FOR BHF USE

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: 0054981

Facility Name: Radford Green

Address: 960 Audubon Way (Number) Lincolnshire (City) 60069 (Zip Code)

County: Lake

Telephone Number: (847) 876 - 2401 **Fax #** (847) 876 - 2402

HFS ID Number:

Date of Initial License for Current Owners: 12/02/18

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: Jeremy M. Brune, CPA **Telephone Number:** (779) 875 - 3979
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 01/01/20 to 12/31/20 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) Jeremy M. Brune, CPA, Chief Executive Officer
(Firm Name & Address) Jeremy Brune & Associates, LLC, 2508 Riverwalk Drive Plainfield, Illinois 60586
(Telephone) (779) 875 - 3979 Fax # (866) 216 - 5355

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' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	84	Skilled (SNF)	84	30,660	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	84	TOTALS	84	30,660	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	924	9,890	9,650	20,464	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	924	9,890	9,650	20,464	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.74%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Assisted Living, Independent Living, Clinic, & Home Health

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 [X] NO [ ]

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

I. On what date did you start providing long term care at this location?
Date started 11/18/10

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/18/10 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 84 and days of care provided 8,379

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	1,820,630	367,571	30,785	2,218,985		2,218,985	(1,859,146)	359,839			1
2	Food Purchase		1,453,317		1,453,317	(32,786)	1,420,531	(1,193,096)	227,435			2
3	Housekeeping	773,169	115,100	26,637	914,906		914,906	(586,106)	328,800			3
4	Laundry	77,472	65,516		142,988		142,988	(91,601)	51,387			4
5	Heat and Other Utilities			1,155,479	1,155,479		1,155,479	(1,079,562)	75,917			5
6	Maintenance	861,102	121,130	862,520	1,844,752		1,844,752	(1,662,277)	182,475			6
7	Other (specify):* See Supplemental	423,609	2,489		426,098		426,098	(383,219)	42,879			7
8	**TOTAL General Services**	3,955,983	2,125,122	2,075,421	8,156,525	(32,786)	8,123,739	(6,855,007)	1,268,732			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	4,729,700	620,946	41,819	5,392,465		5,392,465		5,392,465			10
10a	Therapy											10a
11	Activities	262,910	37,084	858	300,852		300,852	(35,516)	265,335			11
12	Social Services	342,942	12,666	132,933	488,541		488,541	(110,972)	377,569			12
13	CNA Training											13
14	Program Transportation	121,564		18,175	139,739		139,739	(125,677)	14,062			14
15	Other (specify):* See Supplemental											15
16	**TOTAL Health Care and Programs**	5,457,115	670,696	217,784	6,345,596		6,345,596	(272,165)	6,073,431			16
	C. General Administration											
17	Administrative			2,038,872	2,038,872		2,038,872	(1,477,679)	561,193			17
18	Directors Fees											18
19	Professional Services			307,080	307,080		307,080	(144,212)	162,868			19
20	Dues, Fees, Subscriptions & Promotions			156,034	156,034		156,034	(100,778)	55,257			20
21	Clerical & General Office Expenses	850,261	38,745	1,011,099	1,900,106		1,900,106	(1,491,043)	409,063			21
22	Employee Benefits & Payroll Taxes			3,231,687	3,231,687	32,786	3,264,473		3,264,473			22
23	Inservice Training & Education			26,573	26,573		26,573	(23,899)	2,674			23
24	Travel and Seminar			7,034	7,034		7,034	(4,540)	2,494			24
25	Other Admin. Staff Transportation			7,945	7,945		7,945	(5,128)	2,817			25
26	Insurance-Prop.Liab.Malpractice			480,740	480,740		480,740	(310,298)	170,442			26
27	Other (specify):* See Supplemental											27
28	**TOTAL General Administration**	850,261	38,745	7,267,065	8,156,072	32,786	8,188,858	(3,557,576)	4,631,281			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	10,263,359	2,834,564	9,560,270	22,658,193		22,658,193	(10,684,748)	11,973,445			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Security	423,609	2,489		426,098
				-
				-
				-
				-
				-
				-
Sub-Total	423,609	2,489	-	426,098
Line 15 - Other Health Care Services				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-
Line 27 - Other General Administration				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 3 Supplemental Schedule - Reclassification Detail

Description	Census Days	Employees	Factor	Meals Served	% of Food Cost	Allowable Food	Resident Portion	Employee Portion
Resident Meals								
Resident Census - NH	20,464		3.00	61,392	15.73%	1,453,317	228,623	
Resident Census - AL	10,265		1.75	17,964	4.60%	1,453,317	66,897	
Resident Census - IL	172,628		1.75	302,099	77.41%	1,453,317	1,125,011	
Employee Meals								
Employees				8,804	2.26%	1,453,317		32,786
Total				390,259	100.00%		1,420,531	32,786

Facility Name & ID Number Radford Green #0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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			6,101,671	6,101,671		6,101,671	(5,700,779)	400,892			30
31	Amortization of Pre-Op. & Org.			786,209	786,209		786,209	(786,209)				31
32	Interest			3,913,191	3,913,191		3,913,191	(3,738,010)	175,181			32
33	Real Estate Taxes			857,222	857,222		857,222	(800,901)	56,321			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			187,855	187,855		187,855	(168,951)	18,904			35
36	Other (specify):* See Supplemental											36
37	**TOTAL Ownership**			11,846,148	11,846,148		11,846,148	(11,194,850)	651,298			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		321,569	1,645,143	1,966,712		1,966,712		1,966,712			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	27,929	114,996		142,925		142,925		142,925			41
42	Provider Participation Fee			105,206	105,206		105,206		105,206			42
43	Other (specify):* See Supplemental	2,675,081	113,550	736,042	3,524,673		3,524,673		3,524,673			43
44	**TOTAL Special Cost Centers**	2,703,010	550,115	2,486,391	5,739,515		5,739,515		5,739,515			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	12,966,369	3,384,678	23,892,809	40,243,856		40,243,856	(21,879,598)	18,364,258			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-
Line 43 - Other Special Cost Centers				
Assisted Living	947,675	10,056	11,344	969,075
Clinic	153,476	52,095	161,665	367,236
Community Home Health	1,073,215	13,876	19,700	1,106,791
Marketing	500,715	37,522	543,333	1,081,570
				-
				-
				-
Sub-Total	2,675,081	113,550	736,042	3,524,673

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	(7,379)	02		4
5	Telephone, TV & Radio in Resident Rooms	(161,344)	21		5
6	Rented Facility Space	(6,881)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(844)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(7,684)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(180)	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	(512,288)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (696,600)		$	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)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (696,600)		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' PREPARATION REPORT

Radford Green

ID# 0054981

Report Period Beginning: 01/01/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Miscellaneous Income	$ (120)	21	1
2	Bank Charges	(52,675)	21	2
3	Board Charges	(12,213)	21	3
4	Amortization	(786,209)	31	4
5	Interest Rate SWAP	(1,246,056)	32	5
6				6
7				7
8	Non-Allowable Costs (Non-Care Allocations)			8
9				9
10	Dietary	(1,859,146)	01	10
11	Food	(1,185,717)	02	11
12	Housekeeping	(586,106)	03	12
13	Laundry	(91,601)	04	13
14	Utilities	(1,079,562)	05	14
15	Maintenance	(1,655,396)	06	15
16	Security	(383,219)	07	16
17	Activities	(35,516)	11	17
18	Social Services	(110,972)	12	18
19	Transportation	(125,677)	14	19
20	Administration	(1,021,679)	17	20
21	Professional Fees	(144,212)	19	21
22	Dues and Subscriptions	(100,598)	20	22
23	Office and Clerical	(744,719)	21	23
24	Inservice Training	(23,899)	23	24
25	Seminar and Travel	(4,540)	24	25
26	Other Staff Administration Travel	(5,128)	25	26
27	Insurance	(310,298)	26	27
28	Depreciation	(5,700,779)	30	28
29	Interest	(2,491,110)	32	29
30	Real Estate Taxes	(800,901)	33	30
31	Equipment Rental	(168,951)	35	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**	(20,726,998)		49

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 5 - Non-Care Supplemental Allocation Schedule

