FOR BHF USE

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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.

I. IDPH License ID Number: 0050708

Facility Name: Countryside Nursing & Rehab Center

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 01/01/12 to 12/31/12 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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	36,600	1
2		Skilled Pediatric (SNF/PED)			2
3	97	Intermediate (ICF)	97	35,502	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	72,102	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	28,730	150	3,878	32,758	8
9	SNF/PED					9
10	ICF	27,868		82	27,950	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,598	150	3,960	60,708	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.20%

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 3,878

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	228,658	44,602	11,611	284,871		284,871	(1,907)	282,964			1
2	Food Purchase		308,943		308,943		308,943	(348)	308,595			2
3	Housekeeping	208,266	45,890		254,156		254,156	604	254,760			3
4	Laundry	53,950	15,356		69,306		69,306		69,306			4
5	Heat and Other Utilities			136,633	136,633		136,633	874	137,507			5
6	Maintenance	164,869		102,741	267,610		267,610	11,547	279,157			6
7	Other (specify):* See Supplemental	42,871	745		43,616		43,616	1,486	45,102			7
8	**TOTAL General Services**	698,614	415,536	250,985	1,365,135		1,365,135	12,256	1,377,391			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,877,380	86,752	17,260	1,981,392		1,981,392	(30)	1,981,362			10
10a	Therapy	100,695			100,695		100,695		100,695			10a
11	Activities	121,298	6,692	1,096	129,086		129,086		129,086			11
12	Social Services	320,628	20,199	1,121	341,948		341,948		341,948			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* See Supplemental											15
16	**TOTAL Health Care and Programs**	2,420,001	113,643	31,477	2,565,121		2,565,121	(30)	2,565,091			16
	C. General Administration											
17	Administrative	209,717			209,717		209,717	21,243	230,960			17
18	Directors Fees											18
19	Professional Services			394,779	394,779		394,779	(195,621)	199,158			19
20	Dues, Fees, Subscriptions & Promotions			22,560	22,560		22,560	(11,777)	10,783			20
21	Clerical & General Office Expenses	215,346	18,908	297,843	532,097		532,097	(141,128)	390,969			21
22	Employee Benefits & Payroll Taxes			541,102	541,102		541,102	(6,887)	534,215			22
23	Inservice Training & Education			249	249		249		249			23
24	Travel and Seminar			2,850	2,850		2,850	281	3,131			24
25	Other Admin. Staff Transportation			5,092	5,092		5,092	1,046	6,138			25
26	Insurance-Prop.Liab.Malpractice			179,152	179,152		179,152	1,235	180,387			26
27	Other (specify):* See Supplemental							27,543	27,543			27
28	**TOTAL General Administration**	425,063	18,908	1,443,627	1,887,598		1,887,598	(304,065)	1,583,533			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,543,678	548,087	1,726,089	5,817,854		5,817,854	(291,839)	5,526,015			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
Medicaid Cost Report
01/01/12 - 12/31/12

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	42,871	745	
Allocation - Extended Care Consulting: Emp. Ben.			1,486
Total	42,871	745	1,486
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Allocation - Extended Care Consulting: Emp. Ben.			27,543
Total	-	-	27,543

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

Page 3 Supplemental Schedule - Other Admin. Staff Transportation

Payee	Amount	Allowable
		-
Care Consultants of Illinois	3,742	3,742
Callie Graham	29	29
Nicole Esposito	33	33
Sharon Rogers	23	23
Sheryl Schreiber	91	91
Other	1,174	1,174
Alloc. - Extended Care Consulting	1,046	1,046
	6,138	6,138

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

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			9,077	9,077		9,077	175,081	184,158			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			6,437	6,437		6,437	555,612	562,049			32
33	Real Estate Taxes			1,055,625	1,055,625		1,055,625	14,673	1,070,298			33
34	Rent-Facility & Grounds			680,589	680,589		680,589	(679,662)	927			34
35	Rent-Equipment & Vehicles			40,813	40,813		40,813	1,351	42,164			35
36	Other (specify):* See Supplement											36
37	**TOTAL Ownership**			1,792,541	1,792,541		1,792,541	67,055	1,859,596			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		159,055	493,922	652,977		652,977	(3,832)	649,145			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			452,893	452,893		452,893		452,893			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		159,055	946,815	1,105,870		1,105,870	(3,832)	1,102,038			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,543,678	707,142	4,465,445	8,716,265		8,716,265	(228,616)	8,487,649			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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	(42,247)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(953)	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				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(260,074)	21		24
25	Fund Raising, Advertising and Promotional	(16,360)	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	(102,879)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (422,513)		$	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)	193,897		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	$ 193,897		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (228,616)		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

