		FOR BHF USE					

LL1

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

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

I. IDPH License ID Number: 0050708

Facility Name: Countryside Nursing & Rehab Center, LLC

Address: 1635 East 154th Street (Number) Dolton (City) 60419 (Zip Code)

County: Cook

Telephone Number: (708) 841 - 9550 **Fax #** (708) 841 - 4517

HFS ID Number:

Date of Initial License for Current Owners: 12/16/09

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Edward N. Slack, CPA **Telephone Number:** (847) 628 - 8796
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/11 to 12/31/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) Edward N. Slack, CPA, Partner, Health and Human Services
(Firm Name & Address) Plante & Moran, PLLC, 2155 Point Boulevard, Suite 200 Elgin, Illinois 60123
(Telephone) (847) 628 - 8796 Fax # (248) 327 - 8417

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	100	Skilled (SNF)	100	36,500	1
2		Skilled Pediatric (SNF/PED)			2
3	97	Intermediate (ICF)	97	35,405	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		357	5,260	5,617	8
9	SNF/PED					9
10	ICF	58,856			58,856	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,856	357	5,260	64,473	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.66%

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)
N/A

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 11/01/90

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/01/90 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 100 and days of care provided 5,254

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	219,518	34,609	12,487	266,614		266,614	(704)	265,910			1
2	Food Purchase		328,376		328,376		328,376	(1,463)	326,913			2
3	Housekeeping	200,100	44,995		245,095		245,095	680	245,775			3
4	Laundry	57,851	17,126		74,977		74,977	(485)	74,492			4
5	Heat and Other Utilities			130,093	130,093		130,093	1,194	131,287			5
6	Maintenance	142,620		106,143	248,763		248,763	12,489	261,252			6
7	Other (specify):* Supplemental	43,421		703	44,124		44,124	1,627	45,751			7
8	TOTAL General Services	663,510	425,106	249,426	1,338,042		1,338,042	13,338	1,351,380			8
	B. Health Care and Programs											
9	Medical Director			24,500	24,500		24,500		24,500			9
10	Nursing and Medical Records	1,850,497	105,949	13,387	1,969,833		1,969,833	(118)	1,969,715			10
10a	Therapy	96,079			96,079		96,079		96,079			10a
11	Activities	107,144	4,920	624	112,688		112,688	(294)	112,394			11
12	Social Services	324,108	33,263	1,117	358,488		358,488		358,488			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,377,828	144,132	39,628	2,561,588		2,561,588	(412)	2,561,176			16
	C. General Administration											
17	Administrative	412,518			412,518		412,518	15,771	428,289			17
18	Directors Fees											18
19	Professional Services			340,111	340,111	(3,025)	337,086	(171,045)	166,041			19
20	Dues, Fees, Subscriptions & Promotions			32,906	32,906		32,906	(15,872)	17,034			20
21	Clerical & General Office Expenses	162,086	22,435	500,207	684,728		684,728	(343,706)	341,022			21
22	Employee Benefits & Payroll Taxes			492,581	492,581		492,581	(7,217)	485,364			22
23	Inservice Training & Education			498	498		498		498			23
24	Travel and Seminar			2,077	2,077		2,077	222	2,299			24
25	Other Admin. Staff Transportation			4,086	4,086		4,086	563	4,649			25
26	Insurance-Prop.Liab.Malpractice			121,986	121,986		121,986	1,067	123,053			26
27	Other (specify):* Supplemental							25,539	25,539			27
28	TOTAL General Administration	574,604	22,435	1,494,452	2,091,491	(3,025)	2,088,466	(494,678)	1,593,788			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,615,942	591,673	1,783,506	5,991,121	(3,025)	5,988,096	(481,752)	5,506,344			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.

Countryside Nursing & Rehab Center, LLC
Medicaid Cost Report
01/01/11 - 12/31/11

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	43,421		703
Allocation - Extended Care Consulting: Emp. Ben.			1,627
Total	43,421	-	2,330
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Allocation - Extended Care Consulting: Emp. Ben.			25,539
Total	-	-	25,539

Countryside Nursing & Rehab Center, LLC
Medicaid Cost Report
01/01/11 - 12/31/11

Page 3 Supplemental Schedule - Other Admin. Staff Transportation

Payee	Amount	Allowable
Callie Graham	96	96
Care Consultants of IL	4,452	4,452
Edna Kerrigan	665	665
Fleet Services	404	404
Keyarnder Porter	2,094	2,094
Lorena Robledo-Sommerfield	90	90
Park House Reimbursement	(3,744)	(3,744)
Sheryl Schreiber	28	28
Alloc. - Extended Care Consulting	563	563
	4,649	4,649

Countryside Nursing & Rehab Center, LLC
Medicaid Cost Report
01/01/11 - 12/31/11

Page 3 Supplemental Schedule - Reclassification

Description	Pg. & Line Ref.	Debit	Credit
Legal Fee	03 - 19 - 03		3,025
Real Estate Tax	04 - 33 - 33	3,025	

To reclassify legals fees to real estate tax expense based on fees were incurred as part of the process of reducing real estate taxes.

