

Facility Name & ID Number Radford Green

0051219 Report Period Beginning: 01/01/15 Ending: 12/31/15

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)	84	30,660	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	84	30,660	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	353	10,057	16,536	26,946	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	353	10,057	16,536	26,946	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.89%

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 84 and days of care provided 15,100

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* 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: 01/01/15 Ending: 12/31/15

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	1,643,008	314,045	31,467	1,988,520		1,988,520	(1,615,675)	372,845		1
2	Food Purchase		1,826,844		1,826,844		1,826,844	(1,504,074)	322,770		2
3	Housekeeping	616,575	115,401	64,072	796,048		796,048	(475,275)	320,773		3
4	Laundry	69,340	113,363		182,703		182,703	(109,082)	73,621		4
5	Heat and Other Utilities			1,124,084	1,124,084		1,124,084	(1,050,229)	73,855		5
6	Maintenance	850,387	76,356	899,870	1,826,613		1,826,613	(1,722,682)	103,931		6
7	Other (specify):* See Supplemental	372,382	5,194		377,576		377,576	(332,779)	44,797		7
8	TOTAL General Services	3,551,692	2,451,203	2,119,493	8,122,388		8,122,388	(6,809,796)	1,312,592		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	4,272,665	314,144	8,335	4,595,144		4,595,144		4,595,144		10
10a	Therapy										10a
11	Activities	210,459	33,417	1,596	245,472		245,472	(73,676)	171,796		11
12	Social Services	230,873	30,583	67,554	329,010		329,010	(98,749)	230,261		12
13	CNA Training										13
14	Program Transportation	239,257	846	43,178	283,281		283,281	(257,013)	26,268		14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	4,953,254	378,990	144,663	5,476,907		5,476,907	(429,438)	5,047,469		16
	C. General Administration										
17	Administrative			1,757,637	1,757,637		1,757,637	(1,135,953)	621,684		17
18	Directors Fees										18
19	Professional Services			472,993	472,993		472,993	(271,329)	201,664		19
20	Dues, Fees, Subscriptions & Promotions			47,914	47,914		47,914	(30,300)	17,614		20
21	Clerical & General Office Expenses	591,507	53,594	353,157	998,258		998,258	(675,408)	322,850		21
22	Employee Benefits & Payroll Taxes			2,748,516	2,748,516		2,748,516	(1,316,137)	1,432,379		22
23	Inservice Training & Education										23
24	Travel and Seminar			69,123	69,123		69,123	(20,747)	48,376		24
25	Other Admin. Staff Transportation			23,649	23,649		23,649	(22,703)	946		25
26	Insurance-Prop.Liab.Malpractice			372,237	372,237		372,237	(226,806)	145,431		26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	591,507	53,594	5,845,226	6,490,327		6,490,327	(3,699,383)	2,790,944		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,096,453	2,883,787	8,109,382	20,089,622		20,089,622	(10,938,617)	9,151,005		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
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Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	372,382	5,194	
Total	<u>372,382</u>	<u>5,194</u>	<u>-</u>
Line 15 Detailed			
Total	<u>-</u>	<u>-</u>	<u>-</u>
Line 27 Detailed			
Total	<u>-</u>	<u>-</u>	<u>-</u>

**Radford Green
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Page 3 Line 25 Other Staff Admin Transportation Schedule

Payee	Date	Purpose	Attendee	Amount	Non-Allowable	
Akainyah, Kim Lyn	01/10/15	Airfare-DON Conference	Kim Lyn Akainyah-DON	412	412	
Bischoff, Theresa L	01/15/15	Airfare-LCS Sales Training	Theresa L Bischoff-Residency Counselor	350	350	
Bank of America	01/21/15	Airlines-United	Ovi Manea-Plant Director	674	674	
Skowron, Magdalena	01/28/15	Tolls-LCS AP Training	Magdalena Skowron-Accounting Assistant	20		
Skowron, Magdalena	01/28/15	Mileage-LCS Payroll Training	Magdalena Skowron-Accounting Assistant	394		
Skowron, Magdalena	01/28/15	Hotel-LCS AP Training	Magdalena Skowron-Accounting Assistant	479		
Life Care Companies LLC	01/31/15	Parking/Tolls-Pietrangelo	Life Care Companies, LLC-Management Com	39	39	
Life Care Companies LLC	01/31/15	Travel Airlines-Nelson	Life Care Companies, LLC-Management Com	44	44	
Life Care Companies LLC	01/31/15	Travel Mileage-Nelson	Life Care Companies, LLC-Management Com	88	88	
Life Care Companies LLC	01/31/15	Site Visit/Car Rental-Nelson, Pietrangelo	Life Care Companies, LLC-Management Com	275	275	
Swan, Ms. Catherine	01/31/15	Airfare-LCS Conference	Catherine Swan-Resident Life Director	498		
Akainyah, Kim Lyn	02/05/15	Cell Phone	Kim Lyn Akainyah-DON	100		
Kopper, Joanne F	02/06/15	Airfare	Joanne F. Kopper-Social Worker	471		
Bank of America	02/11/15	SHRM Housing	Isabella Ney-HR Manager	234		
Swan, Ms. Catherine	02/13/15	Baggage Fee/Cab	Catherine Swan-Resident Life Director	150		
Skowron, Magdalena	02/25/15	Mileage/Hotel/Tollway-LCS Payroll Training	Magdalena Skowron-Accounting Assistant	1,059		
Life Care Companies LLC	02/28/15	Travel Rental Car-Nelson/Mileage-Hance	Life Care Companies, LLC-Management Com	383	383	
Bank of America	03/11/15	Airfare-LCS Sales Training	Isabella Ney-HR Manager	451		
Life Care Companies LLC	03/31/15	Travel Mileage/Parking/Tolls-Small,Hance,Nelson	Life Care Companies, LLC-Management Com	260	260	
Nitsche, Jacqueline	04/22/15	Mileage & Tolls	Jacqueline Nitsche-Fitness Specialist	122		
Kopper, Joanne F	04/22/15	Mileage & Parking-Leading Age Conference	Joanne F. Kopper-Social Worker	22		
Life Care Companies LLC	04/30/15	Mileage-Site Visits Small, Hance,Nelson	Life Care Companies, LLC-Management Com	391	391	
Galin, Eric	04/30/15	Mileage & Tolls	Eric Galin-Plant Mechanic	201		
Life Care Companies LLC	05/31/15	Travel Mileage-Hance	Life Care Companies, LLC-Management Com	117	117	
Nitsche, Jacqueline	05/31/15	Mileage Wyndemere	Jacqueline Nitsche-Fitness Specialist	40		
Ney, Isabella	06/30/15	Hotel-SHRM Conference	Isabella Ney-HR Manager	613		
Bearnod, Aida	07/01/15	Mileage-Rosemont Leading Age Conference	Aida Bearnod-MDS Manager	71		
Samuel, Sharon	07/18/15	Travel Mileage	Sharon Samuel-Resident Service Comm. Specialist	8		
Bearnod, Aida	07/23/15	Mileage/Hotel-AANAC Conference	Aida Bearnod-MDS Manager	480		
Haas, Steven	07/29/15	Airfare-Regional Meeting	Steven Haas-Director Food & Beverage	411		
Life Care Companies LLC	07/31/15	Travel Tolls-Eberly-Willis	Life Care Companies, LLC-Management Com	11	11	
Life Care Companies LLC	07/31/15	Ravel Mileage-Eberly-Willis	Life Care Companies, LLC-Management Com	231	231	
Life Care Companies LLC	07/31/15	Travel Rental Car-Zach Gray	Life Care Companies, LLC-Management Com	1,170	1,170	
Life Care Companies LLC	07/31/15	Travel Airlines-Zach Gray	Life Care Companies, LLC-Management Com	1,498	1,498	
Life Care Companies LLC	08/31/15	Hotel-Nelson	Life Care Companies, LLC-Management Com	199	199	
Life Care Companies LLC	08/31/15	Mileage-Donaldson, Nelson	Life Care Companies, LLC-Management Com	319	319	
Life Care Companies LLC	09/30/15	Travel Airlines-Zach Gray	Life Care Companies, LLC-Management Com	1,291	1,291	
Life Care Companies LLC	09/30/15	Travel Rental Car-Zach Gray	Life Care Companies, LLC-Management Com	2,716	2,716	
Robertson, Don	10/20/15	Airlines Delta	Don Robertson-Housekeeping Manager	243		
Life Care Companies LLC	10/31/15	Travel Parking/Tolls-Nelson	Life Care Companies, LLC-Management Com	20	20	
Life Care Companies LLC	10/31/15	Travel Mileage Donaldson, Hance	Life Care Companies, LLC-Management Com	292	292	
Life Care Companies LLC	11/30/15	Travel Rental Car-Zach Gray	Life Care Companies, LLC-Management Com	39	39	
Life Care Companies LLC	11/30/15	Travel Airlines-Zach Gray	Life Care Companies, LLC-Management Com	270	270	
Life Care Companies LLC	11/30/15	Travel Parking/Tolls-Zediker	Life Care Companies, LLC-Management Com	14	14	
Life Care Companies LLC	11/30/15	Travel Site Visits	Life Care Companies, LLC-Management Com	91	91	
Life Care Companies LLC	11/30/15	Tavel Mileage-Donaldson	Life Care Companies, LLC-Management Com	130	130	
Life Care Companies LLC	11/30/15	Travel Rental Car-Zediker	Life Care Companies, LLC-Management Com	273	273	
Bearnod, Aida	12/21/15	Mileage-Seminar Harper Colledge	Aida Bearnod-MDS Manager	18		
Kopper, Joanne F	12/30/15	Travel For Alzheimer's Assoc	Joanne F. Kopper-Social Worker	16		
Life Care Companies LLC	12/31/15	Travel Airlines-Zach Gray	Life Care Companies, LLC-Management Com	338	338	
Bearnod, Aida	12/31/15	Mileage/Tolls Monarch Landing	Aida Bearnod-MDS Manager	(87)		
Life Care Companies LLC	12/31/15	Travel Parking/Tolls-Small	Life Care Companies, LLC-Management Com	24	24	
Life Care Companies LLC	12/31/15	Travel Rental Car-Small	Life Care Companies, LLC-Management Com	62	62	
Life Care Companies LLC	12/31/15	Travel Site Visits-Small	Life Care Companies, LLC-Management Com	67	67	
Life Care Companies LLC	12/31/15	Tavel Mileage-Small	Life Care Companies, LLC-Management Com	133	133	
Manea, Ovi	04/17/16	Mileage & Tolls	Ovi Manea-Plant Director	39		
Bank of America	04/29/16	Hotel	Eric Galin-Plant Mechanic	234		
Pontecore, Dan	05/31/16	Mileage HVAC Training	Dan Pontecore-Plant Supervisor	12		
Life Care Companies LLC	07/31/16	Travel Mileage-Hance	Life Care Companies, LLC-Management Com	170	170	
Meals				4,959	3,287	
Non-Allowable - Allocated to IL and AL						7,026
Total				23,649	22,703	
Allowable				946		