ID# 0050708

Report Period Beginning: 01/01/12

Ending: 12/31/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Other Income	$ (3,240)	21	1
2	Bank Charges	(15,923)	21	2
3	Collection Expense	(408)	21	3
4	TAG Properties	(10,460)	34	4
5	Non-Allowable Legal Expense	(49,706)	19	5
6	Real Estate Tax Refund Adjustment	11,902	33	6
7				7
8				8
9				9
10	Countryside Healthcare Center, LLC			10
11	Professional Fees	(1,557)	19	11
12	Bank Charges	(154)	21	12
13	Amortization	(33,333)	31	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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**	(102,879)		49

STATE OF ILLINOIS

Summary A

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

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	316	0	0	(2,223)	0	0	0	0	0	(1,907)	1
2	Food Purchase	(953)	0	605	0	0	0	0	0	0	0	0	(348)	2
3	Housekeeping	0	0	604	0	0	0	0	0	0	0	0	604	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	874	0	0	0	0	0	0	0	0	874	5
6	Maintenance	0	0	3,460	8,087	0	0	0	0	0	0	0	11,547	6
7	Other (specify):*	0	0	0	1,486	0	0	0	0	0	0	0	1,486	7
8	**TOTAL General Services**	(953)	0	5,859	9,573	0	(2,223)	0	0	0	0	0	12,256	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	(30)	0	0	0	0	0	(30)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	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**	0	0	0	0	0	(30)	0	0	0	0	0	(30)	16
	C. General Administration													
17	Administrative	0	0	3,738	17,505	0	0	0	0	0	0	0	21,243	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(51,263)	1,557	(145,915)	0	0	0	0	0	0	0	0	(195,621)	19
20	Fees, Subscriptions & Promotions	(16,360)	0	4,583	0	0	0	0	0	0	0	0	(11,777)	20
21	Clerical & General Office Expenses	(279,799)	154	15,644	122,873	0	0	0	0	0	0	0	(141,128)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(6,887)	0	0	0	0	0	0	0	(6,887)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	281	0	0	0	0	0	0	0	0	281	24
25	Other Admin. Staff Transportation	0	0	1,046	0	0	0	0	0	0	0	0	1,046	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,235	0	0	0	0	0	0	0	0	1,235	26
27	Other (specify):*	0	0	0	27,543	0	0	0	0	0	0	0	27,543	27
28	**TOTAL General Administration**	(347,422)	1,711	(119,388)	161,034	0	0	0	0	0	0	0	(304,065)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(348,375)	1,711	(113,529)	170,607	0	(2,253)	0	0	0	0	0	(291,839)	29

STATE OF ILLINOIS

Summary B

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

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	166,295	8,786	0	0	0	0	0	0	0	0	175,081	30
31	Amortization of Pre-Op. & Org.	(33,333)	33,333	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(42,247)	592,396	5,463	0	0	0	0	0	0	0	0	555,612	32
33	Real Estate Taxes	11,902	0	2,771	0	0	0	0	0	0	0	0	14,673	33
34	Rent-Facility & Grounds	(10,460)	(669,202)	0	0	0	0	0	0	0	0	0	(679,662)	34
35	Rent-Equipment & Vehicles	0	0	1,351	0	0	0	0	0	0	0	0	1,351	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(74,138)	122,822	18,371	0	0	0	0	0	0	0	0	67,055	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	(2,936)	(827)	(69)	0	0	0	(3,832)	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	0	(2,936)	(827)	(69)	0	0	0	(3,832)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(422,513)	124,533	(95,158)	170,607	0	(5,189)	(827)	(69)	0	0	0	(228,616)	45