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC #0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			5,317	5,317		5,317	178,643	183,960			30
31	Amortization of Pre-Op. & Org.			5,020	5,020		5,020		5,020			31
32	Interest							476,705	476,705			32
33	Real Estate Taxes					3,025	3,025	457,881	460,906			33
34	Rent-Facility & Grounds			1,157,983	1,157,983		1,157,983	(1,157,983)				34
35	Rent-Equipment & Vehicles			47,420	47,420		47,420	4,368	51,788			35
36	Other (specify):*											36
37	TOTAL Ownership			1,215,740	1,215,740	3,025	1,218,765	(40,386)	1,178,379			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		228,482	552,136	780,618		780,618	(132,421)	648,197			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			424,536	424,536		424,536		424,536			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		228,482	976,672	1,205,154		1,205,154	(132,421)	1,072,733			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,615,942	820,155	3,975,918	8,412,015		8,412,015	(654,559)	7,757,456			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				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	(53,955)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,786)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(750)	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	(446,370)	21		24
25	Fund Raising, Advertising and Promotional	(19,130)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(134,489)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (656,480)		$	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 Amount	2 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)	1,921		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	$ 1,921		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (654,559)		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 Yes	2 No	3 Amount	4 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

SEE ACCOUNTANTS' COMPILATION REPORT

Countryside Nursing & Rehab Center, LLC

ID# 0050708

Report Period Beginning: 01/01/11

Ending: 12/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Jury Duty Income	$ (17)	10	1
2	Other Income	(3,932)	21	2
3	Patient Clothing	(294)	11	3
4	Bank Charges	(31,604)	21	4
5	Theft Loss	(1,964)	21	5
6	Penalties and Fines	695	21	6
7	Real Estate Tax Refund	(7,563)	33	7
8	TAG Properies - Office Space	(25,104)	34	8
9	Non-Allowable Legal	(26,027)	19	9
10	Non-Allowable Other Professional	(1,711)	19	10
11				11
12				12
13	Countryside Healthcare Center, LLC			13
14	Bank Service Fees	(135)	21	14
15	Loan Fees	(3,500)	21	15
16	Amortization	(33,333)	31	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
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**	(134,489)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	336	0	(7)	0	0	(1,033)	0	0	0	(704)	1
2	Food Purchase	(1,786)	0	323	0	0	0	0	0	0	0	0	(1,463)	2
3	Housekeeping	0	0	680	0	0	0	0	0	0	0	0	680	3
4	Laundry	0	0	0	0	(485)	0	0	0	0	0	0	(485)	4
5	Heat and Other Utilities	0	0	1,194	0	0	0	0	0	0	0	0	1,194	5
6	Maintenance	0	0	3,427	9,071	(9)	0	0	0	0	0	0	12,489	6
7	Other (specify):*	0	0	0	1,627	0	0	0	0	0	0	0	1,627	7
8	**TOTAL General Services**	(1,786)	0	5,960	10,698	(501)	0	0	(1,033)	0	0	0	13,338	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	(17)	0	0	0	(101)	0	0	0	0	0	0	(118)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(294)	0	0	0	0	0	0	0	0	0	0	(294)	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	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(311)	0	0	0	(101)	0	0	0	0	0	0	(412)	16
	C. General Administration													
17	Administrative	0	0	3,580	12,191	0	0	0	0	0	0	0	15,771	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(27,738)	0	(143,307)	0	0	0	0	0	0	0	0	(171,045)	19
20	Fees, Subscriptions & Promotions	(19,880)	0	4,008	0	0	0	0	0	0	0	0	(15,872)	20
21	Clerical & General Office Expenses	(486,810)	3,635	14,848	124,621	0	0	0	0	0	0	0	(343,706)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(7,087)	(130)	0	0	0	0	0	0	(7,217)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	222	0	0	0	0	0	0	0	0	222	24
25	Other Admin. Staff Transportation	0	0	563	0	0	0	0	0	0	0	0	563	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,067	0	0	0	0	0	0	0	0	1,067	26
27	Other (specify):*	0	0	0	25,539	0	0	0	0	0	0	0	25,539	27
28	**TOTAL General Administration**	(534,428)	3,635	(119,019)	155,264	(130)	0	0	0	0	0	0	(494,678)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(536,525)	3,635	(113,059)	165,962	(732)	0	0	(1,033)	0	0	0	(481,752)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

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

	Capital Expense D. Ownership	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)	
30	Depreciation	0	167,118	11,525	0	0	0	0	0	0	0	0	178,643	30
31	Amortization of Pre-Op. & Org.	(33,333)	33,333	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(53,955)	520,857	9,803	0	0	0	0	0	0	0	0	476,705	32
33	Real Estate Taxes	(7,563)	463,677	1,767	0	0	0	0	0	0	0	0	457,881	33
34	Rent-Facility & Grounds	(25,104)	(1,132,879)	0	0	0	0	0	0	0	0	0	(1,157,983)	34
35	Rent-Equipment & Vehicles	0	0	4,368	0	0	0	0	0	0	0	0	4,368	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(119,955)	52,106	27,463	0	0	0	0	0	0	0	0	(40,386)	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	(48)	0	(127,257)	(5,064)	(52)	0	0	(132,421)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	(48)	0	(127,257)	(5,064)	(52)	0	0	(132,421)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(656,480)	55,741	(85,596)	165,962	(780)	0	(127,257)	(6,097)	(52)	0	0	(654,559)	45

