

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0051219 Facility Name: Radford Green Address: 960 Audobon Way Lincolnshire 60069 County: Lake Telephone Number: (847) 876 - 2401 Fax # (847) 876 - 2402 HFS ID Number: Date of Initial License for Current Owners: 11/18/10 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other GOVERNMENTAL State County 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 01/01/16 to 12/31/16 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) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) Jeremy M. Brune, CPA President (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
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SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green

0051219 Report Period Beginning: 01/01/16 Ending: 12/31/16

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

1	2	3	4		
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period		
1	84	Skilled (SNF)	84	30,744	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	30,744	7

B. Census-For the entire report period.

1	2	3	4	5		
Level of Care	Patient Days by Level of Care and Primary Source of Payment					
	Medicaid Recipient	Private Pay	Other	Total		
8	SNF	701	11,525	15,749	27,975	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	701	11,525	15,749	27,975	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.99%

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES 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 14,643

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Radford Green # 0051219 Report Period Beginning: 01/01/16 Ending: 12/31/16

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					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	1,717,427	289,729	57,008	2,064,164		2,064,164	(1,663,009)	401,155			1
2	Food Purchase		1,801,803		1,801,803		1,801,803	(1,472,618)	329,185			2
3	Housekeeping	665,810	129,387	55,252	850,449		850,449	(501,927)	348,522			3
4	Laundry	56,469	166,195		222,664		222,664	(131,414)	91,250			4
5	Heat and Other Utilities			1,080,701	1,080,701		1,080,701	(1,009,697)	71,004			5
6	Maintenance	890,377	90,446	891,659	1,872,482		1,872,482	(1,760,321)	112,161			6
7	Other (specify):* See Supplemental	349,960	3,946	50,845	404,751		404,751	(355,515)	49,236			7
8	TOTAL General Services	3,680,043	2,481,506	2,135,465	8,297,014		8,297,014	(6,894,501)	1,402,513			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	4,201,466	317,673	49,345	4,568,484		4,568,484		4,568,484			10
10a	Therapy			113,564	113,564		113,564	(99,749)	13,815			10a
11	Activities	179,458	37,516	954	217,928		217,928	(25,800)	192,128			11
12	Social Services	246,495	22,875	16,077	285,447		285,447	(64,034)	221,413			12
13	CNA Training											13
14	Program Transportation	222,649	2,735	33,279	258,663		258,663	(233,828)	24,835			14
15	Other (specify):* See Supplemental											15
16	TOTAL Health Care and Programs	4,850,068	380,799	237,219	5,468,086		5,468,086	(423,412)	5,044,674			16
	C. General Administration											
17	Administrative			1,950,767	1,950,767		1,950,767	(1,224,837)	725,930			17
18	Directors Fees											18
19	Professional Services			247,404	247,404		247,404	(149,815)	97,589			19
20	Dues, Fees, Subscriptions & Promotions			42,229	42,229		42,229	(23,659)	18,570			20
21	Clerical & General Office Expenses	623,737	31,122	351,110	1,005,969		1,005,969	(662,356)	343,613			21
22	Employee Benefits & Payroll Taxes			2,815,261	2,815,261		2,815,261	(1,343,018)	1,472,243			22
23	Inservice Training & Education											23
24	Travel and Seminar			22,694	22,694		22,694	(12,714)	9,980			24
25	Other Admin. Staff Transportation			26,537	26,537		26,537	(24,546)	1,991			25
26	Insurance-Prop.Liab.Malpractice			382,664	382,664		382,664	(228,930)	153,734			26
27	Other (specify):* See Supplemental											27
28	TOTAL General Administration	623,737	31,122	5,838,666	6,493,525		6,493,525	(3,669,875)	2,823,650			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,153,848	2,893,427	8,211,350	20,258,625		20,258,625	(10,987,787)	9,270,838			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.

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Page 3 Supplemental Schedule

Description		Salaries		Supplies		Other		Total
Line 7 - Other General Services								
Security		349,960		3,946		50,845		404,751
Sub-Total		349,960		3,946		50,845		404,751
Line 15 - Other Health Care Services								
								-
Sub-Total		-		-		-		-
Line 27 - Other General Administration								
								-
Sub-Total		-		-		-		-

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Page 3 Supplemental Schedule - Other Staff Administration Travel Expense

Employee	Travel Purpose	Travel Destination	Travel Date	Expenses			Total
				Travel	Accomodations	Non-Allowable	
Akainyah, Kim Lyn	Various	Various	Various			1,902	1,902
Bank of America	Various	Various	Various			1,341	1,341
Bearnod, Aida	Various	Various	Various	101			101
Ferido, Kathleen	Various	Various	Various		130		130
Kopper, Joanne F	Various	Various	Various	54			54
Life Care Companies LLC	Various	Various	Various	2,456		14,689	17,145
Other	Various	Various	Various	1,362		693	2,056
Robertson, Don	Various	Various	Various	68			68
Schneider, Harrison D	Various	Various	Various			1,189	1,189
Springer, Ryan	Various	Various	Various			285	285
Stealy, Brenda T	Various	Various	Various	237		791	1,027
Swan, Catherine	Various	Various	Various			1,120	1,120
Zapata, Tiffany	Various	Various	Various		121		121
							-
							-
							-
							-
Non-Allowable						(22,009)	(22,009)
Non-Allowable - Allocated IL and AL				(2,396)	(141)		(2,537)
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
Total				1,881	110	(0)	1,991