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

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. [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)	
1	V	34	Rent	$ 669,202	Countryside Healthcare Center, LLC	100.00%	$	$ (669,202)	1
2	V	19	Professional Fees		Countryside Healthcare Center, LLC	100.00%	1,557	1,557	2
3	V	21	Bank Service Fees		Countryside Healthcare Center, LLC	100.00%	154	154	3
4	V	30	Depreciation		Countryside Healthcare Center, LLC	100.00%	166,295	166,295	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%	592,396	592,396	6
7	V	33	Real Estate Taxes	1,058,220	Countryside Healthcare Center, LLC	100.00%	1,058,220		7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,727,422			$ 1,851,955	$ * 124,533	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2201 Main	Evanston, IL	Bldg. Company	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	Reliable 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				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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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%	$ 316	$ 316	15
16	V	02	Food		Extended Care Consulting, LLC	100.00%	605	605	16
17	V	03	Housekeeping		Extended Care Consulting, LLC	100.00%	604	604	17
18	V	05	Utilities		Extended Care Consulting, LLC	100.00%	874	874	18
19	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	3,460	3,460	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	3,738	3,738	20
21	V	19	Professional Fees	151,200	Extended Care Consulting, LLC	100.00%	5,285	(145,915)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	4,583	4,583	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	15,644	15,644	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	281	281	24
25	V	25	Other Staff Admin. Transport.		Extended Care Consulting, LLC	100.00%	1,046	1,046	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	1,235	1,235	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	8,786	8,786	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	5,463	5,463	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	2,771	2,771	29
30	V	35	Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	1,351	1,351	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			$ 151,200			$ 56,042	$ * (95,158)	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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%	$ 8,087	$ 8,087	15
16	V	06	Maintenance		Extended Care Consulting, LLC	100.00%			16
17	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%	1,486	1,486	17
18	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%			18
19	V	10	Nursing		Extended Care Consulting, LLC	100.00%			19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	17,505	17,505	20
21	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	122,873	122,873	21
22	V	21	Office and Clerical	15,475	Extended Care Consulting, LLC	100.00%	15,475		22
23	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	25,792	25,792	23
24	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	1,751	1,751	24
25	V	22	Employee Benefits	6,887	Extended Care Consulting, LLC	100.00%		(6,887)	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			$ 22,362			$ 192,969	$ * 170,607	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 94,260	CCS VEBA	100.00%	$ 94,260	$	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			$ 94,260			$ 94,260	$ *	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	1	Dietary	$ 7,940	Care Centers Health Systems, Inc.	100.00%	$ 5,717	$ (2,223)	15
16	V	10	Nursing	107	Care Centers Health Systems, Inc.	100.00%	77	(30)	16
17	V	39	Ancillary	10,488	Care Centers Health Systems, Inc.	100.00%	7,552	(2,936)	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			$ 18,535			$ 13,346	$ * (5,189)	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 474,309	Tricare Rehab	100.00%	$ 473,482	$ (827)	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			$ 474,309			$ 473,482	$ * (827)	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 7,700	Reliable Medical of the Midwest, LLC	100.00%	$ 7,631	$ (69)	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			$ 7,700			$ 7,631	$ * (69)	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Adam Vales	Relative	Clerical	0	See Attached	0.74	1.85%	Alloc. Sal	$ 1,350	22 - 7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,350		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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	1,364,178	31	$ 7,101	$	60,708	$ 316	1
2	02	Food	Patient Days	1,364,178	31	13,586		60,708	605	2
3	03	Housekeeping	Patient Days	1,364,178	31	13,573		60,708	604	3
4	05	Utilities	Patient Days	1,364,178	31	19,636		60,708	874	4
5	06	Maintenance	Patient Days	1,364,178	31	77,756		60,708	3,460	5
6	17	Administrative	Patient Days	1,364,178	31	84,000		60,708	3,738	6
7	19	Professional Fees	Patient Days	1,364,178	31	118,750		60,708	5,285	7
8	20	Dues and Subscriptions	Patient Days	1,364,178	31	102,984		60,708	4,583	8
9	21	Office and Clerical	Patient Days	1,364,178	31	351,528		60,708	15,644	9
10	24	Seminar and Travel	Patient Days	1,364,178	31	6,315		60,708	281	10
11	25	Other Staff Admin. Transpor.	Patient Days	1,364,178	31	23,506		60,708	1,046	11
12	26	Insurance	Patient Days	1,364,178	31	27,741		60,708	1,235	12
13	30	Depreciation	Patient Days	1,364,178	31	197,424		60,708	8,786	13
14	32	Interest	Patient Days	1,364,178	31	122,765		60,708	5,463	14
15	33	Real Estate Taxes	Patient Days	1,364,178	31	62,275		60,708	2,771	15
16	35	Rent - Equipment and Auto	Patient Days	1,364,178	31	30,363		60,708	1,351	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,259,303	$		$ 56,042	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	1,364,178	31	$ 181,713	$ 181,713	60,708	$ 8,087	1
2	06	Maintenance	Direct Allocation	1	1			1		2
3	07	Employee Benefits	Patient Days	1,364,178	31	33,386		60,708	1,486	3
4	07	Employee Benefits	Direct Allocation	1	1			1		4
5	17	Administrative	Patient Days	1,364,178	31	393,362	393,362	60,708	17,505	5
6	21	Office and Clerical	Patient Days	1,364,178	31	2,761,089	2,761,089	60,708	122,873	6
7	21	Office and Clerical	Direct Allocation	1	1	15,475	15,475	1	15,475	7
8	27	Employee Benefits	Patient Days	1,364,178	31	579,570		60,708	25,792	8
9	27	Employee Benefits	Direct Allocation	1	1	1,751		1	1,751	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					$ 3,966,346	$ 3,351,639		$ 192,969	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	$ 94,260	$	1	$ 94,260	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					$ 94,260	$		$ 94,260	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 Avenue #246
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: ((224) 612 - 5662
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	Dietary	Profit Margin %	167,706	21	$ 120,751	$	7,940	$ 5,717	1
2	10	Nursing	Profit Margin %	4,037	21	2,907		107	77	2
3	39	Ancillary	Profit Margin %	177,899	21	128,090		10,488	7,552	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					$ 251,748	$		$ 13,346	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	Ancillary	Profit Margin %	10,092,326	17	$ 10,074,726	$	474,309	$ 473,482	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					$ 10,074,726	$		$ 473,482	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	Profit Margin %	310,589	15	$ 307,825	$	7,700	$ 7,631	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					$ 307,825	$		$ 7,631	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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			$	$ 7,065,490			$ 592,396	1
2												2
3												3
4												4
5												5
	Working Capital											
6	HFG		X	Line of Credit							6,437	6
7												7
8	Alloc. - Extended Care	X		Line of Credit							5,463	8
9	TOTAL Facility Related						$	$ 7,065,490			$ 604,296	9
	B. Non-Facility Related*											
10												10
11												11
12	Interest Income		X								(42,247)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (42,247)	14
15	TOTALS (line 9+line14)						$	$ 7,065,490			$ 562,049	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	472,499	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.)	$	759,814	2
3. Under or (over) accrual (line 2 minus line 1).	$	287,315	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	$	794,885	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.)**	$	12,164	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 $ 35,968 For 07/09 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	(24,066)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	1,070,298	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007	521,160	8
	2008	569,541	9
	2009	439,138	10
	2010	449,999	11
	2011	757,033	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