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES

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

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

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,132,879	Countryside Healthcare Center, LLC	100.00%	$	$ (1,132,879)	1
2	V	21	Bank Service Fees		Countryside Healthcare Center, LLC	100.00%	135	135	2
3	V	21	Loan Expense		Countryside Healthcare Center, LLC	100.00%	3,500	3,500	3
4	V	30	Depreciation		Countryside Healthcare Center, LLC	100.00%	167,118	167,118	4
5	V	31	Amortization		Countryside Healthcare Center, LLC	100.00%	33,333	33,333	5
6	V	32	Interest		Countryside Healthcare Center, LLC	100.00%	520,857	520,857	6
7	V	33	Real Estate Taxes		Countryside Healthcare Center, LLC	100.00%	463,677	463,677	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,132,879			$ 1,188,620	$ * 55,741	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Eric Rothner	2.00%	Avenue Care Nursing and Rehab	Chicago, IL	Ext. Care Consult.	Evanston, IL	Home Office	1
2	Rothner Family Grandchildren Trust	10.00%	Beecher Manor Nursing and Rehab	Beecher, IL	Ext. Care Clinical	Evanston, IL	Administrative	2
3	N & S Rothner Family Trust	88.00%	Briar Place	Indian Head, IL	CC Health Systems	Des Plaines, IL	Dietary & Suppl.	3
4			Chateau Village Nursing and Rehab	Willowbrook, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Grasmere Place	Chicago, IL	Xcel Medical Supply	Evanston, IL	Medical Supplies	5
6			Lakewood Nursing and Rehab	Plainfield, IL	Rothner Vents	Evanston, IL	Vent. Rental	6
7			Lemont Nursing and Rehab	Lemont, IL	Tricare Rehab	Hillside, IL	Therapy	7
8			Prairie Manor Halth Care	Chicago Heights, IL	Reliabile Medical	Des Plaines, IL	Medical Supplies	8
9			Rainbow Beach Nursing Center	Chicago, IL	Harbor Light	Glen Ellyn, IL	Hospice	9
10			Sheridan Shores	Chicago, IL	2201 Main	Evanston, IL	Bldg. Company	10
11			Snow Vally Nursing and Rehab	Lisle, IL				11
12			South Suburban Rehabilitation Center	Chicago, IL	Countryside			12
13			Tri-State Nursing and Rehab	Lansing, IL	Healthcare Ctr.	Dolton, IL	Bldg. Company	13
14			Wheaton Care Center	Wheaton, IL				14
15			Boulevard Care Nursing and Rehab	Chicago, IL				15
16			Countryside Nursing and Rehab	Dolton, IL				16
17			Hillcrest Nursing and Rehab	Joliet, IL				17
18			Oak Park Healthcare Center	Oak Park, IL				18
19			Park House Nursing and Rehab	Chicago, IL				19
20			Timber Point Healthcare Center	Camp Point, IL				20
21			Prairie Village Healthcare Center	Jacksonville, IL				21
22			Dyer Nursing and Rehab	Dyer, IN				22
23			Lake County Nursing and Rehab	East Chicago, IN				23
24			Sebos Nursing and Rehab	Holbart, IN				24
25			Sheffield Manor Nursing Center	Indianapolis, IN				25
26			McKinley Health Care Center	Canton, OH				26
27			Homestead Nursing and Rehab	Lincoln, NE				27
28			Lancaster Manor	Lincoln, NE				28
29			Golden Plaines	Hutchinson, KS				29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	Dietary	$	Extended Care Consulting, LLC	100.00%	$ 336	$ 336	15
16	V	02	Food		Extended Care Consulting, LLC	100.00%	323	323	16
17	V	03	Housekeeping		Extended Care Consulting, LLC	100.00%	680	680	17
18	V	05	Utilities		Extended Care Consulting, LLC	100.00%	1,194	1,194	18
19	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	3,427	3,427	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	3,580	3,580	20
21	V	19	Professional Fees	150,000	Extended Care Consulting, LLC	100.00%	6,693	(143,307)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	4,008	4,008	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	14,848	14,848	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	222	222	24
25	V	25	Other Staff Admin. Transport.		Extended Care Consulting, LLC	100.00%	563	563	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	1,067	1,067	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	11,525	11,525	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	9,803	9,803	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	1,767	1,767	29
30	V	35	Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	4,368	4,368	30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 150,000			$ 64,404	$ * (85,596)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	06	Maintenance	$	Extended Care Consulting, LLC	100.00%	$ 9,071	$ 9,071	15
16	V	06	Maintenance		Extended Care Consulting, LLC	100.00%			16
17	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%	1,627	1,627	17
18	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%			18
19	V	17	Administrative		Extended Care Consulting, LLC	100.00%	12,191	12,191	19
20	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	124,621	124,621	20
21	V	21	Office and Clerical	17,984	Extended Care Consulting, LLC	100.00%	17,984		21
22	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	23,540	23,540	22
23	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	1,999	1,999	23
24	V	22	Employee Benefits	7,087	Extended Care Consulting, LLC	100.00%		(7,087)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 25,071			$ 191,033	$ * 165,962	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	Dietary	$ 107	Xcel Supply, LLC	100.00%	$ 100	$ (7)	15
16	V	03	Housekeeping		Xcel Supply, LLC	100.00%			16