Desciption	Cost Center	Salary	Total Allow. Exp.	Direct Nursing Home Salary	Direct Nursing Home Other	Other Salary	Other Other	Expenses for Allocation Salary	Expenses for Allocation Other	Alloc. Method	Statistics Nursing Home	Statistics Other	Salaries Nursing Home	Salaries Other	Other Nursing Home	Other Other
Dietary	1	1,820,630	2,218,985		3,232			1,820,630	395,123	Meals Served	61,392	320,063	293,015	1,527,614	66,824	331,532
Food	2	-	1,413,152					-	1,413,152	Meals Served	61,392	320,063	-	-	227,435	1,185,717
Housekeeping	3	773,169	914,906					773,169	141,737	Units / Sched	14,617	26,056	277,862	495,307	50,938	90,799
Laundry	4	77,472	142,988					77,472	65,516	Units / Sched	14,617	26,056	27,842	49,630	23,545	41,971
Heat and Other Utilities	5	-	1,155,479					-	1,155,479	SQFT	7,056	100,338	-	-	75,917	1,079,562
Maintenance	6	861,102	1,837,871		66,064			861,102	910,705	SQFT	7,056	100,338	56,576	804,526	125,899	850,870
Other	7	423,609	426,098					423,609	2,489	Pat. Days	20,464	182,893	42,628	380,981	250	2,238
Medical Director	9	-	24,000					-	24,000	Dir. Staffing	1		-	-	24,000	-
Nursing and Medical Records	10	4,729,700	5,392,465	4,729,700	662,765			-	(0)	Dir. Staffing	1		4,729,700	-	662,765	-
Therapy	10a	-	-					-	-	Pat. Days	20,464	182,893	-	-	-	-
Activities	11	262,910	300,852	172,112	22,419			90,798	15,523	Pat. Days (2)	20,464	10,265	232,579	30,331	32,756	5,185
Social Services	12	342,942	488,541	140,603	15,735			202,339	129,864	Pat. Days (2)	20,464	10,265	275,351	67,591	102,218	43,381
CNA Training	13	-	-					-	-	Dir. Staffing	1	1	-	-	-	-
Transportation	14	121,564	139,739					121,564	18,175	Pat. Days	20,464	182,893	12,233	109,331	1,829	16,346
Other	15	-	-					-	-	Pat. Days	1	1	-	-	-	-
Administrative	17	-	1,582,872					-	1,582,872	Net. Pat. Rev.	11,002,300	20,030,207	-	-	561,193	1,021,679
Directors Fees	18	-	-					-	-	N/A	1	1	-	-	-	-
Professional Fees	19	-	307,080		83,655			-	223,425	Net. Pat. Rev.	11,002,300	20,030,207	-	-	162,868	144,212
Dues and Subscriptions	20	-	155,854					-	155,854	Net. Pat. Rev.	11,002,300	20,030,207	-	-	55,257	100,598
Office and Clerical	21	850,261	1,153,782					850,261	303,521	Net. Pat. Rev.	11,002,300	20,030,207	301,453	548,809	107,611	195,910
Employee Benefits	22	-	3,264,473					-	3,264,473	Alloc. Salary	6,249,239	6,717,130	-	-	1,573,337	1,691,136
Inservice Training and Expense	23	-	26,573					-	26,573	Pat. Days	20,464	182,893	-	-	2,674	23,899
Travel and Seminar	24	-	7,034					-	7,034	Net. Pat. Rev.	11,002,300	20,030,207	-	-	2,494	4,540
Other Staff Transportation	25	-	7,945					-	7,945	Net. Pat. Rev.	11,002,300	20,030,207	-	-	2,817	5,128
Insurance	26	-	480,740					-	480,740	Net. Pat. Rev.	11,002,300	20,030,207	-	-	170,442	310,298
Other	27	-	-					-	-	N/A	1	1	-	-	-	-
Depreciation	30	-	6,101,671					-	6,101,671	SQFT	7,056	100,338	-	-	400,892	5,700,779
Amortization	31	-	-					-	-	SQFT	7,056	100,338	-	-	-	-
Interest	32	-	2,666,291					-	2,666,291	SQFT	7,056	100,338	-	-	175,181	2,491,110
Real Estate Taxes	33	-	857,222					-	857,222	SQFT	7,056	100,338	-	-	56,321	800,901
Rent - Facilities and Grounds	34	-	-					-	-	SQFT	1	1	-	-	-	-
Rent - Equipment and Vehicles	35	-	187,855					-	187,855	Pat. Days	20,464	182,893	-	-	18,904	168,951
Other	36	-	-					-	-	N/A	1	1	-	-	-	-
Medically Necessary Transportation	38	-	-					-	-	N/A	1	1	-	-	-	-
Ancillary Service Centers	39	-	1,966,712		1,966,712			-	0	Direct	1		-	-	1,966,712	-
Barber and Beauty Shop	40	-	-					-	-	Direct	1	1	-	-	-	-
Coffee and Gift Shops	41	27,929	142,925			27,929	114,996	-	-	Direct		1	-	27,929	-	114,996
Provider Participation Fee	42	-	105,206		105,206			-	-	Direct	1		-	-	105,206	-
Other	43	2,675,081	3,524,673			2,675,081	849,592	-	-	Direct		1	-	2,675,081	-	849,592
		12,966,369	36,993,984	5,042,415	2,925,788	2,703,010	964,587	5,220,944	20,137,239				6,249,239	6,717,130	6,756,286	17,271,328

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	(1,859,146)	0	0	0	0	0	0	0	0	0	0	(1,859,146)	1
2	Food Purchase	(1,193,096)	0	0	0	0	0	0	0	0	0	0	(1,193,096)	2
3	Housekeeping	(586,106)	0	0	0	0	0	0	0	0	0	0	(586,106)	3
4	Laundry	(91,601)	0	0	0	0	0	0	0	0	0	0	(91,601)	4
5	Heat and Other Utilities	(1,079,562)	0	0	0	0	0	0	0	0	0	0	(1,079,562)	5
6	Maintenance	(1,662,277)	0	0	0	0	0	0	0	0	0	0	(1,662,277)	6
7	Other (specify):*	(383,219)	0	0	0	0	0	0	0	0	0	0	(383,219)	7
8	**TOTAL General Services**	(6,855,007)	0	0	0	0	0	0	0	0	0	0	(6,855,007)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(35,516)	0	0	0	0	0	0	0	0	0	0	(35,516)	11
12	Social Services	(110,972)	0	0	0	0	0	0	0	0	0	0	(110,972)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(125,677)	0	0	0	0	0	0	0	0	0	0	(125,677)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(272,165)	0	0	0	0	0	0	0	0	0	0	(272,165)	16
	C. General Administration													
17	Administrative	(1,021,679)	(456,000)	0	0	0	0	0	0	0	0	0	(1,477,679)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(144,212)	0	0	0	0	0	0	0	0	0	0	(144,212)	19
20	Fees, Subscriptions & Promotions	(100,778)	0	0	0	0	0	0	0	0	0	0	(100,778)	20
21	Clerical & General Office Expenses	(1,491,043)	0	0	0	0	0	0	0	0	0	0	(1,491,043)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(23,899)	0	0	0	0	0	0	0	0	0	0	(23,899)	23
24	Travel and Seminar	(4,540)	0	0	0	0	0	0	0	0	0	0	(4,540)	24
25	Other Admin. Staff Transportation	(5,128)	0	0	0	0	0	0	0	0	0	0	(5,128)	25
26	Insurance-Prop.Liab.Malpractice	(310,298)	0	0	0	0	0	0	0	0	0	0	(310,298)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(3,101,576)	(456,000)	0	0	0	0	0	0	0	0	0	(3,557,576)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(10,228,748)	(456,000)	0	0	0	0	0	0	0	0	0	(10,684,748)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	(5,700,779)	0	0	0	0	0	0	0	0	0	0	(5,700,779)	30
31	Amortization of Pre-Op. & Org.	(786,209)	0	0	0	0	0	0	0	0	0	0	(786,209)	31
32	Interest	(3,738,010)	0	0	0	0	0	0	0	0	0	0	(3,738,010)	32
33	Real Estate Taxes	(800,901)	0	0	0	0	0	0	0	0	0	0	(800,901)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(168,951)	0	0	0	0	0	0	0	0	0	0	(168,951)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(11,194,850)	0	0	0	0	0	0	0	0	0	0	(11,194,850)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(21,423,598)	(456,000)	0	0	0	0	0	0	0	0	0	(21,879,598)	45

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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
Senior Village VII				Senior Care		
Holding Company, LLC	89.33%	Monarch Landing	Naperville, Illinois	Arcapita, LLC	Harrison, NY	Development Co.
Chicago CCRC Partners II, LLC	10.67%					