2012 Real Estate Tax Accrual = $757,033 * 1.05 = $794,855

Extended Care Consulting, LLC (Allocation) - $2,771

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Countryside Nursing & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0050708

CONTACT PERSON REGARDING THIS REPORT Edward N. Slack

TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

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

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(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	$ 757,033.44	$ 757,033.44
2.	Allocation	Long Term Care Facility	$ 127,119.67	$ 2,201.86
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 884,153.11	$ 759,235.30

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.

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

Page 10 Supplemental Schedule

Vendor	Description		Amount
Appeal Costs			
Finkel, Martwick & Colson, P.C.	2004 Real Estate Taxes		3,690
Finkel, Martwick & Colson, P.C.	2007 Real Estate Taxes		3,153
Finkel, Martwick & Colson, P.C.	2009 Real Estate Taxes		2,322
First Real Estate Services, LLC	RE Appraisal		3,000
Total - Line 5 Total			12,164
Refunds			
Cook County	2004 Real Estate Tax Refund		14,759
Cook County	2007 Real Estate Tax Refund		12,611
Cook County	2009 Real Estate Tax Refund		8,599
Total			35,968
Refund Adjustment			
Appeal Costs			12,164
Real Estate Tax Refund		35,968	
Appeal Costs		12,164	
Remainder		23,804	
1/2 of Remainder			11,902
Total - Line 6 Total			24,066