17	V	04	Laundry	7,999	Xcel Supply, LLC	100.00%	7,514	(485)	17
18	V	06	Repairs and Maintenance	137	Xcel Supply, LLC	100.00%	128	(9)	18
19	V	10	Nursing	1,672	Xcel Supply, LLC	100.00%	1,571	(101)	19
20	V	11	Activities		Xcel Supply, LLC	100.00%			20
21	V	21	Office and Clerical		Xcel Supply, LLC	100.00%			21
22	V	22	Employee Benefits	2,148	Xcel Supply, LLC	100.00%	2,018	(130)	22
23	V	30	Depreciation		Xcel Supply, LLC	100.00%			23
24	V	39	Ancillary	781	Xcel Supply, LLC	100.00%	733	(48)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 12,844			$ 12,064	$ * (780)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Health Insurance	$ 67,675	CCS VEBA	100.00%	$ 67,675	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 67,675			$ 67,675	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 546,831	Tricare Rehab	100.00%	$ 419,574	$ (127,257)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 546,831			$ 419,574	$ * (127,257)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	Dietary	$ 2,155	Care Centers Health Systems, Inc.	100.00%	$ 1,122	$ (1,033)	15
16	V	39	Ancillary	10,567	Care Centers Health Systems, Inc.	100.00%	5,503	(5,064)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 12,722			$ 6,625	$ * (6,097)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	Ancillary	$ 5,800	Reliable Medical of the Midwest, LLC	100.00%	$ 5,748	$ (52)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 5,800			$ 5,748	$ * (52)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	Adam Vales	Relative	Clerical		See Attached	0.4	0.01	Alloc. Sal	$ 716	22 - 7	1
2	G. Matt Silvers	Relative	Administrative		See Attached	0.04	0.00	Alloc. Sal	161	17 - 7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 877		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 Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Extended Care Consulting, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	1,332,501	31	$ 6,942	$	64,473	$ 336	1
2	02	Food	Patient Days	1,332,501	31	6,677		64,473	323	2
3	03	Housekeeping	Patient Days	1,332,501	31	14,059		64,473	680	3
4	05	Utilities	Patient Days	1,332,501	31	24,674		64,473	1,194	4
5	06	Maintenance	Patient Days	1,332,501	31	70,833		64,473	3,427	5
6	17	Administrative	Patient Days	1,332,501	31	74,000		64,473	3,580	6
7	19	Professional Fees	Patient Days	1,332,501	31	138,332		64,473	6,693	7
8	20	Dues and Subscriptions	Patient Days	1,332,501	31	82,842		64,473	4,008	8
9	21	Office and Clerical	Patient Days	1,332,501	31	306,863		64,473	14,848	9
10	24	Seminar and Travel	Patient Days	1,332,501	31	4,580		64,473	222	10
11	25	Other Staff Admin. Transpor.	Patient Days	1,332,501	31	11,637		64,473	563	11
12	26	Insurance	Patient Days	1,332,501	31	22,043		64,473	1,067	12
13	30	Depreciation	Patient Days	1,332,501	31	238,204		64,473	11,525	13
14	32	Interest	Patient Days	1,332,501	31	202,602		64,473	9,803	14
15	33	Real Estate Taxes	Patient Days	1,332,501	31	36,524		64,473	1,767	15
16	35	Rent - Equipment and Auto	Patient Days	1,332,501	31	90,286		64,473	4,368	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,331,098	$		$ 64,404	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Extended Care Consulting, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	06	Maintenance	Patient Days	1,332,501	31	$ 187,474	$ 187,474	64,473	$ 9,071	1
2	06	Maintenance	Direct Allocation	1	1			1		2
3	07	Employee Benefits	Patient Days	1,332,501	31	33,619		64,473	1,627	3
4	07	Employee Benefits	Direct Allocation	1	1			1		4
5	17	Administrative	Patient Days	1,332,501	31	251,959	251,959	64,473	12,191	5
6	21	Office and Clerical	Patient Days	1,332,501	31	2,575,611	2,575,611	64,473	124,621	6
7	21	Office and Clerical	Direct Allocation	1	1	17,984	17,984	1	17,984	7
8	27	Employee Benefits	Patient Days	1,332,501	31	486,522		64,473	23,540	8
9	27	Employee Benefits	Direct Allocation	1	1	1,999		1	1,999	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					$ 3,555,168	$ 3,033,028		$ 191,033	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Xcel Supply, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 328 - 7600
Fax Number: (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary	Direct Allocation	1	1	$ 100	$	1	$ 100	1
2	03	Housekeeping	Direct Allocation	1	1			1		2
3	04	Laundry	Direct Allocation	1	1	7,514		1	7,514	3
4	06	Repairs and Maintenance	Direct Allocation	1	1	128		1	128	4
5	10	Nursing	Direct Allocation	1	1	1,571		1	1,571	5
6	11	Activities	Direct Allocation	1	1			1		6
7	21	Office and Clerical	Direct Allocation	1	1			1		7
8	22	Employee Benefits	Direct Allocation	1	1	2,018		1	2,018	8
9	30	Depreciation	Direct Allocation	1	1			1		9
10	39	Ancillary	Direct Allocation	1	1	733		1	733	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					$ 12,064	$		$ 12,064	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: CCS VEBA
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Health Insurance	Direct Allocation	1	1	$ 67,675	$	1	$ 67,675	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					$ 67,675	$		$ 67,675	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Tricare Rehab
Street Address: 150 Fencl Lane
City / State / Zip Code: Hillside, Illinois 60162
Phone Number: (708) 449 - 9400
Fax Number: (708) 449 - 9700

