

		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.

<p>I. IDPH License ID Number: <u>0023945</u></p> <p>Facility Name: <u>Heather Health Care Center</u></p> <p>Address: <u>15600 S Honore St</u> <u>Harvey</u> <u>60426</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 333-9550</u> Fax # <u>(708) 333-9554</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>6/01/81</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Derek Smart</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td> <td></td> </tr> </table> <p>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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name & ID Number Heather Health Care Center

0023945 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 _____

	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	173	Skilled (SNF)	173	63,318	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	173	TOTALS	173	63,318	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,988	87	1,862	3,937	8
9	SNF/PED					9
10	ICF	45,293	404	487	46,184	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,281	491	2,349	50,121	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.16%

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)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 4/1/1978

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 173 and days of care provided 1,631

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Heather Health Care Center # 0023945 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	307,651	58,423	25,633	391,707	1,205	392,912	(6,758)	386,154		1
2	Food Purchase		370,319		370,319	(29,253)	341,066	(24,976)	316,090		2
3	Housekeeping	273,651	73,260		346,911	1,080	347,991	17,480	365,471		3
4	Laundry	102,874	20,193		123,067	283	123,350		123,350		4
5	Heat and Other Utilities			182,474	182,474		182,474	1,961	184,435		5
6	Maintenance	52,407		182,722	235,129	146	235,275	43,291	278,566		6
7	Other (specify):* related party							8,094	8,094		7
8	TOTAL General Services	736,583	522,195	390,829	1,649,607	(26,539)	1,623,068	39,091	1,662,159		8
	B. Health Care and Programs										
9	Medical Director			29,750	29,750		29,750		29,750		9
10	Nursing and Medical Records	2,730,397	200,421	25,487	2,956,305	10,985	2,967,290	55,549	3,022,839		10
10a	Therapy	60,421	989	29,778	91,188		91,188		91,188		10a
11	Activities	410,685	31,963	2,399	445,047	32	445,079		445,079		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							6,975	6,975		15
16	TOTAL Health Care and Programs	3,201,503	233,373	87,414	3,522,290	11,017	3,533,307	62,525	3,595,832		16
	C. General Administration										
17	Administrative	193,305			193,305		193,305	214,114	407,419		17
18	Directors Fees										18
19	Professional Services			834,742	834,742		834,742	(765,149)	69,593		19
20	Dues, Fees, Subscriptions & Promotions			127,345	127,345		127,345	(97,353)	29,992		20
21	Clerical & General Office Expenses	98,098	13,817	177,387	289,302	(4,104)	285,198	275,263	560,461		21
22	Employee Benefits & Payroll Taxes			805,443	805,443	17,278	822,721	(2,321)	820,400		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,522	1,522		1,522	1,067	2,589		24
25	Other Admin. Staff Transportation			5,916	5,916		5,916	9,545	15,461		25
26	Insurance-Prop.Liab.Malpractice			477,401	477,401		477,401	6,731	484,132		26
27	Other (specify):* related party			64,543	64,543		64,543	20,254	84,797		27
28	TOTAL General Administration	291,403	13,817	2,494,299	2,799,519	13,174	2,812,693	(337,847)	2,474,846		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,229,489	769,385	2,972,542	7,971,416	(2,348)	7,969,068	(236,231)	7,732,837		29

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

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

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			125,650	125,650		125,650	(18,572)	107,078			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,180	69,180		69,180	243,501	312,681			32
33	Real Estate Taxes			377,266	377,266	(377,266)		384,465	384,465			33
34	Rent-Facility & Grounds			484,940	484,940	377,266	862,206	(862,206)				34
35	Rent-Equipment & Vehicles			8,762	8,762		8,762	38,286	47,048			35
36	Other (specify):*											36
37	TOTAL Ownership			1,065,798	1,065,798		1,065,798	(214,527)	851,271			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		315,857	614,163	930,020	2,348	932,368	(278,674)	653,694			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			394,702	394,702		394,702		394,702			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		315,857	1,008,865	1,324,722	2,348	1,327,070	(278,674)	1,048,396			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,229,489	1,085,242	5,047,205	10,361,936		10,361,936	(729,432)	9,632,504			45

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

Heather Health Care Center
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0023945

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(29,252.85)	Employee Meals
	22	29,252.85	Employee Meals
22		(11,975.00)	Uniform Reclass
	1	1,205.00	Uniform Reclass
	3	1,080.00	Uniform Reclass
	4	283.00	Uniform Reclass
	6	146.00	Uniform Reclass
	10	8,713.00	Uniform Reclass
	11	32.00	Uniform Reclass
	21	516.00	Uniform Reclass
10		(2,348.00)	Oxygen Cost Reclass
	39	2,348.00	Oxygen Cost Reclass
33		(377,266.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	377,266.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass

-

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(15,125)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(11,247)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(309)	2		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	(19,484)	21		17
18	Fines and Penalties	(20)	32		18
19	Entertainment				19
20	Contributions	(6,183)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(58,573)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(64,543)	27		24
25	Fund Raising, Advertising and Promotional	(92,513)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (267,997)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(397,586)		34
35	Other- Attach Schedule	(63,849)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (461,435)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (729,432)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Heather Health Care Center

ID# 0023945

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (26,429)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(5,088)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	34,084	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	0	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Adj for ABC Related Party Profit - Pg 13			7
8	Real Estate Tax Refund			8
9				9
10	Late Fees on utilities	(1,644)	5	10
11				11
12	Intercompany interest is not allowed (gl 7031)	(66,381)	32	12
13				13
14	A/P Adjustments (vendor discounts)	(10)	10	14
15	Miscellaneous Income - Medical Records	(188)	10	15
16	Miscellaneous Income - TF interest accrued			16
17	Miscellaneous Income - Jury Duty			17
18	Collection fees	(20)	21	18
19				19
20	Depreciation Adj	1,827	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(63,849)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heather Health Care Center# 0023945