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

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.			14,203	2
3	TOTALS	132,928		$ 406,953	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	Various			2008	74,086						25
26	Asphalt Repairs - Front and Rear Lots			2010	5,000	182	27.5	182		538	26
27	7 Air Condintioning Units			2010	3,569	685	5	685		2,541	27
28	Compressor			2011	2,760	552	5	552		644	28
29	Bathroom / Shower (Tile, Drywall, Piping)			2011	6,197	310	20	310		310	29
30	Kitchen Countertop			2011	3,200	160	20	160		160	30
31	Rehab Renovations (Tile Work)			2011	6,517	326	20	326		326	31
32	Sunroom Rehab (Tile, Drywall, Studs, Paint, Electrical Switch)			2011	2,983	149	20	149		149	32
33	D Wing - Base, Drywall, Tape, Paint, Tile and Adhesive			2012	6,779	170	20	170		170	33
34	SS Office - Base, Drywall, Tape, Paint, Locks			2012	1,622	41	20	41		41	34
35	Reception Area - Tile and Adhesive			2012	2,763	69	20	69		69	35
36	Hallways - Tile and Adhesive, Concrete			2012	13,924	348	20	348		348	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	B Wing - Tile and Adhesive, Base, Drywall, Handrail, Paint	2012	$ 21,761	$ 544	20	$ 544	$	$ 544	37
38	Smokehouse - Storage Unit, Electric, Door, Locks	2012	18,862	236	20	236		236	38
39	Dining Room - Electrical and Paint	2012	2,683	34	20	34		34	39
40	Kitchen - Paint	2012	2,219	28	20	28		28	40
41	Hot Water Tank	2012	3,290	603	5	603		603	41
42									42
43									43
44									44
45	Countryside Healthcare Center, LLC								45
46	Building	1977	5,408,525	158,989	5 - 27.5	158,989		3,400,030	46
47	Various	2001	256,048	7,306	27.5	7,306		112,147	47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 6,438,064	$ 170,732		$ 170,732	$	$ 3,518,918	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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		$ 6,438,064	$ 170,732		$ 170,732	$	$ 3,518,918	1
2									2
3	Related Party Allocations - See Supplemental Schedules								3
4									4
5	Allocations - Extended Care Consulting	2007	205	10	20	10		61	5
6	Allocations - Extended Care Consulting	2009	122	6	20	6		25	6
7	Allocations - Extended Care Consulting	2010	1,201	60	20	60		180	7
8	Allocations - Extended Care Consulting	2011	432	22	20	22		43	8
9	Allocations - Extended Care Consulting	2012	142	7	20	7		7	9
10									10
11	Allocations - Extended Care Consulting / 2201 Main LLC	2002	19,573	502	39	502		5,165	11
12	Allocations - Extended Care Consulting / 2201 Main LLC	2002	16,169	1,478	10	1,478		13,313	12
13	Allocations - Extended Care Consulting / 2201 Main LLC	2003	19,054	1,741	10	1,741		15,689	13
14	Allocations - Extended Care Consulting / 2201 Main LLC	2005	947	101	10	101		643	14
15	Allocations - Extended Care Consulting / 2201 Main LLC	2009	171	9	10	9		34	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)		$ 6,496,080	$ 174,668		$ 174,668	$	$ 3,554,078	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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 15,183	$ 2,992	$ 2,992	$	5 - 7	$ 7,086	71
72	Current Year Purchases	17,864	1,648	1,648		5	1,648	72
73	Fully Depreciated Assets							73
74	See Supplemental	577,828	3,471	3,471			572,600	74
75	TOTALS	$ 610,875	$ 8,111	$ 8,111	$		$ 581,334	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				$	$	$	$		$	76
77	Alloc. - Extended Care			6,897	1,379	1,379		5	6,897	77
78										78
79										79
80	TOTALS			$ 6,897	$ 1,379	$ 1,379	$		$ 6,897	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)	$ 7,520,805	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 184,158	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 184,158	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,142,309	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

Countryside Nursing & Rehab Center
Medicaid Cost Report
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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	4,601	460	1,760
Current	126,137		126,137
Total	130,738	460	127,897
Related Party 3 - Extended Care Consulting / 2201 Mail LLC			
Prior	5,420	542	5,357
Current			
Total	5,420	542	5,357
Related Party 4 - Extended Care Consulting - Matrix Software			
Prior	47,670	2,469	45,346
Current			
Total	47,670	2,469	45,346
Total	**577,828**	**3,471**	**572,600**

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. [X] YES [ ] NO

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

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

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.	/2013	$
13.	/2014	$
14.	/2015	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 36,401 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	$	$ 5,763	17
18					18
19					19
20					20
21	TOTAL		$	$ 5,763	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
Medicaid Cost Report
01/01/12 - 12/31/12

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Description	Amount
TAG Properties	Office Lease	10,460
Mobile Mini	Off-Site Storage Rental	927
Pg. 5 ADJ - TAG Properties		(10,460)
Total		927