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 [X] 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	17	Management Fees	$ 456,000	Senior Care Arcapita, LLC	100.00%	$	$ (456,000)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 456,000			$	$ * (456,000)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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									$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Harris BMO		X	Note Payable		08/03/18	$ 51,000,000	$ 51,000,000	09/01/23	L + 2.5%	$ 2,863,191	1
2	Village of Lincolnshire											2
3	Special Area Tax Obligation		X	Bond Payable							1,050,000	3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 51,000,000	$ 51,000,000			$ 3,913,191	9
	B. Non-Facility Related*											
10	Interest Income										(844)	10
11	Non-Allowable (Rate Swap)										(1,246,056)	11
12	Non-Allowable (Non-Care)										(2,491,110)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (3,738,010)	14
15	TOTALS (line 9+line14)						$ 51,000,000	$ 51,000,000			$ 175,181	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* 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' PREPARATION REPORT

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

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	82,185	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.)	$	68,367	2
3. Under or (over) accrual (line 2 minus line 1).	$	(13,818)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	70,139	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	56,321	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	913,311	8
	2016	869,299	9
	2017	960,968	10
	2018	994,719	11
	2019	1,040,562	12

The balances for Questions 1 - 7 above represent the portion allocated to the nursing home based on square footage of 7,056 square feet to the total complex square footage of 107,394.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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' PREPARATION REPORT

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Radford Green COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0054981

CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune, CPA

TELEPHONE (779) 875 - 3979 FAX #: (866) 215 - 5355

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15 - 23 - 302 - 049	Complex - NG, IL, and AL	$ 1,021,255.92	$ 67,098.55
2.	15 - 22 - 406 - 059	Complex - NG, IL, and AL	$ 19,306.34	$ 1,268.47
3.			$	$
4.		Non - Care Allocation	$	$
5.		Based on Square Footage	$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,040,562.26	$ 68,367.02

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

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

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

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (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).

Independent Living (467 Units)
Assisted Living (44 Units)
Clinic
Home Health

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		2010	$ 12,322,176	1
2	Non-Care ADJ			(11,274,266)	2
3	TOTALS			$ 1,047,910	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	84		2010	2010	$ 154,168,197	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2010	2,798,696						9
10	Various			2011	158,024						10
11	Various			2012	1,181,733						11
12	Various			2013	683,659						12
13	Various			2014	1,152,210						13
14	Various			2015	570,517						14
15	Various			2016	1,023,088						15
16	Awnings Replacement			2017	58,120						16
17	Compressor Replacement			2017	74,485						17
18	Concrete Loading Dock			2017	19,984						18
19	Fire Pump			2017	76,770						19
20	Heat Pumps			2017	8,200						20
21	HVAC Units			2017	57,920						21
22	Outdoor Lighting			2017	38,225						22
23	Pergola Cover			2017	4,500						23
24	Roof			2017	22,142						24
25	Swimming Pool Resurface			2017	28,945						25
26	Resident Rooms, Massage Parlor, Library										26
27	Carpentry, Electrical, Plumbing, Drywall, Cabinets, Tile,										27
28	Carpet, Doors, Windows, Blinds, Smoke Detectors, Showers,										28
29	Core Switches, Architecture,			2017	1,727,748						29
30	Resident Rooms -										30
31	Carpentry, Electrical, Plumbing, Drywall, Cabinets, Tile, Doors, Blinds			2018	1,136,678						31
32	Patio Canopy			2018	6,720						32
33	Signage			2018	3,101						33
34	Air Conditioner and Compressor			2018	18,283						34
35	Heat Pumps			2018	16,299						35
36	Doors - Loading and Music Room			2018	6,634						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' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Valve	2018	$ 13,710	$		$	$	$	37
38	Front Gates	2018	23,790						38
39	Boilers	2018	109,376						39
40	Wall Dividers	2018	3,570						40
41	Resident Rooms -								41
42	Carpentry, Electrical, Plumbing, Drywall, Cabinets, Tile, Doors, Blinds	2019	1,300,153						42
43	Boilers	2019	65,528						43
44	Patio Canopy	2019	15,905						44
45	Cooling Towers	2019	5,232						45
46	Dock Levers	2019	2,683						46
47	Front Entrance	2019	6,676						47
48	Alarm System	2019	5,133						48
49	Pond Fountains	2019	10,528						49
50	HVAC	2019	69,223						50
51	Irrigation System	2019	6,500						51
52	Lights	2019	68,912						52
53	Smoke Detectors	2019	8,139						53
54	Resident Rooms -								54
55	Carpentry, Electrical, Plumbing, Drywall, Cabinets, Tile, Doors, Blinds	2020	892,528						55
56	Awning	2020	15,540						56
57	Lawn Irrigation	2020	8,366						57
58	Alarm System	2020	5,319						58
59	Interior Double Swing Doors	2020	3,354						59
60	Compressor	2020	4,596						60
61	Generator	2020	25,626						61
62									62
63	*** A Sub-Schedule is provided that includes specific details								63
64	of room locations within the facility where the leasehold								64
65	improvements were made and in certain instances shows								65
66	the allocation between the nursing home and other non								66
67	care operations. The breakdown of current year assets is								67
68	only provided with this report. Please review prior year								68
69	cost reports for prior year costs allocations.								69
70	TOTAL (lines 4 thru 69)		$ 167,711,263	$		$	$	$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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		$ 167,711,263	$		$	$	$	1
2									2
3	Dispositions								3
4	Various	2010	(1,019)						4
5	Various	2011	(9,785)						5
6	Various	2012	(11,835)						6
7									7
8	Assisted Living, Independent Living and Clinic								8
9	Allocations Based on Square Footage (Non-Care ADJ)								9
10									10
11	Building	2010	(144,039,039)						11
12	Leasehold Improvements	2010	(2,613,864)						12
13	Leasehold Improvements	2011	(142,133)						13
14	Leasehold Improvements	2012	(993,578)						14
15	Leasehold Improvements	2013	(496,595)						15
16	Leasehold Improvements	2014	(1,128,866)						16
17	Leasehold Improvements	2015	(529,791)						17
18	Leasehold Improvements	2016	(986,191)						18
19	Leasehold Improvements	2017	(1,901,953)						19
20	Leasehold Improvements	2018	(1,207,703)						20
21	Leasehold Improvements	2019	(1,444,687)						21
22	Leasehold Improvements	2020	(939,028)						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			400,892		400,892			32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,265,196	$ 400,892		$ 400,892	$	$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Radford Green