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			4,862,544	4,862,544		4,862,544	(4,544,952)	317,592			30
31	Amortization of Pre-Op. & Org.			223,963	223,963		223,963	(209,248)	14,715			31
32	Interest			1,457,622	1,457,622		1,457,622	(1,361,960)	95,662			32
33	Real Estate Taxes			823,653	823,653		823,653	(769,537)	54,116			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			109,394	109,394		109,394	(96,087)	13,307			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			7,477,176	7,477,176		7,477,176	(6,981,783)	495,393			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		646,531	2,035,060	2,681,591		2,681,591		2,681,591			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	38,820	90,442		129,262		129,262	(129,262)				41
42	Provider Participation Fee			124,579	124,579		124,579		124,579			42
43	Other (specify):* See Supplemental	1,486,820	91,582	1,470,739	3,049,141		3,049,141	(3,049,141)				43
44	TOTAL Special Cost Centers	1,525,640	828,555	3,630,378	5,984,573		5,984,573	(3,178,403)	2,806,170			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	10,679,488	3,721,982	19,318,904	33,720,374		33,720,374	(21,147,974)	12,572,400			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

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Page 4 Supplemental Schedule

Description	Salaries		Supplies		Other		Total	
Line 36 - Other Capital Costs								
								-
								-
								-
								-
								-
								-
Sub-Total		-		-		-		-
Line 43 - Other Special Cost Centers								
Assisted Living		806,576		20,052		93,386		920,014
Clinic		137,588		71,530		199,002		408,120
Marketing		542,656		-		1,177,931		1,720,587
Independent Living		-		-		420		420
								-
								-
								-
Sub-Total		1,486,820		91,582		1,470,739		3,049,141

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	(86,085)	02		4
5	Telephone, TV & Radio in Resident Rooms	(127,769)	21		5
6	Rented Facility Space	(28,714)	30		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,616)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(19,950)	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	(580)	21		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	(27,760)	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 Supplemental Schedule	(20,555,500)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (20,847,974)		\$	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)	(300,000)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (300,000)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (21,147,974)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Transportation Revenue	\$ (54,506)	14	1
2	Miscellaneous Revenue	(10,983)	21	2
3	Board Expenses	(9,329)	21	3
4	Bank Charges	(28,222)	21	4
5	Professional Fees - Legal	(25,486)	19	5
6	Other Staff Transportation	(22,009)	25	6
7	Directors and Officers Insurance	(33,073)	26	7
8	Capitalized Repairs and Maintenance > \$2,500	(198,476)	06	8
9				9
10				10
11				11
12	Non - Allowable (Allocated to AL and IL)			12
13				13
14	Dietary	(1,663,009)	01	14
15	Food	(1,386,533)	02	15
16	Housekeeping	(501,927)	03	16
17	Laundry	(131,414)	04	17
18	Heat and Other Utilities	(1,009,697)	05	18
19	Maintenance	(1,561,845)	06	19
20	Other	(355,515)	07	20
21	Rehab	(99,749)	10a	21
22	Activities	(25,800)	11	22
23	Social Services	(64,034)	12	23
24	Transportation	(179,322)	14	24
25	Administrative	(924,837)	17	25
26	Professional Fees	(124,329)	19	26
27	Dues and Subscriptions	(23,659)	20	27
28	Office and Clerical	(437,763)	21	28
29	Employee Benefits	(1,343,018)	22	29
30	Travel and Seminar	(12,714)	24	30
31	Other Staff Transportation	(2,537)	25	31
32	Insurance	(195,857)	26	32
33	Depreciation	(4,516,238)	30	33
34	Amortization	(209,248)	31	34
35	Interest	(1,360,344)	32	35
36	Real Estate Taxes	(769,537)	33	36
37	Rent - Equipment and Vehicles	(96,087)	35	37
38	Coffee and Gift Shop	(129,262)	41	38
39	Other	(3,049,141)	43	39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(20,555,500)		49

Radford Green
Medicaid Cost Report
01/01/16 - 12/31/16

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Salary	Total		<u>Direct Nursing Home</u>		Expenses For Alloc.	Alloc. Method	<u>Statistics</u>		<u>Salaries</u>		<u>Other</u>	
			Allow.	Exp.	Salary	Other			Nursing Home	Other	Nursing Home	Other	Nursing Home	Other
Dietary	1	1,717,427	2,064,164			6,330	2,057,834	Meals Served	83,925	353,493	329,513	1,387,914	71,642	275,095
Food	2		1,715,718				1,715,718	Meals Served	83,925	353,493	-	-	329,185	1,386,533
Housekeeping	3	665,810	850,449				850,449	Units / Sched	19,982	28,778	272,855	392,955	75,667	108,972
Laundry	4	56,469	222,664				222,664	Units / Sched	19,982	28,778	23,142	33,327	68,108	98,087
Heat and Other Utilities	5		1,080,701				1,080,701	SQFT	7,056	100,338	-	-	71,004	1,009,697
Maintenance	6	890,377	1,674,006			2,328	1,671,678	SQFT	7,056	100,338	58,500	831,877	53,661	729,968
Other	7	349,960	404,751				404,751	Pat. Days	27,975	201,996	42,571	307,389	6,665	48,126
Medical Director	9		24,000			24,000	-	Dir. Staffing	1		-	-	24,000	-
Nursing and Medical Records	10	4,201,466	4,568,484		4,201,466	367,018	-	Dir. Staffing	1		4,201,466	-	367,018	-
Therapy	10a		113,564				113,564	Pat. Days	27,975	201,996	-	-	13,815	99,749
Activities	11	179,458	217,928		120,045	16,585	81,298	Pat. Days (2)	27,975	13,005	160,603	18,855	31,525	6,945
Social Services	12	246,495	285,447		83,669		201,778	Pat. Days (2)	27,975	13,005	194,822	51,673	26,591	12,361
CNA Training	13		-				-	Dir. Staffing	1	1	-	-	-	-
Transportation	14	222,649	204,157				204,157	Pat. Days	27,975	201,996	27,084	195,565	(2,249)	(16,243)
Other	15		-				-	Pat. Days	1	1	-	-	-	-
Administrative	17	-	1,650,767				1,650,767	Net. Pat. Rev.	13,974,283	17,803,265	-	-	725,930	924,837
Directors Fees	18		-				-	N/A	1	1	-	-	-	-
Professional Fees	19		221,918				221,918	Net. Pat. Rev.	13,974,283	17,803,265	-	-	97,589	124,329
Dues and Subscriptions	20		42,229				42,229	Net. Pat. Rev.	13,974,283	17,803,265	-	-	18,570	23,659
Office and Clerical	21	623,737	781,376				781,376	Net. Pat. Rev.	13,974,283	17,803,265	274,290	349,447	69,322	88,317
Employee Benefits	22		2,815,261				2,815,261	Alloc. Salary	5,584,847	5,094,641	-	-	1,472,243	1,343,018
Inservice Training and Expense	23		-				-	Pat. Days	1	1	-	-	-	-
Travel and Seminar	24		22,694				22,694	Net. Pat. Rev.	13,974,283	17,803,265	-	-	9,980	12,714
Other Staff Transportation	25		4,528				4,528	Net. Pat. Rev.	13,974,283	17,803,265	-	-	1,991	2,537
Insurance	26		349,591				349,591	Net. Pat. Rev.	13,974,283	17,803,265	-	-	153,734	195,857
Other	27		-				-	N/A	1	1	-	-	-	-
Depreciation	30		4,833,830				4,833,830	SQFT	7,056	100,338	-	-	317,592	4,516,238
Amortization	31		223,963				223,963	SQFT	7,056	100,338	-	-	14,715	209,248
Interest	32		1,456,006				1,456,006	SQFT	7,056	100,338	-	-	95,662	1,360,344
Real Estate Taxes	33		823,653				823,653	SQFT	7,056	100,338	-	-	54,116	769,537
Rent - Facilities and Grounds	34		-				-	SQFT	1	1	-	-	-	-
Rent - Equipment and Vehicles	35		109,394				109,394	Pat. Days	27,975	201,996	-	-	13,307	96,087
Other	36		-				-	N/A	1	1	-	-	-	-
Medically Necessary Transportation	38		-				-	N/A	1	1	-	-	-	-
Ancillary Service Centers	39		2,681,591				2,681,591	Direct	1		-	-	2,681,591	-
Barber and Beauty Shop	40		-				-	Direct	1	1	-	-	-	-
Coffee and Gift Shops	41	38,820	129,262				129,262	Direct		1	-	38,820	-	90,442
Provider Participation Fee	42		124,579				124,579	Direct	1		-	-	124,579	-
Other	43	1,486,820	3,049,141				3,049,141	Direct		1	-	1,486,820	-	1,562,321
		10,679,488	32,745,816		4,405,180	416,261	27,924,375				5,584,847	5,094,641	6,987,554	15,078,774

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Radford Green# 0051219

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(1,663,009)	0	0	0	0	0	0	0	0	0	0	(1,663,009)	1
2	Food Purchase	(1,472,618)	0	0	0	0	0	0	0	0	0	0	(1,472,618)	2
3	Housekeeping	(501,927)	0	0	0	0	0	0	0	0	0	0	(501,927)	3
4	Laundry	(131,414)	0	0	0	0	0	0	0	0	0	0	(131,414)	4
5	Heat and Other Utilities	(1,009,697)	0	0	0	0	0	0	0	0	0	0	(1,009,697)	5
6	Maintenance	(1,760,321)	0	0	0	0	0	0	0	0	0	0	(1,760,321)	6
7	Other (specify):*	(355,515)	0	0	0	0	0	0	0	0	0	0	(355,515)	7
8	TOTAL General Services	(6,894,501)	0	0	0	0	0	0	0	0	0	0	(6,894,501)	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	(99,749)	0	0	0	0	0	0	0	0	0	0	(99,749)	10a
11	Activities	(25,800)	0	0	0	0	0	0	0	0	0	0	(25,800)	11
12	Social Services	(64,034)	0	0	0	0	0	0	0	0	0	0	(64,034)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(233,828)	0	0	0	0	0	0	0	0	0	0	(233,828)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(423,412)	0	0	0	0	0	0	0	0	0	0	(423,412)	16
	C. General Administration													
17	Administrative	(924,837)	(300,000)	0	0	0	0	0	0	0	0	0	(1,224,837)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(149,815)	0	0	0	0	0	0	0	0	0	0	(149,815)	19
20	Fees, Subscriptions & Promotions	(23,659)	0	0	0	0	0	0	0	0	0	0	(23,659)	20
21	Clerical & General Office Expenses	(662,356)	0	0	0	0	0	0	0	0	0	0	(662,356)	21
22	Employee Benefits & Payroll Taxes	(1,343,018)	0	0	0	0	0	0	0	0	0	0	(1,343,018)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(12,714)	0	0	0	0	0	0	0	0	0	0	(12,714)	24
25	Other Admin. Staff Transportation	(24,546)	0	0	0	0	0	0	0	0	0	0	(24,546)	25
26	Insurance-Prop.Liab.Malpractice	(228,930)	0	0	0	0	0	0	0	0	0	0	(228,930)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,369,875)	(300,000)	0	0	0	0	0	0	0	0	0	(3,669,875)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,687,787)	(300,000)	0	0	0	0	0	0	0	0	0	(10,987,787)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Radford Green # 0051219 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(4,544,952)	0	0	0	0	0	0	0	0	0	0	(4,544,952) 30
31	Amortization of Pre-Op. & Org.	(209,248)	0	0	0	0	0	0	0	0	0	0	(209,248) 31
32	Interest	(1,361,960)	0	0	0	0	0	0	0	0	0	0	(1,361,960) 32
33	Real Estate Taxes	(769,537)	0	0	0	0	0	0	0	0	0	0	(769,537) 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(96,087)	0	0	0	0	0	0	0	0	0	0	(96,087) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(6,981,783)	0	0	0	0	0	0	0	0	0	0	(6,981,783) 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	(129,262)	0	0	0	0	0	0	0	0	0	0	(129,262) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(3,049,141)	0	0	0	0	0	0	0	0	0	0	(3,049,141) 43
44	TOTAL Special Cost Centers	(3,178,403)	0	0	0	0	0	0	0	0	0	0	(3,178,403) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(20,847,974)	(300,000)	0	0	0	0	0	0	0	0	0	(21,147,974) 45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Lincolnshire Holdings, LLC</u>	<u>100.00%</u>	<u>Monarch Landing</u>	<u>Naperville, IL</u>	<u>Senior Care</u>		
		<u>Meadow Ridge</u>	<u>Redding, CN</u>	<u>Development Co.</u>	<u>Harrison, NY</u>	<u>Development Co.</u>
		<u>Evergreen Woods</u>	<u>Branford, CN</u>			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	<u>Management Fees</u>	<u>\$ 300,000</u>	<u>Senior Care Development Co.</u>	<u>100.00%</u>	<u>\$</u>	<u>\$ (300,000)</u>	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			<u>\$ 300,000</u>			<u>\$</u>	<u>\$ * (300,000)</u>	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number	Radford Green
--------------------------------------	----------------------

0051219

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number**Fax Number**

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

SEE ACCOUNTANTS' PREPARATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Village of Lincolnshire						\$				\$	1
2	Special Area Tax Obligation		X	Bonds Payable				10,607,687	03/01/34	6.25%	621,155	2
3												3
4	Harris BMO		X	Notes Payable		08/28/14	30,000,000	29,781,777	09/01/19	L +2.25%	836,467	4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						\$ 30,000,000	\$ 40,389,464			\$ 1,457,622	9
	B. Non-Facility Related*											
10	Non-Allowable Interest											10
11	Allocated to IL and AL		X								(1,360,344)	11
12												12
13	Interest Income		X								(1,616)	13
14	TOTAL Non-Facility Related						\$	\$			\$ (1,361,960)	14
15	TOTALS (line 9+line14)						\$ 30,000,000	\$ 40,389,464			\$ 95,662	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' PREPARATION REPORT

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.			Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	64,107	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.)					\$	60,006	2
3. Under or (over) accrual (line 2 minus line 1).					\$	(4,101)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)					\$	58,217	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.					\$	54,116	7
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:		2011	903,364	8	FOR BHF USE ONLY		
		2012	967,179	9			
		2013	966,206	10	13	FROM R. E. TAX STATEMENT FOR 2015	13
		2014	978,246	11	14	PLUS APPEAL COST FROM LINE 5	14
		2015	913,311	12	15	LESS REFUND FROM LINE 6	15
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.					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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Radford Green COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0051219

CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune, CPA

TELEPHONE (779) 875 - 3979 FAX #: (866) 216 - 5355

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
	Tax Index Number	Property Description	Total Tax	
1.	15 - 22 - 406 - 003	Complex - NG, IL, and AL	\$ 19,502.33	\$ 19,502.33
2.	15 - 23 - 302 - 003	Complex - NG, IL, and AL	\$ 809,407.91	\$ 809,407.91
3.	15 - 22 - 406 - 002	Non - Care (Disallowed Below)	\$ 51,023.08	\$ 51,023.08
4.	15 - 23 - 302 - 002	Non - Care (Disallowed Below)	\$ 33,335.20	\$ 33,335.20
5.	15 - 22 - 407 - 001	Non - Care (Disallowed Below)	\$ 42.61	\$ 42.61
6.			\$	\$
7.		Non - Care Allocation	\$	\$
8.		Based on Square Footage	\$ (853,304.77)	\$ (853,304.77)
9.			\$	\$
10.			\$	\$
		TOTALS	\$ 60,006.36	\$ 60,006.36

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 107,394

B. General Construction Type: Exterior Brick Frame Steel

Number of Stories

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Independent Living (467 Units)

Assisted Living (44 Units)

Clinic

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☐ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		2010	\$ 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

0051219

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 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	Main Door		2013		4,873						12
13	Cooling Tower		2013		14,700						13
14	Expansion Tank		2013		2,673						14
15	Heat Pumps		2013		2,544						15
16	Storage Tanks		2013		14,604						16
17	Flooring - Resident Rooms - ***		2013		86,034						17
18	Irrigation System		2013		10,751						18
19	Trees		2013		20,650						19
20	Room Signage		2013		2,055						20
21	Fire System		2013		21,451						21
22	Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***		2013		152,315						22
23	Resident Rooms - Lighting, Electrical, Canopies, Bathroom - ***		2013		11,836						23
24	Multipurpose Room - Signage		2013		15,900						24
25	Multipurpose Room - Lighting, Flooring, Electrical		2013		18,252						25
26	Therapy Room - Remodel - Flooring, Paint, Electrical		2013		79,900						26
27	Fitness Room Remodel - Flooring, Lighting, Electrical		2013		114,855						27
28	Resident Rooms - Pull Cords		2013		106,279						28
29	Gatehouse - Security System		2013		3,987						29
30	Resident Rooms - Carpet / Vinyl Flooring - ***		2014		101,818						30
31	Building Automation - Boiler, Temperature, Electricity, Etc. - ***		2014		55,132						31
32	Doors - Automatic Opening System - ***		2014		13,993						32
33	Nurse Call / Communication System		2014		15,540						33
34	Wall Flags - ***		2014		2,250						34
35	Evaporator Pump - ***		2014		1,670						35
36	Compressor - ***		2014		23,395						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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Landscaping - ***	2014	\$ 16,805	\$		\$	\$	\$	37
38 Resident Rooms - Lighting, Electrial, Canopies, Bathroom - ***	2014	921,607						38
39 Resident Rooms - Blinds - ***	2015	6,289						39
40 Resident Rooms - Carpet / Vinyl Flooring - ***	2015	51,246						40
41 Resident Rooms - Lighting, Electrial, Canopies, Bathroom - ***	2015	209,369						41
42 Boiler - ***	2015	5,876						42
43 Closet Organizing Units - ***	2015	7,964						43
44 Annunciator Panel - Electrical - ***	2015	9,677						44
45 Design and Construction - Electrical, Flooring, Etc. - ***	2015	21,587						45
46 Electric Door Locks - ***	2015	13,750						46
47 Resident Rooms - Painting - ***	2015	244,759						47
48 Resident Rooms - Blinds - ***	2016	6,951						48
49 Resident Rooms - Granite Countertops - ***	2016	152,893						49
50 Resident Rooms - Cabinet Replacements and Carpentry - ***	2016	21,734						50
51 Curbs and Sidewalk - Concrete - ***	2016	15,000						51
52 Resident Rooms - Doors - ***	2016	38,800						52
53 Main / Resident Rooms - Lighting and Electrical - ***	2016	150,770						53
54 Resident Rooms - Carpet / Vinyl Flooring - ***	2016	258,343						54
55 Resident Rooms - Painting and Wall Repair- ***	2016	194,754						55
56 Parking Deck Lights - ***	2016	83,410						56
57 Portecochere - Ceiling Modifications - ***	2016	21,872						57
58 Bistro - Electrical, Flooring, and Other Modifications - ***	2016	78,561						58
59								59
60								60
61								61
62 *** A Sub-Schedule is provided that includes specific details								62
63 of room locations within the facility where the leasehold								63
64 improvements were made and in certain instances shows								64
65 the allocation between the nursing home and other non								65
66 care operations. The breakdown of current year assets is								66
67 only provided with this report. Please review prior year								67
68 cost reports for prior year costs allocations.								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 161,736,124	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 161,736,124	\$		\$	\$	\$	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								8
9								9
10								10
11 Assisted Living, Independent Living and Clinic								11
12 Allocations Based on Square Footage (Non-Care ADJ)								12
13								13
14 Building	2010	(144,039,039)						14
15 Leasehold Improvements	2010	(2,613,864)						15
16 Leasehold Improvements	2011	(142,133)						16
17 Leasehold Improvements	2012	(993,578)						17
18 Leasehold Improvements	2013	(496,595)						18
19 Leasehold Improvements	2014	(1,128,866)						19
20 Leasehold Improvements	2015	(529,791)						20
21 Leasehold Improvements	2016	(986,191)						21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31 FS Depreciation - Allowable Amount Only - See Page 5 SUPP			317,592		317,592			31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 10,783,428	\$ 317,592		\$ 317,592	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$3,647,240	\$	\$	\$		\$	71
72	Current Year Purchases	273,591						72
73	Fully Depreciated Assets							73
74	Non-Care Adjustment	(2,170,837)						74
75	TOTALS	\$1,749,994	\$	\$	\$		\$	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 Adjustment			(112,190)						77
78										78
79										79
80	TOTALS			\$7,889	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$13,589,221	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$317,592	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$317,592	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	6,891,018			88
89	Equipment	2,170,837			89
90	Vehicles	112,190			90
91	TOTALS	\$164,487,350	\$	\$	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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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

If NO, see instructions.

☐YES☐NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	See Suppl				0			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: *

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

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO
16. Rental Amount for movable equipment: \$10,377Description: 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 F150	\$	10,590	17
18	Facility	Startcraft Bus		13,503	18
19					19
20	Non-Allowable IL/AL			(21,162)	20
21	TOTAL		\$	2,931	21

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.	/2017	\$
13.	/2018	\$
14.	/2019	\$

* 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
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Description		Amount		Total
Building Rental				
N/A				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total		-		-
Equipment Rental				
Ecolab		11,119		11,119
Marlin Business Bank		818		818
Burris Equipment		1,264		1,264
Canon Solutions America		42,980		42,980
Impact Networking		21,059		21,059
De Lage Landon Financial Services		8,061		8,061
				-
				-
				-
				-
Non - Allowable				-
IL and AL Allocations		(74,924)		(74,924)
				-
Total		10,377		10,377

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

☒ 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.)

12345678											
	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	\$		\$ 618,104	\$		\$ 618,104	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			235,178			235,178	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39 - 03	hrs			1,084,618			1,084,618	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				568,570		568,570	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): See Supplemental	39 - 02					77,961		77,961	12	
13	Other (specify): See Supplemental	39 - 03				97,160			97,160	13	
14	TOTAL			\$		\$ 2,035,060	\$ 646,531		\$ 2,681,591	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
01/01/16 - 12/31/16

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[illegible]

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 10,520,788	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 85,303)	1,621,611		3
4	Supply Inventory (priced at Cost - FIFO)	50,982		4
5	Short-Term Investments			5
6	Prepaid Insurance	303,022		6
7	Other Prepaid Expenses	46,798		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,543,201	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	12,322,176		13
14	Buildings, at Historical Cost	153,398,039		14
15	Leasehold Improvements, at Historical Cost	10,815,596		15
16	Equipment, at Historical Cost	4,369,114		16
17	Accumulated Depreciation (book methods)	(28,256,338)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	21,800		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 152,670,387	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 165,213,588	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,992,192	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	747,295		30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	124,133		31
32	Accrued Real Estate Taxes(Sch.IX-B)	886,077		32
33	Accrued Interest Payable	174,161		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,923,858	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	29,184,544		39
40	Mortgage Payable			40
41	Bonds Payable	10,607,687		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule	152,747,337		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 192,539,568	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 196,463,426	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (31,249,838)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 165,213,588	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Radford Green
Medicaid Cost Report
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Page 17 Supplemental Schedule

Description		Operating		Building		Total
Line 9 - Other Current Assets						
						-
						-
						-
						-
						-
Sub-Total		-		-		-
Line 23 - Long Term Assets						
Derivatives		21,800				21,800
						-
						-
						-
						-
Sub-Total		21,800		-		21,800
Line 36 - Other Current Liability						
						-
						-
						-
						-
						-
Sub-Total		-		-		-
Line 43 - Long term Liabilities						
Refundable Resident Deposits		82,423,371				82,423,371
Refundable Resident Deposits						-
(Net of Amortization)		64,020,300				64,020,300
NonRefundable Resident Deposits						-
(Net of Amortization)		6,303,666				6,303,666
Sub-Total		152,747,337		-		152,747,337

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (25,835,506)	1
2	Restatements (describe):		2
3	Rounding	2	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (25,835,504)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	25,635	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	560,031	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(6,000,000)	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)	\$ (5,414,334)	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)	\$ (31,249,838)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,599,897	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,599,897	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	374,377	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 374,377	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	75,912	12
13	Barber and Beauty Care	30,833	13
14	Non-Patient Meals	86,085	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	28,714	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	9	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 221,553	23
	D. Non-Operating Revenue		
24	Contributions	1,317	24
25	Interest and Other Investment Income***	1,616	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,933	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	19,547,249	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,547,249	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 33,746,009	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	8,297,014	31
32	Health Care	5,468,086	32
33	General Administration	6,493,525	33
	B. Capital Expense		
34	Ownership	7,477,176	34
	C. Ancillary Expense		
35	Special Cost Centers	5,859,994	35
36	Provider Participation Fee	124,579	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 33,720,374	40
41	Income before Income Taxes (line 30 minus line 40)**	25,635	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 25,635	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 114,274	44
45	Private Pay - Net Inpatient Revenue	4,555,340	45
46	Medicare - Net Inpatient Revenue	8,251,236	46
47	Other-(specify) <u>Insurance - Net Patient Revenue</u>	679,047	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,599,897	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

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Page 19 Supplemental Schedule

Description		Amount		Total
Assisted Living - ADJ Pg. 5		2,836,176		2,836,176
Independent Living - ADJ Pg. 5		14,967,089		14,967,089
Transportation Income - ADJ Pg. 5		54,506		54,506
Vending Commissions		546		546
Gain on Sale of Assets (Note 1)		1,621,878		1,621,878
Comprehensive Income (Note 2)		25,048		25,048
Insurance Reimbursement (Note 3)		31,023		31,023
Miscellaneous Income - ADJ Pg. 5		10,983		10,983
				-
				-
Note 1 - Gain on sale of assets related				-
to non-care assets. As such,				-
this amount is not offset.				-
				-
Note 2 - Comprehensive income does				-
not relate to current operating				-
revenue or expenses. As such,				-
this amount is not offset.				-
				-
Note 3 - Insurance Reimbursement				-
relates to legal fees reimbursed				-
by insurance in excess of the				-
deductible. This amount was				-
not offset again legal fees as				-
corresponding legal fees were				-
were disallowed on both the				-
prior year and current year				-
cost report.				-
				-
				-
Total		<u>19,547,249</u>		<u>19,547,249</u>

Facility Name & ID Number Radford Green# 0051219

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	4,771	5,296	\$ 222,205	\$ 41.96	1
2	Assistant Director of Nursing					2
3	Registered Nurses	46,661	49,332	1,736,495	35.20	3
4	Licensed Practical Nurses	20,833	22,547	627,699	27.84	4
5	CNAs & Orderlies	99,156	106,438	1,564,636	14.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,157	8,924	179,458	20.11	10
11	Social Service Workers	6,821	7,658	246,495	32.19	11
12	Dietician					12
13	Food Service Supervisor	1,853	1,983	79,080	39.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	133,088	139,434	1,638,347	11.75	15
16	Dishwashers					16
17	Maintenance Workers	34,854	38,494	890,377	23.13	17
18	Housekeepers	54,560	59,289	665,810	11.23	18
19	Laundry	4,632	5,033	56,469	11.22	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	26,070	28,172	623,737	22.14	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,990	3,231	50,431	15.61	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	87,207	95,904	2,098,249	21.88	33
34	TOTAL (lines 1 - 33)	531,653	571,735	\$ 10,679,488 *	\$ 18.68	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 35,920	01 - 03	35
36	Medical Director		24,000	09 - 03	36
37	Medical Records Consultant		800	10 - 03	37
38	Nurse Consultant		28,847	10 - 03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		954	11 - 03	44
45	Social Service Consultant		954	12 - 03	45
46	Other(specify)				46
47	<u>See Supplemental Schedule</u>		128,687		47
48					48
49	TOTAL (lines 35 - 48)		\$ 220,162		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides		19,698	10 - 03	52
53	TOTAL (lines 50 - 52)		\$ 19,698		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

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Medicaid Cost Report
01/01/16 - 12/31/16

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Security	07	17,125	18,694	349,960	18.72		
Transportation	14	10,895	11,894	222,649	18.72		
Coffee Shop	41	2,714	2,991	38,820	12.98		
Assisted Living	43	39,552	43,883	806,576	18.38		
Clinic	43	5,482	6,019	137,588	22.86		
Marketing	43	11,439	12,423	542,656	43.68		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		87,207	95,904	2,098,249	21.88		

Contracted Services

Fitness Program	10a			113,564
Pastoral Care	12			15,123
Total			-	128,687

AIX. SUPPORT SCHEDULES				
A. Administrative Salaries			Ownership %	Amount
Name	Function			
				\$
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$
B. Administrative - Other				
Description			Amount	
Senior Care Development, LLC			\$ 300,000	
Life Care Companies, LLC			1,650,767	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,950,767	
C. Professional Services			Amount	
Vendor/Payee	Type			
Beers, Hamerman,			\$	
Cohen & Burger, PC	Audit and Tax		78,000	
Jeremy Brune & Associates, LLC	Cost Reports		4,200	
Compliance Line	Legal		2,025	
Foley & Lardner LLP	Legal		1,802	
Hinckley Allen & Snyder LLP	Legal		32,183	
Jackson Lewis	Legal		3,409	
Nixon Peabody LLP	Legal		2,419	
Senior Care Development LLC	Legal		7,071	
Accushield	IT / Data Processing		3,000	
HealthMedX	IT / Data Processing		18,198	
See Supplemental Schedule			95,097	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 247,404	
D. Employee Benefits and Payroll Taxes			Amount	
Description				
Workers' Compensation Insurance			\$ 255,957	
Unemployment Compensation Insurance			59,251	
FICA Taxes			772,439	
Employee Health Insurance			1,366,484	
Employee Meals				
Illinois Municipal Retirement Fund (IMRF)*				
Dental Insurance			60,870	
Vision Insurance			9,252	
Disability Insurance			33,906	
Life Insurance			9,063	
Retirement Benefits			148,060	
Other Employee Benefits			99,981	
Non Allowable - IL and AL Allocations			(1,343,018)	
TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,472,243	
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			Amount	
Description	Line #			
			\$	
TOTAL			\$	
F. Dues, Fees, Subscriptions and Promotions			Amount	
Description				
IDPH License Fee			\$	
Advertising: Employee Recruitment			13,641	
Health Care Worker Background Check (Indicate # of checks performed)			8,199	
Patient Background Checks				
Licenses			8,193	
Dues			1,220	
Dues - Leading Age			10,976	
Non Allowable - IL and AL Allocations			(23,659)	
Less: Public Relations Expense			()	
Non-allowable advertising			()	
Yellow page advertising			()	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 18,570	
G. Schedule of Travel and Seminar**			Amount	
Description				
Out-of-State Travel			\$	
In-State Travel				
Seminar Expense			22,694	
Non Allowable - IL and AL Allocations			(12,714)	
Entertainment Expense			()	
(agree to Sch. V, line 24, col. 8)				
TOTAL			\$ 9,980	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

Radford Green
Medicaid Cost Report
01/01/16 - 12/31/16

Page 21 Supplemental Schedule - Other Professional Fees

[illegible]

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

Vendor	Service Description	Invoice Date	Amount	Non-Allowable	Allowable
Compliance Line	Health Care Compliance	01/31/16	60		60
Compliance Line	Health Care Compliance	01/31/16	112		112
Hinckley Allen & Snyder LLP	General Corporate	02/01/16	3,310	3,310	-
Hinckley Allen & Snyder LLP	General Corporate	02/08/16	4,687	2,082	2,605
Jackson Lewis	General Policy Review	02/17/16	752		752
Compliance Line	Health Care Compliance	02/29/16	60		60
Compliance Line	Health Care Compliance	02/29/16	112		112
Hinckley Allen & Snyder LLP	Master File-DOJ Investigation	03/01/16	434	434	-
Hinckley Allen & Snyder LLP	Master File-DOJ Investigation	03/01/16	1,674	1,674	-
Compliance Line	Health Care Compliance	03/31/16	60		60
Compliance Line	Health Care Compliance	03/31/16	112		112
Hinckley Allen & Snyder LLP	Audit Response	04/01/16	525		525
Hinckley Allen & Snyder LLP	General Corporate	04/01/16	6,947	4,976	1,971
Jackson Lewis	Policy-Electronic Monitoring	04/20/16	1,590		1,590
Hinckley Allen & Snyder LLP	Nursing Home Litigation	04/25/16	2,730		2,730
Hinckley Allen & Snyder LLP	General Corporate	04/25/16	2,220	585	1,635
Compliance Line	Health Care Compliance	04/30/16	60		60
Compliance Line	Health Care Compliance	04/30/16	112		112
Hinckley Allen & Snyder LLP	General Corporate	05/06/16	890	890	-
Hinckley Allen & Snyder LLP	Resident Refund Dispute	05/06/16	1,235	1,235	-
Hinckley Allen & Snyder LLP	Nursing Home Litigation	05/06/16	130		130
Compliance Line	Health Care Compliance	05/31/16	60		60
Compliance Line	Health Care Compliance	05/31/16	112		112
Compliance Line	Health Care Compliance	06/30/16	60		60
Compliance Line	Health Care Compliance	06/30/16	112		112
Hinckley Allen & Snyder LLP	Nursing Home Litigation	07/01/16	520		520
Hinckley Allen & Snyder LLP	Resident Refund Dispute	07/01/16	1,001	1,001	-
Hinckley Allen & Snyder LLP	General Corporate	07/01/16	1,903	1,903	-
Senior Care Development LLC	June Reimbursable Exp.	07/01/16	900		900
Hinckley Allen & Snyder LLP	General Corporate	07/22/16	33		33
Jackson Lewis	Review Job Description FLSA Purposes	07/27/16	230		230
Compliance Line	Health Care Compliance	07/31/16	60		60
Compliance Line	Health Care Compliance	07/31/16	112		112
Senior Care Development LLC	Good Standing Certificate	08/01/16	440		440
Senior Care Development LLC	Filings Fees	08/01/16	5,731		5,731
Hinckley Allen & Snyder LLP	Medicare Revalidation Legal Fees	08/15/16	215		215
Nixon Peabody LLP	Compliance Health Care Regulations	08/16/16	2,419	2,419	-
Jackson Lewis	Empl Benefits ACA Questions	08/17/16	331		331
Compliance Line	Health Care Compliance	08/31/16	60		60
Compliance Line	Health Care Compliance	08/31/16	112		112
Foley & Lardner LLP	Health Care Service Lien	09/01/16	316	316	-
Foley & Lardner LLP	Health Care Service Lien	09/01/16	1,485	1,485	-
Jackson Lewis	PRN Agreement Non-Exempt Status/Sales	09/20/16	506		506
Compliance Line	Health Care Compliance	09/30/16	50		50
Compliance Line	Health Care Compliance	09/30/16	112		112
Compliance Line	Health Care Compliance	10/31/16	112		112
Compliance Line	Health Care Compliance	10/31/16	50		50
Hinckley Allen & Snyder LLP	Resident's issues	11/01/16	390		390
Hinckley Allen & Snyder LLP	DOJ/Residents	11/15/16	1,300	1,300	-
Compliance Line	Health Care Compliance	11/30/16	50		50
Compliance Line	Health Care Compliance	11/30/16	112		112
Compliance Line	Health Care Compliance	12/31/16	112		112
Compliance Line	Health Care Compliance	12/31/16	50		50
Hinckley Allen & Snyder LLP	Resident's issues	12/31/16	2,040	1,875	165
			-		-
Total			48,909	25,486	23,424

Radford Green
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Page 21 Supplemental Schedule - Seminar

Vendor	Session Title	Seminar Date	Location	Attendee	Amount	Non-Allowable	Allowable
Bank of America	ACT Park District				430		430
Bank of America	Aqua Pure Enterprises				60		60
Bank of America	Assoc Professional Infection Control				118		118
Bank of America	DSB Food Handlers				140		140
Bank of America	Fred Pryor Career Track				199		199
Bank of America	Fred Pryor-Payroll Law				149		149
Bank of America	Hobby-Lobby				22		22
Bank of America	HOH Water Technology				100		100
Bank of America	Inspec Inc				40		40
Bank of America	SHRM				1,320		1,320
Daube Vilches, Jacqueline	Fred Pryor-Training Rewards				299		299
Daube Vilches, Jacqueline	ISMIE's Risk Management				99		99
DecisionWise LLC	360 Reviews				2,475		2,475
Elderwerks Educational Services	Dementia Conference				150		150
Familara, Michelle Marie Tuazon	MDS certification/manual				180		180
Familara, Michelle Marie Tuazon	RAC-CT Recertification-MDS				80		80
Fred Pryor Seminars	Training Rewards Renewal				199		199
Haas, Steven	Basset Alcohol Certification				70		70
Haas, Steven	CDM Certification				155		155
Haas, Steven	Food Handler Training				840		840
Haas, Steven	Food Service Sanitation Class Amir				195		195
Haas, Steven	Food Service Sanitation Class Chumpol				195		195
Haas, Steven	Food Service Sanitation Class Tiffany				195		195
Haas, Steven	Food Service Sanitation-Davis-Stokley				195		195
Haas, Steven	Food Service Sanitation-McManaway				195		195
Leading Age Illinois	Webinar Fee-Fair Housing Alert				109		109
Life Care Companies LLC	Accounting Conf.-Smolenski				1,372		1,372
Life Care Companies LLC	Comm LCS Conf-Springer				1,448		1,448
Life Care Companies LLC	ES Conference-Robertson				1,304		1,304
Life Care Companies LLC	Familara,Zapata,Ferido-MDS Training				597		597
Life Care Companies LLC	HR Conference-Messenger				1,344		1,344
Life Care Companies LLC	HSD PAC Regional Conf-Daniel				88		88
Life Care Companies LLC	HSD PAC Regional-Akainyah				83		83
Life Care Companies LLC	HSD PAC Regional-Gerber				83		83
Life Care Companies LLC	HSD PAC Regional-Gray				83		83
Messenger, Sheryl	SHRM Annual Conference				1,320		1,320
Life Care Companies LLC					285		285
Other	Cathy Swan INR Seminar				81		81
Other	Hinseminars-Ovi Manea				199		199
Other	Maggie Skowron-Finance Seminar				299		299
Other	Maggie Skowron-Payroll Law				149		149
Other	Northern IL University				3,599		3,599
Other	Steve Haas				195		195
Other	Steve Haas NRA Show				177		177
Other	Relias Training				175		175
Other	Relias Training				175		175
Other	Relias Training				175		175
Other	Sysco				2,495		2,495
Other	Union Avoidance Training				(436)		(436)
							-
Non-Allowable Clinic					(804)		(804)
Non-Allowable IL and AL Allocations					(12,714)		(12,714)
							-
							-
							-
							-
Total					9,980	-	9,980

XX. GENERAL INFORMATION:

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

No

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

Yes

If YES, give association name and amount.

Leading Age - \$10,976

(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.

\$20,740

Line

10 - 02

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

(9) Are you presently operating under a sublease agreement?

YES

X

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$124,579

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

Yes - PG5 SUPP

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$N/A

Has any meal income been offset against related costs?

Yes

Indicate the amount. \$

86,085

(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 of Schedule V?

Yes

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility?

Yes

See page 39 of the instructions for details.

Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' PREPARATION REPORT