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Description	Amount
Air Cleaning Specialists		106
Aqua Cooler		896
Care Consultants of Illinois		17
Family Pride, LLC		1,012
GE Capital	Copier	18,150
Hughes Enterprises		10,939
Mobile Mini		893
Pitney Bowes	Postage Machine	2,998
US Gas		39
Alloc. - Extended Care Consulting		1,351
Total		36,401

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

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

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	$		$ 245,558	$		$ 245,558	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			10,220			10,220	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			218,531			218,531	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				130,972		130,972	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					28,083		28,083	12
13	Other (specify): See Supplemental	39 - 03				19,613			19,613	13
14	TOTAL			$		$ 493,922	$ 159,055		$ 652,977	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
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Page 16 Supplemental Schedule

Description	Supplies	Other
Ambulance		528
Food Pump	10,499	
Hospital Tests		174
Laboratory		6,231
Low Pressure Mattresses	1,900	
Medical Supplies	401	
Other Services	219	5,287
Oxygen	8,674	
Radiology		7,393
Therapy and Rehab Supplies	6,390	
Wheelchairs and Walkers		
Total	28,083	19,613

STATE OF ILLINOIS

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

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/12 (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	$ 2,808	$ 8,967	1
2	Cash-Patient Deposits	53,502	53,502	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 511,803)	2,244,454	2,244,454	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	80,763	80,763	6
7	Other Prepaid Expenses	128,442	128,442	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental	1,438,315	4,291,694	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,948,284	$ 6,807,822	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	100,559	356,607	15
16	Equipment, at Historical Cost	36,617	430,617	16
17	Accumulated Depreciation (book methods)	(15,475)	(3,921,652)	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	23,152	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 122,159	$ 2,689,999	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,070,443	$ 9,497,821	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,837,206	$ 1,837,206	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,140	48,140	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	213,616	213,616	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,721	6,721	31
32	Accrued Real Estate Taxes(Sch.IX-B)		794,885	32
33	Accrued Interest Payable		45,650	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental			36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,105,683	$ 2,946,218	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,065,490	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 7,065,490	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,105,683	$ 10,011,708	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,964,760	$ (513,887)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,070,443	$ 9,497,821	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Countryside Nursing & Rehab Center
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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Due from Related Parties	1,438,315	4,153,689
Real Estate Escrow		138,005
Total	1,438,315	4,291,694
Line 23 - Other Long Term Assets		
State Replacement Tax Benefit	458	458
Intangible Assets (Net of Amortization)		22,694
Total	458	23,152
Line 36 - Other Current Liabilities		
Total	-	-
Line 43 - Other Long Term Liabilities		
Total	-	-

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

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,037,904	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,037,904	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	926,856	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	(3,000,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (2,073,144)	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)**	$ 1,964,760	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,431,552	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,431,552	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	136,034	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 136,034	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	42,247	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 42,247	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	33,288	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 33,288	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,643,121	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,365,135	31
32	Health Care	2,565,121	32
33	General Administration	1,887,598	33
	B. Capital Expense		
34	Ownership	1,792,541	34
	C. Ancillary Expense		
35	Special Cost Centers	652,977	35
36	Provider Participation Fee	452,893	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,716,265	40
41	**Income before Income Taxes (line 30 minus line 40)****	926,856	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 926,856	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,559,135	44
45	Private Pay - Net Inpatient Revenue	20,250	45
46	Medicare - Net Inpatient Revenue	1,841,274	46
47	Other-(specify) Hospice - Net Patient Service Revenue	10,893	47
48	Other-(specify) Insurance - Net Patient Service Revenue		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,431,552	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Countryside Nursing & Rehab Center
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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
PP Income and Expense Adjustments	30,048	
Other Income	3,240	3,240
Total	33,288	3,240