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			5,423,902	5,423,902		5,423,902	(5,069,357)	354,545			30
31	Amortization of Pre-Op. & Org.			223,963	223,963		223,963	(209,248)	14,715			31
32	Interest			1,603,463	1,603,463		1,603,463	(1,498,244)	105,219			32
33	Real Estate Taxes			951,880	951,880		951,880	(889,196)	62,684			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			63,843	63,843		63,843	(56,268)	7,575			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			8,267,051	8,267,051		8,267,051	(7,722,313)	544,738			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		766,084	2,031,401	2,797,485		2,797,485		2,797,485			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	44,221	68,355		112,576		112,576		112,576			41
42	Provider Participation Fee			106,842	106,842		106,842		106,842			42
43	Other (specify):* See Supplemental	1,587,301	107,172	1,248,074	2,942,547		2,942,547	(2,942,547)				43
44	TOTAL Special Cost Centers	1,631,522	941,611	3,386,317	5,959,450		5,959,450	(2,942,547)	3,016,903			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	10,727,975	3,825,398	19,762,750	34,316,123		34,316,123	(21,603,477)	12,712,646			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
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Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Assisted Living	850,156	10,531	
Independent Living			
Clinic	176,232	96,641	76,000
Marketing	560,913		1,096,429
Other			75,645
Total	1,587,301	107,172	1,248,074

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	(105,391)	02		4
5	Telephone, TV & Radio in Resident Rooms	(118,875)	21		5
6	Rented Facility Space	(27,646)	30		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	(2,005)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(24,341)	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	(45,000)	21		18
19	Entertainment				19
20	Contributions	(6,600)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				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	(20,974,115)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (21,303,973)		\$	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)	(299,504)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (299,504)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (21,603,477)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

Radford GreenID# 0051219Report Period Beginning: 01/01/15Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Transportation Revenue	\$ (61,875)	14	1
2	Miscellaneous Revenue	(8,179)	21	2
3	Bank Charges	(28,346)	21	3
4	Board Expenses	(16,287)	21	4
5	Other Admin. Staff Trans.	(15,677)	25	5
6	Directors and Officers Insurance	(31,134)	26	6
7	Assisted Living - Direct	(860,687)	43	7
8	Clinic - Direct	(348,873)	43	8
9	Marketing - Direct	(1,657,342)	43	9
10	Other - Direct	(75,645)	43	10
11	Painting - Capitalized as LIMP	(244,759)	06	11
12				12
13				13
14	Non-Allowable (Allocated to Non-Care Services)			14
15				15
16	Dietary	(1,615,675)	01	16
17	Food	(1,398,683)	02	17
18	Housekeeping	(475,275)	03	18
19	Laundry	(109,082)	04	19
20	Heat and Other Utilities	(1,050,229)	05	20
21	Maintenance	(1,477,923)	06	21
22	Other	(332,779)	07	22
23	Activities	(73,676)	11	23
24	Social Services	(98,749)	12	24
25	Transportation	(195,138)	14	25
26	Administrative	(836,449)	17	26
27	Professional Fees	(271,329)	19	27
28	Dues and Subscriptions	(23,700)	20	28
29	Office and Clerical	(434,380)	21	29
30	Employee Benefits	(1,316,137)	22	30
31	Travel and Seminar	(20,747)	24	31
32	Other Staff Transportation	(7,026)	25	32
33	Insurance	(195,672)	26	33
34	Depreciation	(5,041,711)	30	34
35	Amortization	(209,248)	31	35
36	Interest	(1,496,239)	32	36
37	Real Estate Taxes	(889,196)	33	37
38	Rent - Equipment and Vehicles	(56,268)	35	38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(20,974,115)		49

**Radford Green
Medicaid Cost Report
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Page 5 Supplementary

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	1,643,008	1,988,520			1,988,520	Meals Served	80,838	431,139	308,062	64,783	1,334,946	280,729	372,845	1,615,675
Food	2	-	1,721,453			1,721,453	Meals Served	80,838	431,139		322,770		1,398,683	322,770	1,398,683
Housekeeping	3	616,575	796,048			796,048	Units * Schedule	19,247	47,765	248,453	72,320	368,122	107,153	320,773	475,275
Laundry	4	69,340	182,703			182,703	Units * Schedule	19,247	47,765	27,941	45,680	41,399	67,683	73,621	109,082
Heat and Other Utilities	5	-	1,124,084			1,124,084	Square Feet	7,056	107,394	-	73,855	-	1,050,229	73,855	1,050,229
Maintenance	6	850,387	1,581,854			1,581,854	Square Feet	7,056	107,394	55,872	48,059	794,515	683,408	103,931	1,477,923
Other	7	372,382	377,576			377,576	Patient Days	26,946	227,118	44,181	616	328,201	4,578	44,797	332,779
Medical Director	9	-	24,000	24,000		-	Direct				24,000		-	24,000	-
Nursing and Medical Records	10	4,272,665	4,595,144	4,595,144		-	Direct			4,272,665	322,479		-	4,595,144	-
Therapy	10a	-	-			-	Direct				-		-	-	-
Activities	11	210,459	245,472			245,472	Patient Days **	26,946	38,502	147,292	24,504	63,167	10,509	171,796	73,676
Social Services	12	230,873	329,010			329,010	Patient Days **	26,946	38,502	161,579	68,682	69,294	29,455	230,261	98,749
CNA Training	13	-	-			-	Direct				-		-	-	-
Transportation	14	239,257	221,406			221,406	Patient Days	26,946	227,118	28,386	(2,118)	210,871	(15,733)	26,268	195,138
Other	15	-	-			-	Patient Days	26,946	227,118	-	-	-	-	-	-
Administrative	17	-	1,458,133			1,458,133	Net Revenue	13,334,043	31,274,414	-	621,684	-	836,449	621,684	836,449
Directors Fees	18	-	-			-	N/A				-		-	-	-
Professional Fees	19	-	472,993			472,993	Net Revenue	13,334,043	31,274,414	-	201,664	-	271,329	201,664	271,329
Dues and Subscriptions	20	-	41,314			41,314	Net Revenue	13,334,043	31,274,414	-	17,614	-	23,700	17,614	23,700
Office and Clerical	21	591,507	757,230			757,230	Net Revenue	13,334,043	31,274,414	252,193	70,657	339,314	95,066	322,850	434,380
Employee Benefits	22	-	2,748,516			2,748,516	Allocated Salary	5,590,844	10,727,975	-	1,432,379	-	1,316,137	1,432,379	1,316,137
Inservice Training and Expense	23	-	-			-	N/A				-		-	-	-
Travel and Seminar	24	-	69,123			69,123	Patient Days **	26,946	38,502	-	48,376	-	20,747	48,376	20,747
Other Staff Transportation	25	-	7,972			7,972	Patient Days	26,946	227,118	-	946	-	7,026	946	7,026
Insurance	26	-	341,103			341,103	Net Revenue	13,334,043	31,274,414	-	145,431	-	195,672	145,431	195,672
Other	27	-	-			-	N/A				-		-	-	-
Depreciation	30	-	5,396,256			5,396,256	Sub-Schedule	7,056	107,394	-	354,545	-	5,041,711	354,545	5,041,711
Amortization	31	-	223,963			223,963	Square Feet	7,056	107,394	-	14,715	-	209,248	14,715	209,248
Interest	32	-	1,601,458			1,601,458	Square Feet	7,056	107,394	-	105,219	-	1,496,239	105,219	1,496,239
Real Estate Taxes	33	-	951,880			951,880	Square Feet	7,056	107,394	-	62,684	-	889,196	62,684	889,196
Rent - Facilities and Grounds	34	-	-			-	N/A				-		-	-	-
Rent - Equipment and Vehicles	35	-	63,843			63,843	Patient Days	26,946	227,118	-	7,575	-	56,268	7,575	56,268
Other	36	-	-			-	N/A				-		-	-	-
Medically Necessary Transportation	38	-	-			-	N/A				-		-	-	-
Ancillary Service Centers	39	-	2,797,485	2,797,485		-	Direct				2,797,485		-	2,797,485	-
Barber and Beauty Shop	40	-	-			-	N/A				-		-	-	-
Coffee and Gift Shops	41	44,221	112,576			112,576	Pass			44,221	68,355	-	-	112,576	-
Provider Participation Fee	42	-	106,842	106,842		-	Direct				106,842		-	106,842	-
Other	43	1,587,301	-			-	Direct				-	1,587,301	(1,587,301)	-	-
		10,727,975	30,337,957	7,523,471	-	22,814,486				5,590,844	7,121,802	5,137,131	12,488,180	12,712,646	17,625,311

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Radford Green# 0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(1,615,675)	0	0	0	0	0	0	0	0	0	0	(1,615,675)	1
2	Food Purchase	(1,504,074)	0	0	0	0	0	0	0	0	0	0	(1,504,074)	2
3	Housekeeping	(475,275)	0	0	0	0	0	0	0	0	0	0	(475,275)	3
4	Laundry	(109,082)	0	0	0	0	0	0	0	0	0	0	(109,082)	4
5	Heat and Other Utilities	(1,050,229)	0	0	0	0	0	0	0	0	0	0	(1,050,229)	5
6	Maintenance	(1,722,682)	0	0	0	0	0	0	0	0	0	0	(1,722,682)	6
7	Other (specify):*	(332,779)	0	0	0	0	0	0	0	0	0	0	(332,779)	7
8	TOTAL General Services	(6,809,796)	0	0	0	0	0	0	0	0	0	0	(6,809,796)	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	(73,676)	0	0	0	0	0	0	0	0	0	0	(73,676)	11
12	Social Services	(98,749)	0	0	0	0	0	0	0	0	0	0	(98,749)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(257,013)	0	0	0	0	0	0	0	0	0	0	(257,013)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(429,438)	0	0	0	0	0	0	0	0	0	0	(429,438)	16
	C. General Administration													
17	Administrative	(836,449)	(299,504)	0	0	0	0	0	0	0	0	0	(1,135,953)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(271,329)	0	0	0	0	0	0	0	0	0	0	(271,329)	19
20	Fees, Subscriptions & Promotions	(30,300)	0	0	0	0	0	0	0	0	0	0	(30,300)	20
21	Clerical & General Office Expenses	(675,408)	0	0	0	0	0	0	0	0	0	0	(675,408)	21
22	Employee Benefits & Payroll Taxes	(1,316,137)	0	0	0	0	0	0	0	0	0	0	(1,316,137)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(20,747)	0	0	0	0	0	0	0	0	0	0	(20,747)	24
25	Other Admin. Staff Transportation	(22,703)	0	0	0	0	0	0	0	0	0	0	(22,703)	25
26	Insurance-Prop.Liab.Malpractice	(226,806)	0	0	0	0	0	0	0	0	0	0	(226,806)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,399,879)	(299,504)	0	(3,699,383)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,639,113)	(299,504)	0	(10,938,617)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(5,069,357)	0	0	0	0	0	0	0	0	0	0	(5,069,357) 30
31	Amortization of Pre-Op. & Org.	(209,248)	0	0	0	0	0	0	0	0	0	0	(209,248) 31
32	Interest	(1,498,244)	0	0	0	0	0	0	0	0	0	0	(1,498,244) 32
33	Real Estate Taxes	(889,196)	0	0	0	0	0	0	0	0	0	0	(889,196) 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(56,268)	0	0	0	0	0	0	0	0	0	0	(56,268) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(7,722,313)	0	0	0	0	0	0	0	0	0	0	(7,722,313) 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):*	(2,942,547)	0	0	0	0	0	0	0	0	0	0	(2,942,547) 43
44	TOTAL Special Cost Centers	(2,942,547)	0	0	0	0	0	0	0	0	0	0	(2,942,547) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(21,303,973)	(299,504)	0	(21,603,477) 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
<u>Lincolnshire Holdings, LLC</u>	<u>100.00%</u>			<u>Senior Care</u>		
				<u>Development, LLC</u>	<u>Harrison, NY</u>	<u>Development Co</u>
				<u>Monarch Landing</u>	<u>Naperville, IL</u>	<u>CCRC</u>
				<u>Meadow Ridge</u>	<u>Redding, CN</u>	<u>CCRC</u>
				<u>Evergreen Woods</u>	<u>Branford, CN</u>	<u>CCRC</u>

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	<u>17 Management Fees</u>	<u>\$ 299,504</u>	<u>Senior Care Development, LLC</u>	<u>100.00%</u>	<u>\$</u>	<u>\$</u>	<u>(299,504)</u>	<u>1</u>
2	V								<u>2</u>
3	V								<u>3</u>
4	V								<u>4</u>
5	V								<u>5</u>
6	V								<u>6</u>
7	V								<u>7</u>
8	V								<u>8</u>
9	V								<u>9</u>
10	V								<u>10</u>
11	V								<u>11</u>
12	V								<u>12</u>
13	V								<u>13</u>
14	Total		<u>\$ 299,504</u>			<u>\$</u>	<u>\$ *</u>	<u>(299,504)</u>	<u>14</u>

* 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: 01/01/15 Ending: 12/31/15

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									\$	1
2	N/A									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:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____

Fax Number (_____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	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	Village of Lincolnshire																			
2	Special Area Tax Obligations		X	Mortgage				12,715,000	03/01/34	5-6.25%	859,831									
3																				
4	Harris BMO		X	Notes Payable	08/28/14	30,000,000	30,000,000	09/01/19	L+2.25%	743,632										
5																				
Working Capital																				
6																				
7																				
8																				
9	TOTAL Facility Related					\$ 30,000,000	\$ 42,715,000			\$ 1,603,463										
B. Non-Facility Related*																				
10	Interest Income									(2,005)										
11																				
12	Non-Allowable Interest																			
13	Allocated to IL and AL									(1,496,239)										
14	TOTAL Non-Facility Related					\$	\$			\$ (1,498,244)										
15	TOTALS (line 9+line14)					\$ 30,000,000	\$ 42,715,000			\$ 105,219										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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.) SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Radford Green**

0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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 2014 report.		\$	65,696	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.)		\$	64,273	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,423)	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	64,107	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.		\$	62,684	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2010	822,539	8	
	2011	903,364	9	
	2012	967,179	10	
	2013	966,206	11	
	2014	978,246	12	
The balances for Questions 1 - 7 above represent the portion allocated to the nursing home that were allocated based on square footage of 7,056 square feet to total complex square footage of 107,394.				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2014 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 2014 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 2014.

(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>15-22-406-003</u>	<u>Complex - NG, IL and AL</u>	\$ <u>20,207.13</u>	\$ <u>20,207.13</u>
2. <u>15-23-302-003</u>	<u>Complex - NG, IL and AL</u>	\$ <u>870,686.27</u>	\$ <u>870,686.27</u>
3. <u>15-22-406-002</u>	<u>Complex - NG, IL and AL</u>	\$ <u>52,866.94</u>	\$ <u>52,866.94</u>
4. <u>15-23-302-002</u>	<u>Complex - NG, IL and AL</u>	\$ <u>34,441.22</u>	\$ <u>34,441.22</u>
5. <u>15-22-407-001</u>	<u>Complex - NG, IL and AL</u>	\$ <u>44.19</u>	\$ <u>44.19</u>
6. _____	_____	\$ _____	\$ _____
7. _____	<u>Non-Care Allocation</u>	\$ _____	\$ _____
8. _____	<u>Based on Square Footage</u>	\$ <u>(913,973.05)</u>	\$ <u>(913,973.05)</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>64,272.70</u></u>	\$ <u><u>64,272.70</u></u>

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 Radford Green

0051219

Report Period Beginning:

01/01/15 Ending:

12/31/15

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	Facility		2010	\$ 15,949,445	1
2	Non-Care ADJ			(14,901,535)	2
3	TOTALS			\$ 1,047,910	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Bed*s	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	84		2010		\$ 154,168,197	\$		\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9	Various		2010		2,798,696					
10	Various		2011		158,024					
11	Electrical Cable / EMR System		2012		7,000					
12	Doors and Locks		2012		8,416					
13	Boiler Exhaust		2012		22,106					
14	Stainless Steel Cooling Tower		2012		3,672					
15	Resident Room - Carpeting and Flooring - ***		2012		86,751					
16	Parking Lot Paving		2012		10,328					
17	Sidewalks		2012		20,230					
18	Landscaping - Tree Removal and Replacement		2012		9,611					
19	Window Treatments and Blinds - ***		2012		45,683					
20	Automatic Doors		2012		48,281					
21	Garage Doors		2012		10,061					
22	Club House - Carpentry, Electrical, Plumbing, Drywall, Painting		2012		700,645					
23	Nuse Call / Communication System		2012		74,168					
24	Bathroom Modifications - Shower Pans, Wall System, Tub - ***		2012		34,991					
25	Resident Rooms - Lighting, Countertops, Closet Systems - ***		2012		65,447					
26	Resident Rooms - Carpentry, Electrical, Plumbing, Drywall, Paint - ***		2012		30,817					
27	Occupancy Sensors and Switch Module		2012		3,526					
28	Main Door		2013		4,873					
29	Cooling Tower		2013		14,700					
30	Expansion Tank		2013		2,673					
31	Heat Pumps		2013		2,544					
32	Storage Tanks		2013		14,604					
33	Flooring - Resident Rooms - ***		2013		86,034					
34	Irrigation System		2013		10,751					
35	Trees		2013		20,650					
36	Room Signage		2013		2,055					

*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 Fire System	2013	\$ 21,451	\$		\$	\$	\$	37
38 Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2013	152,315						38
39 Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2013	11,836						39
40 Multipurpose Room - Signage	2013	15,900						40
41 Multipurpose Room - Lighting, Flooring, Electrical	2013	18,252						41
42 Therapy Room - Remodel - Flooring, Paint, Electrical	2013	79,900						42
43 Fitness Room Remodel - Flooring, Lighting, Electrical	2013	114,855						43
44 Resident Rooms - Pull Cords	2013	106,279						44
45 Gatehouse - Security System	2013	3,987						45
46 Resident Rooms - Carpet / Vinyl Flooring - ***	2014	101,818						46
47 Building Automation - Boiler, Temperature, Electricity, Etc. - ***	2014	55,132						47
48 Doors - Automatic Opening System - ***	2014	13,993						48
49 Nuse Call / Communication System	2014	15,540						49
50 Wall Flags - ***	2014	2,250						50
51 Evaporator Pump - ***	2014	1,670						51
52 Compressor - ***	2014	23,395						52
53 Landscaping - ***	2014	16,805						53
54 Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2014	921,607						54
55 Resident Rooms - Blinds - ***	2015	6,289						55
56 Resident Rooms - Carpet / Vinyl Flooring - ***	2015	51,246						56
57 Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***	2015	209,369						57
58 Boiler - ***	2015	5,876						58
59 Closet Organizing Units - ***	2015	7,964						59
60 Annunciator Panel - Electrical - ***	2015	9,677						60
61 Design and Construction - Electrical, Flooring, Etc. - ***	2015	21,587						61
62 Electric Door Locks - ***	2015	13,750						62
63 Painting - Rooms - ***	2015	244,759						63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 160,713,036	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 160,713,036	\$		\$	\$	\$	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	Various	2013							7
8									8
9									9
10									10
11	Assisted Living, Independent Living and Clinic								11
12	Allocations Based on Square Footage (Non-Care ADJ)								12
13									13
14	Building	2010	(144,039,039)						14
15	Leasehold Improvements	2010	(2,613,864)						15
16	Leasehold Improvements	2011	(142,133)						16
17	Leasehold Improvements	2012	(993,578)						17
18	Leasehold Improvements	2013	(496,595)						18
19	Leasehold Improvements	2014	(1,128,866)						19
20	Leasehold Improvements	2015	(529,791)						20
21									21
22									22
23	*** - A Sub-Schedule is provided that includes specific details								23
24	of room locations within the facility where the leasehold								24
25	improvements were made and in certain instances shows								25
26	the allocation between the nursing home and other non								26
27	care operations.								27
28									28
29									29
30	FS Depreciation - Allowable Amount Only - See Page 5 SUPP			354,545		354,545			30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,746,531	\$ 354,545		\$ 354,545	\$	\$	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	\$ 3,550,488	\$	\$	\$		\$	71
72	Current Year Purchases	96,752						72
73	Fully Depreciated Assets							73
74	Non Care Adjustment	(1,930,290)						74
75	TOTALS	\$ 1,716,950	\$	\$	\$		\$	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	Various	Various	\$ 120,079	\$	\$	\$		\$	76
77	Non-Care Adjustment	Various	Various	(112,190)						77
78										78
79										79
80	TOTALS			\$ 7,889	\$	\$	\$		\$	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)	\$ 13,519,280	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 354,545	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 354,545	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)	\$	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			87
88	Building Improvements	5,904,827			88
89	Equipment	1,930,290			89
90	Vehicles	112,190			90
91	TOTALS	\$ 166,887,881	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning: 01/01/15

Ending: 12/31/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party

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. [X] YES [] NO

Table with 8 columns: Line, Description, 1 Year Constructed, 2 Number of Beds, 3 Original Lease Date, 4 Rental Amount, 5 Total Years of Lease, 6 Total Years Renewal Option*, 7. Rows include Original Building, Additions, and a TOTAL row.

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. /2016 \$
13. /2017 \$
14. /2018 \$

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 [X] NO

16. Rental Amount for movable equipment: \$ 63,843 Description:

See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

Table with 5 columns: Line, 1 Use, 2 Model Year and Make, 3 Monthly Lease Payment, 4 Rental Expense for this Period, 5. Rows 17-21 include a TOTAL row.

* 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

**Radford Green
Medicaid Cost Report
01/01/15 - 12/31/15**

Page 14 Supplemental Schedule - Building and Fixed Equipment

<u>Vendor</u>	<u>Amount</u>
Total	<u><u>-</u></u>

Page 14 Supplemental Schedule - Equipment Rental

<u>Item Rented</u>	<u>Amount</u>
Copier	63,843
Non-Allowable AL and IL Allocations	(56,268)
Total	<u><u>7,575</u></u>

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	\$		\$	627,018	\$		\$	627,018	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				206,549				206,549	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39 - 03	hrs				1,062,748				1,062,748	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					651,544			651,544	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): See Supplemental	39 - 02						114,540			114,540	12	
13	Other (specify): See Supplemental	39 - 03					135,086				135,086	13	
14	TOTAL			\$			\$	2,031,401	\$	766,084	\$	2,797,485	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
01/01/15 - 12/31/15**

Page 16 Supplemental Schedule

Description	Supplies	Other
Medical Supplies	63,095	
Oxygen	50,772	
Prosthetic Devices	363	
Medical Equipment	310	
Ambulance		3,026
Laboratory		81,027
Radiology		51,033
Total	114,540	135,086

Facility Name & ID Number **Radford Green**

0051219

Report Period Beginning: **01/01/15**

Ending: **12/31/15**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/15**

(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	\$ 10,583,905	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>11,811</u>)	1,780,762		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	49,424		4
5	Short-Term Investments			5
6	Prepaid Insurance	300,900		6
7	Other Prepaid Expenses	48,759		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,763,750	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	12,322,176		13
14	Buildings, at Historical Cost	153,398,039		14
15	Leasehold Improvements, at Historical Cost	8,885,209		15
16	Equipment, at Historical Cost	4,177,395		16
17	Accumulated Depreciation (book methods)	(23,396,816)		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 Schedule</u>	868,718		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 156,254,721	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 169,018,471	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 5,810,766	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	735,995		30
31	Accrued Taxes Payable (excluding real estate taxes)	97,687		31
32	Accrued Real Estate Taxes(Sch.IX-B)	975,717		32
33	Accrued Interest Payable	264,896		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,885,061	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	30,000,000		39
40	Mortgage Payable			40
41	Bonds Payable	12,715,000		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>	144,253,916		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 186,968,916	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 194,853,977	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (25,835,506)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 169,018,471	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (15,132,623)	1
2	Restatements (describe):		2
3	PY Audit Restatement - Distribution of Land	(3,846,028)	3
4	Rounding Adjustment	(6)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (18,978,657)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,805,012)	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	(4,051,837)	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)	\$ (6,856,849)	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)	\$ (25,835,506)	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	\$ 13,014,423	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,014,423	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	319,620	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 319,620	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	65,319	12
13	Barber and Beauty Care	27,835	13
14	Non-Patient Meals	105,391	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	27,646	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
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 226,191	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,005	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,005	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	17,948,872	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,948,872	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 31,511,111	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	8,122,388	31
32	Health Care	5,476,907	32
33	General Administration	6,490,327	33
B. Capital Expense			
34	Ownership	8,267,051	34
C. Ancillary Expense			
35	Special Cost Centers	5,852,608	35
36	Provider Participation Fee	106,842	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 34,316,123	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,805,012)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,805,012)	43

3		4	
III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 73,249	44
45	Private Pay - Net Inpatient Revenue	3,752,963	45
46	Medicare - Net Inpatient Revenue	8,347,186	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	841,025	47
48	Other-(specify) <u>Veterans and Hospice - Net Inpatient Revenue</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,014,423	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final 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
Medicaid Cost Report
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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Assisted Living	2,291,983	
Independent Living	15,648,388	
Vending Commissions	460	
Miscellaneous Income (Adjusted Page 5)	8,041	8,041
Total	<u>17,948,872</u>	<u>8,041</u>

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	4,645	5,156	\$ 216,356	\$ 41.96	1
2	Assistant Director of Nursing					2
3	Registered Nurses	45,069	47,649	1,677,233	35.20	3
4	Licensed Practical Nurses	23,368	25,291	704,108	27.84	4
5	CNAs & Orderlies	103,416	111,011	1,631,860	14.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,566	10,465	210,459	20.11	10
11	Social Service Workers	6,388	7,172	230,873	32.19	11
12	Dietician					12
13	Food Service Supervisor	2,030	2,173	86,667	39.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	126,427	132,455	1,556,341	11.75	15
16	Dishwashers					16
17	Maintenance Workers	33,289	36,766	850,387	23.13	17
18	Housekeepers	50,525	54,904	616,575	11.23	18
19	Laundry	5,688	6,180	69,340	11.22	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,724	26,717	591,507	22.14	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	2,556	2,762	43,108	15.61	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	93,555	102,884	2,243,161	21.80	33
34	TOTAL (lines 1 - 33)	531,246	571,585	\$ 10,727,975 *	\$ 18.77	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	\$ 31,467	01 - 03	35
36	Medical Director	24,000	09 - 03	36
37	Medical Records Consultant	700	10 - 03	37
38	Nurse Consultant	3,782	10 - 03	38
39	Pharmacist Consultant	3,843	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	1,596	11 - 03	44
45	Social Service Consultant	1,596	12 - 03	45
46	Other(specify) <u>Pastoral Care</u>	65,968	12 - 03	46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 132,952		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

**Radford Green
Medicaid Cost Report
01/01/15 - 12/31/15**

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Security (Line 7)	18,222	19,892	372,382
Concierge / Valet (Line 14)	11,708	12,781	239,257
Coffee Shop (Line 41)	3,091	3,407	44,221
Assisted Living (Line 43)	41,689	46,254	850,156
Clinic (Line 43)	7,021	7,709	176,232
Marketing (Line 43)	11,824	12,841	560,913
Total	<u>93,555</u>	<u>102,884</u>	<u>2,243,161</u>

Facility Name & ID Number Radford Green

0051219

Report Period Beginning: 01/01/15

Ending: 12/31/15

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
			\$	Workers' Compensation Insurance	\$ 312,864	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	72,971	Advertising: Employee Recruitment	8,321	
				FICA Taxes	769,466	Health Care Worker Background Check		
				Employee Health Insurance	1,275,104	(Indicate # of checks performed)		
				Employee Meals		<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	8,020	
				Dental Insurance	63,843	Dues - Leading Age	10,747	
				Life Insurance	11,156	Licenses and Fees	12,236	
				Disability Insurance	28,345	Non-Allowable - Allocated to IL and AL	(23,700)	
				Vision Insurance	8,526			
				Pension	131,318	Less: Public Relations Expense	()	
				Other Employee Benefits	74,923	Non-allowable advertising	()	
				Non-Allowable - Allocated to IL and AL	(1,316,137)	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,432,379	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,614	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)								
			\$					
B. Administrative - Other								
Description			Amount					
Senior Care Development, LLC			\$ 299,504					
Life Care Companies, LLC			1,458,133					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
			\$ 1,757,637					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Beers, Hamerman & Co, PC	Audit and Tax		\$ 72,627			\$	Out-of-State Travel	\$
Jeremy Brune & Associates, LLC	Cost Reports		4,200					
Life Care Companies, LLC	Information Technology		31,203					
Lightedge Solutions, Inc.	Information Technology		2,740				In-State Travel	
Monarch Landing	Information Technology		35,950					
Rise Broadband	Information Technology		11,022					
Other	Information Technology		2,319					
Daniel J Edelman, Inc.	Legal		1,793				Seminar Expense	69,123
Hinckley, Allen & Snyder, LLP	Legal		113,488				Non-Allowable - Allocated to IL and AL	(20,747)
Vedder Price, PC	Legal		43,067					
Foley & Lardner, LLP	Legal		76,994					
See Supplemental Schedule	See Supplemental Schedule		77,590				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)							TOTAL (agree to Sch. V, line 24, col. 8)	\$ 48,376
			\$ 472,993	TOTAL		\$		

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Radford Green
Medicaid Cost Report
01/01/15 - 12/31/15

Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Description of Services	Total
Jackson Lewis	Legal	3,292
Meltzer, Purtil & Stelle, LLC	Legal	630
Mintz, Levin, Cohn, Ferris, Glovsky, & Po	Legal	5,000
Nixon Peabody, LLP	Legal	8,475
Polaris Group	Consulting	14,946
On Shift	Data Processing	4,400
Health MedX	Data Processing	18,626
JJ Keller & Associates, Inc.	Unemployment Consultant	576
Life Care Companies, LLC	Other	11,365
Decision Insight, Inc.	Other	8,201
Compliance Line	Other	1,129
Other	Other	950

Sub-Total

77,590

Radford Green
Medicaid Cost Report
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Page 21 Supplemental Schedule - Legal Invoice Detail

Firm Name	Invoice Date	Description of Services	Total	Non-Allowable Amount
Daniel J. Edelman Inc	10/14/15	Non-Allowable	1,051	1,051
Daniel J. Edelman Inc	11/01/15	Non-Allowable	742	742
Foley & Lardner LLP	02/01/15	Non-Allowable	119	119
Foley & Lardner LLP	02/01/15	Non-Allowable	833	833
Foley & Lardner LLP	11/01/15	Non-Allowable	417	417
Foley & Lardner LLP	11/01/15	Non-Allowable	555	555
Foley & Lardner LLP	11/01/15	Non-Allowable	774	774
Foley & Lardner LLP	11/01/15	Non-Allowable	1,013	1,013
Foley & Lardner LLP	11/01/15	Non-Allowable	1,503	1,503
Foley & Lardner LLP	11/01/15	Non-Allowable	1,813	1,813
Foley & Lardner LLP	11/01/15	Non-Allowable	2,029	2,029
Foley & Lardner LLP	11/01/15	Non-Allowable	3,347	3,347
Foley & Lardner LLP	11/01/15	Non-Allowable	7,875	7,875
Foley & Lardner LLP	11/01/15	Non-Allowable	8,847	8,847
Foley & Lardner LLP	11/01/15	Non-Allowable	10,684	10,684
Foley & Lardner LLP	11/01/15	Non-Allowable	14,863	14,863
Foley & Lardner LLP	11/12/15	Non-Allowable	298	298
Foley & Lardner LLP	11/12/15	Non-Allowable	876	876
Foley & Lardner LLP	12/31/15	Non-Allowable	2,705	2,705
Foley & Lardner LLP	12/31/15	Non-Allowable	3,585	3,585
Foley & Lardner LLP	12/31/15	Non-Allowable	14,861	14,861
Hinckley Allen & Snyder LLP	02/02/15	Non-Allowable	1,093	1,093
Hinckley Allen & Snyder LLP	02/23/15	Matter 0163918 NH Litigation	974	354
Hinckley Allen & Snyder LLP	02/23/15	Matter 0146383 General Corporate	1,966	
Hinckley Allen & Snyder LLP	03/18/15	Matter 0146547 Audit Response	525	
Hinckley Allen & Snyder LLP	03/23/15	Matter 0163918 NH Litigation	1,054	
Hinckley Allen & Snyder LLP	03/23/15	Matter 0146383 General Corporate	3,189	
Hinckley Allen & Snyder LLP	04/25/15	Matter 0146383 General Corporate	959	
Hinckley Allen & Snyder LLP	05/31/15	Matter 0163918 NH Litigation	397	
Hinckley Allen & Snyder LLP	05/31/15	Matter 0146547 Audit Response	734	
Hinckley Allen & Snyder LLP	07/03/15	Matter 0163918 NH Litigation	427	
Hinckley Allen & Snyder LLP	07/10/15	Matter 0146383 General Corporate	682	
Hinckley Allen & Snyder LLP	07/10/15	Matter 0146383 General Corporate	255	
Hinckley Allen & Snyder LLP	07/31/15	Non-Allowable	198	198
Hinckley Allen & Snyder LLP	07/31/15	Non-Allowable	385	385
Hinckley Allen & Snyder LLP	07/31/15	Non-Allowable	23,942	23,942
Hinckley Allen & Snyder LLP	08/26/15	Matter 0146383 General Corporate	1,364	
Hinckley Allen & Snyder LLP	08/26/15	Matter 0163918 NH Litigation	2,790	
Hinckley Allen & Snyder LLP	09/15/15	Matter 0146383 General Corporate	744	
Hinckley Allen & Snyder LLP	09/15/15	Matter 0163918 NH Litigation	1,426	
Hinckley Allen & Snyder LLP	10/20/15	Matter 0146383 General Corporate	1,102	
Hinckley Allen & Snyder LLP	10/26/15	Matter 0163918 NH Litigation	2,294	
Hinckley Allen & Snyder LLP	11/16/15	Matter 0163918 NH Litigation	312	
Hinckley Allen & Snyder LLP	12/14/15	Matter 0163918 NH Litigation	1,054	
Hinckley Allen & Snyder LLP	12/14/15	Matter 0146383 General Corporate	3,410	
Hinckley Allen & Snyder LLP	12/23/15	Non-Allowable	62,215	62,215
Jackson Lewis	05/31/15	General Corporate	287	
Jackson Lewis	06/15/15	General Corporate	358	
Jackson Lewis	07/20/15	General Corporate	1,203	
Jackson Lewis	11/16/15	General Corporate	1,144	
Jackson Lewis	12/18/15	General Corporate	301	
Meltzer Purill & Stelle LLC	11/01/15	Non-Allowable	630	630
Mintz Levin Cohn Ferris Glovsky & Popeo	02/01/15	Non-Allowable	5,000	5,000
Nixon Peabody LLP	04/06/15	Matter 0012 General Corporate	474	
Nixon Peabody LLP	05/31/15	Matter 0012 General Corporate	7,745	
Nixon Peabody LLP	07/14/15	Matter 00009 Medical Practice	3,135	
Nixon Peabody LLP	08/12/15	Matter 0012 General Corporate	(4,158)	
Nixon Peabody LLP	08/13/15	Matter 00009 Medical Practice	1,103	
Nixon Peabody LLP	09/18/15	Matter 00009 Medical Practice	176	
Vedder Price PC	01/31/15	Non-Allowable	3,201	3,201
Vedder Price PC	01/31/15	Non-Allowable	5,493	5,493
Vedder Price PC	03/01/15	NH Litigation	5,306	
Vedder Price PC	03/19/15	NH Litigation	3,728	
Vedder Price PC	06/01/15	NH Litigation	1,383	
Vedder Price PC	06/01/15	NH Litigation	1,205	
Vedder Price PC	07/01/15	Non-Allowable	5,306	5,306
Vedder Price PC	07/01/15	Non-Allowable	3,728	3,728
Vedder Price PC	07/01/15	Non-Allowable	3,201	3,201
Vedder Price PC	07/01/15	Non-Allowable	5,493	5,493
Vedder Price PC	07/31/15	Non-Allowable	1,205	1,205
Vedder Price PC	07/31/15	Non-Allowable	1,383	1,383
Vedder Price PC	08/28/15	NH Litigation	2,437	
Total			252,738	201,611

**Radford Green
Medicaid Cost Report
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Page 21 Supplemental Schedule - Seminar Schedule

Payee	Date	Purpose	Attendee	Cost
Sargino's	01/07/15	Employee Appreciation	Kim Akaiyah-DDN	65
Rosario Pizzo	01/07/15	Quarterly Security Meeting	Out Mania-Plant Director	155
Walker Bros	01/07/15	Maintenance Meeting	Out Mania-Plant Director	269
Bank of America	01/07/15	Aerobics Fitness Association-Yo-Chi	Jacqueline Nitsche-Fitness Specialist	129
Bank of America	01/07/15	Seminar- Microsoft Excel	Springer-Kopper-Skewron-Wysockinski	254
Bank of America	01/28/15	AHMA	Karon O'Donnell-Medical Practice Manager	185
Life Care Companies LLC	01/21/15	ANMAC Conference	Sheryl Messenger-HR Director	1,412
Frod Pyrr Seminars	02/02/15	Transition from Staff to Supervisor	Joanne Kopper-Resident Life Manager	199
Bank of America	02/09/15	SHRM Annual Conference	Isabella Noy-HR Manager	1,475
Bank of America	02/10/15	Amazon Training Material Books	Deann Daniel-Executive Director	201
Atlanta Laundry Systems	02/11/15	Uniform Basic Service Training Seminar	Out Mania-Plant Director	200
Bank of America	02/13/15	Employment Law Update Webinar	Isabella Noy-HR Manager	99
Bank of America	02/25/15	ALF Survey Results Celebration-Salem's	SM- Nursing Staff	467
Westcott Software Inc	03/03/15	Workshop Training	Out Mania-Plant Director	289
Bank of America	03/09/15	Wound Certification Prep Course	Jacqueline Daube-Cooper-Clinic Med Asst	875
Messenger, Sheryl	03/18/15	Leading Age Conference	Sheryl Messenger-HR Director	3,599
Haas, Steve	03/18/15	NBA Show	Steve Haas - Food & Bev. Director	55
Egger, Kira	03/18/15	NBA Show	Kira Egger-Executive Chef	55
Gronko, Tiffany	03/18/15	NBA Show	Tiffany Gronko-Dietary Manager	55
Frod Pyrr Seminars	03/03/15	Seminar-Microsoft Excel	Maggie Skewron-Accounting Assistant	89
Frod Pyrr Seminars	03/03/15	RC Excel Training-Skewron	Magdalena Skewron-Accounting Assistant	(89)
Frod Pyrr Seminars	03/03/15	RC Excel Training-Wysockinski	Dumby Wysockinski-Sales Assistant	(89)
Bank of America	04/10/15	Lake County Focus-Private/Pharm	Soligorsnik Team	119
Bank of America	04/10/15	Vistaprint/Business Cards/Postcards	Deann Daniel-Executive Director	134
Windy City Fishhouse	04/10/15	Off-Site Team Challenge Event	Jacqueline Nitsche-Fitness Specialist	1,550
Aquatic Research & Consulting	04/15/15	Aquatic Training/Certificates	Joanne Kopper-Resident Life Manager	300
Kopper, Joanne	04/17/15	VM/Transition Firm Staff to Supervisor	Joanne Kopper-Resident Life Manager	199
Haas, Steve	04/22/15	Admin Professional Day-Offs	Steve Haas - Food & Bev. Director	29
Windy City Fishhouse	04/20/15	Off-Site Team Challenge Event	Leadership Exec Team Outing	(1,550)
Rellis Training LLC	05/29/15	May Services	All Staff	875
Bank of America	05/01/15	AHMA/AAO CD's & Books	Karon O'Donnell-Medical Practice Manager	450
Beamed, Aida	05/01/15	MDS Ref Renewal	Aida Beamed-MDS Coordinator	89
Life Care Services	05/31/15	DDN Conference-Outside Training	Kim Akaiyah-DDN	2,147
Windy City Fishhouse	05/01/15	Off-Site Team Challenge Event	Leadership Exec Team Outing	1,550
Potter, Daniel	05/01/15	HVAC Training Class	Daniel Pottercare-Maintenance Supervisor	50
Swan, Cathy	05/31/15	Seminar-Reasoning Unreasonable Ppl	Cathy Swan-Director Resident Life	79
Life Care Services	05/01/15	WCS Conference-Outside Training	Cathy Swan-Director Resident Life	1,418
Bank of America	06/12/15	Lunch & Luncheon - Teamwork Pansa Bros	Out Mania-Plant Director	40
Messenger, Sheryl	06/15/15	Leadership Event-Bandana	Sheryl Messenger-HR Director	40
Messenger, Sheryl	06/15/15	Leadership Event-Photo-Books	Sheryl Messenger-HR Director	107
Messenger, Sheryl	06/15/15	Leadership Group-Certificate Recaps	Sheryl Messenger-HR Director	287
Bank of America	06/16/15	The Conference For Women	Jacqueline Nitsche-Fitness Specialist	119
Bank of America	06/18/15	Comprehensive Guide to HIPAA Complaint	Karon O'Donnell-Medical Practice Manager	219
Messenger, Sheryl	06/24/15	Candy Table Covers Team Building	Sheryl Messenger-HR Director	17
Messenger, Sheryl	06/24/15	Box Lunches- Team Building	Sheryl Messenger-HR Director	150
Messenger, Sheryl	06/24/15	Leadership Group-Certificate/Signs	Sheryl Messenger-HR Director	67
Bank of America	06/29/15	Group/Admission	Kris Mathedini-Security Supervisor	67
Rellis Training LLC	06/30/15	June Services	All Staff	175
Windy City Fishhouse	06/30/15	Off-Site Team Challenge Event	Leadership Exec Team Outing	1,600
Swan, Cathy	06/30/15	ance & Accounting For Non-Financial Peop	Cathy Swan-Director Resident Life	149
Nitche, Jacqueline	07/01/15	Re-Cert. Q&A Balance	Jacqueline Nitsche-Fitness Specialist	25
Nitche, Jacqueline	07/01/15	ADI Personal Trainer Re-Cert. Fee	Jacqueline Nitsche-Fitness Specialist	60
Nitche, Jacqueline	07/01/15	Primary Group F/Fitness Re-Cert. Fee	Jacqueline Nitsche-Fitness Specialist	40
Bank of America	07/03/15	NBA Golf Merch Photo Shirts	Deann Daniel-Executive Director	476
Bank of America	07/03/15	Amazon Training Material Books	Deann Daniel-Executive Director	121
Haas, Steve	07/01/15	ood service Sanitation Manager Certification	Steve Haas - Food & Bev. Director	195
Beamed, Aida	07/23/15	ANMAC Conference	Aida Beamed-MDS Coordinator	495
Bank of America	07/27/15	Oriental Training-Tattoo-Appointment	Isabella Noy-HR Manager	50
Mah, Mohammed	07/28/15	HVAC-Refrigeration Training	Mohammed Mah-HVAC Mechanic	265
Messenger, Sheryl	07/29/15	Leadership Group Style Training Kit	Sheryl Messenger-HR Director	302
Rellis Training LLC	07/30/15	July Services	All Staff	175
Life Care Services	07/31/15	PO Conference	Out Mania-Plant Director	1,159
Volante Press	08/01/15	SSC Conference	Joanne Kopper-Resident Life Manager	1,339
Bank of America	08/06/15	Implantation Guide To HIPAA/PHES Regulatory	Karon O'Donnell-Medical Practice Manager	495
Familara, Coazar	08/18/15	Mahalis	Out Mania-Plant Director	85
Zapata, Tiffany	08/24/15	WCC-Wound Recertification	Coazar O. Familara-RN	800
Beamed, Aida	08/27/15	Restorative/Rehabilitation Certification	Tiffany Zapata-LPN	899
Rellis Training LLC	08/31/15	August Services	Aida Beamed-MDS Coordinator	359
Bank of America	09/15/15	Process Break	Out Mania-Plant Director	16
Life Care Companies LLC	09/21/15	Serverson Division Meeting	Zach Gray-Associate Executive Director	2,085
Life Care Companies LLC	09/21/15	Serverson Division Meeting	Deann Daniel-Executive Director	2,085
Bank of America	09/21/15	Advanced ALICE Training	Erin Casillo-Security Supervisor	595
Messenger, Sheryl	09/22/15	SUDES Certificate Folders	Sheryl Messenger-HR Director	73
Messenger, Sheryl	09/24/15	Leadership Group-Training Materials	Sheryl Messenger-HR Director	69
Rellis Training LLC	09/30/15	September Services	All Staff	175
Gronko, Tiffany	10/07/15	Training & Luncheon - RC DS Team	Tiffany Gronko-Dietary Manager	62
Beamed, Aida	10/23/15	Training Materials-ICD Books	Aida Beamed-MDS Coordinator	439
Rellis Training LLC	10/30/15	October Services	All Staff	175
Nitche, Jacqueline	11/12/15	NASM-Connective Exercise Training	Jacqueline Nitsche-Fitness Specialist	300
Spyco	11/13/15	Food Items-Thanking Training	All Staff	589
Bank of America	11/13/15	Food Items-Thanking Training	All Staff	2,111
Haas, Steve	11/13/15	Frost Market cakes	Frost Market	16
Dollar Tree	11/20/15	Appreciation Day Dining Staff Lunch	Steve Haas - Food & Bev. Director	427
Hobby Lobby	11/30/15	Sponsor -A-Family Christmas Tree	Ryan Springer-Community Resource Manager	4
Dustin Dennis	11/30/15	November Services	All Staff	32
Harper College	12/01/15	Bagels/Donuts	Out Mania-Plant Director	36
Bank of America	12/01/15	Union Avoidance Training	Sheryl Messenger-HR Director	1,744
Bank of America	12/01/15	Informance Leadership Develop./Team/Build	Joseph Rhoades-Plant Maintenance Supervisor	149
Bank of America	12/01/15	Informance Leadership Develop./Team/Build	Erin Casillo-Security Supervisor	149
Bank of America	12/08/15	Training & Luncheon - Security	Out Mania-Plant Director	255
Bank of America	12/08/15	Training & Luncheon -General Maintenance	Out Mania-Plant Director	141
Beamed, Aida	12/27/15	MDS-Supplies/Tools for Completion ICD	Aida Beamed-MDS Manager	42
Haas, Steve	12/22/15	Holiday Luncheon For DS Team	Steve Haas - Food & Bev. Director	309
Clark	12/23/15	Union Avoidance Training	Sheryl Messenger-HR Director	(450)
Messenger, Sheryl	12/24/15	Gift Cards For Leadership Meeting	Sheryl Messenger-HR Director	55
Rellis Training LLC	12/30/15	December Services	All Staff	175
Wyndemont	12/31/15	Union Avoidance Training	Sheryl Messenger-HR Director	(450)
Erection Bros Bagels	12/31/15	Bagels	Out Mania-Plant Director	19
Bank of America	06/24/16	Seminar-Fint Time Managers	Ryan Springer-Community Resources Manager	149
Fairman, Carmen	10/07/16	AHMA Membership	Carmen Fairman-Medical Records Clerk	110
Bank of America	12/15/16	Training & Luncheon - Teamwork	Out Mania-Plant Director	119
Salem's Di Luca	12/18/16	Nurses Competency	Kim Akaiyah-DDN	197
Safety Training Materials				28,962
Non-Allowable - Allocated to All and IL				(20,747)
Total				48,876

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

(See instructions.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Leading Age - \$10,747
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,501 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? 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. \$ 106,842
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 105,391
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Beers, Hamerman & Co, PC
- (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