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Therapy	Direct Allocation	1	1	$ 419,574	$	1	$ 419,574	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					$ 419,574	$		$ 419,574	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Care Centers Health Systems, Inc.
Street Address: 200 Howard
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: (224) 612 - 5662
Fax Number: (224) 612 - 5862

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary	Direct Allocation	1	1	$ 1,122	$	1	$ 1,122	1
2	39	Ancillary	Direct Allocation	1	1	5,503		1	5,503	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					$ 6,625	$		$ 6,625	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO [ ]

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

Name of Related Organization: Reliable Medical of the Midwest, LLC
Street Address: 200 Howard Avenue, Suite 246
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: (847) 566 - 0800
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Ancillary	Direct Allocation	1	1	$ 5,748	$	1	$ 5,748	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					$ 5,748	$		$ 5,748	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Lake Forest		X	Mortgage			$	$ 7,222,447			$ 520,857	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Extended Care Consulting	X		Line of Credit							9,803	6
7												7
8												8
9	TOTAL Facility Related						$	$ 7,222,447			$ 530,660	9
	B. Non-Facility Related*											
10	Interest Income		X								(53,955)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (53,955)	14
15	TOTALS (line 9+line14)						$	$ 7,222,447			$ 476,705	15

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 Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 458,821	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.)		$ 451,766	2
3. Under or (over) accrual (line 2 minus line 1).		$ (7,055)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 472,499	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.)**		$ 3,025	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** $ 12,101 **For** 2006 **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$ (7,563)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 460,906	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	480,099	8
	2007	521,160	9
	2008	569,541	10
	2009	439,138	11
	2010	449,999	12

2011 Tax Accrual = $449,999 * 1.05 = $472,499

Extended Care Consulting, LLC (Allocation) - $1,767

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Countryside Nursing & Rehab Center, LLC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0050708

CONTACT PERSON REGARDING THIS REPORT Edward N. Slack

TELEPHONE (847) 628 - 8796 FAX #: (847) 327 - 8417

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	29-13-100-001-0000	Long Term Care Facility	$ 449,999.16	$ 449,999.16
2.	Allocation	Extended Care Consulting, LLC	$ 126,481.18	$ 2,467.20
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 576,480.34	$ 452,466.36

B. **Real Estate Tax Cost Allocations**

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

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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 Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,547 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	132,928	1998	$ 392,750	1
2	Ext. Care Consult.			15,995	2
3	TOTALS	132,928		$ 408,745	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1991	24,648						9
10	Various			1992	28,172						10
11	Various			1993	11,940						11
12	Various			1994	4,878						12
13	Various			1995	34,004						13
14	Various			1996	20,232						14
15	Various			1997	17,236						15
16	Various			1998	13,979						16
17	Various			1999	33,838						17
18	Various			2000	18,955						18
19	Various			2001	8,806						19
20	Various			2003	136,685						20
21	Various			2004	49,614						21
22	Various			2005	80,983						22
23	Various			2006	65,138						23
24	Various			2007	46,168						24
25	Replaced Shower Stalls in A-B Wing			2008	3,714						25
26	Installation of Anti-Freeze Loop			2008	7,995						26
27	Installation of Fire Alarm Devices			2008	4,500						27
28	Installed Generator and Transfer Switch			2008	53,752						28
29	Installed New Furnace in the A-B Wing			2008	4,125						29
30	Asphalt Repairs - Front and Rear Lots			2010	5,000	182	27.5	182		356	30
31	7 Air Condintioning Units			2010	3,569	1,142	5	1,142		1,856	31
32	Compressor			2011	2,760	90	5	90		90	32
33	Bathroom / Shower (Tile, Drywall, Piping)			2011	6,197						33
34	Kitchen Countertop			2011	3,200						34
35	Rehab Renovations (Tile Work)			2011	6,517						35
36	Sunroom Rehab (Tile, Drywall, Studs, Paint, Electrical Switch)			2011	2,983						36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Related Party Allocations - See Supplemental Schedules		$	$		$	$	$	37
38									38
39	Countryside Healthcare Center, LLC								39
40	Building	1977	5,302,525	158,008	5 - 27.5	158,008		3,241,041	40
41	Various	2001	250,900	9,125	27.5	9,125		93,892	41
42									42
43	Allocations - Extended Care Consulting	2007	223	11		11		56	43
44	Allocations - Extended Care Consulting	2009	133	7		7		20	44
45	Allocations - Extended Care Consulting	2010	1,305	65		65		131	45
46	Allocations - Extended Care Consulting	2011	470	23		23		23	46
47									47
48	Allocations - Extended Care Consulting / 2201 Main LLC	2002	22,042	565		565		5,252	48
49	Allocations - Extended Care Consulting / 2201 Main LLC	2002	18,209	1,664		1,664		13,329	49
50	Allocations - Extended Care Consulting / 2201 Main LLC	2003	21,458	1,961		1,961		15,707	50
51	Allocations - Extended Care Consulting / 2201 Main LLC	2005	1,066	113		113		611	51
52	Allocations - Extended Care Consulting / 2201 Main LLC	2009	192	10		10		10	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)		$ 6,318,111	$ 172,966		$ 172,966	$	$ 3,372,374	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,318,111	$ 172,966		$ 172,966	$	$ 3,372,374	1
2									2
3	Related Party Allocations - See Supplemental Schedules								3
4									4
5	Allocations - Extended Care Consulting	2007							5
6	Allocations - Extended Care Consulting	2009							6
7	Allocations - Extended Care Consulting	2010							7
8	Allocations - Extended Care Consulting	2011							8
9									9
10	Allocations - Extended Care Consulting / 2201 Main LLC	2002							10
11	Allocations - Extended Care Consulting / 2201 Main LLC	2002							11
12	Allocations - Extended Care Consulting / 2201 Main LLC	2003							12
13	Allocations - Extended Care Consulting / 2201 Main LLC	2005							13
14	Allocations - Extended Care Consulting / 2201 Main LLC	2009							14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,318,111	$ 172,966		$ 172,966	$	$ 3,372,374	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	$ 11,467	$ 2,706	$ 2,706	$	5 - 7	$ 2,862	71
72	Current Year Purchases	9,683	1,234	1,234		5 - 7	1,234	72
73	Fully Depreciated Assets							73
74	See Supplemental	594,080	6,862	6,862		5	584,598	74
75	TOTALS	$ 615,230	$ 10,802	$ 10,802	$		$ 588,694	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	Extended Care Consulting			$ 15,559	$ 192	$ 192	$	5	$ 15,316	76
77										77
78										78
79										79
80	TOTALS			$ 15,559	$ 192	$ 192	$		$ 15,316	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)	$ 7,357,645	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 183,960	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 183,960	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)	$ 3,976,384	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	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

Countryside Nursing & Rehab Center, LLC
Medicaid Cost Report
01/01/11 - 12/31/11

Page 13 Supplemental Schedule

Description	Cost	Depreciation	Accumulated Depreciation
Related Party 1 - Countryside Healthcare Center, LLC			
Prior	394,000		394,000
Current			
Total	394,000	-	394,000
Related Party 2 - Extended Care Consulting			
Prior	141,988	484	138,541
Current	158	16	16
Total	142,146	500	138,557
Related Party 3 - Extended Care Consulting / 2201 Mail LLC			
Prior	6,104	610	5,423
Current			
Total	6,104	610	5,423
Related Party 4 - Extended Care Consulting - Matrix Software			
Prior	51,830	5,752	46,618
Current			
Total	51,830	5,752	46,618
Total	**594,080**	**6,862**	**584,598**

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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. ☐ 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.	/2012	$
13.	/2013	$
14.	/2014	$

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: $ 37,144 Description: See Supplemental Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Various	$	$ 14,644	17
18					18
19					19
20					20
21	TOTAL		$	$ 14,644	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Countryside Nursing & Rehab Center, LLC
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Page 14 Supplemental Schedule - Building

Vendor	Description	Amount
TAG Properties	Office Space	25,104
TAG Properties	Office Space - Non Allowable	(25,104)
Total		-

Page 14 Supplemental Schedule - Equipment

Vendor	Description	Amount
GE Capital	Copier	17,729
Hughes Enterprises	Medical Equipment	12,144
Mobile Mini	Various	1,320
Pitney Bowes	Postage	1,468
Care Consultants of Illinois	Various	115
Alloc. - Extended Care Consulting		4,368
Total		37,144

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 248,575	$		$ 248,575	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			13,000			13,000	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			285,256			285,256	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				196,885		196,885	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					31,597		31,597	12
13	Other (specify): See Supplemental	39 - 03				5,305			5,305	13
14	TOTAL			$		$ 552,136	$ 228,482		$ 780,618	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

Countryside Nursing & Rehab Center, LLC
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Page 16 Supplemental Schedule

Description	Supplies	Other
Oxygen	10,689	
Medical Supplies	14,485	
Therapy and Rehab Supplies	6,423	
Laboratory		4,366
Other		939
Total	31,597	5,305

STATE OF ILLINOIS

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/11 (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	$	$ 19,184	1
2	Cash-Patient Deposits	32,761	32,761	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 656,370)	4,821,981	4,821,981	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	71,731	71,731	6
7	Other Prepaid Expenses	4,795	4,795	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental	1,291,104	3,758,387	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,222,372	$ 8,708,839	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		392,750	13
14	Buildings, at Historical Cost		5,408,525	14
15	Leasehold Improvements, at Historical Cost	26,657	281,882	15
16	Equipment, at Historical Cost	18,753	412,753	16
17	Accumulated Depreciation (book methods)	(6,398)	(3,746,280)	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): See Supplemental	458	190,197	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 39,470	$ 2,939,827	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,261,842	$ 11,648,666	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,892,823	$ 1,892,823	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	86,694	86,694	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	244,421	244,421	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		472,499	32
33	Accrued Interest Payable		45,152	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,223,938	$ 2,741,589	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,222,447	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 7,222,447	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,223,938	$ 9,964,036	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,037,904	$ 1,684,630	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,261,842	$ 11,648,666	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Due from Related Parties	1,291,104	3,758,387
Total	1,291,104	3,758,387
Line 23 - Other Long Term Assets		
State Replacement Tax Benefit	458	458
Real Estate Tax Escrow		138,000
Financing Costs (Net of Amortization)		7,290
Goodwill (Net of Amortization)		44,449
Total	458	190,197
Line 36 - Other Current Liabilities		
Total	-	-
Line 43 - Other Long Term Liabilities		
Total	-	-

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,130,237	1	
2	Restatements (describe):		2	
3	**Post Cost Report Accounting Adjustments**	4,846	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,135,083	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,902,821	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)**	$ 1,902,821	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)**	$ 4,037,904	24	*

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,125,766	1
2	Discounts and Allowances for all Levels	(2,265,343)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,860,423	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,164,919	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,164,919	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	214,481	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	3,181	20
21	Other Medical Services	1,827	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 219,489	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	53,955	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 53,955	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	16,050	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 16,050	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,314,836	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,338,042	31
32	Health Care	2,561,588	32
33	General Administration	2,091,491	33
	B. Capital Expense		
34	Ownership	1,215,740	34
	C. Ancillary Expense		
35	Special Cost Centers	780,618	35
36	Provider Participation Fee	424,536	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,412,015	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,902,821	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,902,821	43

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

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

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

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

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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Other Income	3,932	3,932
Jury Duty Income	17	17
Real Estate Tax Refund - 2006	12,101	12,101
Total	16,050	16,050

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,833	2,042	$ 86,377	$ 42.30	1
2	Assistant Director of Nursing	1,857	2,087	73,220	35.08	2
3	Registered Nurses	16,507	17,832	488,535	27.40	3
4	Licensed Practical Nurses	23,016	24,742	572,978	23.16	4
5	CNAs & Orderlies	55,083	60,971	611,185	10.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,073	5,863	96,079	16.39	8
9	Activity Director	1,865	2,031	28,005	13.79	9
10	Activity Assistants	7,356	8,106	79,139	9.76	10
11	Social Service Workers	17,481	18,814	324,108	17.23	11
12	Dietician					12
13	Food Service Supervisor	1,809	2,054	39,827	19.39	13
14	Head Cook	4,103	4,595	54,511	11.86	14
15	Cook Helpers/Assistants					15
16	Dishwashers	12,337	13,584	125,180	9.22	16
17	Maintenance Workers	7,797	8,342	142,620	17.10	17
18	Housekeepers	19,617	21,595	200,100	9.27	18
19	Laundry	5,458	6,055	57,851	9.55	19
20	Administrator	1,841	2,053	112,554	54.82	20
21	Assistant Administrator	2,000	2,080	61,491	29.56	21
22	Other Administrative	6,137	6,596	238,473	36.15	22
23	Office Manager					23
24	Clerical	7,331	7,977	162,086	20.32	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,734	1,815	18,202	10.03	31
32	Other Health Care(specify)					32
33	Other(specify) Supplemental	4,270	4,568	43,421	9.51	33
34	TOTAL (lines 1 - 33)	204,505	223,802	$ 3,615,942 *	$ 16.16	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	223	$ 12,487	01 - 03	35
36	Medical Director	Monthly	24,500	09 - 03	36
37	Medical Records Consultant	Monthly	3,088	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	10,136	10 - 03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant		163	10 - 03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	624	11 - 03	44
45	Social Service Consultant	19	1,117	12 - 03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	254	$ 52,115		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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

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Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Security	4,270	4,568	43,421
Total	4,270	4,568	43,421

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Callie M. Graham	Administrator	0	$ 112,554
Willie R. Wilson	Asst. Admin.	0	61,491
Sherwin Ray	Executive	0	98,948
Laura Sepessy	Executive	0	92,758
Lorena Robledo-Sommerfield	Executive	0	16,705
Lasonda Wilkins-Hines	Executive	0	16,453
Other	Executive	0	13,608
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 412,518

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
Extended Care Consulting	Home Office	$ 150,000
Personnel Planners	Unemployment Consultant	2,950
Frost, Ruttenberg & Rothblatt	Accounting	7,357
Plante & Moran, PLLC	Accounting	14,400
Krupnic, Bokar & Kagda	Accounting	5,214
Denise Carnes	Bookkeeping	1,205
Elderlife Development	Code Compliance	0
Blymas, Inc.	Accounting	2,814
Judy Burnell	Bookkeeping	500
Ron Cournaya	Medicare Cost Report	1,250
Jared Starr	Medicare Cost Report	1,250
See Supplemental Schedule		153,171
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 340,111

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,720
Unemployment Compensation Insurance	58,997
FICA Taxes	281,267
Employee Health Insurance	69,045
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	2,333
Holiday Expense	1,900
Pension	30
Other Employee Welfare	1,072
TOTAL (agree to Schedule V, line 22, col.8)	$ 485,364

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	1,115
Health Care Worker Background Check	7,255
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	81
Licenses and Fees	2,585
Advertising and Promotion	19,130
Alloc. - Extended Care Consulting	4,008
Less: Public Relations Expense	( )
Non-allowable advertising	(19,130)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,034

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,077
Alloc. - Extended Care Consulting	222
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,299

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Countryside Nursing & Rehab Center, LLC
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Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
Chad Cournaya	Other Professional	113
Hamlin & Burton Liability	MSP Services	155
TAG Properties	Non-Allowable	1,620
Smartbox of Chicago	Non-Allowable	91
Comcast Cable	Computer Maintenance	719
Care Consultants of Illinois	Computer Maintenance	20,423
Care Consultants of Illinois	Other Professional	598
American Data	Data Processing	4,525
MDI Achieve	Data Processing	21,514
E Health Data Solutions	Data Processing	10,090
Medifax	Data Processing	346
Care Consultants of Illinois	Data Processing	243
Extended Care Consulting	Data Processing	7,687
Nebo Systems	Data Processing	79
National Datacare Corporation	Data Processing	3,778
Paycor	Data Processing	7,396
Ashman & Stein	Legal	1,103
K & L Gates	Legal	5,461
Chuhak & Tecson	Legal	7,050
Law Office of Michael Z	Legal	1,190
Finkel, Martwick & Colson	Legal	3,025
Hamlin & Burton	Legal	2,362
HFG	Legal	6,089
Law Office of Holland	Legal	1,665
Law Office of Stephen N. Sher	Legal	2,076
McVey & Parksy	Legal	1,130
Meyer Magence	Legal	6,121
Neal, Gerber & Eisenberg,	Legal	36,129
Statland Law Offices	Legal	393
		153,171

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Page 21 Supplemental Schedule - Legal Schedule