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

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	1,132	1,426	$ 61,348	$ 43.02	1
2	Assistant Director of Nursing	1,961	1,986	72,017	36.27	2
3	Registered Nurses	16,001	17,201	503,636	29.28	3
4	Licensed Practical Nurses	23,386	25,166	596,547	23.70	4
5	CNAs & Orderlies	55,554	60,547	622,281	10.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,240	5,975	100,695	16.85	8
9	Activity Director	1,908	2,035	29,987	14.73	9
10	Activity Assistants	7,854	9,154	91,311	9.97	10
11	Social Service Workers	16,363	17,629	320,628	18.19	11
12	Dietician					12
13	Food Service Supervisor	2,140	2,353	44,536	18.93	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,090	5,536	64,912	11.73	15
16	Dishwashers	11,353	12,470	119,210	9.56	16
17	Maintenance Workers	8,765	9,355	164,869	17.62	17
18	Housekeepers	19,763	21,596	208,266	9.64	18
19	Laundry	4,703	5,461	53,950	9.88	19
20	Administrator	1,862	2,041	106,124	52.00	20
21	Assistant Administrator	1,615	1,798	52,186	29.03	21
22	Other Administrative	713	713	51,407	72.10	22
23	Office Manager					23
24	Clerical	9,041	9,672	215,346	22.26	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	1,913	2,039	21,551	10.57	31
32	Other Health Care(specify)					32
33	Other(specify) Security	4,029	4,364	42,871	9.82	33
34	TOTAL (lines 1 - 33)	200,385	218,516	$ 3,543,678 *	$ 16.22	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		$ 11,611	01 - 03	35
36	Medical Director		12,000	09 - 03	36
37	Medical Records Consultant		4,271	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		12,239	10 - 03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant		750	10 - 03	42
43	Speech Therapy Consultant				43
44	Activity Consultant		1,096	11 - 03	44
45	Social Service Consultant		1,121	12 - 03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 43,088		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

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Callie M. Graham	Administrator	0	$ 106,124
Elimelech S. Ray	Asst. Admin.	0	52,186
Sherwin Ray	Administration	0	51,407
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 209,717

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	$ 151,200
Krupnick, Bokor & Kagda	Accounting	3,600
Plante & Moran, PLLC	Accounting	20,900
Ashman & Stein	Legal	4,305
Chuhak & Tecson, P.C.	Legal	2,768
Extended Care Consulting	Legal	785
Finkel, Martwick & Colson	Legal	9,164
Howard Hull, LLP	Legal	1,628
McVey & Parsky, LLC	Legal	8,416
Meyer Magence	Legal	789
Nathaniel Gordon	Legal	12,326
See Supplemental Schedule		178,898
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 394,779

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 92,247
Unemployment Compensation Insurance	73,817
FICA Taxes	265,898
Employee Health Insurance	94,568
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	1,181
Other Employee Welfare	5,204
Holiday Expense	1,300
TOTAL (agree to Schedule V, line 22, col.8)	$ 534,215

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	$
Advertising: Employee Recruitment	476
Health Care Worker Background Check	4,030
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	90
Licenses and Fees	1,604
Advertising and Promotion	16,360
Alloc. - Extended Care Consulting	4,583
Less: Public Relations Expense	( )
Non-allowable advertising	(16,360)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 10,783

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,850
Alloc. - Extended Care Consulting	281
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,131

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

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Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
Neal, Gerber & Eisenberg	Legal	54,516
O'Hagan Spencer, LLC	Legal	15,000
O'Malley & Madden, P.C.	Legal	15,348
Williams, Montgomery & John, Ltd.	Legal	1,672
Law Offices of Michael Z	Legal	(700)
Other	Legal	32
Personnel Planners	Unemployment Consultant	2,120
Blymas, Inc.	Other Professional	1,272
Extended Care Consulting	Other Professional	2,872
Prospect Resources, Inc.	Other Professional	750
HFG	Other Professional	15,251
Care Consultants of Illinois	Computer Maintenance	14,386
Comcast Cable	Computer Maintenance	961
National Datacare Corporation	Computer Maintenance	271
American Data	Data Processing	4,548
Paycor Services	Data Processing	12,335
Care Consultants of Illinois	Data Processing	67
E-Health Data Solutions	Data Processing	8,373
Extended Care Consulting	Data Processing	5,838
Medifax - Edi, LLC	Data Processing	551
National Datacare Corporation	Data Processing	3,070
Nebo Systems, Inc.	Data Processing	57
Pro Payroll Solutions	Data Processing	5,151
MDI Achieve	Data Processing	14,551
Other	Data Processing	607
Total		178,898

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Page 21 Supplemental Schedule - Legal Details