Current Year Fixed Assets

FY 12/31/20

Description	Grouping	Class	Location	Amount	Allocated SNF	Allocated NCAR	Allocated Total	Sub-Total NRSG	Sub-Total NCAR	Sub-Total Total
					7,056	100,338	107,394			
1339339-PT-107 Counter Tops	1	LIMP	IL / AL	4,885	-	4,885	4,885	-	-	-
1339344-PT-311 Drywall	1	LIMP	IL / AL	1,175	-	1,175	1,175	-	-	-
1339346-PT-311 Electrical	1	LIMP	IL / AL	189	-	189	189	-	-	-
1339349-PT-311 Shower Door	1	LIMP	IL / AL	1,975	-	1,975	1,975	-	-	-
1339382-PT-514 Carpet	1	LIMP	IL / AL	2,586	-	2,586	2,586	-	-	-
1339350-PT-311 Cabinet	1	LIMP	IL / AL	645	-	645	645	-	-	-
1339356-PT-306 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1339361-BW-105 Carpet	1	LIMP	IL / AL	2,728	-	2,728	2,728	-	-	-
1347324-HG-207 Countertops	1	LIMP	IL / AL	3,850	-	3,850	3,850	-	-	-
1342474-HG-315 Countertops	1	LIMP	IL / AL	5,060	-	5,060	5,060	-	-	-
1342487-BW-111 Carpet	1	LIMP	IL / AL	4,103	-	4,103	4,103	-	-	-
1342499-HG-210 Carpet	1	LIMP	IL / AL	2,863	-	2,863	2,863	-	-	-
1342420-PT-312 Carpet	1	LIMP	IL / AL	3,276	-	3,276	3,276	-	-	-
1342411-RG Rm# 106/108-Carpet	1	LIMP	SNF	1,784	1,784	-	1,784	-	-	-
1342426-BW-502 Electrical	1	LIMP	IL / AL	7,857	-	7,857	7,857	-	-	-
1362319-HP-323 Carpet	1	LIMP	IL / AL	2,228	-	2,228	2,228	-	-	-
1381350-HG-314 Tile	1	LIMP	IL / AL	3,548	-	3,548	3,548	-	-	-
1381355-HG-314 Plumbing	1	LIMP	IL / AL	1,950	-	1,950	1,950	-	-	-
1381357-HG-314 Shower	1	LIMP	IL / AL	13,560	-	13,560	13,560	-	-	-
1453991-HG - 403 REMODELING	1	LIMP	IL / AL	7,478	-	7,478	7,478	-	-	-
1429425-fixed assets	1	LIMP	IL / AL	444	-	444	444	-	-	-
1339340-PT-107 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1339365-BW-105 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1339372-PT-214 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1339385-BW-504 Carpet	1	LIMP	IL / AL	2,227	-	2,227	2,227	-	-	-
1339393-HG-304 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1347323-HG-207 Carpet	1	LIMP	IL / AL	2,624	-	2,624	2,624	-	-	-
1347326-HG-T02 Electrical	1	LIMP	IL / AL	4,384	-	4,384	4,384	-	-	-
1347335-HG-301 Plumbing	1	LIMP	IL / AL	750	-	750	750	-	-	-
1347338-BW-203 Carpet	1	LIMP	IL / AL	2,449	-	2,449	2,449	-	-	-
1339348-PT-311 Carpet	1	LIMP	IL / AL	2,006	-	2,006	2,006	-	-	-
1339378-HG-208 Plumbing	1	LIMP	IL / AL	1,800	-	1,800	1,800	-	-	-
1347321-HG-207 Electrical	1	LIMP	IL / AL	3,503	-	3,503	3,503	-	-	-
1347337-BW-203 Shower	1	LIMP	IL / AL	6,990	-	6,990	6,990	-	-	-
1347340-BW-203 Electrical	1	LIMP	IL / AL	6,496	-	6,496	6,496	-	-	-
1347342-BW-203 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1347344-PT-312 Shower	1	LIMP	IL / AL	13,760	-	13,760	13,760	-	-	-
1399313-RG Rm # 129-Carpet	1	LIMP	SNF	969	969	-	969	-	-	-
1399314-RG Rm #103-Carpet	1	LIMP	SNF	974	974	-	974	-	-	-
1342409-HP-121 Shower	1	LIMP	IL / AL	6,990	-	6,990	6,990	-	-	-
1342425-BW-502 Shower	1	LIMP	IL / AL	15,370	-	15,370	15,370	-	-	-
1342484-HG-213 Electrical	1	LIMP	IL / AL	525	-	525	525	-	-	-
1342495-HG-210 Tile	1	LIMP	IL / AL	6,130	-	6,130	6,130	-	-	-
1342401-BW-407 Shower	1	LIMP	IL / AL	8,810	-	8,810	8,810	-	-	-
1342402-BW-407 Carpet	1	LIMP	IL / AL	3,741	-	3,741	3,741	-	-	-
1342419-BW-501 Shower Door	1	LIMP	IL / AL	1,820	-	1,820	1,820	-	-	-
1342428-BW-502 Laminate Flooring	1	LIMP	IL / AL	685	-	685	685	-	-	-
1362331-RG Rm#144-Carpet	1	LIMP	SNF	901	901	-	901	-	-	-
1381358-RG Rm #111 Carpet	1	LIMP	SNF	944	944	-	944	-	-	-
1453989-CB BREAKROOM WASHROOMS TILE INSTALL	1	LIMP	IL / AL	2,560	-	2,560	2,560	-	-	-
1453995-BW 502 KITCHEN REMODEL	1	LIMP	IL / AL	13,810	-	13,810	13,810	-	-	-
1342422-PT-312 Plumbing	1	LIMP	IL / AL	1,350	-	1,350	1,350	-	-	-
1342423-HG-208 Flooring	1	LIMP	IL / AL	6,375	-	6,375	6,375	-	-	-
1342430-SV-206 Carpet	1	LIMP	IL / AL	2,006	-	2,006	2,006	-	-	-
1342431-SV-206 Counter Tops	1	LIMP	IL / AL	4,400	-	4,400	4,400	-	-	-
1342432-SV-206 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1362317-HP-323 Tile	1	LIMP	IL / AL	2,486	-	2,486	2,486	-	-	-
1381349-HG-314 Kitchen Walls/Drywall	1	LIMP	IL / AL	3,865	-	3,865	3,865	-	-	-
1381356-HG-314 Electrical	1	LIMP	IL / AL	8,221	-	8,221	8,221	-	-	-
1453993-PT-415 REPLACE WATER DAMAGED CARPET & FURNITURE MOVE	1	LIMP	IL / AL	3,131	-	3,131	3,131	-	-	-
1339338-PT-107 Carpet	1	LIMP	IL / AL	3,437	-	3,437	3,437	-	-	-
1339343-HP-412 Blinds	1	LIMP	IL / AL	1,561	-	1,561	1,561	-	-	-
1339359-BW-105 Electrical	1	LIMP	IL / AL	1,613	-	1,613	1,613	-	-	-
1339367-BW-105 Laminate Flooring	1	LIMP	IL / AL	506	-	506	506	-	-	-
1339379-PT-514 Electrical	1	LIMP	IL / AL	345	-	345	345	-	-	-
1339383-PT-514 Shower Door	1	LIMP	IL / AL	1,975	-	1,975	1,975	-	-	-
1339389-HG-304 Laminate Flooring	1	LIMP	IL / AL	438	-	438	438	-	-	-
1339391-HG-304 Electrical	1	LIMP	IL / AL	5,489	-	5,489	5,489	-	-	-
1347327-HG-T02 Tile	1	LIMP	IL / AL	2,486	-	2,486	2,486	-	-	-
1347332-HG-301 Carpet	1	LIMP	IL / AL	2,339	-	2,339	2,339	-	-	-
1347334-HG-301 Countertops	1	LIMP	IL / AL	1,625	-	1,625	1,625	-	-	-
1347336-HG-301 Flooring	1	LIMP	IL / AL	1,359	-	1,359	1,359	-	-	-
1347341-BW-203 Countertops	1	LIMP	IL / AL	4,290	-	4,290	4,290	-	-	-
1342472-HG-315 Carpet	1	LIMP	IL / AL	2,752	-	2,752	2,752	-	-	-
1342473-HG-315 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1342475-HG-315 Cabinets	1	LIMP	IL / AL	7,520	-	7,520	7,520	-	-	-
1342480-HP-207 Vinyl	1	LIMP	IL / AL	7,995	-	7,995	7,995	-	-	-
1342405-BW-502 Plumbing	1	LIMP	IL / AL	1,800	-	1,800	1,800	-	-	-
1342406-BW-502 Tile	1	LIMP	IL / AL	6,410	-	6,410	6,410	-	-	-
1342407-RG Rm #122-Carpet	1	LIMP	SNF	1,020	1,020	-	1,020	-	-	-
1342412-BW-501 Carpet	1	LIMP	IL / AL	2,638	-	2,638	2,638	-	-	-
1416356-Home Health Office	1	LIMP	IL / AL	64,725	-	64,725	64,725	-	-	-
1429420-2021 CAN AM DEFENDER GATOR	1	LIMP	IL / AL	29,500	-	29,500	29,500	-	-	-
1339353-PT-306 Carpet	1	LIMP	IL / AL	1,855	-	1,855	1,855	-	-	-
1339354-PT-306 Electrical	1	LIMP	IL / AL	3,324	-	3,324	3,324	-	-	-
1339366-BW-105 Cabinets	1	LIMP	IL / AL	1,665	-	1,665	1,665	-	-	-
1339368-PT-214 Electrical	1	LIMP	IL / AL	4,026	-	4,026	4,026	-	-	-
1339376-HG-208 Custom Shower	1	LIMP	IL / AL	15,275	-	15,275	15,275	-	-	-
1347320-HG-207 Drywall	1	LIMP	IL / AL	490	-	490	490	-	-	-
1347329-HG-T02 Countertops	1	LIMP	IL / AL	4,840	-	4,840	4,840	-	-	-
1347333-HG-301 Electrical	1	LIMP	IL / AL	2,817	-	2,817	2,817	-	-	-
1347339-BW-203 Tile	1	LIMP	IL / AL	1,955	-	1,955	1,955	-	-	-
1399312-Repairs To Buildings	1	LIMP	IL / AL	10,500	-	10,500	10,500	-	-	-
1342477-HG-315 Electrical	1	LIMP	IL / AL	2,349	-	2,349	2,349	-	-	-
1342481-HP-207 Granite	1	LIMP	IL / AL	1,910	-	1,910	1,910	-	-	-
1342482-HP-207 Electrical	1	LIMP	IL / AL	4,103	-	4,103	4,103	-	-	-
1342486-BW-111 Countertops	1	LIMP	IL / AL	10,560	-	10,560	10,560	-	-	-
1342490-BW-111 Plumbing	1	LIMP	IL / AL	1,800	-	1,800	1,800	-	-	-