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(6,758)	0	0	0	0	0	0	0	(6,758)	1
2	Food Purchase	(309)	0	0	(24,667)	0	0	0	0	0	0	0	(24,976)	2
3	Housekeeping	0	0	17,480	0	0	0	0	0	0	0	0	17,480	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,644)	0	3,605	0	0	0	0	0	0	0	0	1,961	5
6	Maintenance	18,959	0	23,329	0	0	0	51	952	0	0	0	43,291	6
7	Other (specify):*	0	0	8,094	0	0	0	0	0	0	0	0	8,094	7
8	TOTAL General Services	17,006	0	52,507	(31,425)	0	0	51	952	0	0	0	39,091	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	(198)	0	47,431	9,687	(1,371)	0	0	0	0	0	0	55,549	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,975	0	0	0	0	0	0	0	0	6,975	15
16	TOTAL Health Care and Programs	(198)	0	54,407	9,687	(1,371)	0	0	0	0	0	0	62,525	16
	C. General Administration													
17	Administrative	0	0	214,114	0	0	0	0	0	0	0	0	214,114	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(58,573)	4,500	(711,076)	0	0	0	0	0	0	0	0	(765,149)	19
20	Fees, Subscriptions & Promotions	(98,696)	77	1,266	0	0	0	0	0	0	0	0	(97,353)	20
21	Clerical & General Office Expenses	(19,504)	0	294,767	0	0	0	0	0	0	0	0	275,263	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,321)	0	0	0	0	0	0	(2,321)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,067	0	0	0	0	0	0	0	0	1,067	24
25	Other Admin. Staff Transportation	0	0	9,545	0	0	0	0	0	0	0	0	9,545	25
26	Insurance-Prop.Liab.Malpractice	0	6,382	349	0	0	0	0	0	0	0	0	6,731	26
27	Other (specify):*	(64,543)	0	84,797	0	0	0	0	0	0	0	0	20,254	27
28	TOTAL General Administration	(241,316)	10,959	(105,169)	0	(2,321)	0	0	0	0	0	0	(337,847)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(224,508)	10,959	1,745	(21,738)	(3,692)	0	51	952	0	0	0	(236,231)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(29,690)	0	11,118	0	0	0	0	0	0	0	0	(18,572)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(77,648)	246,308	74,841	0	0	0	0	0	0	0	0	243,501	32
33	Real Estate Taxes	0	377,266	7,199	0	0	0	0	0	0	0	0	384,465	33
34	Rent-Facility & Grounds	0	(862,206)	0	0	0	0	0	0	0	0	0	(862,206)	34
35	Rent-Equipment & Vehicles	0	0	38,286	0	0	0	0	0	0	0	0	38,286	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(107,338)	(238,632)	131,443	0	0	0	0	0	0	0	0	(214,527)	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	(111,952)	(3,784)	(162,938)	0	0	0	0	0	(278,674)	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	(111,952)	(3,784)	(162,938)	0	0	0	0	0	(278,674)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(331,846)	(227,673)	133,188	(133,690)	(7,476)	(162,938)	51	952	0	0	0	(729,432)	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
The Alden Group, Ltd.	100	See PG-Supp		See PG-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 862,206	Heather Health Care Center II, LLC	0.00%	\$	\$ (862,206)	1
2	V	33 Real Estate Tax Expense		Heather Health Care Center II, LLC		377,266	377,266	2
3	V	26 General Insurance		Heather Health Care Center II, LLC		6,382	6,382	3
4	V	32 Interest - Mortgage		Heather Health Care Center II, LLC		237,777	237,777	4
5	V	32 Amortization Expense		Heather Health Care Center II, LLC		8,531	8,531	5
6	V	19 Bank Charges		Heather Health Care Center II, LLC		4,500	4,500	6
7	V	20 Corporate Annual Report Fee		Heather Health Care Center II, LLC		77	77	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 862,206			\$ 634,533	\$ * (227,673)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)	
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,605	\$ 3,605	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,067	1,067	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		9,545	9,545	17
18	V	26 Insurance		Alden Management Services, Inc.		349	349	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		1,266	1,266	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,199	7,199	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		38,286	38,286	22
23	V	32 Interest		Alden Management Services, Inc.		74,841	74,841	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.				24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		17,480	17,480	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,094	8,094	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		47,431	47,431	27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		6,975	6,975	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		214,114	214,114	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		84,797	84,797	30
31	V	19 Professional Fees	758,788	Alden Management Services, Inc.		47,712	(711,076)	31
32	V	21 Gen'l & Admin	58,560	Alden Management Services, Inc.		353,327	294,767	32
33	V	6 Repairs & Maintenance	24,912	Alden Management Services, Inc.		48,241	23,329	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 842,260			\$ 975,448	\$ * 133,188	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)
15	V	1 Dietary Consult.	\$ 25,332	Prism Health Care Services, Inc.	0.00%	\$	\$(25,332)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243
17	V	2 Tube feeding	50,887	Prism Health Care Services, Inc.		13,025	(37,862)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	186,014	Prism Health Care Services, Inc.		50,103	(135,911)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,331	4,331
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,195	13,195
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,895	3,895
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		23,959	23,959
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 268,893			\$ 135,203	\$ * (133,690)

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

Facility Name & ID Number **Heather Health Care Center**

0023945

Report Period Beginning: **01/01/2020**

Ending: **12/31/2020**

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)
15	V	39 <u>Drugs</u>	\$ 97,185	<u>Forum Extended Care II, Inc.</u>	0.00%	\$ 92,567	\$ (4,618)
16	V	39 <u>I.V.</u>	11,143	<u>Forum Extended Care II, Inc.</u>		10,613	(530)
17	V	39 <u>Wound Care-Product only</u>	17,821	<u>Forum Extended Care II, Inc.</u>		16,974	(847)
18	V	10 <u>House Stock</u>	24,712	<u>Forum Extended Care II, Inc.</u>		23,538	(1,174)
19	V	10 <u>Pharm Consult</u>	4,152	<u>Forum Extended Care II, Inc.</u>		3,955	(197)
20	V	22 <u>Employee Vaccinations</u>	2,321	<u>Forum Extended Care II, Inc.</u>			(2,321)
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care II, Inc.</u>		2,211	2,211
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 157,334			\$ 149,858	\$ * (7,476)

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

Facility Name & ID Number **Heather Health Care Center**

0023945

Report Period Beginning: **01/01/2020**

Ending: **12/31/2020**

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)		
15	V	39 Therapy	\$ 641,772	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 478,834	\$	(162,938)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 641,772			\$ 478,834	\$ *	(162,938)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)	
15	V	6 Repairs & Maintenance	\$ 21,535	Alden Bennett Construction Company, Inc.	0.00%	\$ 21,586	\$ 51	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 21,535			\$ 21,586	\$ *	51 39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)		
15	V	6 Repairs & Maintenance	\$ 1,033	Alden Design Group, Ltd.	0.00%	\$ 1,985	\$ 952	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,033			\$ 1,985	\$ *	952	39

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

Facility Name & ID Number

Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Heather Health Care Center # 0023945 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	177,333	1.656	4.14	Salary	\$ 7,667	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,856	1.656	4.14	Salary	4,144	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,856	1.656	4.14	Salary	4,144	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	109,094	1.656	4.14	Salary	4,717	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	60,814	1.656	4.14	Salary	2,629	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,333	1.449	4.14	Salary	7,667	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 30,969		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.

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

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 Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 50,121	\$ 3,605	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	50,121	1,067	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	50,121	9,545	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	50,121	349	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	50,121	1,266	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	50,121	7,199	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	50,121	38,286	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	50,121	74,841	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	17,480	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	50,121	8,094	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	47,431	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	50,121	6,975	13
14	17	Administrative Salary	Patient Days	1,209,117	36	5,264,790	5,264,790	214,114	14
15	27	Employee Benefits - Admin	Patient Days/usage	1,209,117	36	2,046,057	50,121	84,797	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	47,712	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	353,327	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	48,241	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 975,448	25

Facility Name & ID Number

Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	MB Loan (GL 2504/7055)		x	Mortgage	\$35,357.46	06/21/18	\$ 5,200,000	\$ 4,977,008	04/15/23		\$ 237,778	1								
2	Interest Capital Lease (GL 7030)			Phone Lease							2,259	2								
3	Interest-Non-Mortgage Bank										359	3								
4	Insurance Interest (GL7053)		x	Medical Malpractice							160	4								
5	Amort Financing Fees (GL 1920)										8,531	5								
Working Capital																				
6	Related party - AMS		x								74,841	6								
7												7								
8												8								
9	TOTAL Facility Related				\$35,357.46		\$ 5,200,000	\$ 4,977,008			\$ 323,928	9								
B. Non-Facility Related*																				
10	Interest Income (GL 4975)		x								(11,247)	10								
11			x									11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (11,247)	14								
15	TOTALS (line 9+line14)						\$ 5,200,000	\$ 4,977,008			\$ 312,681	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.)

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heather Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0023945

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

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)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>7,199.00</u>
2. <u>29-18-410-063-0000</u>	<u>Nursing facility</u>	\$ <u>361,324.56</u>	\$ <u>361,324.56</u>
3. <u>29-18-410-054-0000</u>	<u>Nursing facility</u>	\$ <u>4,041.48</u>	\$ <u>4,041.48</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>539,062.04</u></u>	\$ <u><u>372,565.04</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x 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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,971 B. General Construction Type: Exterior Brick/Concrete Frame Steel Number of Stories 1, Partial 2

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).

None

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>62,115</u>	<u>2005</u>	<u>\$ 187,500</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	62,115		\$ 187,500	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	LAND IMPROVEMENT/ROOFING/HVAC		1980	168,496		10-27			168,496	9
10	PAVING/PAINTING/DRAINAGE TILE		1981	13,153		10-30			13,153	10
11	ROOFING		1983	3,100		12			3,100	11
12	DOOR WINDOW/BEARING ASSEMBLY/WATER PUMP		1984	15,805		5			15,805	12
13	ROOFING/HEAT EXCHANGE/MOTOR/BASEBOARD		1985	17,603		8-10			17,603	13
14	ROOF REPAIR/SEAL PARKING LOT/HEAT EXCHANGE		1986	40,170		2-10			40,170	14
15	COMPRESSOR REPR/INSTLL FLOW/SWTCH/REWIRE ALARM		1988	22,171		5 & 10			22,171	15
16	ANDERSON (ELEVATOR UV5 VALVE)		1990	1,577		5			1,577	16
17	REPL HEAT EXCHANGE/ROOFTOP EXHST/RE-BRICK WALL		1991	22,663		5-25			22,663	17
18	HOT WATER TANK/SEWER REPAIR		1992	15,092		5 & 15			15,092	18
19	SEWAGE EJECTOR/VALVE/MOTOR/WINDOW REPAIR		1993	20,312		5&10			20,312	19
20	ROOF REPAIR/BOILER/PUMP REPAIR/ALARM REPAIR/WINDOW		1994	45,851		3			45,851	20
21										21
22	ALARM REPAIR/LOCK SET&KEYS/FLOOR REPAIR/FLOOR TILE&		1995	44,195		10			44,195	22
23										23
24	TILE INSTALLED & REPAIR CORRIDOR		1996	1,558		10			1,558	24
25	REMOVED & REPLACED NEW MOTOR		1996	3,292		10			3,292	25
26	REMOVED & INSTALLED NEW MOTOR		1996	1,714		10			1,714	26
27	ELECTRICAL REPAIR		1996	3,127		20			3,127	27
28	WINDOW REPAIR		1996	6,466		20			6,466	28
29	VALVE REPAIR		1996	1,523		15			1,523	29
30	BOILER LEAKING		1996	6,876		15			6,876	30
31	WINDOW REPAIR		1996	2,713		20			2,713	31
32	INSTALL ASPHALT		1996	16,215		10			16,215	32
33										33
34	INSTALL DOOR FRAME		1997	2,517		10			2,517	34
35	INSTALL VENT PIPE FOR DRYER		1997	6,180		5			6,180	35
36	INSTALL TILE		1997	1,706		5			1,706	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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	REPLACE BOILER ROOM- TOP A/C	1997	\$ 6,000	\$	5	\$	\$	\$ 6,000	37
38	INSTALL GAS PIPE	1997	4,220		5			4,220	38
39	INSTALL NEW VALVE AND RECOPPER	1998	1,864		5			1,864	39
40	PIPING	1998	7,104	284	25	284		6,488	40
41	ROOF REPAIR	1998	2,920		10			2,920	41
42	REPAIR & CHECK VOLTAGE OUTPUT	1998	1,780		5			1,780	42
43	REPLACED VALVE - HOT WATER	1998	3,270		5			3,270	43
44	REMODELED & DECORATED ROOMS	1998	28,760		15			28,760	44
45	WHIRLPOOL TURBINE	1998	1,599		5			1,599	45
46	REPLACE EXHAUST FAN	1998	1,950		15			1,950	46
47	FIX FLOOR TILE	1998	3,626		10			3,626	47
48	INSTALL DOOR MONITORING SYSTEM	1998	1,587		10			1,587	48
49	INSTALL SECURITRON ANNUNCIATOR	1998	1,764		10			1,764	49
50	REPLACE BOILER ON STEAMER	1998	4,283		10			4,283	50
51	INSTALL RESET CONTROL ON BOILER	1998	3,900		20			3,900	51
52	WRAP CHILLER PIPES	1998	2,682		20			2,682	52
53	REPLACE PUMP MOTOR	1998	4,425		15			4,425	53
54	PAINT	1998	7,845		20			7,845	54
55	CLIMATE SERICE (CLEANED BOILER, VALVE)	1999	1,374		20			1,374	55
56	CLIMATE SERVICE (REPLACE MISING VALVE)	1999	3,317		15			3,317	56
57	CLIMATE SERVICE (INSTALLL HOT WATER HEATER)	1999	7,391		15			7,391	57
58	CLIMATE SERVICE (INSTALL ROOF TOP REPLACEMENT)	1999	9,935		10			9,935	58
59	CLIMATE SERVICE (REPAIR HEATING UNIT)	1999	1,643		15			1,643	59
60	ENVIRON VISION ENVIRONMENT	1999	2,919		10			2,919	60
61	CHICAGO COOLING CORP (SHUTDOWN BOILER & AC	1999	2,117		10			2,117	61
62	ABC CARPENTRY	1999	2,031		10			2,031	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 604,381	\$ 284		\$ 284	\$	\$ 603,765	70

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 604,381	\$ 284		\$ 284		\$ 603,765	1
2	ABC WINDOW SCREENS	1999	3,916		10			3,916	2
3	ABC INSULATION	1999	3,203		10			3,203	3
4	CLIMATE SERVICE, INC. (INSTALL CONDENSER)	1999	4,565		15			4,565	4
5	WIGDAHL ELECTRIC (RECEPTACLES INSTALLED)	1999	5,457	136	20	136		5,457	5
6	CLIMATE SERVICE, INC. (REPLACE MOTOR ON FAN)	1999	2,772		10			2,772	6
7	CLIMATED SERVICE, INC. - REPLACE FAN MOTOR	1999	1,693		10			1,693	7
8	ADVANCED PARTS -GARBAGE DISPOSAL	1999	6,515		5			6,515	8
9	THE FLOOR SOURCE -INSTALL CARPET	1999	2,469		5			2,469	9
10	FOX VALLEY FIRE & SAFETY-DOOR ALARM SYSTEM	1999	2,540		15			2,540	10
11	CLIMATE SERVICE, INC.-BOILER	1999	8,437	386	20	386		8,437	11
12	ABC - GENERAL	1999	4,099		10			4,099	12
13	ABC ROOF	1999	2,501		10			2,501	13
14	ABC HARDWARE	1999	1,793		10			1,793	14
15	CLIMATE SERVICE, INC. REPAIR BURNER	1999	1,615		10			1,615	15
16									16
17	FOX VALLEY FIRE & SAFETY -SMOKE DETECTORS	1999	7,500		10			7,500	17
18	DELETE ABOVE ITEM	2000	(7,500)		10			(7,500)	18
19	ABC-BUILDING CONSTRUCTION/VARIOUS	2000	3,244		10			3,244	19
20	FOX VALLEY -SMOKE DETECTORS	2000	7,500		10			7,500	20
21	FOX VALLEY-DOOR ALARMS	2000	1,931		10			1,931	21
22	LONG ELEVATOR-ATTACHMENTS	2000	1,751		20			1,313	22
23	CLIMATE SERVICES-BOILER ROOM	2000	4,422	221	20	221		4,403	23
24	CI-SERVICE DRAPES/RODS	2000	9,460		5			9,460	24
25	ADJUST 1999 TOTAL TO CORRECT AMOUNTS	2000	10		10			10	25
26	ABC-BUILDING MAINT CONSTRUCT-VARIOUS	2000	19,015		10			19,015	26
27	NEW HORIZONS-TELEPHONE SYSTEM	2000	1,670		10			1,670	27
28	ABC-SEAL & STRIPE PARK. LOT	2000	4,154		10			4,154	28
29	CSI CORKER SERVICE	2001	4,773	239	20	239		4,417	29
30	ABC-TIME & MATERIAL BILLING (JULY 2001)	2001	6,028		10			6,028	30
31	ABC-TIME & MATERIAL BILLING (OCT 2001)	2001	7,272		10			7,272	31
32	CAPPS PLUMBING	2001	12,236		10			12,236	32
33	GT MECHANICAL - WATER HEATER	2001	4,559		15			4,559	33
34	TOTAL (lines 1 thru 33)		\$ 743,981	\$ 1,266		\$ 1,266		\$ 742,552	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 743,981	\$ 1,266		\$ 1,266	\$	\$ 742,552	1
2	Retile Basement Corridor 1	2002	3,650		10			3,650	2
3	Retile Basement Corridor 2	2002	3,650		10			3,650	3
4	Replace 4 Windows	2002	782		10			782	4
5	Replace 10 Windows	2002	2,204		10			2,204	5
6	Repiping 15' 2" galv pipe	2002	1,165	47	25	47		872	6
7	Replace RPZ Valve main Boiler Room	2002	545		15			545	7
8	Replace RPZ Valves 1 small Boiler Room	2002	1,865		15		0	1,865	8
9	Replace 3 outside valves	2002	1,165		15			1,165	9
10	ABC - Replace doors	2002	4,103		10			4,103	10
11	Security Services - Keypad entry system	2002	1,575		15			1,575	11
12	Security Services - Door Alarm System	2002	2,035		15			2,035	12
13	CAPPS Replace Drain Line	2002	2,965	148	20	148		2,791	13
14	GT Mechanical - replace chiller condensor motor	2002	2,876		15			2,876	14
15	GT Mechanical - Replace Bearing assem. Big Boiler	2002	1,357		15			1,357	15
16	GT Mechanical - Hot water circ pump lg. Boiler room	2002	698		15			698	16
17	CSI - Replace valves, steamer & timer on ovens	2002	1,761		15			1,761	17
18	Healthcare Products - Repair wheelchairs	2002	2,282		3			2,282	18
19	CAPPS - Repair Sprinkler System	2002	1,165		15			1,165	19
20	GT Mechanical - Repair Heater	2002	1,658		15			1,658	20
21	A&B Custom Cabel install 21 cable outlets	2003	1,731		10			1,731	21
22	ABC - New floor in PT Room	2003	3,896		10			3,896	22
23	A&B Custom Cabel install 27 cable outlets	2003	2,318		10			2,318	23
24	A&B Custom Cabel install 97 cable outlets	2003	6,969		10			6,969	24
25	Security Service - Door alarm service	2003	2,284		15			2,284	25
26	Capps - Repair 1st floor drains	2003	1,553		10			1,553	26
27	GT Mech- Repair water pump	2003	1,674		5			1,674	27
28	CSI - Repair Dishwasher	2003	1,953		5			1,953	28
29	Capps - Repair Sewer	2003	3,755		15			3,755	29
30	New Horizons Comm - Repair Phone system	2003	1,908		5			1,908	30
31	Capps - New Laundry Tub 1of2	2003	1,800		10			1,800	31
32	Capps - New Laundry Tub 2of2	2003	2,214		10			2,214	32
33	New Horizons Comm - Repair Phone system	2003	2,897		5			2,897	33
34	TOTAL (lines 1 thru 33)		\$ 816,434	\$ 1,461		\$ 1,461	\$ 0	\$ 814,538	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 816,434	\$ 1,461		\$ 1,461	\$	\$ 814,538	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 963,427	\$ 6,157		\$ 6,157	\$	\$ 910,309	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 963,427	\$ 6,157		\$ 6,157		\$ 910,309	1
2	ABC - Repair Roof	2003	10,191		10			10,191	2
3	CSI - Repair Drain	2003	1,768		5			1,768	3
4	CAPPS - CLEAR BASIN & CLEAN DRAIN	2004	975		5			975	4
5	CAPPS - POWER RODDED MAIN SEWER	2004	1,720		5			1,720	5
6	CSI - WATER HEATER PARTS AND REPAIR	2004	1,760		10			1,760	6
7	ABC - REPAIR LEAKY ROOF	2004	3,203		5			3,203	7
8	TNS/TERMINX - PEST CONTROL DRVC OF 6 LOCATIONS	2004	2,028		5			2,028	8
9	ABC - HVAC WORK/INSULATION	2004	7,090		10			7,090	9
10	ABC - WATER HEATER	2004	8,891		10			8,891	10
11	Top Notch - Door & Frame w/Hardware	2005	3,595		10			3,595	11
12	ABC - Bathroom Repairs	2005	4,307		10			4,307	12
13	CAPPS - Install new Basin, backflow valave in manhole	2005	4,200		5			4,200	13
14	CAPPS - Replaced Pipe, Power Rodded	2005	2,400		5			2,400	14
15	ABC - Bathroom Repairs	2005	10,661		10			10,661	15
16	GT Mechanical - Repair Boiler	2005	4,334		10			4,334	16
17	CAPPS - New RPZ	2005	1,965		10			1,965	17
18	GT Mechanical - Bell and Gosset Bearing Assembly/GE Motor	2005	2,398		10			2,398	18
19	Cybor Fire Protection - Sprinkler System Pipe Work	2005	2,985		5			2,985	19
20	Oak Fire - Alarm Repair (new pit, connect Ansul to Fire Alarm, Ins	2005	4,980		10			4,980	20
21	ABC - Bathroom Repairs	2005	14,900		10			14,900	21
22	Long Elevator - Repairs to electric eye	2005	1,509	75	20	75		1,148	22
23	ABC - New Outdoor Sign Install	2005	1,637		12			1,637	23
24	ABC - New Mental Institution Unit	2006	32,303	1,615	20	1,615		22,610	24
25	GT MECH - new thermostats-repair	2006	3,355		5			3,355	25
26	Top Notch- Replace Sink Heater	2006	2,975		10			2,975	26
27	Roof Repairs	2006	3,060		10			3,060	27
28	GT MECH - Repair thermostat and replaced blower	2006	5,077		10			5,077	28
29	AMS-Generator Install remote Annunicator	2006	3,192	213	15	213		3,175	29
30	AC Compressor and Repair	2006	10,386	692	15	692		9,922	30
31	ABC - Fire ID plate and sprinkler system repairs	2006	10,563	704	15	704		9,916	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,131,834	\$ 9,456		\$ 9,456		\$ 1,067,535	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,131,834	\$ 9,456		\$ 9,456	\$	\$ 1,067,535	1
2	New MI Unit	2007	9,497		10			9,497	2
3	Masonry	2007	43,549	2,903	15			38,224	3
4	Hot Water Storage	2007	5,984		10	2,903		5,984	4
5	Compressor Contractor	2007	7,052	470	15			6,542	5
6	Heating/Vent	2007	9,645		10	470		9,645	6
7	Cubicle Repair	2007	3,015		10			3,015	7
8	Lockset Replacement	2007	2,538		10			2,538	8
9	Roof Replacements	2007	3,556		10			3,556	9
10	Duct Work	2007	3,201	160	20			2,201	10
11	Fan Motor and Compressor	2007	3,696		10	160		3,696	11
12	New Paving	2007	14,960		8			14,960	12
13	New Carpet	2007	3,101		5			3,101	13
14	New Roof Installation	2007	4,956		10			4,956	14
15	Refrigeration Leak Repair	2007	5,864		10			5,864	15
16	Circulation Pump	2007	6,842		10			6,842	16
17	New Hot Water Heater	2007	8,605		10			8,605	17
18									18
19	ABC-Key Pad Replacements	2008	3,798		5			3,798	19
20	GT Mechanical-Dining Area	2008	3,933		10			3,933	20
21	Top Notch - Evaporator Assembly w/parts	2008	2,892		10			2,892	21
22	ABC - Repair south wing Roof	2008	6,404		10			6,404	22
23	Top Notch - Condensing Unit	2008	3,919	261	15			3,264	23
24	GT Mechanical - Dining Room Compressor Motor	2008	3,069		10	261		3,069	24
25	GT Mechanical - Motor & Bearing Assembly	2008	2,960		10			2,960	25
26	GT Mechanical - New Oil Pump	2008	2,802		5			2,802	26
27	ABC- New Plumbing Fixtures/35 New Windows	2008	2,630	132	20			1,602	27
28	ABC - New MI Unit	2009	36,050	2,403	15	132		29,039	28
29	ABC - New Security Fence	2009	6,519	435	15	2,403		5,000	29
30	J.D. & Sons - New Roofing Material - Partial	2009	5,000		10	435		5,000	30
31	J.D. & Sons - New Roofing Material	2009	15,000		10			15,000	31
32	Top Notch - New Booster	2009	5,406		5			5,406	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,368,278	\$ 16,220		\$ 16,220	\$	\$ 1,286,930	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 1,368,278	\$ 16,220		\$ 16,220	\$	\$ 1,286,930	1
2	Roof Flat and Mansard - ALDBEN	2010	8,187	613	10	613		8,187	2
3	Asphalt Parking Lot Sealcoat - ALDBEN	2010	5,556		8			5,556	3
4									4
5	Fan Condenser Sprinkler - GTMECH	2011	5,593		5			5,593	5
6	Dishwasher Repipe Disconnect - BELEC	2011	3,184		5			3,184	6
7									7
8	Fire Sprinkler Pump Conversion - ALDBEN	2012	39,531	1,581	25	1,581		14,098	8
9	Fire Sprinkler Pump Conversion - ALDBEN	2012	45,723	1,829	25	1,829		16,156	9
10	Fire Sprinkler Pump Conversion - ALDBEN	2012	4,763	191	25	191		1,669	10
11	Repair,new Motor,Inducer,Exchanger,Heat - GTMECH	2012	6,091	609	10	609		5,481	11
12	Repair Dishwasher - Reducer,Speed - TOPNOT	2012	3,516		5			3,516	12
13									13
14	Fire Protection System, Dry Pipe Sprinkler System - ALDBEN	2013	5,426	271	20	271		2,123	14
15	Fire Protection System, Dry Pipe Sprinkler System - ALDBEN	2013	4,807	240	20	240		1,800	15
16	Fire Protection, Power, Dry Sprinkler System - OAKFIR	2013	8,131	407	20	407		3,052	16
17	Asphalt Paving - ALDBEN	2013	2,943	368	8	368		2,699	17
18									18
19	Room, Built Electric Room - ALDBEN	2014	6,248	417	15	417		2,710	19
20	Fire Sprinklers - ALDBEN	2014	18,337	917	20	917		5,731	20
21	Elevator, Repair - KONINC	2014	15,248		5			15,248	21
22	Chiller Circuit Repair - GTMECH	2014	10,512		5			10,512	22
23									23
24	Roof Repairs - JDROOF	2015	15,000	1,500	10	1,500		7,875	24
25	Elevator Rpair - SUBELE	2015	6,819	1,136	5	1,136		6,819	25
26									26
27	Sprinklers Installed - SENSAU	2016	4,875	195	25	195		926	27
28	Motors (6) for roof top Exhaust, HVAC -ALDBEN	2016	3,359	672	5	672		2,800	28
29									29
30	Radiotor for Generaor	2017	6,366	1,273	5	1,273		4,986	30
31	Repaired Toilets	2017	4,914	983	5	983		3,686	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,603,406	\$ 29,422		\$ 29,422	\$	\$ 1,421,337	34

**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	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 12G, Carried Forward		\$ 1,603,406	\$ 29,422		\$ 29,422	\$	\$ 1,421,337	1
2	Adjust for ABC Related Party Profit	2008	(73)					(73)	2
3	Adjust for ABC Related Party Profit	2009	(86)					(86)	3
4	Adjust for ABC Related Party Profit	2011	(168)					(168)	4
5	Adjust for ABC Related Party Profit	2012	5,558	794		794		5,558	5
6	Adjust for ABC Related Party Profit	2013	177	12		12		84	6
7	Adjust for ABC Related Party Profit	2014	(47)					(47)	7
8	Adjust for ABC Related Party Profit	2016	(21)					(21)	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,608,746	\$ 30,228		\$ 30,228	\$	\$ 1,426,584	34

**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	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 12H, Carried Forward		\$ 1,608,746	\$ 30,228		\$ 30,228	\$	\$ 1,426,584	1
2	Repaired compressor - GTMECH, basement	2018	5,136	1,027	5	1,027		2,653	2
3	Roof repair- JDROOF, roof	2018	4,250	850	5	850		2,196	3
4	Roof Replaced & tuckpointing - JDROOF, roof	2018	70,000	7,000	10	7,000		18,083	4
5	Roof Replaced - JDROOF, roof	2018	52,930	5,293	10	5,293		13,674	5
6	Roof repair- JDROOF, roof	2019	5,430	1,086	5	1,086		2,172	6
7	Roof repair- JDROOF, roof	2019	3,900	780	5	780		1,235	7
8	Chiller repair - GTMECH, basement	2019	4,939	494	10	494		782	8
9	Valves repair-ALDBEN, basement	2019	3,313	663	5	663		829	9
10	Coping installation-FOXBUI, lobby area	2020	6,750	188	15	188		188	10
11	Fan repair - GTMECH, kitchen area	2020	2,552	298	5	298		298	11
12	Roof repair - JDROOF, roof	2020	4,485	523	5	523		523	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,772,430	\$ 48,430		\$ 48,430	\$	\$ 1,469,217	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	\$ 601,741	\$ 51,237	\$ 51,237	\$	various	\$ 308,199	71
72	Current Year Purchases	93,486	3,761	3,761		various	3,761	72
73	Fully Depreciated Assets	706,369	3,650	3,650		various	706,369	73
74								74
75	TOTALS	\$ 1,401,596	\$ 58,648	\$ 58,648	\$		\$ 1,018,329	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 3,365,328	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 107,078	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 107,078	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)	\$ 2,491,348	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

10. Effective dates of current rental agreement:

Beginning 7/1/2015

Ending 6/30/2025

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. 12/31/2022 \$ varies

14. 12/31/2023 \$ varies

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: \$ 12,435 Description: copy machine GL 6861 and equipment lease GL 6859

(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			\$ <u>0.00</u>	\$	17
18					18
19	<u>Related party-PG 6A</u>		<u>#####</u>	<u>17,813</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,813</u>	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.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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)	\$			

- (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.

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		

- (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.

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

	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	39-3	hrs	\$		\$ 270,243	\$		\$ 270,243	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			57,223			57,223	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			283,071			283,071	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				94,778		94,778	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				(162,938)	111,317		(51,621)	13
14	TOTAL			\$		\$ 447,599	\$ 206,095		\$ 653,694	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.

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	270,242.59	
2.	ST	39-3	To Col 5	57,223.06	
3.					
4.	PT	39-3	To Col 5	283,070.99	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			97,184.62	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(2,407.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	94,777.62	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(162,938.00)	From Page 6D, Col 8 (Except DD homes)
	Other			222,298.24	
	Manual Input: Related Party - Prism			(111,952.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(530.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(847.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			2,348.00	
13.	Col 6: Supplies Total		To Col 6	111,317.24	
13.	Total Line 13, Column 8			(51,620.76)	
14.	Total			653,693.50	

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 3,291	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 106,500)	1,261,609	1,261,609	3
4	Supply Inventory (priced at)	56,873	56,873	4
5	Short-Term Investments			5
6	Prepaid Insurance		7,371	6
7	Other Prepaid Expenses	10,047	10,047	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	6,738	6,738	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,335,267	\$ 1,345,929	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	31,022	31,022	11
12	Long-Term Investments			12
13	Land		197,659	13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,601,803	1,601,803	15
16	Equipment, at Historical Cost	1,498,129	1,498,129	16
17	Accumulated Depreciation (book methods)	(2,423,727)	(2,423,727)	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): Net Financing Fees		19,859	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 707,228	\$ 924,746	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,042,495	\$ 2,270,675	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 643,358	\$ 643,358	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	169,286	169,286	28
29	Short-Term Notes Payable	8,214	105,929	29
30	Accrued Salaries Payable	412,424	412,424	30
31	Accrued Taxes Payable (excluding real estate taxes)	153,031	153,031	31
32	Accrued Real Estate Taxes(Sch.IX-B)		376,300	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,due to IDPA,SalesTax, Prov	4,711,957	4,711,957	36
37	Due to Affiliates (current)	612,748	612,748	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,711,018	\$ 7,185,033	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	665,244	5,544,537	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates (long term)	5,953,209	41,341	43
44	Mcr Adv Fund & Fica-Deferred	213,272	213,272	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,831,725	\$ 5,799,150	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,542,743	\$ 12,984,183	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,500,248)	\$ (10,713,508)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,042,495	\$ 2,270,675	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,673,812)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,673,812)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	173,564	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 173,564	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)	\$ (11,500,248)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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	\$ 10,031,408	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,031,408	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	220,480	5
6	Therapy	245,492	6
7	Oxygen	15,888	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 481,860	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,538	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 9,538	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,247	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,247	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A	1,447	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,447	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,535,500	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,649,607	31
32	Health Care	3,522,290	32
33	General Administration	2,799,519	33
B. Capital Expense			
34	Ownership	1,065,798	34
C. Ancillary Expense			
35	Special Cost Centers	930,020	35
36	Provider Participation Fee	394,702	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,361,936	40
41	Income before Income Taxes (line 30 minus line 40)**	173,564	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 173,564	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,684,723	44
45	Private Pay - Net Inpatient Revenue	89,624	45
46	Medicare - Net Inpatient Revenue	1,109,082	46
47	Other-(specify) Hospice	147,979	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,031,408	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. 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.

Facility Name & ID Number

Heather Health Care Center

0023945

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 188
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	1,250
Vendor Discount	9
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	
Line 28 Total:	<u><u>1,447</u></u>

Facility Name & ID Number **Heather Health Care Center**

0023945

Report Period Beginning: **01/01/2020**

Ending:

12/31/2020

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	2,228	2,236	\$ 101,691	\$ 45.48	1
2	Assistant Director of Nursing	2,089	2,113	77,683	36.76	2
3	Registered Nurses	6,259	6,793	266,988	39.30	3
4	Licensed Practical Nurses	31,158	34,175	1,087,856	31.83	4
5	CNAs & Orderlies	59,964	65,941	1,130,814	17.15	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,912	1,939	38,507	19.86	9
10	Activity Assistants	7,002	7,677	114,562	14.92	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	43,262	20.80	13
14	Head Cook					14
15	Cook Helpers/Assistants	14,742	16,372	264,389	16.15	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	52,407	25.20	17
18	Housekeepers	15,531	17,296	273,651	15.82	18
19	Laundry	5,598	6,414	102,874	16.04	19
20	Administrator	2,080	2,080	125,429	60.30	20
21	Assistant Administrator	2,064	2,080	67,877	32.63	21
22	Other Administrative	3,894	3,951	107,488	27.21	22
23	Office Manager					23
24	Clerical	3,212	3,447	51,031	14.80	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,062	2,086	65,365	31.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	11,456	12,743	257,615	20.22	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	175,379	191,503	\$ 4,229,489 *	\$ 22.09	34

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

** See instructions.

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	\$2,136 monthly	\$ 25,633	1-3	35
36	Medical Director	\$2,479 monthly	29,750	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$346 monthly	4,152	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	\$117 monthly	1,406	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 60,941		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	1,130	19,219	10-3	52
53	TOTAL (lines 50 - 52)	1,130	\$ 19,219		53

Heather Health Care Center Inc.	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	\$ 107,723.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(56,573.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add: Back voided invoice of prior year, if any	(47,520.00)
Allowable Legal Fees	\$ 1,630.00

Vendor Name	Invoice Date	Amount
Ariana Fisch	03/06/20	17.00
MidCap	01/06/21	216.83
MidCap	07/06/20	411.44
MidCap	02/10/20	986.01
TOTAL ALLOWABLE LEGAL		1,630.28

6806 Lgl Non Col

Vendor Name	Invoice Date	Amount
Midwest Care Management Services	1/6/2021	263.30
Midwest Care Management Services	1/6/2021	87.50
Midwest Care Management Services	1/6/2021	12.50
Midwest Care Management Services	1/6/2021	12.50
Midwest Care Management Services	1/6/2021	1,102.50
Midwest Care Management Services	1/6/2021	225.00
Midwest Care Management Services	1/6/2021	212.50
Midwest Care Management Services	1/4/2021	62.50
Midwest Care Management Services	1/6/2021	212.50
Midwest Care Management Services	1/4/2021	225.00
Midwest Care Management Services	1/6/2021	363.78
Midwest Care Management Services	12/7/2020	548.45
Midwest Care Management Services	12/7/2020	37.50
Midwest Care Management Services	12/7/2020	275.00
Midwest Care Management Services	12/7/2020	448.42
Midwest Care Management Services	11/2/2020	25.00
Midwest Care Management Services	11/2/2020	350.30
Midwest Care Management Services	11/2/2020	87.50
Midwest Care Management Services	11/2/2020	37.50
Midwest Care Management Services	11/2/2020	812.50
Midwest Care Management Services	11/2/2020	367.17
Midwest Care Management Services	11/2/2020	362.50
Midwest Care Management Services	9/28/2020	1,103.77
Midwest Care Management Services	9/4/2020	250.00
Midwest Care Management Services	9/4/2020	62.50
Midwest Care Management Services	9/4/2020	362.50
Midwest Care Management Services	9/4/2020	237.50
Midwest Care Management Services	9/4/2020	212.50
Midwest Care Management Services	9/4/2020	1,187.50
Midwest Care Management Services	9/4/2020	425.00
Midwest Care Management Services	7/17/2020	872.91
Midwest Care Management Services	7/17/2020	468.75
Midwest Care Management Services	7/17/2020	1,071.68
Midwest Care Management Services	7/17/2020	610.00
Midwest Care Management Services	7/17/2020	408.25
Midwest Care Management Services	7/17/2020	75.00
Midwest Care Management Services	7/17/2020	793.75
Midwest Care Management Services	7/17/2020	390.75
Midwest Care Management Services	7/17/2020	353.59
Midwest Care Management Services	5/26/2020	487.50
Midwest Care Management Services	5/26/2020	312.50
Midwest Care Management Services	5/26/2020	381.25
Midwest Care Management Services	5/26/2020	123.00
Midwest Care Management Services	4/24/2020	162.50
Midwest Care Management Services	4/24/2020	526.00
Midwest Care Management Services	4/24/2020	1,606.82
Midwest Care Management Services	4/1/2020	558.16
Midwest Care Management Services	4/1/2020	100.00
Midwest Care Management Services	4/1/2020	962.50
Midwest Care Management Services	3/31/2020	175.00
Midwest Care Management Services	2/19/2020	648.12
Midwest Care Management Services	2/19/2020	100.00
Midwest Care Management Services	2/19/2020	37.50
Midwest Care Management Services	1/28/2020	425.00
Midwest Care Management Services	1/28/2020	12.50
Midwest Care Management Services	1/28/2020	531.05
SB2 Inc	1/9/2021	204.55
SB2 Inc	12/4/2020	204.55
SB2 Inc	11/6/2020	204.55
SB2 Inc	10/6/2020	204.55
SB2 Inc	9/4/2020	204.55
SB2 Inc	8/6/2020	204.55
SB2 Inc	7/7/2020	204.55
SB2 Inc	6/4/2020	204.55
SB2 Inc	5/6/2020	204.55
SB2 Inc	4/6/2020	204.55
SB2 Inc	3/5/2020	204.55
SB2 Inc	2/6/2020	204.55
SB2 Inc	1/9/2021	842.00
Pogrand & Korey LLC	1/9/2021	500.00
Pogrand & Korey LLC	12/4/2020	500.00
Pogrand & Korey LLC	11/6/2020	681.11
Pogrand & Korey LLC	10/6/2020	500.00
Pogrand & Korey LLC	9/4/2020	609.33
Pogrand & Korey LLC	8/6/2020	500.00
Pogrand & Korey LLC	7/7/2020	638.97
Pogrand & Korey LLC	6/4/2020	605.19
Pogrand & Korey LLC	5/6/2020	610.07
Pogrand & Korey LLC	4/6/2020	557.90
Pogrand & Korey LLC	3/5/2020	588.00
Dutton Casey & Mascolinas PC	1/22/2020	2,090.00
Dutton Casey & Mascolinas PC	1/22/2020	1,545.00
Law Offices of Eric Powell	11/7/2020	2,285.00
Margaret Ann O'Sullivan	10/16/2020	2,200.00
Parter Legal Counsel	9/23/2020	2,420.00
Stern & Associates	11/2/2020	266.00
Stern & Associates	7/17/2020	1,254.00
Stern & Associates	7/17/2020	605.00
Stern & Associates	7/17/2020	1,288.85
Stern & Associates	7/17/2020	925.00
Stern & Associates	7/17/2020	1,410.89
Stern & Associates	4/16/2020	5,183.27
Stern & Associates	4/6/2020	1,900.00
Stern & Associates	3/30/2020	2,754.75
Stern & Associates	3/30/2020	238.50
Stern & Associates	2/26/2020	956.00
TOTAL Collection-NOT ALLOWABLE		56,573.46

6806 Lgl collect

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-20	12/30/2020	3,960.00
AMS Corp Legal Cost Alloc-20	12/1/2020	3,960.00
AMS Corp Legal Cost Alloc-20	10/29/2020	3,960.00
AMS Corp Legal Cost Alloc-20	10/1/2020	3,960.00
AMS Corp Legal Cost Alloc-20	8/27/2020	3,960.00
AMS Corp Legal Cost Alloc-20	7/29/2020	3,960.00
AMS Corp Legal Cost Alloc-20	6/30/2020	3,960.00
AMS Corp Legal Cost Alloc-20	5/28/2020	3,960.00
AMS Corp Legal Cost Alloc-20	4/30/2020	3,960.00
AMS Corp Legal Cost Alloc-20	3/26/2020	3,960.00
AMS Corp Legal Cost Alloc-20	2/26/2020	3,960.00
AMS Corp Legal Cost Alloc-20	2/10/2020	3,960.00
TOTAL Allocated Legal Fees		47,520.00
Total Legal Cost		107,723.68

6806-100-003 Lgl non col

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA:Yes RN/LPN:No
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. II. Health Care Council of IL \$17,096
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (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? _____
- (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? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 26,230 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO 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. \$ 394,702
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? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,253 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (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. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.