Vendor	Invoice Date	Amount	Allowable
Ashman & Stein	04/23/12	163	
Ashman & Stein	04/23/12	3,135	
Ashman & Stein	04/23/12	184	
Ashman & Stein	06/12/12	574	
Ashman & Stein	09/24/12	22	
Ashman & Stein	11/20/12	228	
Chuhak & Tecson, P.C.	01/31/12	21	
Chuhak & Tecson, P.C.	01/31/12	180	
Chuhak & Tecson, P.C.	01/31/12	21	
Chuhak & Tecson, P.C.	01/31/12	148	
Chuhak & Tecson, P.C.	04/30/12	1,371	
Chuhak & Tecson, P.C.	05/31/12	76	
Chuhak & Tecson, P.C.	04/30/12	483	
Chuhak & Tecson, P.C.	05/31/12	99	
Chuhak & Tecson, P.C.	08/14/12	259	
Chuhak & Tecson, P.C.	09/24/12	63	
Chuhak & Tecson, P.C.	09/24/12	5	
Chuhak & Tecson, P.C.	09/30/12	42	
Williams, Montgomery & John, Ltd.	09/27/12	256	
Williams, Montgomery & John, Ltd.	11/27/12	19	
Williams, Montgomery & John, Ltd.	12/19/12	469	
Williams, Montgomery & John, Ltd.	04/30/12	42	
Finkel, Martwick & Colson, P.C.	07/19/12	3,690	
Finkel, Martwick & Colson, P.C.	11/30/12	2,322	
Finkel, Martwick & Colson, P.C.	11/30/12	3,153	
Hoover Hull, LLP	11/28/12	1,628	1,628
McVey & Parsky, LLC	03/31/12	74	74
McVey & Parsky, LLC	03/31/12	357	357
McVey & Parsky, LLC	03/31/12	2,915	2,915
McVey & Parsky, LLC	04/30/12	820	820
McVey & Parsky, LLC	05/25/12	248	248
McVey & Parsky, LLC	06/30/12	1,474	1,474
McVey & Parsky, LLC	07/31/12	973	973
McVey & Parsky, LLC	08/27/02	320	320
McVey & Parsky, LLC	09/30/12	48	48
McVey & Parsky, LLC	11/21/12	347	347
McVey & Parsky, LLC	11/30/12	842	842
Meyer Magence	01/31/12	789	789
Nathaniel Gordon	09/25/12	4,652	
Nathaniel Gordon	10/10/12	7,674	
Neal, Gerber & Eisenberg	04/05/12	725	725
Neal, Gerber & Eisenberg	04/30/12	6,874	6,874
Neal, Gerber & Eisenberg	06/30/12	3,338	
Neal, Gerber & Eisenberg	06/27/12	6,382	6,382
Neal, Gerber & Eisenberg	05/30/12	10,588	10,588
Neal, Gerber & Eisenberg	07/19/12	6,496	6,496
Neal, Gerber & Eisenberg	07/16/12	7,393	7,393
Neal, Gerber & Eisenberg	08/27/12	6,706	6,706
Neal, Gerber & Eisenberg	09/24/12	5,391	5,391
Neal, Gerber & Eisenberg	10/31/12	624	624
O'Hagan Spencer, LLC	08/31/12	853	853
O'Hagan Spencer, LLC	08/31/12	3,726	3,726
O'Hagan Spencer, LLC	09/30/12	1,467	1,467
O'Hagan Spencer, LLC	08/17/12	8,954	8,954
O'Malley & Madden, P.C.	09/25/12	15,348	
Williams, Montgomery & John, Ltd.	01/31/12	1,367	
Williams, Montgomery & John, Ltd.	01/31/12	291	
Williams, Montgomery & John, Ltd.	02/21/12	14	
		32	32
		126,748	77,042
Page 5 Adjustments			49,706

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Page 21 Supplemental Schedule - Seminar

Vendor	Invoice Date	Amount	Allowable
Care Consultants of Illinois	04/30/12	199	199
Illinois Council on Long Term Care	05/07/12	495	495
Illinois Council on Long Term Care	07/11/12	330	330
Illinois Council on Long Term Care	07/25/12	660	660
Care Consultants of Illinois	09/24/12	125	125
Illinois Council on Long Term Care	11/08/12	165	165
Illinois Council on Long Term Care	11/27/12	495	495
Care Consultants of Illinois	11/29/12	131	131
Illinois Council on Long Term Care	12/24/12	250	250
Alloc. - Extended Care Consulting		281	281
		3,131	3,131
Page 5 Adjustments			-

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

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 # 0050708 Report Period Beginning: 01/01/12 Ending: 12/31/12

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **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 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ _____ Line **Ln 10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? _____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **452,893**
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? **N/A**
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? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees