandy Paraf	A/P- Payroll	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Uganda Gaines	Accounting Billing & Collections	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Deneen Turner	Staffing/ Administrative Supervisor	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Michael Apa	CEO	Rosemont
3/4/2014	LSN	Assisted Living Joint Training Conference	Sheila Bogen	COO	Woodridge, IL
2/4/2014	UNT	CASP Certification	Fred Saviano	CFO	Greenville, SC
2/4/2014	UNT	CASP Certification	Sheila Bogen	COO	Greenville, SC
2/4/2014	UNT	CASP Certification	Bill Jansma	Director of Environmental Services	Greenville, SC
11/26/2013	Illinois Council on Long Term Care	Creating an Environment for Quality Improvement	Sheila Bogen	COO	Skokie, IL
8/2/2014	CCMEvents	Unclaimed Property Compliance and Reporting Procedures	Elaine Ayot	Accounting Manager	Chicago
11/5/2014	AICPA	Professional Ethics:AICPA's	Elaine Ayot	Accounting Manager	Chicago
5/9/2014	Mather LifeWays Institute on Aging	Build Excellent Customer Service	Sheila Bogen	COO	Chicago
4/30/14-5/2/14	NIU Outreach	LSN Conference	Bill Jansma	Director of Environmental Services	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Beverly Covington	Director of Nursing	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Monica Stout	Nurse Supervisor	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Sharon Green	MDS Coordinator	Rosemont
4/30/14-5/2/14	NIU Outreach	LSN Conference	Squavette Wilson	Nurse Supervisor	Rosemont
01/24/14	NCCDP	Train the Trainer, Certified Dementia Care Manager	Amerantha Skinner	Social Service Coordinator	Chicago
8/5/14-8/7/14	Pathway Health	AANAC Certification	Sharon Green	MDS Coordinator	Orland Park
02/05/14	NCCDP	NCCDP Certification	Michelle Mason	Activity Director-HCP	Sparta, NJ
02/05/14	NCCDP	NCCDP Certification	Amerantha Skinner	Social Service Coordinator	Sparta, NJ
05/23/14	Illinois Board of Examiners	Becker CPA Review	Elaine Ayot	Accounting Manager	Oak Brook, IL

		Total Illinois or within 50 miles of Illinois seminar expenses		
		In-State Travel (SeeSupplemental Schedule #3)		
		Out-of-State Travel (SeeSupplemental Schedule #3)		
		Unallowable AL/IL and Other Seminar Related Expenses		
Net Expenses - Schedule 5, Line 24, Column 8				

Supplement #2

Fee	
\$	243
	185
	199
	199
	199
	243
	243
	243
	243
	243
	243
	243
	243
	243
	125
	500
	500
	500
	165
	169
	181
	99
	243
	243
	243
	243
	243
	243
	185
	350
	25
	25
	500

7,508
350
13,301
(12,976)
8,183

Facility Name & ID Number

Montgomery Place

STATE OF ILLINOIS

0037515

Report Period Beginning:

7/1/2013 Ending:

Seminar - Employee Travel

DATE	EMPLOYEE	Description of Travel Expenses	In-State Travel	Out-of-State Travel	Total Seminar Related Travel
07/11/13	Sheila Bogan	Parking for conference	\$ 52	\$ -	\$ 52
07/13/13	Elaine Ayot	Travel to Payroll Training in Chicago	32	-	32
07/13/13	Fred Saviano	Parking for LSN conference	39	-	39
10/27/13-10/30/13	Sheila Bogan	Parking for LSN conference	39	-	39
10/27/13-10/30/13	Sandra Paraf	Parking and travel for LSN conference	143	-	143
9/25/13-9/26/13	Michael Apa	Parking for LSN conference	13	-	13
9/25/13-9/26/13	Elaine Ayot	Travel to HR Law training in Chicago	32	-	32
9/25/13-9/26/13	Fred Saviano	Trip to Houston Leading Age Annual Meeting	-	487	487
10/11/13	Michael Apa	Trip to Houston Leading Age Annual Meeting	-	440	440
10/17/13	Fred Saviano	Trip to Dallas for Ziegler Conference	-	1,191	1,191
10/17/14	Sheila Bogan	Trip to Dallas for Ziegler Conference	-	639	639
10/27/13-10/30/13	Michael Apa	Trip to Dallas for Ziegler Conference	-	2,099	2,099
12/13/13	Michael Apa	Trip to Houston Leading Age Annual Meeting	-	4,234	4,234
12/19/13	Michael Apa	Trip to Washington D.C. for Peak Leadership Summit	-	333	333
02/14/14	Sandra Paraf	Travel to Payroll Training in Merrillville, IN	-	51	51
02/14/14	Michael Apa	Trip to Washington D.C. for Peak Leadership Summit, credit for flight	-	(313)	(313)
3/17/14-3/19/14	Michael Apa	Trip to Washington D.C. for Peak Leadership Summit	-	178	178
3/30/14-4/3/14	Michael Apa	Trip to Washington D.C. for Peak Leadership Summit, cancellation	-	(645)	(645)
3/30/14-4/3/14	Michael Apa	Trip to Fort Lauderdale for AOD conference	-	2,375	2,375
4/30/14-5/2/14	Fred Saviano	Trip to Greenville, SC for CASP certification program	-	240	240
4/30/14-5/2/14	Sheila Bogan	Trip to Greenville, SC for CASP certification program	-	240	240
3/17/14-3/19/14	Fred Saviano	Trip to Greenville, SC for CASP certification program	-	200	200
04/30/14	Fred Saviano	Trip to Greenville, SC for CASP certification program	-	699	699
05/01/14	Sheila Bogan	Trip to Greenville, SC for CASP certification program	-	855	855
			<u>\$ 350</u>	<u>\$ 13,301</u>	<u>\$ 13,651</u>

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												
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17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Montgomery Place# 0037515Report Period Beginning: 07/01/2013Ending: 06/30/2014**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network \$6,560
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 1 - 5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,683 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 72,000
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes (AL/IL) For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 893
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes - See PG21 Supplement #3
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Crowe Horwath LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.