1342500-HP-121 Blinds	1	LIMP	IL / AL	1,486	-	1,486	1,486	-	-	-
1342398-BW-407 Electrical	1	LIMP	IL / AL	5,424	-	5,424	5,424	-	-	-
1342399-BW-407 Tile	1	LIMP	IL / AL	4,647	-	4,647	4,647	-	-	-
1342400-BW-407 Counter Tops	1	LIMP	IL / AL	1,870	-	1,870	1,870	-	-	-
1342404-BW-502 Counter Tops	1	LIMP	IL / AL	12,320	-	12,320	12,320	-	-	-
1342414-HG-213 Electrical	1	LIMP	IL / AL	525	-	525	525	-	-	-
1342417-BW-501 Counter Tops	1	LIMP	IL / AL	5,060	-	5,060	5,060	-	-	-
1342424-HG-208 Carpet	1	LIMP	IL / AL	2,131	-	2,131	2,131	-	-	-
1342427-BW-502 Cabinet	1	LIMP	IL / AL	1,665	-	1,665	1,665	-	-	-
1342434-SV-206 Cabinet	1	LIMP	IL / AL	813	-	813	813	-	-	-
1362321-HP-323 Shower	1	LIMP	IL / AL	6,990	-	6,990	6,990	-	-	-
1362322-HP-323 Electrical	1	LIMP	IL / AL	2,125	-	2,125	2,125	-	-	-
1381351-HG-314 Counters	1	LIMP	IL / AL	6,490	-	6,490	6,490	-	-	-
1381352-HG-314 Cabinets	1	LIMP	IL / AL	9,315	-	9,315	9,315	-	-	-
1381353-HG-314 Carpet	1	LIMP	IL / AL	3,615	-	3,615	3,615	-	-	-
1453992-BW T-01 DEMO, DRYWALL, CARPET, FURNITURE MOVEQ	1	LIMP	IL / AL	3,087	-	3,087	3,087	-	-	-
1339351-PT-311 Electrical	1	LIMP	IL / AL	269	-	269	269	-	-	-
1339352-PT-306 Tile	1	LIMP	IL / AL	2,422	-	2,422	2,422	-	-	-
1339358-PT-306 Custom Shower	1	LIMP	IL / AL	6,990	-	6,990	6,990	-	-	-
1339362-BW-105 Tile	1	LIMP	IL / AL	2,525	-	2,525	2,525	-	-	-
1339369-PT-214 Carpet	1	LIMP	IL / AL	3,091	-	3,091	3,091	-	-	-
1339370-PT-214 Counter Tops	1	LIMP	IL / AL	4,704	-	4,704	4,704	-	-	-
1339373-PT-214 Carpentry	1	LIMP	IL / AL	2,110	-	2,110	2,110	-	-	-
1339374-PT-214 Shower Door	1	LIMP	IL / AL	1,975	-	1,975	1,975	-	-	-
1339375-PT-214 Tile	1	LIMP	IL / AL	231	-	231	231	-	-	-
1339387-HG-304 Kitchen Wall/Columns	1	LIMP	IL / AL	5,238	-	5,238	5,238	-	-	-
1347328-HG-T02 Carpet	1	LIMP	IL / AL	2,453	-	2,453	2,453	-	-	-
1339388-HG-304 Carpet	1	LIMP	IL / AL	3,195	-	3,195	3,195	-	-	-
1339394-HG-304 Customer Shower	1	LIMP	IL / AL	8,865	-	8,865	8,865	-	-	-
1347325-HG-207 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1347331-HG-301 Tile	1	LIMP	IL / AL	2,124	-	2,124	2,124	-	-	-
1399310-SV-306 Carpet	1	LIMP	IL / AL	5,995	-	5,995	5,995	-	-	-
1399311-RG Room # 128-Carpet	1	LIMP	SNF	974	974	-	974	-	-	-
1342476-HG-315 Tile	1	LIMP	IL / AL	2,525	-	2,525	2,525	-	-	-
1342479-HP-207 Carpentry	1	LIMP	IL / AL	6,860	-	6,860	6,860	-	-	-
1342483-HP-207 Carpet	1	LIMP	IL / AL	847	-	847	847	-	-	-
1342498-HG-210 Plumbing	1	LIMP	IL / AL	1,125	-	1,125	1,125	-	-	-
1342413-HG-213 Plumbing	1	LIMP	IL / AL	5,960	-	5,960	5,960	-	-	-
1342397-BW-407 Plumbing	1	LIMP	IL / AL	945	-	945	945	-	-	-
1342410-RG Rm# 136/138-Carpet	1	LIMP	SNF	1,731	1,731	-	1,731	-	-	-
1342429-SV-206 Tile	1	LIMP	IL / AL	2,745	-	2,745	2,745	-	-	-
1362320-HP-323 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1431350-Service Call - 9/29/2020 per our Signed Proposal to replace (13) 81000 SCN Scree	1	LIMP	Shared	15,782	1,037	14,745	15,782	-	-	-
1431351-COMMON AREA MS EMBERGENCY	1	LIMP	Shared	23,625	1,552	22,073	23,625	-	-	-
1429427-FIXED ASSETS	1	LIMP	IL / AL	629	-	629	629	-	-	-
1453990-HP-206 REMODEL	1	LIMP	IL / AL	24,794	-	24,794	24,794	-	-	-
1453994-SV - 409 REMODEL	1	LIMP	IL / AL	23,252	-	23,252	23,252	-	-	-
1454316-IQECG Digital ECG w/ Lead Mgmt	1	LIMP	Shared	5,637	370	5,266	5,637	-	-	-
1399308-HP-414 Shower	1	LIMP	IL / AL	7,665	-	7,665	7,665	-	-	-
1342478-HG-315 Shower	1	LIMP	IL / AL	6,990	-	6,990	6,990	-	-	-
1342489-BW-111 Tile	1	LIMP	IL / AL	8,641	-	8,641	8,641	-	-	-
1342491-PT-206 Carpet	1	LIMP	IL / AL	2,004	-	2,004	2,004	-	-	-
1342494-BW-111 Shower	1	LIMP	IL / AL	13,980	-	13,980	13,980	-	-	-
1342496-HG-210 Walls/Granite/Island	1	LIMP	IL / AL	4,860	-	4,860	4,860	-	-	-
1342497-HG-210 Electrical	1	LIMP	IL / AL	3,066	-	3,066	3,066	-	-	-
1342415-BW-501 Tile	1	LIMP	IL / AL	2,422	-	2,422	2,422	-	-	-
1342416-BW-501 Electrical	1	LIMP	IL / AL	5,270	-	5,270	5,270	-	-	-
1342418-BW-501 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1362326-30 FT Reception Divider	1	LIMP	Shared	3,388	223	3,165	3,388	-	-	-
1453997-FORTINET FG-100F+1Y 24X7 FC FG UTM	1	LIMP	Shared	5,782	380	5,402	5,782	-	-	-
1454001-Dw 24	1	LIMP	Shared	7,002	460	6,542	7,002	-	-	-
1454004-Stack 24	1	LIMP	Shared	1,485	98	1,387	1,485	-	-	-
1342403-BW-407 Cabinet	1	LIMP	IL / AL	1,665	-	1,665	1,665	-	-	-
1342485-BW-208 Carpet	1	LIMP	IL / AL	2,392	-	2,392	2,392	-	-	-
1342492-BW-111 Electrical	1	LIMP	IL / AL	6,991	-	6,991	6,991	-	-	-
1342493-BW-111 Cabinets	1	LIMP	IL / AL	8,150	-	8,150	8,150	-	-	-
1342421-PT-312 Counter Tops	1	LIMP	IL / AL	1,760	-	1,760	1,760	-	-	-
1342433-SV-206 Electrical	1	LIMP	IL / AL	3,702	-	3,702	3,702	-	-	-
1342435-SV-206 Shower Door	1	LIMP	IL / AL	1,820	-	1,820	1,820	-	-	-
1362318-HP-323 Countertops	1	LIMP	IL / AL	4,950	-	4,950	4,950	-	-	-
1362332-BW-502 Carpet	1	LIMP	IL / AL	1,215	-	1,215	1,215	-	-	-
1342506-Respite Furniture	1	LIMP	IL / AL	1,361	-	1,361	1,361	-	-	-
1381360-Exit Rytec Door	1	LIMP	Shared	6,722	442	6,281	6,722	-	-	-
1339327-PT-411 Stove	1	LIMP	IL / AL	677	-	677	677	-	-	-
1339330-PT-411 Microwave	1	LIMP	IL / AL	396	-	396	396	-	-	-
1339332-HP-125 Stove	1	LIMP	IL / AL	677	-	677	677	-	-	-
1339336-PT-107 Cabinet	1	LIMP	IL / AL	1,665	-	1,665	1,665	-	-	-
1339341-PT-107 Shower Door	1	LIMP	IL / AL	1,875	-	1,875	1,875	-	-	-
1339347-PT-311 Plumbing	1	LIMP	IL / AL	1,050	-	1,050	1,050	-	-	-
1339360-BW-105 Drywall	1	LIMP	IL / AL	1,995	-	1,995	1,995	-	-	-
1339364-BW-105 Counter Tops	1	LIMP	IL / AL	6,380	-	6,380	6,380	-	-	-
1339371-PT-214 Cabinet	1	LIMP	IL / AL	1,551	-	1,551	1,551	-	-	-
1339377-HG-208 Counter Tops	1	LIMP	IL / AL	7,952	-	7,952	7,952	-	-	-
1339384-HP-423 Electrical	1	LIMP	IL / AL	5,055	-	5,055	5,055	-	-	-
1339390-HG-304 Tile	1	LIMP	IL / AL	5,789	-	5,789	5,789	-	-	-
1339335-PT-107 Electrical	1	LIMP	IL / AL	4,857	-	4,857	4,857	-	-	-
1339337-PT-107 Tile	1	LIMP	IL / AL	2,189	-	2,189	2,189	-	-	-
1339342-PT-311 Counter Tops	1	LIMP	IL / AL	4,480	-	4,480	4,480	-	-	-
1339345-PT-311 Tile	1	LIMP	IL / AL	194	-	194	194	-	-	-
1339355-PT-306 Counter Tops	1	LIMP	IL / AL	4,256	-	4,256	4,256	-	-	-
1339357-PT-306 Drywall/Carpentry	1	LIMP	IL / AL	2,310	-	2,310	2,310	-	-	-
1339363-BW-105 Custom Shower	1	LIMP	IL / AL	8,865	-	8,865	8,865	-	-	-
1339380-HG-208 Tile	1	LIMP	IL / AL	8,716	-	8,716	8,716	-	-	-
1339381-HP-116 Carpet	1	LIMP	IL / AL	2,806	-	2,806	2,806	-	-	-
1339386-PT-104 Custom Shower	1	LIMP	IL / AL	7,180	-	7,180	7,180	-	-	-
1339392-HG-304 Counter Tops	1	LIMP	IL / AL	7,840	-	7,840	7,840	-	-	-
1347322-HG-207 Tile	1	LIMP	IL / AL	2,616	-	2,616	2,616	-	-	-
1347330-HG-T02 Plumbing	1	LIMP	IL / AL	1,425	-	1,425	1,425	-	-	-
1347343-BW-203 Cabinets	1	LIMP	IL / AL	645	-	645	645	13,857	878,671	892,528
1362330-Awnings	2	LIMP	Shared	15,540	1,021	14,519	15,540	1,021	14,519	15,540