Vendor	Invoice Date	Amount	Allowable
Ashman & Stein	09/30/11	152	-
Ashman & Stein	05/31/11	260	-
Ashman & Stein	10/31/11	336	-
Ashman & Stein	10/31/11	355	-
K & L Gates	12/31/11	3,642	-
K & L Gates	09/30/11	816	-
K & L Gates	09/30/11	1,003	-
Chuhak & Tecson, P.C.	01/31/11	792	-
Chuhak & Tecson, P.C.	02/28/11	340	-
Chuhak & Tecson, P.C.	03/31/11	108	-
Chuhak & Tecson, P.C.	04/30/11	72	-
Chuhak & Tecson, P.C.	05/31/11	180	-
Chuhak & Tecson, P.C.	06/30/11	936	-
Chuhak & Tecson, P.C.	08/31/11	399	-
Chuhak & Tecson, P.C.	08/31/11	160	-
Chuhak & Tecson, P.C.	09/30/11	72	-
Chuhak & Tecson, P.C.	10/31/11	504	-
Chuhak & Tecson, P.C.	10/31/11	36	-
Chuhak & Tecson, P.C.	10/31/11	5	-
Chuhak & Tecson, P.C.	10/31/11	46	-
Chuhak & Tecson, P.C.	10/31/11	324	-
Chuhak & Tecson, P.C.	12/31/11	72	-
Chuhak & Tecson, P.C.	12/31/11	142	-
Chuhak & Tecson, P.C.	12/31/11	62	-
Chuhak & Tecson, P.C.	12/31/11	10	-
Chuhak & Tecson, P.C.	12/31/11	474	-
Chuhak & Tecson, P.C.	12/31/11	130	-
Chuhak & Tecson, P.C.	12/31/11	288	-
Chuhak & Tecson, P.C.	12/31/11	565	-
Chuhak & Tecson, P.C.	12/31/11	10	-
Chuhak & Tecson, P.C.	12/31/11	441	-
Statland Law Offices, Llc	12/31/11	277	-
Finkel, Martwick & Colson	12/27/11	3,025	3,025
Hamlin & Burton	03/22/11	2,362	2,362
HFG	03/31/11	397	-
HFG	04/30/11	153	-
HFG	05/31/11	3,866	-
HFG	02/28/11	1,132	-
Law Office Of Stephen N. Sher	02/28/11	674	-
Law Office Of Stephen N. Sher	02/28/11	1,080	-
Law Office Of Stephen N. Sher	02/28/11	321	-
Law Offices Of Holland	03/25/11	1,665	-
Law Offices Of Michael Z Margolies	08/31/11	280	-
Law Offices Of Michael Z Margolies	11/30/11	140	-
Law Offices Of Michael Z Margolies	03/31/11	70	-
Law Offices Of Michael Z Margolies	06/30/11	700	-
Mcvey & Parsky, Llc	11/15/11	1,000	-
Mcvey & Parsky, Llc	12/31/11	130	130
Meyer Magence	09/30/11	850	850
Meyer Magence	04/30/11	813	813
Meyer Magence	06/30/11	847	847
Meyer Magence	09/30/11	63	63
Meyer Magence	10/31/11	375	375
Meyer Magence	10/31/11	1,597	1,597
Meyer Magence	12/31/11	789	789
Meyer Magence	12/31/11	789	789
Neal, Gerber & Eisenberg	10/31/11	4,226	4,226
Neal, Gerber & Eisenberg	11/30/11	21,711	21,711
Neal, Gerber & Eisenberg,	08/31/11	6,532	6,532
Neal, Gerber & Eisenberg,	10/31/11	3,660	3,660
Chuhak & Tecson, P.C.	12/31/11	292	-
Chuhak & Tecson, P.C.	12/31/11	137	-
Chuhak & Tecson, P.C.	12/31/11	50	-
Chuhak & Tecson, P.C.	12/31/11	14	-
Chuhak & Tecson, P.C.	12/31/11	344	-
Chuhak & Tecson, P.C.	12/31/11	43	-
Statland Law Offices, Llc	10/06/11	116	-
HFG	01/31/11	541	-
		73,793	47,766

Page 5 Adjustment 26,027

Page 21 Supplemental Schedule - Seminar Schedule

Payee	Topic	Attendee	Location	Amount
Care Consultants of Illinois	Crisis Prevention			140
ICLTC	The New Medicaid Integrated Care Program	Callie Graham/Sharon Rogers	Oak Lawn, IL	210
ICLTC	The Most Frequent Life Safety Code Violations	Callie Graham/Antone Jackoloski	Oak Lawn, IL	330
Care Consultants of Illinois	HIN Seminars			66
ICLTC	Recent Changes in Advance Directives	Willie Wilson	Oak Lawn, IL	165
Pathway Health Services	How to Survive the SNF Final Rule	Laura Seppesy	Westmont, IL	199
Care Consultants of Illinois	Home Instead-Suddenly Senior	Callie Graham, Rose Schafer		279
Care Consultants of Illinois	SNF PPS Update	Tammy Morris/Shyla James	Bloomingdale, IL	358
ICLTC	No Contract, No Drug Behavior De-Escalation	Callie Graham/Bola Bakare	Oak Lawn, IL	330
Alloc. - Extended Care Consulting				222
				2,299

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	Amount of Expense Amortized Per Year								
					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

Facility Name & ID Number Countryside Nursing & Rehab Center, LLC # 0050708 Report Period Beginning: 01/01/11 Ending: 12/31/11

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? **No**
If YES, give association name and amount. **N/A**

(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? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **1,201** 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 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. $ **424,536**
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. $ **0** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **Ln 14**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
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? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees