FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0055491

Facility Name: Landmark of Richton Park

Address: 22660 S Cicero Ave (Number) Richton Park (City) 60471 (Zip Code)

County: Cook

Telephone Number: 708-449-1900 **Fax #** 708-449-1500

HFS ID Number:

Date of Initial License for Current Owners:

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Aaron Mauer **Telephone Number:** 773-747-4506
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/20 to 12/31/20 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) 3/18/2021 (Date)
(Type or Print Name) Paresh Vipani
(Title) CFO

Paid Preparer

(Signed) 3/18/2021 (Date)
(Print Name and Title) Aaron Mauer, President
(Firm Name & Address) GGM Associates, Inc., 6101 Nimtz Parkway South Bend IN 46628
(Telephone) 773-747-4506 Fax # 773-747-4725

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	294	Skilled (SNF)	294	107,310	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	294	TOTALS	294	107,310	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	60,554	365	5,627	66,546	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,554	365	5,627	66,546	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.01%

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 [X]

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

I. On what date did you start providing long term care at this location?
Date started 12/01/17

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/01/17 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 294 and days of care provided 1,919

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	468,162	48,270	31,460	547,892		547,892	(1,056)	546,836			1
2	Food Purchase		325,115		325,115		325,115		325,115			2
3	Housekeeping	668,003	94,434		762,437		762,437		762,437			3
4	Laundry	86,307	30,913		117,220		117,220		117,220			4
5	Heat and Other Utilities			309,392	309,392		309,392	(1,612)	307,780			5
6	Maintenance	126,119	204,877	124,614	455,610		455,610	(7,136)	448,474			6
7	Other (specify):*											7
8	TOTAL General Services	1,348,591	703,609	465,466	2,517,666		2,517,666	(9,804)	2,507,862			8
	B. Health Care and Programs											
9	Medical Director			60,000	60,000		60,000		60,000			9
10	Nursing and Medical Records	5,353,028	590,357	2,723	5,946,108		5,946,108	(1,012)	5,945,096			10
10a	Therapy			844,842	844,842		844,842		844,842			10a
11	Activities	295,159	47,557		342,716		342,716		342,716			11
12	Social Services	169,323		2,600	171,923		171,923		171,923			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* RX Consultant			17,217	17,217		17,217		17,217			15
16	TOTAL Health Care and Programs	5,817,510	637,914	927,382	7,382,806		7,382,806	(1,012)	7,381,794			16
	C. General Administration											
17	Administrative	103,231		15,132	118,363		118,363		118,363			17
18	Directors Fees											18
19	Professional Services			753,094	753,094		753,094		753,094			19
20	Dues, Fees, Subscriptions & Promotions			2,093	2,093		2,093		2,093			20
21	Clerical & General Office Expenses	265,475	39,548	202,132	507,155		507,155	(16,054)	491,101			21
22	Employee Benefits & Payroll Taxes			1,117,311	1,117,311		1,117,311		1,117,311			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,456	7,456		7,456		7,456			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			661,861	661,861		661,861		661,861			26
27	Other (specify):*											27
28	TOTAL General Administration	368,706	39,548	2,759,079	3,167,333		3,167,333	(16,054)	3,151,279			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,534,807	1,381,071	4,151,927	13,067,805		13,067,805	(26,870)	13,040,935			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.

Facility Name & ID Number Landmark of Richton Park #0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			59,955	59,955		59,955	(6,616)	53,339			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							(11,436)	(11,436)			32
33	Real Estate Taxes			1,034,499	1,034,499		1,034,499		1,034,499			33
34	Rent-Facility & Grounds			1,040,400	1,040,400		1,040,400		1,040,400			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,134,854	2,134,854		2,134,854	(18,052)	2,116,802			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			3,745	3,745		3,745		3,745			38
39	Ancillary Service Centers		251,791		251,791		251,791		251,791			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			442,337	442,337		442,337		442,337			42
43	Other (specify):* **Bad Debt**			305,771	305,771		305,771	(305,771)				43
44	**TOTAL Special Cost Centers**		251,791	751,853	1,003,644		1,003,644	(305,771)	697,873			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,534,807	1,632,862	7,038,634	16,206,303		16,206,303	(350,693)	15,855,610			45

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(6,616)	30		9
10	Interest and Other Investment Income	(11,436)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8)	1		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(7,947)	21		18
19	Entertainment				19
20	Contributions	(2,940)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(305,771)	43		24
25	Fund Raising, Advertising and Promotional	(5,137)	21		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	(10,838)	Various		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (350,693)		$	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (350,693)		37

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

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

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

Landmark of Richton Park

ID# 0055491

Report Period Beginning: 1/1/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Misc Income Medical records	$ (1,012)	10	1
2	Misc Income Maintenance rebate	(7,136)	6	2
3	Misc Income office expense	(30)	21	3
4	Misc income dietician	(1,048)	1	4
5	Misc Income utlities	(1,612)	5	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
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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**	(10,838)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(1,056)	0	0	0	0	0	0	0	0	0	0	(1,056)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,612)	0	0	0	0	0	0	0	0	0	0	(1,612)	5
6	Maintenance	(7,136)	0	0	0	0	0	0	0	0	0	0	(7,136)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(9,804)	0	0	0	0	0	0	0	0	0	0	(9,804)	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	(1,012)	0	0	0	0	0	0	0	0	0	0	(1,012)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(1,012)	0	0	0	0	0	0	0	0	0	0	(1,012)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(16,054)	0	0	0	0	0	0	0	0	0	0	(16,054)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(16,054)	0	0	0	0	0	0	0	0	0	0	(16,054)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(26,870)	0	0	0	0	0	0	0	0	0	0	(26,870)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	(6,616)	0	0	0	0	0	0	0	0	0	0	(6,616)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,436)	0	0	0	0	0	0	0	0	0	0	(11,436)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(18,052)	0	0	0	0	0	0	0	0	0	0	(18,052)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(305,771)	0	0	0	0	0	0	0	0	0	0	(305,771)	43
44	**TOTAL Special Cost Centers**	(305,771)	0	0	0	0	0	0	0	0	0	0	(305,771)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(350,693)	0	0	0	0	0	0	0	0	0	0	(350,693)	45

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
A & M Healthcare	100	Landmark of Des Plaines Rehab	Des Plaines			

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 [X] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	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			$			$ 0	$ *	39

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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29								29
30								30

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		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							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	NA											6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 67,455	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 702,901	2
3. Under or (over) accrual (line 2 minus line 1).		$ 635,446	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 399,053	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 1,034,499	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2015		8
2016		9
2017		10
2018	869,358	11
2019	702,901	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.** This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Landmark of Richton Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0055491

CONTACT PERSON REGARDING THIS REPORT Aaron Mauer

TELEPHONE 773-747-4506 FAX #: 773-747-4725

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

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	31-34-100-012-0000	Nursing Facility	$ 702,900.87	$ 702,900.87
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 702,900.87	$ 702,900.87

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.

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,624 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	New Building Sign			2019	10,776	276	39	276		553	9
10	Annunciator for Outside Doors Connected to Overhead Paging			2019	4,381	112	39	112		225	10
11	New Plumbing for Kitchen			2019	6,460	166	39	166		331	11
12	Domestic Water Modications per IDPH			2019	29,161	748	39	748		1,495	12
13	2 New 20 Amp Circuits & Outlets for Hot Box Heaters in Laundry			2019	3,090	79	39	79		158	13
14	Boiler Room Repairs to Bring into Code Compliance			2019	3,335	86	39	86		171	14
15	Boiler Room Kitchen Hot Water Heater Repairs to Bring into Code Comp			2019	6,546	168	39	168		336	15
16	Install Cabling & Wiring throughout Building			2019	27,540	706	39	706		1,412	16
17	Bronze Circulating Pump for Kitchen Hot Water Heater			2019	3,910	100	39	100		201	17
18	Descale Kitchen/Laundry Hot Water Boiler			2019	3,890	100	39	100		199	18
19	Retrofit Louver/Damper Motor			2019	5,032	129	39	129		258	19
20	Pipe Repair Preparation for Building Heating/Cooling System			2019	8,137	209	39	209		417	20
21	Pipe Replacement for Building Heating/Cooling System			2019	9,515	244	39	244		488	21
22	Clean & Descale Cooling Tower			2019	5,650	145	39	145		290	22
23	Clean Cooling Tower & Replace Isolation Valve			2019	4,944	127	39	127		254	23
24	Boiler Room Domestic Hot Water Repairs to Bring into Code Compliance			2019	5,261	135	39	135		270	24
25	Clean & Drain Cooling Tower			2019	3,134	80	39	80		161	25
26	Replace Faulty Cooling Tower Strainer Assembly			2019	3,145	81	39	81		161	26
27	Tower Cleaning			2019	6,059	155	39	155		311	27
28	Patch & Refinish Stucco on North, West & South Elevations of Canopy			2019	4,200	108	39	108		215	28
29	Repair & Charge Chiller System			2019	4,950	127	39	127		254	29
30	New Building Water Pressure Reducing Valve & Regulator			2019	5,961	153	39	153		306	30
31	Nurse's Station Kiosk			2019	23,915	613	39	613		1,226	31
32	New Service for 3200 Amp Main: Relocate 3 Phase Electric Phase for Spri			2019	51,200	1,313	39	1,313		2,626	32
33	Chiller Condensor Coil Cleaning			2019	5,127	131	39	131		263	33
34	Perform Testing & Validate Water System			2019	4,360	112	39	112		224	34
35	4 New Doors for Hopper			2019	5,741	147	39	147		294	35
36											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 Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Reinstall Kitchen/Laundry Boiler	2019	$ 2,455	$ 63	39	$ 63	$	$ 126	37
38	New Phone System	2019	27,495	705	39	705		1,410	38
39	Install New Top Heat Exchanger on Boiler	2019	4,653	119	39	119		239	39
40	Print Change, Software Upgrade & Assist Alarm Company for El	2019	6,665	171	39	171		342	40
41	Install Traveler, Hanger, Boxes, Fittings, Relays, Relay Box & Ass	2019	6,514	167	39	167		334	41
42	New Hot Water Boiler	2019	10,800	277	39	277		554	42
43	Repairs to Fire Sprinkler System	2019	4,092	105	39	105		210	43
44									44
45	Repair Existing Exterior Meatal Hand Railing	2020	2,968	76	39	70	(6)	76	45
46	Grind & Tuckpoint Cinder Block Interior Wall and Exterior Four	2020	3,608	93	39	85	(8)	100	46
47	Repair Cracks in Concrete Aprol and Resurface	2020	3,357	86	39	79	(7)	100	47
48	Booster Pump Repairs	2020	7,825	201	39	184	(17)	251	48
49	Install a New 2 1/2" Vibration Isolator for the Booster Pump	2020	2,238	57	39	53	(5)	77	49
50	Paint and Patch Large Dining Room on 4th Floor. Repair Damage	2020	2,900	74	39	68	(6)	105	50
51	Heat Roof Access, Reception Area Unit and Front Entrance Fan C	2020	2,680	69	39	63	(6)	103	51
52	Front Entrance, Reception Fan Coil and Insulation	2020	6,706	172	39	158	(14)	272	52
53	Replace Two 6" Boiler Isolation Valves	2020	5,850	150	39	138	(13)	250	53
54	Paint and Patch on 4th Floor Corridor due to Village Violations	2020	2,450	63	39	58	(5)	110	54
55	Installation of 3 Mag Locks on Exterior Doors per Fire Marshall T	2020	8,367	215	39	197	(18)	393	55
56	Repair Walls and Spot Touch up Rooms on 3rd & 4th floors. Repa	2020	3,965	102	39	93	(8)	195	56
57	Insulate the Heating/Cooling Pipes in the Boiler Room	2020	2,185	56	39	51	(5)	112	57
58	Mastic Paste Insulation for Boiler Room Pipes	2020	1,150	29	39	27	(2)	61	58
59	Clean Heat Exchanger on Kitchen/Laundry Hot Water Tank	2020	2,219	57	39	52	(5)	123	59
60	Two Silo Pellet Heater	2020	4,735	121	39	111	(10)	273	60
61	Clean Heat Exchanger on Kitchen/Laundry Hot Water Tank	2020	1,132	29	39	27	(2)	68	61
62	New 20 Amp Single Phase Circuit and Outlet for Plate Warmer	2020	2,500	64	39	53	(11)	155	62
63	Delta Metering Faucet Hardware	2020	2,268	58	39	48	(10)	145	63
64	Grind & Tuckpoint Cinder Block Interior Wall and Exterior Four	2020	3,189	82	39	68	(14)	211	64
65	Sprinkler System Modifications	2020	7,953	204	39	170	(34)	544	65
66	Delta Metering Faucet Hardware	2020	3,564	91	39	76	(15)	251	66
67	Chiller Compressor Replacement	2020	59,935	1,537	39	1,281	(256)	4,354	67
68	Sprinkler System Modifications	2020	2,580	66	39	55	(11)	193	68
69	Replace 4th floor Nurse Call System	2020	21,865	561	39	420	(140)	1,682	69
70	TOTAL (lines 4 thru 69)		$ 486,283	$ 12,469		$ 11,841	$ (628)	$ 26,519	70

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 486,283	$ 12,469		$ 11,841	$ (628)	$ 26,519	1
2	Chiller Condensor Barrel Cleaning	2020	5,781	148	39	111	(37)	457	2
3	Build Doorway into Mechanical Room for Chiller Compressor Re	2020	4,300	110	39	83	(28)	349	3
4	Install New RPZ on Chilled Water side of Closed Loop System. Re	2020	2,858	73	39	49	(24)	238	4
5	Clean Cooler Tower	2020	2,520	65	39	43	(22)	215	5
6	Reset Low Oil Pressure Switch and Charge with Freon on Chiller	2020	2,515	64	39	43	(21)	220	6
7	New Compressor for Walk-in Cooler	2020	11,950	306	39	179	(128)	1,072	7
8	Instal 5/8" Plugs on Chiller Barrel. Charge with Nitrogen	2020	3,953	101	39	59	(42)	363	8
9	Replace 100 Ton Chiller Condensor	2020	28,500	731	39	365	(365)	2,679	9
10	Remove Existing Concrete Walkways and Install 2 New Concrete	2020	7,312	187	39	78	(109)	703	10
11	Duct Modifications ot Kitchen AC	2020	3,464	89	39	44	(44)	340	11
12	New Air Conditioners	2020	4,030	103	39	52	(52)	405	12
13	Add Refrigerant and Emergency Repairs to AC Chiller	2020	4,185	107	39	54	(54)	429	13
14	Charge Compressor with Refrigerant and Troubleshoot for Leaks	2020	2,890	74	39	37	(37)	303	14
15	Replace Isolation Valves for the Circulating Pump for Building Cl	2020	9,722	249	39	104	(145)	1,039	15
16	Install Rebuilt Circulating Pump #2. Insulate Piping and Flanges	2020	6,281	161	39	67	(94)	685	16
17	Start-up for Compressor	2020	805	21	39	9	(12)	89	17
18	Overlaod Protector for Chiller Compressor	2020	1,547	40	39	17	(23)	175	18
19	Rebuild LH Booster Pump for Building Cold Water Feed	2020	1,553	40	39	17	(23)	179	19
20	Refill Chiller with Refrigerant	2020	3,382	87	39	36	(51)	397	20
21	Replace Leaking Head Gaskets and Suction Line Filter Cores on C	2020	3,741	96	39	32	(64)	448	21
22	New Sewage Ejector Pump	2020	9,875	253	39	84	(169)	1,203	22
23	Install New Thermapane Windows on 4th floor Windows	2020	2,199	56	39	19	(38)	273	23
24	Replace Control Panel and Control System on Generator	2020	5,488	141	39	47	(94)	692	24
25	Investigate and Repair Low coolant Temperature Alarm and Gene	2020	19,623	503	39	168	(335)	2,516	25
26	Installation of Door Strike for Magnetic Lock on 1st floor Lobby	2020	1,369	35	39	12	(23)	178	26
27	Install New Gate Valves & Tamper Switches to Sprinkler System	2020	8,058	207	39	52	(155)	1,068	27
28	Install New Jockey Pump Controller & New Pressure Sensing Lin	2020	3,045	78	39	20	(59)	410	28
29	Winterize Cooling Tower	2020	3,888	100	39	17	(83)	532	29
30	Replace Kitchen/Laundry Hot Water Boiler	2020	12,250	314	39	52	(262)	1,701	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 663,365	$ 17,009		$ 13,788	$ (3,221)	$ 45,878	34

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 94,214	$ 22,606	$ 22,606	$	5	$ 45,212	71
72	Current Year Purchases	84,727	20,340	16,945	(3,395)	5	20,340	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 178,941	$ 42,946	$ 39,551	$ (3,395)		$ 65,552	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										77
78										78
79										79
80	TOTALS			$	$	$	$		$	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)	$ 842,306	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 59,955	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 53,339	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (6,616)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 111,430	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.

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Glenshire Real Estate & Development Limited Partnership

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

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

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

9. Option to Buy: [X] YES [ ] NO Terms: 17,000,000 *

10. Effective dates of current rental agreement:
Beginning 12/01/2018
Ending 11/30/2023

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

	Fiscal Year Ending	Annual Rent
12.	12/2021	$ 1,061,208
13.	12/2022	$ 1,082,432
14.	12/2023	$ 1,104,081

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: $ Description:
(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			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	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.

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a-3	hrs	$	3,163	$ 278,651	$	3,163	$ 278,651	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		1,972	122,058		1,972	122,058	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		5,893	444,133		5,893	444,133	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				170,374		170,374	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): X-Ray	39-2					7,135		7,135	12
13	Other (specify): Lab	39-2					74,281		74,281	13
14	TOTAL			$	11,029	$ 844,842	$ 251,791	11,029	$ 1,096,633	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.

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (235,393)	$ (235,393)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,659,335	2,659,335	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	454,346	454,346	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,878,288	$ 2,878,288	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	663,365	663,365	15
16	Equipment, at Historical Cost	178,977	178,977	16
17	Accumulated Depreciation (book methods)	(90,718)	(90,718)	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):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 751,624	$ 751,624	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,629,912	$ 3,629,912	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,010,962	$ 1,010,962	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,469,440	1,469,440	29
30	Accrued Salaries Payable	374,033	374,033	30
31	Accrued Taxes Payable (excluding real estate taxes)	47,004	47,004	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,901,439	$ 2,901,439	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,901,439	$ 2,901,439	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 728,473	$ 728,473	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,629,912	$ 3,629,912	48

***(See instructions.)**

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,222,697	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,222,697	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	869,511	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	(1,363,737)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe) Rounding Error	2	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (494,224)	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)**	$ 728,473	24 *

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

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 20,988,690	1
2	Discounts and Allowances for all Levels	(7,281,106)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 13,707,584	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,420,361	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,420,361	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	1,809,068	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	77,832	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,039	19
20	Radiology and X-Ray	36,272	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,924,211	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	11,436	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 11,436	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending Income	1,084	28
28a	Misc Income	11,138	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 12,222	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 17,075,814	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,517,666	31
32	Health Care	7,382,806	32
33	General Administration	3,167,333	33
	B. Capital Expense		
34	Ownership	2,134,854	34
	C. Ancillary Expense		
35	Special Cost Centers	1,003,644	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,206,303	40
41	**Income before Income Taxes (line 30 minus line 40)****	869,511	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 869,511	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 12,215,053	44
45	Private Pay - Net Inpatient Revenue	81,930	45
46	Medicare - Net Inpatient Revenue	2,191,578	46
47	Other-(specify) Commercial Insurance	(894,792)	47
48	Other-(specify) Veterans	113,815	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 13,707,584	49

* **This must agree with page 4, line 45, column 4.**
** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,466	1,482	$ 90,026	$ 60.75	1
2	Assistant Director of Nursing	5,472	6,381	270,401	42.38	2
3	Registered Nurses	11,300	13,381	548,545	40.99	3
4	Licensed Practical Nurses	50,484	66,072	2,372,485	35.91	4
5	CNAs & Orderlies	51,779	65,317	1,168,087	17.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	21,576	25,325	794,296	31.36	8
9	Activity Director					9
10	Activity Assistants	15,394	17,179	295,159	17.18	10
11	Social Service Workers	6,639	7,130	169,323	23.75	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	28,490	32,054	468,162	14.61	15
16	Dishwashers					16
17	Maintenance Workers	11,335	12,795	126,119	9.86	17
18	Housekeepers	37,616	41,512	588,252	14.17	18
19	Laundry	6,860	7,555	86,307	11.42	19
20	Administrator	2,008	2,080	103,231	49.63	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,988	15,026	265,475	17.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,595	4,941	188,939	38.24	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	267,002	318,230	$ 7,534,807 *	$ 23.68	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	655	$ 31,460	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	344	17,217	15-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	40	2,600	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,039	$ 51,277		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	33	2,723	10-3	52
53	TOTAL (lines 50 - 52)	33	$ 2,723		53

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Burnett, Esther	Administator	0	$ 103,231
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 103,231

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
BENCHMARK HEALTH CARE CO	LEGAL SERVICE	$ 1,979
INFINITY HEALTH CARE MGMT	LEGAL SERVICE	300
Polsinelli PC	LEGAL SERVICE	12,936
Infinity Funding/Sedgwick	LEGAL SERVICE	1,813
Dutton and Casey	LEGAL SERVICE	2,695
Klauke Law Group LLC	LEGAL SERVICE	26
BENCHMARK HEALTH CARE CO	MANAGEMENT FEES	611,545
See Attached Professional Fees		121,799
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 753,094

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 153,995
Unemployment Compensation Insurance	114,255
FICA Taxes	571,820
Employee Health Insurance	252,715
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Uniforms	1,562
Pension expense	12,078
Employee backround checks	3,430
Other employee expense	7,956
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,117,811

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Cook County Dept of Enviro & Sustain	458
Collaborative Healthcare Urgency Group	850
Village of Richton Park	100
Other Licenses and dues	685
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,093

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Travel	5,908
Seminar Expense	
Education & Seminar	1,548
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,456

* Attach copy of IMRF notifications

**See instructions.

TOTAL (agree to Schedule V, line 17, col. 3)		**$ #REF!**
(Attach a copy of any management service agreement)		
C. Professional Services		
Vendor/Payee	**Type**	**Amount**
Abbey Road Tax Consultants	**PROFESSIONAL FEES**	**15,661**
Additional AP accruals	**PROFESSIONAL FEES**	**854**
Apex Global	**PROFESSIONAL FEES**	**3,030**
Empire Risk Management Services, I	**PROFESSIONAL FEES**	**12,000**
First Real Estate Services, Ltd.	**PROFESSIONAL FEES**	**3,450**
Genex Services LLC	**PROFESSIONAL FEES**	**69**
Global Fiscal Midwest, LLC	**PROFESSIONAL FEES**	**23,503**
INFINITY HEALTH CARE MGMT	**PROFESSIONAL FEES**	**3,683**
Polsinelli PC	**PROFESSIONAL FEES**	**1,848**
Recovery Driven Inc.	**PROFESSIONAL FEES**	**480**
USA Risk Management Inc	**PROFESSIONAL FEES**	**1,779**
Professional Search Network	**PROFESSIONAL FEES**	**30,750**
Infinity H Funding LLC	**COVID-19 PROFESSIONAL FEES**	**423**
Premier Destine	**COVID-19 PROFESSIONAL FEES**	**704**
GGM	**Accounting fees**	**6,000**
Paychex	**Payroll Processing Fee**	**17,564**
See Attached Professional Fees		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		**$ 121,799**

Facility Name & ID Number Landmark of Richton Park # 0055491 Report Period Beginning: 1/1/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **NO**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a political action organization? **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? **N/A**

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **70,680** 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. $ **442,337**
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. $ **0** Has any meal income been offset against related costs? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0%**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.