Radford Green

Current Year Fixed Assets

FY 12/31/20

					7,056	100,338	107,394			
						Allocated			Sub-Total	
Description	Grouping	Class	Location	Amount	SNF	NCAR	Total	NRSG	NCAR	Total
1381359-Lawn Irrigation	3	LIMP	Shared	8,366	550	7,816	8,366	550	7,816	8,366
1453996-ALARMS	4	LIMP	Shared	5,319	349	4,970	5,319	349	4,970	5,319
1454002-INTERIOR DOUBLE SWING DOORS	5	LIMP	Shared	3,354	220	3,134	3,354	220	3,134	3,354
1349320-Compressor	6	LIMP	Shared	4,596	302	4,294	4,596	302	4,294	4,596
1345305-HW Generators	7	LIMP	IL / AL	25,626	-	25,626	25,626	-	25,626	25,626
1362325-HG-117 Washer/Dryer	8	EQIP	IL / AL	1,156	-	1,156	1,156	-	-	-
1429432-Professional Cordless Electric Sprayer	8	EQIP	Shared	1,481	97	1,384	1,481	-	-	-
1362324-PT-309 Microwave	8	EQIP	IL / AL	444	-	444	444	-	-	-
1345306-HG-503 Refrigerator	8	EQIP	IL / AL	648	-	648	648	-	-	-
1339319-HP-412 Stove	8	EQIP	IL / AL	677	-	677	677	-	-	-
1339320-PT-402 Microwave	8	EQIP	IL / AL	426	-	426	426	-	-	-
1339324-PT-107 Refrigerator	8	EQIP	IL / AL	1,508	-	1,508	1,508	-	-	-
1347319-PT-410 Stove	8	EQIP	IL / AL	684	-	684	684	-	-	-
1342468-BW-502 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1342488-Vigil Engine/Computer	8	EQIP	Shared	2,157	142	2,015	2,157	-	-	-
1342502-HG-108 Refrigerator	8	EQIP	IL / AL	763	-	763	763	-	-	-
1342393-HG-208 Stove	8	EQIP	IL / AL	845	-	845	845	-	-	-
1342394-HG-208 Refrigerator	8	EQIP	IL / AL	1,554	-	1,554	1,554	-	-	-
1342396-HG-208 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1454003-GE Fridge	8	EQIP	Shared	2,840	187	2,654	2,840	-	-	-
1339329-PT-411 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1339328-PT-411 Refrigerator	8	EQIP	IL / AL	1,014	-	1,014	1,014	-	-	-
1339321-HP-412 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1339326-PT-107 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1339331-HP-125 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1347315-Geo Mattresses	8	EQIP	Shared	17,193	1,130	16,063	17,193	-	-	-
1347316-HG-T16 Washer/Dryer	8	EQIP	IL / AL	1,156	-	1,156	1,156	-	-	-
1413306-AMAG Migration Upgrade	8	EQIP	Shared	3,943	259	3,684	3,943	-	-	-
1349322-BW-311 Washer	8	EQIP	IL / AL	993	-	993	993	-	-	-
1342501-HP-T13 Dishwasher	8	EQIP	IL / AL	479	-	479	479	-	-	-
1342505-HP-125 Washer/Dryer	8	EQIP	IL / AL	1,108	-	1,108	1,108	-	-	-
1416347-Marketing Laptops	8	EQIP	Shared	8,877	583	8,294	8,877	-	-	-
1342469-BW-502 Refrigerator	8	EQIP	IL / AL	1,555	-	1,555	1,555	-	-	-
1349319-Vital Sign Monitor	8	EQIP	Shared	1,693	111	1,582	1,693	-	-	-
1342465-BW-502 Stove	8	EQIP	IL / AL	845	-	845	845	-	-	-
1342467-BW-501 Stove	8	EQIP	IL / AL	845	-	845	845	-	-	-
1342470-BW-501 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1342388-HP-419 Dishwasher	8	EQIP	IL / AL	739	-	739	739	-	-	-
1342408-HP-121 Shelving	8	EQIP	IL / AL	965	-	965	965	-	-	-
1453988-MOTOR SCRUB JET	8	EQIP	Shared	1,518	100	1,418	1,518	-	-	-
1342436-BW-305 Washer/Dryer	8	EQIP	IL / AL	1,235	-	1,235	1,235	-	-	-
1454000-Frst 5.3 Cuft Ss Elec 30	8	EQIP	Shared	7,485	492	6,993	7,485	-	-	-
1429422-fixed assets	8	EQIP	Shared	1,481	97	1,384	1,481	-	-	-
1429424-FIXED ASSETS	8	EQIP	Shared	2,001	131	1,869	2,001	-	-	-
1429426-FIXED ASSETS	8	EQIP	Shared	414	27	387	414	-	-	-
1362328-Touch Free Soap Dispensers	8	EQIP	Shared	7,100	466	6,633	7,100	-	-	-
1339323-PT-107 Stove	8	EQIP	IL / AL	677	-	677	677	-	-	-
1339325-PT-107 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1339333-HP-125 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1339334-HP-125 Refrigerator	8	EQIP	IL / AL	1,508	-	1,508	1,508	-	-	-
1399306-Washer-Laundry Room	8	EQIP	Shared	993	65	928	993	-	-	-
1399309-Cooler Reach-In-Refrigerator	8	EQIP	Shared	3,313	218	3,095	3,313	-	-	-
1349323-HG-T08 Dishwasher	8	EQIP	IL / AL	531	-	531	531	-	-	-
1342463-All-in One Computer	8	EQIP	Shared	9,510	625	8,885	9,510	-	-	-
1342504-SV-403 Dishwasher	8	EQIP	IL / AL	479	-	479	479	-	-	-
1429421-Refr 24 Cuft Ss Top Mount	8	EQIP	Shared	1,151	76	1,076	1,151	-	-	-
1429423-GE Over-the-Range Microwave, 19 Cu Ft. 1100W, Sensor. Stainless	8	EQIP	Shared	329	22	308	329	-	-	-
1429428-APPLIANCES	8	EQIP	Shared	444	29	415	444	-	-	-
1429429-AMAG BADGE MACHINE	8	EQIP	Shared	4,748	312	4,436	4,748	-	-	-
1429431-263090 1345118,1345118 BD50/50 C Classic BP PadDriver W/AGM Bat	8	EQIP	Shared	3,512	231	3,281	3,512	-	-	-
1349321-HP-314 Washer/Dryer	8	EQIP	IL / AL	1,235	-	1,235	1,235	-	-	-
1342471-BW-501 Refrigerator	8	EQIP	IL / AL	1,555	-	1,555	1,555	-	-	-
1342389-HP-421 Washer/Dryer	8	EQIP	IL / AL	1,235	-	1,235	1,235	-	-	-
1342391-Clorox Total 360 System	8	EQIP	Shared	5,479	360	5,119	5,479	-	-	-
1342392-SV-203 Washer/Dryer	8	EQIP	IL / AL	1,156	-	1,156	1,156	-	-	-
1342438-Oxygen Concentrator	8	EQIP	Shared	5,494	361	5,133	5,494	-	-	-
1339317-HP-412 Refrigerator	8	EQIP	IL / AL	1,014	-	1,014	1,014	-	-	-
1339318-HG-215 Refrigerator	8	EQIP	IL / AL	763	-	763	763	-	-	-
1339322-HP-412 Microwave	8	EQIP	IL / AL	396	-	396	396	-	-	-
1399307-Cooler-Walk-In Refrigerator	8	EQIP	Shared	8,801	578	8,223	8,801	-	-	-
1342390-HG-102 Refrigerator	8	EQIP	IL / AL	763	-	763	763	-	-	-
1362323-HP-309 Washer/Dryer	8	EQIP	IL / AL	1,156	-	1,156	1,156	-	-	-
1362327-SV-304 Refrigerator	8	EQIP	IL / AL	648	-	648	648	-	-	-
1362329-Ice Machine	8	EQIP	Shared	6,362	418	5,944	6,362	-	-	-
1381354-RG Phone System Conversion	8	EQIP	SNF	27,880	27,880	-	27,880	-	-	-
1453999-Micro Hd 1.6 Cuft Ss	8	EQIP	Shared	2,854	187	2,666	2,854	-	-	-
1429430-ELECTROSTATIC SPRAYER	8	EQIP	Shared	1,481	97	1,384	1,481	-	-	-
1429433-Dry/Washer Stack	8	EQIP	Shared	-	-	-	-	-	-	-
1342462-RG Phone System Switch	8	EQIP	SNF	1,930	1,930	-	1,930	-	-	-
1342503-HG-402 Dishwasher	8	EQIP	IL / AL	479	-	479	479	-	-	-
1342395-HG-208 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1453998-GE REFRIGERATOR & INSTALL	8	EQIP	Shared	1,027	68	960	1,027	-	-	-
1342437-PT-317 Dishwasher	8	EQIP	IL / AL	739	-	739	739	-	-	-
1347318-Media Rack-Front Desk	8	EQIP	Shared	2,547	167	2,379	2,547	-	-	-
1342464-BW-501 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1342466-BW-502 Dishwasher	8	EQIP	IL / AL	582	-	582	582	-	-	-
1347317-HP-411 Washer/Dryer	8	EQIP	IL / AL	1,235	-	1,235	1,235	-	-	-
1399305-HG-T01 Refrigerator	8	EQIP	IL / AL	763	-	763	763	37,446	150,619	188,065
				1,143,393	53,746	1,089,647	1,143,393	53,746	1,089,647	1,143,393

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 5,122,382	$	$	$		$	71
72	Current Year Purchases	188,065						72
73	Fully Depreciated Assets							73
74	Non-Care ADJ	(3,403,299)						74
75	TOTALS	$ 1,907,148	$	$	$		$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility			$ 120,079	$	$	$		$	76
77	Non-Care ADJ			(112,190)						77
78										78
79										79
80	TOTALS			$ 7,889	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 14,228,143	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 400,892	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 400,892	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	85	

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Land	$ 11,274,266	$	$	86
87	Building	144,039,039			87
88	Building Improvements	12,384,390			88
89	Equipment	3,403,299			89
90	Vehicles	112,190			90
91	TOTALS	$ 171,213,184	$	$	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' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] 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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 15,184 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	Ford F550 / T150	$	$ 21,134	17
18	Facility	Ford Starcraft		11,609	18
19	Facility	Nissan		4,220	19
20	Non-Allowable (Alloc)			(33,243)	20
21	TOTAL		$	$ 3,720	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' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 14 Supplemental Schedule

Desciption	Amount	Total
Building Rental		
		-
N/A		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
Total	-	-
Equipment Rental		
DeLage Landen (Copy Machine)	42,176	42,176
Impact Networking (Copy Machine)	22,659	22,659
Ecolab (Dishmachine)	5,373	5,373
Ecolab (AB Pure Comfort)	8,233	8,233
Big Tent Events (Tent)	19,740	19,740
Brook Furniture Rental (Furniture)	52,711	52,711
		-
Non-Allowable (Non-Care)	(135,708)	(135,708)
		-
		-
		-
		-
		-
Total	15,184	15,184

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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' PREPARATION REPORT

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 495,064	$		$ 495,064	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			106,154			106,154	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			856,568			856,568	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				312,906		312,906	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					8,663		8,663	12
13	Other (specify): See Supplemental	39 - 03				187,358			187,358	13
14	TOTAL			$		$ 1,645,143	$ 321,569		$ 1,966,712	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' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 16 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Medical Supplies		5,282		5,282
Oxygen		3,381		3,381
Laboratory			158,991	158,991
Radiology			28,367	28,367
				-
				-
				-
				-
				-
				-
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				-
				-
Total	-	8,663	187,358	196,021

STATE OF ILLINOIS

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/20 (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	$ 6,118,144	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 467,943)	1,460,073		3
4	Supply Inventory (priced at Cost - FIFO)	69,215		4
5	Short-Term Investments			5
6	Prepaid Insurance	380,858		6
7	Other Prepaid Expenses	72,206		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental	250,000		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,350,497	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	11,780,000		13
14	Buildings, at Historical Cost	198,026,100		14
15	Leasehold Improvements, at Historical Cost	7,293,838		15
16	Equipment, at Historical Cost	5,372,442		16
17	Accumulated Depreciation (book methods)	(14,459,637)		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	5,787,536		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 213,800,277	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 222,150,774	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 3,262,953	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	378,300		29
30	Accrued Salaries Payable	783,914		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,460		31
32	Accrued Real Estate Taxes(Sch.IX-B)	2,150,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental	2,630,190		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 9,211,817	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	50,108,212		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental	156,266,079		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 206,374,291	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 215,586,108	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,564,666	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 222,150,774	$	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Litigation Receivable	250,000		250,000
			-
			-
			-
			-
Sub-Total	250,000	-	250,000
Line 23 - Long Term Assets			
Construction in Progress	37,421		37,421
Contract Acquisition (Net Amortization)	441,782		441,782
Goodwill (Net Amortization)	5,308,333		5,308,333
			-
			-
Sub-Total	5,787,536	-	5,787,536
Line 36 - Other Current Liability			
Derivative	2,630,190		2,630,190
			-
			-
			-
			-
Sub-Total	2,630,190	-	2,630,190
Line 43 - Long term Liabilities			
Parking Deposits	180,000		180,000
Resident Deposits	72,060		72,060
Resident Deposits - Refundable	153,190,357		153,190,357
Resident Deposits - Non Refundable	2,823,662		2,823,662
			-
Sub-Total	156,266,079	-	156,266,079

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 14,742,673	1
2	Restatements (describe):		2
3	PY Post Cost Report Adjustments	(17,005)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 14,725,668	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(7,971,002)	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	(190,000)	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)**	$ (8,161,002)	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)**	$ 6,564,666	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 10,388,565	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,388,565	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	613,734	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 613,734	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	1,165,775	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	43,926	12
13	Barber and Beauty Care	15,111	13
14	Non-Patient Meals	7,379	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	6,881	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)**	$ 1,239,072	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	844	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 844	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	See Supplemental	20,030,639	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 20,030,639	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 32,272,854	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	8,156,525	31
32	Health Care	6,345,596	32
33	General Administration	8,156,072	33
	B. Capital Expense		
34	Ownership	11,846,148	34
	C. Ancillary Expense		
35	Special Cost Centers	5,634,310	35
36	Provider Participation Fee	105,206	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 40,243,856	40
41	**Income before Income Taxes (line 30 minus line 40)****	(7,971,002)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (7,971,002)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 180,325	44
45	Private Pay - Net Inpatient Revenue	4,266,022	45
46	Medicare - Net Inpatient Revenue	5,074,981	46
47	Other-(specify) Insurance - Net Inpatient Revenue	862,584	47
48	Other-(specify) Hospice - Net Inpatient Revenue	4,653	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,388,565	49

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 19 Supplemental Schedule

Description		Amount		Total
Assisted Living		2,702,698		2,702,698
Community Home Health		1,653,434		1,653,434
Independent Living		15,674,075		15,674,075
Vending Commissions		312		312
Other		120		120
				-
				-
				-
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				-
				-
				-
				-
Total		20,030,639		20,030,639

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	4,062	4,410	$ 259,981	$ 58.95	1
2	Assistant Director of Nursing					2
3	Registered Nurses	38,451	42,710	1,481,694	34.69	3
4	Licensed Practical Nurses	30,856	34,684	924,273	26.65	4
5	CNAs & Orderlies	78,719	84,464	1,511,153	17.89	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,849	2,047	84,809	41.43	9
10	Activity Assistants	9,428	10,447	178,101	17.05	10
11	Social Service Workers	9,707	10,686	287,695	26.92	11
12	Dietician					12
13	Food Service Supervisor	4,185	4,529	164,196	36.25	13
14	Head Cook					14
15	Cook Helpers/Assistants	101,800	110,860	1,656,434	14.94	15
16	Dishwashers					16
17	Maintenance Workers	32,555	35,328	861,102	24.37	17
18	Housekeepers	44,155	49,770	773,169	15.53	18
19	Laundry	5,252	5,598	77,472	13.84	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	29,340	32,549	850,261	26.12	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					31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	147,182	164,672	3,856,029	23.42	33
34	TOTAL (lines 1 - 33)	537,541	592,754	$ 12,966,369 *	$ 21.87	34

SEE ACCOUNTANTS' PREPARATION 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		$ 30,786	01 - 03	35
36	Medical Director		24,000	09 - 03	36
37	Medical Records Consultant		1,209	10 - 03	37
38	Nurse Consultant		674	10 - 03	38
39	Pharmacist Consultant		7,830	10 - 03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		858	11 - 03	44
45	Social Service Consultant		1,175	12 - 03	45
46	Other(specify) See Supplemental		131,758		46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 198,290		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 16,624	10 - 03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides		15,479	10 - 03	52
53	TOTAL (lines 50 - 52)		$ 32,103		53

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Security	07	21,655	22,865	423,609	18.53		
MDS Coordinator	10	4,388	4,898	207,607	42.39		
Nursing Supervisors	10	9,882	10,924	344,992	31.58		
Chaplain	12	1,851	1,952	55,247	28.30		
Drivers	14	6,416	7,211	121,564	16.86		
Coffee Shop	42	1,845	2,103	27,929	13.28		
Assisted Living	43	38,914	43,342	947,675	21.87		
Clinic	43	5,695	6,324	153,476	24.27		
Community Home Health	43	47,369	54,044	1,073,215	19.86		
Marketing	43	9,167	11,009	500,715	45.48		
					-		
					-		
					-		
					-		
Total		147,182	164,672	3,856,029	23.42		
Contracted Services							
Pastoral	12						3,625
Wellness Programming	12						128,133
Total						-	131,758

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
Senior Care Arcapita, LLC	$ 456,000
Life Care Companies, LLC	1,582,872
TOTAL (agree to Schedule V, line 17, col. 3)	$ 2,038,872
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Beers, Hamerman,		$
Cohen & Burger, PC	Audit and Tax	81,029
Jeremy Brune & Assoc., LLC	Cost Reports	7,521
Hanlon & Vinson LLP	Legal	1,875
Hinckley Allen & Snyder LLP	Legal	13,595
Jackson Lewis	Legal	2,744
Other (Non-Allowable)	Legal	8,948
Monarch Landing	IT Consultants	26,800
Life Care Companies, LLC	IT Consultants	11,895
Docusign	IT / Data Processing	4,515
Lightedge Solutions	IT / Data Processing	2,051
See Supplemental Schedule		146,106
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 307,080

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 262,809
Unemployment Compensation Insurance	52,245
FICA Taxes	937,052
Employee Health Insurance	1,526,498
Employee Meals	39,460
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	64,113
Life Insurance	12,325
Disability Insurance	56,815
Vision Insurance	10,194
Retirement Benefits	179,630
Other	123,332
TOTAL (agree to Schedule V, line 22, col.8)	$ 3,264,473

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	89,124
Health Care Worker Background Check	13,253
(Indicate # of checks performed)	
Patient Background Checks	
Licenses	28,577
Dues - Associations	19,491
Dues and Subscriptions	3,419
Non-Allowable (Non-Care)	(100,597)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 55,257

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	7,034
Non-Allowable (Non-Care)	(4,540)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,494

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Service Description	Amount	Total
Life Care Companies, Inc.	IT / Data Processing	73,706	73,706
Team TSI	IT / Data Processing	4,740	4,740
OnShift	IT / Data Processing	10,061	10,061
Third Eye Health, Inc.	IT / Data Processing	7,368	7,368
Ability Network	IT / Data Processing	793	793
Caremerge	IT / Data Processing	3,300	3,300
Netsmart	IT / Data Processing	21,468	21,468
Virtusense	IT / Data Processing	9,697	9,697
Other	IT / Data Processing	12,978	12,978
Compliance Line, LLC	Compliance Consulting	1,995	1,995
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			-
			-
			-
			-
			-
Total		146,106	146,106

Radford Green
Medicaid Cost Report
01/01/20 - 12/31/20

Page 21 Supplemental Schedule - Legal Invoice Detail

Vendor	Service Description	Invoice Date	Amount	Non-Allowable	Allowable
Hanlon & Vinson LLP	Resident Matter	07/01/20	1,875		1,875
Hinckley Allen & Snyder LLP	Audit Response	04/07/20	535		535
Hinckley Allen & Snyder LLP	General Corporate Counsel	04/07/20	248		248
Hinckley Allen & Snyder LLP	HHS Cares Act	06/01/20	2,062		2,062
Hinckley Allen & Snyder LLP	General Corporate Counsel	07/01/20	31		31
Hinckley Allen & Snyder LLP	Resident Matter	03/01/20	2,496		2,496
Hinckley Allen & Snyder LLP	Resident Matter	02/01/20	1,125		1,125
Hinckley Allen & Snyder LLP	Resident Matter	03/18/20	3,910		3,910
Hinckley Allen & Snyder LLP	Resident Matter	09/01/20	1,507		1,507
Hinckley Allen & Snyder LLP	Resident Matter	10/19/20	962		962
Hinckley Allen & Snyder LLP	Resident Matter	09/01/20	721		721
Jackson Lewis	General Corporate Counsel	10/01/20	448		448
Jackson Lewis	General Corporate Counsel	12/01/20	2,296		2,296
					-
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					-
					-
Total			18,214	-	18,214

Facility Name & ID Number Radford Green # 0054981 Report Period Beginning: 01/01/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Leading Age - $19,491**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5 - 10 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ _____ Line **10 - 02**

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

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

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **105,206**
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' PREPARATION 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? **See Pg. 2 Q. E** 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. $ **39,460** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **7,379**

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

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Beers, Hamerman, Cohen & Burger, PC**

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.