

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: <u>002-3945</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Heather Health Care Center Inc</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2011</u> to <u>12/31/2011</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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>15600 S. Honore</u> <u>Harvey</u> <u>60426</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(708) 333-9550</u> Fax # <u>(708) 333-9554</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Joan Carl</u></td></tr><tr><td>(Title) <u>Vice-President</u></td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Signed) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>()</u> Fax # <u>()</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Joan Carl</u>	(Title) <u>Vice-President</u>	(Date) _____	Paid Preparer	(Signed) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>()</u> Fax # <u>()</u>												
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	(Type or Print Name) <u>Joan Carl</u>																								
	(Title) <u>Vice-President</u>																								
	(Date) _____																								
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	(Print Name and Title) _____																								
	(Firm Name & Address) _____																								
	(Telephone) <u>()</u> Fax # <u>()</u>																								
Date of Initial License for Current Owners: <u>6/01/81</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☒ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☒ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust			☐ Other _____	
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	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		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																							
Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 724-6622</u> Email Address: _____																									

Facility Name & ID Number Heather Health Care Center Inc

002-3945 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	<u>173</u>	Skilled (SNF)	<u>173</u>	<u>63,145</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>173</u>	TOTALS	<u>173</u>	<u>63,145</u>	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	<u>5,823</u>	<u>192</u>	<u>2,437</u>	<u>8,452</u>	8
9	SNF/PED					9
10	ICF	<u>36,703</u>	<u>52</u>	<u>524</u>	<u>37,279</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>42,526</u>	<u>244</u>	<u>2,961</u>	<u>45,731</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.42%

D. How many bed-hold days during this year were paid by the Department?

N/A (Do not include bed-hold days in Section B.)

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

N/A

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

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

YES ☐ NO ☒

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 4/1/78

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 1,689

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Heather Health Care Center Inc # 002-3945 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	252,340	35,926	22,800	311,066	2,003	313,069	(5,697)	307,372			1
2	Food Purchase		350,596		350,596	(28,627)	321,969	(47,374)	274,595			2
3	Housekeeping	225,334	37,256		262,590	1,796	264,386	7,548	271,934			3
4	Laundry	64,073	31,343		95,416	471	95,887		95,887			4
5	Heat and Other Utilities			130,367	130,367		130,367	197	130,564			5
6	Maintenance	66,974		176,735	243,709	242	243,951	31,639	275,590			6
7	Other (specify):* Related party							8,357	8,357			7
8	TOTAL General Services	608,721	455,121	329,902	1,393,744	(24,115)	1,369,629	(5,330)	1,364,299			8
	B. Health Care and Programs											
9	Medical Director			19,000	19,000		19,000		19,000			9
10	Nursing and Medical Records	1,777,649	102,566	4,628	1,884,843	24,050	1,908,893	41,923	1,950,816			10
10a	Therapy	62,518	2,195	11,400	76,113	53	76,166		76,166			10a
11	Activities	459,471	15,510	2,960	477,941		477,941		477,941			11
12	Social Services	37,385			37,385		37,385		37,385			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							5,944	5,944			15
16	TOTAL Health Care and Programs	2,337,023	120,271	37,988	2,495,282	24,103	2,519,385	47,867	2,567,252			16
	C. General Administration											
17	Administrative	107,365			107,365		107,365	91,664	199,029			17
18	Directors Fees											18
19	Professional Services			560,256	560,256	(12,293)	547,963	(495,935)	52,028			19
20	Dues, Fees, Subscriptions & Promotions			102,157	102,157		102,157	(85,809)	16,348			20
21	Clerical & General Office Expenses	153,518	18,001	51,586	223,105	858	223,963	270,125	494,088			21
22	Employee Benefits & Payroll Taxes			553,952	553,952	8,718	562,670	(1,625)	561,045			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,485	1,485		1,485	3,064	4,549			24
25	Other Admin. Staff Transportation			3,512	3,512		3,512	15,880	19,392			25
26	Insurance-Prop.Liab.Malpractice			184,354	184,354		184,354	4,579	188,933			26
27	Other (specify):* Related party			127,073	127,073		127,073	(77,161)	49,912			27
28	TOTAL General Administration	260,883	18,001	1,584,375	1,863,259	(2,717)	1,860,542	(275,217)	1,585,325			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,206,627	593,393	1,952,265	5,752,285	(2,729)	5,749,556	(232,679)	5,516,877			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			107,363	107,363		107,363	(7,624)	99,739			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			106,068	106,068		106,068	(30,207)	75,861			32
33	Real Estate Taxes			235,500	235,500	(235,500)		68,569	68,569			33
34	Rent-Facility & Grounds			4,437	4,437	235,500	239,937	(239,937)				34
35	Rent-Equipment & Vehicles			20,327	20,327		20,327	36,591	56,918			35
36	Other (specify):*											36
37	TOTAL Ownership			473,695	473,695		473,695	(172,608)	301,087			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		152,259	352,626	504,885	2,729	507,614	(105,146)	402,468			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			94,718	94,718		94,718		94,718			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		152,259	447,344	599,603	2,729	602,332	(105,146)	497,186			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,206,627	745,652	2,873,304	6,825,583		6,825,583	(510,434)	6,315,149			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(28,627.07)	Employee Meals
	22	28,627.07	Employee Meals
22		(19,909.00)	Uniforms
	1	2,003.00	Uniforms
	3	1,796.00	Uniforms
	4	471.00	Uniforms
	6	242.00	Uniforms
	10	14,486.00	Uniforms
	11	53.00	Uniforms
	21	858.00	Uniforms
10		(2,728.77)	Oxygen - to appropriate cost center
	39	2,728.77	Oxygen - to appropriate cost center
33		(239,937.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	239,937.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(12,293.40)	Clinical Coordinators (Pathway Billing)
	10	12,293.40	Clinical Coordinators (Pathway Billing)
Net		0.00	

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,248)	2		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	(9)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(78)	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	(1,667)	21		17
18	Fines and Penalties	(7,973)	32		18
19	Entertainment	(2,170)	20		19
20	Contributions	(18,036)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,450)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(127,074)	27		24
25	Fund Raising, Advertising and Promotional	(9,815)	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)	\$ (182,520)		\$	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)	(245,301)	Various	34
35	Other- Attach Schedule	(82,613)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (327,914)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (510,434)		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.		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 Inc

ID#	002-3945
Report Period Beginning:	1/1/2011
Ending:	12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,528)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(10,189)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,312	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	5,646	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(40)	30	6
7	Adj for ABC Related Party Profit - Pg 13	(54)	30	7
8				8
9				9
10	Late Fees on Utilities	(2,536)	5	10
11	Other Nursing Income (flu,w/chair, etc.)	(140)	21	11
12	Intercompnay Interest not Allowed	(95,691)	32	12
13				13
14	Miscellaneous Income - Misc	(175)	21	14
15	Miscellaneous Income - Medical Records	(140)	10	15
16				16
17	Marketing Manager & Aides	(9,405)	21	17
18				18
19	Back out % of Employee Benefits - Mktg Manager	(1,625)	22	19
20				20
21	Back Out 30.00% (for 2011) of PAC Dues	(2,865)	20	21
22				22
23	Deming Related Costs	(50)	24	23
24				24
25	Eliminate MIDCAP Legal Fees - 2011	(4,485)	19	25
26	Eliminate MIDCAP Accounting Fees - 2011	(2,258)	19	26
27				27
28	Add Back Refund for 2000 Real Estate Tax	43,609	33	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	(82,613)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heather Health Care Center Inc # 002-3945 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	5,066	(10,763)	0	0	0	0	0	0	0	(5,697)	1
2	Food Purchase	(6,326)	0	0	(41,048)	0	0	0	0	0	0	0	(47,374)	2
3	Housekeeping	0	0	7,548	0	0	0	0	0	0	0	0	7,548	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,536)	0	2,733	0	0	0	0	0	0	0	0	197	5
6	Maintenance	8,958	0	22,423	0	0	0	258	0	0	0	0	31,639	6
7	Other (specify):*	0	0	7,228	1,129	0	0	0	0	0	0	0	8,357	7
8	TOTAL General Services	96	0	44,998	(50,682)	0	0	258	0	0	0	0	(5,330)	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	(140)	0	39,225	34	2,804	0	0	0	0	0	0	41,923	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	5,944	0	0	0	0	0	0	0	0	5,944	15
16	TOTAL Health Care and Programs	(140)	0	45,169	34	2,804	0	0	0	0	0	0	47,867	16
	C. General Administration													
17	Administrative	0	0	91,664	0	0	0	0	0	0	0	0	91,664	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,193)	0	(479,742)	0	0	0	0	0	0	0	0	(495,935)	19
20	Fees, Subscriptions & Promotions	(32,886)	0	(52,923)	0	0	0	0	0	0	0	0	(85,809)	20
21	Clerical & General Office Expenses	(11,387)	0	245,686	26,463	9,363	0	0	0	0	0	0	270,125	21
22	Employee Benefits & Payroll Taxes	(1,625)	0	0	0	0	0	0	0	0	0	0	(1,625)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(50)	0	3,114	0	0	0	0	0	0	0	0	3,064	24
25	Other Admin. Staff Transportation	0	0	15,880	0	0	0	0	0	0	0	0	15,880	25
26	Insurance-Prop.Liab.Malpractice	0	4,437	142	0	0	0	0	0	0	0	0	4,579	26
27	Other (specify):*	(127,074)	0	47,726	2,824	(637)	0	0	0	0	0	0	(77,161)	27
28	TOTAL General Administration	(189,214)	4,437	(128,453)	29,287	8,726	0	0	0	0	0	0	(275,217)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(189,257)	4,437	(38,286)	(21,361)	11,530	0	258	0	0	0	0	(232,679)	29

Summary B

12/31/2011

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(15,811)	0	8,187	0	0	0	0	0	0	0	0	(7,624)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(103,673)	20	73,161	0	285	0	0	0	0	0	0	(30,207)	32
33	Real Estate Taxes	43,609	19,933	4,904	0	123	0	0	0	0	0	0	68,569	33
34	Rent-Facility & Grounds	0	(239,937)	0	0	0	0	0	0	0	0	0	(239,937)	34
35	Rent-Equipment & Vehicles	0	0	36,591	0	0	0	0	0	0	0	0	36,591	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(75,875)	(219,984)	122,843	0	408	0	0	0	0	0	0	(172,608)	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	(33,329)	(16,170)	(55,647)	0	0	0	0	0	(105,146)	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	(33,329)	(16,170)	(55,647)	0	0	0	0	0	(105,146)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(265,133)	(215,547)	84,557	(54,690)	(4,232)	(55,647)	258	0	0	0	0	(510,434)	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.		See PG6-Supp		See PG6-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:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 239,937	Heather Health Care Center II, LLC		\$	(239,937)	1
2	V	33	Real Estate Tax Expense		Heather Health Care Center II, LLC		19,933	19,933	2
3	V	26	General Insurance Expense		Heather Health Care Center II, LLC		4,437	4,437	3
4	V	32	Interest - Other		Heather Health Care Center II, LLC		20	20	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			\$ 239,937			\$ 24,390	\$ * (215,547)	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	<u>Utilities</u>	\$	<u>Alden Management Services, Inc.</u>	<u>0.00%</u>	<u>\$ 2,733</u>	<u>\$ 2,733</u>	15
16	V	24	<u>Travel & Seminar</u>		<u>Alden Management Services, Inc.</u>		<u>3,114</u>	<u>3,114</u>	16
17	V	25	<u>Other Admin Travel</u>		<u>Alden Management Services, Inc.</u>		<u>15,880</u>	<u>15,880</u>	17
18	V	26	<u>Insurance</u>		<u>Alden Management Services, Inc.</u>		<u>142</u>	<u>142</u>	18
19	V	20	<u>Dues/Subscriptions</u>	<u>54,882</u>	<u>Alden Management Services, Inc.</u>		<u>1,959</u>	<u>(52,923)</u>	19
20	V	30	<u>Depreciation</u>		<u>Alden Management Services, Inc.</u>		<u>8,187</u>	<u>8,187</u>	20
21	V	33	<u>Real Estate Tax</u>		<u>Alden Management Services, Inc.</u>		<u>4,904</u>	<u>4,904</u>	21
22	V	35	<u>Rent-Equip/Vehicles</u>		<u>Alden Management Services, Inc.</u>		<u>36,591</u>	<u>36,591</u>	22
23	V	32	<u>Interest</u>		<u>Alden Management Services, Inc.</u>		<u>73,161</u>	<u>73,161</u>	23
24	V	1	<u>Dietary Aide Coordinator Salary</u>		<u>Alden Management Services, Inc.</u>		<u>5,066</u>	<u>5,066</u>	24
25	V	3	<u>Housekeeping Coordinaor Salary</u>		<u>Alden Management Services, Inc.</u>		<u>7,548</u>	<u>7,548</u>	25
26	V	7	<u>Employee Benef %- Gen'l Servs</u>		<u>Alden Management Services, Inc.</u>		<u>7,228</u>	<u>7,228</u>	26
27	V	10	<u>Nurs & Med Records Salary</u>		<u>Alden Management Services, Inc.</u>		<u>39,225</u>	<u>39,225</u>	27
28	V	15	<u>Employee Benef %-Health Care</u>		<u>Alden Management Services, Inc.</u>		<u>5,944</u>	<u>5,944</u>	28
29	V	17	<u>Administrative Salary</u>		<u>Alden Management Services, Inc.</u>		<u>91,664</u>	<u>91,664</u>	29
30	V	27	<u>Employee Benef %-Administrative</u>		<u>Alden Management Services, Inc.</u>		<u>47,726</u>	<u>47,726</u>	30
31	V	19	<u>Professional Fees</u>	<u>519,600</u>	<u>Alden Management Services, Inc.</u>		<u>39,858</u>	<u>(479,742)</u>	31
32	V	21	<u>Gen'l & Admin</u>		<u>Alden Management Services, Inc.</u>		<u>245,686</u>	<u>245,686</u>	32
33	V	6	<u>Repairs & Maintenance</u>	<u>24,280</u>	<u>Alden Management Services, Inc.</u>		<u>46,703</u>	<u>22,423</u>	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 598,762			\$ 683,319	\$ * 84,557	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 Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		11,657	11,657	16
17	V	2	Tube Feeding	64,041	Prism Health Care Services, Inc.		22,993	(41,048)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Services	53,470	Prism Health Care Services, Inc.		20,141	(33,329)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		16,927	16,927	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		2,824	2,824	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		1,129	1,129	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		9,536	9,536	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			\$ 146,971			\$ 92,281	\$ * (54,690)	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	39	Drugs	\$ 45,177	Forum Extended Care Services II, Inc.	0.00%	\$ 62,607	\$ 17,430	15
16	V	39	I.V.	35,197	Forum Extended Care Services II, Inc.		4,138	(31,059)	16
17	V	39	Wound Care	12,158	Forum Extended Care Services II, Inc.		9,617	(2,541)	17
18	V	10	House Stock	8,425	Forum Extended Care Services II, Inc.		7,795	(630)	18
19	V	10	Pharmacy Consultant	4,584	Forum Extended Care Services II, Inc.		8,018	3,434	19
20	V	27	Employee Vaccinations	3,045	Forum Extended Care Services II, Inc.		2,408	(637)	20
21	V	21	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		681	681	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		5,470	5,470	22
23	V	21	General & Administrative		Forum Extended Care Services II, Inc.		3,212	3,212	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		285	285	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		123	123	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			\$ 108,586			\$ 104,354	\$ * (4,232)	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	39	Therapy Revenue	\$ 349,498	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 293,851	\$ (55,647)	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			\$ 349,498			\$ 293,851	\$ * (55,647)	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	\$ 33,087	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,345	\$ 258	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			\$ 33,087			\$ 33,345	\$ * 258	39

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

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			Alden-Long Grove Rehabilitation and Health Care	Harvey	The Forum Professional Services, Inc.	Chicago	Home Office rental	2
3			Alden-Lincoln Park Rehabilitation and Health Care	Long Grove				3
4			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Services, Inc.	Chicago	Pharmacy	4
5			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Services, Inc.	Chicago	Management	5
6			Alden of Old Town East, Inc.	Chicago				6
7			Alden Terrace of McHenry Rehabilitation and Health Care	Bloomington	Alden Gardens of Bloomington, Inc.	Bloomington	Supportive Living Facility	7
8			Alden - Wentworth Rehabilitation and Health Care	McHenry	Alden Garden Courts of America, Inc.	DesPlaines	Assisted Living/Alzheimer's	8
9			Alden Estates of Naperville, Inc.	Chicago	Alden Courts of Waterford, Inc.	Aurora	Alzheimer's Facility	9
10			Alden - Valley Ridge Rehabilitation and Health Care	Naperville	Alden Gardens of Waterford, Inc.	Aurora	Assisted Living	10
11			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Medical Equipment	11
12			Alden - Orland Park Rehabilitation and Health Care	Bloomington	Community Physical Therapy, Inc.	Addison	Therapy Provider	12
13			Alden - Princeton Rehabilitation and Health Care	Orland Park	Alden Bennett Construction, Inc.	Chicago	General Contractor	13
14			Alden of Old Town West, Inc.	Chicago	Fort Medical Equipment, Inc.	Fort Atkinson, WI	Nursing and Durable Medical Equipment	14
15			Alden - Town Manor Rehabilitation and Health Care	Bloomington	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden Trails, Inc.	Cicero				16
17			Alden - Poplar Creek Rehabilitation and Health Care	Bloomington				17
18			Alden - North Shore Rehabilitation and Health Care	Hoffman Estates				18
19			Alden - Des Plaines Rehabilitation and Health Care	Skokie				19
20			Alden Estates of Evanston, Inc.	Des Plaines				20
21			Alden - Alma Nelson Manor, Inc.	Evanston				21
22			Alden - Park Strathmoor, Inc.	Rockford				22
23			Alden - Meadow Park Health Care Center, Inc.	Rockford				23
24			Alden Estates of Barrington, Inc.	Clinton, WI				24
25			Alden of Waterford, LLC	Barrington				25
26			Alden Springs, Inc.	Aurora				26
27			Alden Village North, Inc.	Bloomington				27
28			Alden Estates of Skokie, Inc.	Chicago				28
29			Alden Estates of Countryside, Inc.	Skokie				29
30				Jefferson, WI				30

Facility Name & ID Number Heather Health Care Center Inc # 002-3945 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	President	CEO	100.00	178,568	1.392	3.48	Salary	\$ 6,432	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,254	1.392	3.48	Salary	2,386	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,146	1.392	3.48	Salary	1,374	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 10,192		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

Ending: 2/31/2011

(773-724-6622

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$ 45,731	\$ 2,733	1
2	24	Travel/Seminar	Patient Days	1,315,389	34	89,570	45,731	3,114	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762	45,731	15,880	3
4	26	Insurance	Patient Days	1,315,389	34	4,082	45,731	142	4
5	20	Dues/Subscriptions	Patient Days	1,315,389	34	56,361	45,731	1,959	5
6	30	Depreciation	No. of Providers	34	34	291,758	1	8,187	6
7	33	Real Estate Tax	Patient Days	1,315,389	34	156,401	45,731	4,904	7
8	35	Rent-Equip & Vehicles	Patient Days	1,315,389	34	1,052,493	45,731	36,591	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621	45,731	73,161	9
10	1	Dietary Salary	Patient Days	1,315,389	34	145,718	145,718	5,066	10
11	3	Housekeeping Salary	Patient Days	1,315,389	34	217,102	217,102	7,548	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,315,389	34	207,899	45,731	7,228	12
13	10	Nurs/Med Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	39,225	13
14	15	Employee Benef-Health Care	Patient Days	1,315,389	34	170,963	45,731	5,944	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	91,664	15
16	27	Employee Benef-Administrative	Patient Days	1,315,389	34	1,372,783	45,731	47,726	16
17	19	Professional Fees	Patient Days	1,315,389	34	1,146,467	654,108	39,858	17
18	21	Gen'l & Administrative	Patient Days	1,315,389	34	7,066,809	5,970,419	245,686	18
19	6	Repairs & Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	46,703	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 19,296,460	\$ 12,135,573	\$ 683,319	25

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	AFCO Hazard Ins Interest GL#7053-10	X		AFCO Hazard Ins Interest			\$					\$ 20	1
2													2
3													3
4													4
5	Insurance Interest (GL 7053)		X	Medical Malpractice								2,404	5
	Working Capital												
6	Related party-AMS		x	Working Capital								73,161	6
7	Related party-FECII		x	Working Capital								285	7
8													8
9	TOTAL Facility Related						\$					\$ 75,870	9
	B. Non-Facility Related*												
10	Interest Income (GL4646/4975)		X									(9)	10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$ (9)	14
15	TOTALS (line 9+line14)						\$					\$ 75,861	15

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

\$

Line #

36

* 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2010 report.			\$	400,600	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.)			\$	228,642	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(171,958)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	235,500	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.			\$	63,542	7
		Plus: Related Party Taxes (2) - See Pg RE_Tax		5,027	
Real Estate Tax History:			\$	68,569	
Real Estate Tax Bill for Calendar Year:		2006	407,991	8	
		2007	484,085	9	
		2008	516,747	10	
		2009	427,261	11	
		2010	228,642	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.					

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	\$	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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Heather Health Care Center Inc.

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

002-3945

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

(773) 724-6622

FAX #:

(773-283-3997

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>4,904.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>123.00</u>
3. <u>29-18-410-063-0000</u>	<u>Nursing Home Facility</u>	\$ <u>226,450.82</u>	\$ <u>226,450.82</u>
4. <u>29-18-410-054-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,191.17</u>	\$ <u>2,191.17</u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u><u>571,041.99</u></u>	\$ <u><u>233,668.99</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 a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility	62,115	2005	\$ 187,500	1
2					2
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
10	PAVING/PAINTING/DRAINAGE TILE			1981	13,153		10-30			13,153
11	ROOFING			1983	3,100		12			3,100
12	DOOR WINDOW/BEARING ASSEMBLE/WATER PUMP			1984	15,805		5			15,805
13	ROOFING/HEAT EXCHANGE/MOTOR/BASEBOARD			1985	17,603		8-10			17,603
14	ROOF REPAIR/SEAL PARKING LOT/HEAT EXCHANGE			1986	40,170		2-10			40,170
15	COMPRESSOR REPR/INSTLL FLOW/SWTCH/REWIRE ALARM			1988	22,171		5 &10			22,171
16	ANDERSON (ELEVATOR UV5 VALVE)			1990	1,577		5			1,577
17	REPL HEAT EXCHANGE/ROOFTOP EXHST/RE-BRICK WALL			1991	22,663	486	5-25	486		22,481
18	HOT WATER TANK/SEWER REPAIR			1992	15,092		5 &15			15,092
19	SEWAGE EJECTOR/VALVE/MOTOR/WINDOW REPAIR			1993	20,312		5&10			20,312
20	ROOF REPAIR/BOILER/PUMP REPAAIR/ALARM REPAIR/WINDC			1994	45,851		3			45,851
21										21
22	ALARM REPAIR/LOCK SET&KEYS/FLOOR REPAIR/FLOOR TILE&			1995	44,195	447	3-20	447		42,854
23										23
24	TILE INSTALLED & REPAIR CORRIDOR			1996	1,558		10			1,558
25	REMOVED & REPLACED NEW MOTOR			1996	3,292		10			3,292
26	REMOVED & INSTALLED NEW MOTOR			1996	1,714		10			1,714
27	ELECTRICAL REPAIR			1996	3,127	156		156		2,449
28	WINDOW REPAIR			1996	6,466	323	20	323		5,038
29	VALVE REPAIR			1996	1,523	42	15	42		1,523
30	BOILER LEAKING			1996	6,876	344	15	344		6,876
31	WINDOW REPAIR			1996	2,713	136	20	136		2,046
32	INSTALL ASPHALT			1996	16,215		10			16,215
33										33
34	INSTALL DOOR FRAME			1997	2,517		10			2,265
35	INSTALL VENT PIPE FOR DRYER			1997	6,180		5			6,180
36	INSTALL TILE			1997	1,706		5			1,706

*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 Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 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		3,931	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	1,917	15	1,917		26,204	44
45 WHIRLPOOL TURBINE	1998	1,599		5			1,599	45
46 REPLACE EXHAUST FAN	1998	1,950	130	15	130		1,777	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			547	49
50 REPLACE BOILER ON STEAMER	1998	4,283		10			4,283	50
51 INSTALL RESET CONTROL ON BOILER	1998	3,900	195	20	195		2,616	51
52 WRAP CHILLER PIPES	1998	2,682	134	20	134		1,766	52
53 REPLACE PUMP MOTOR	1998	4,425	295	15	295		3,884	53
54 PAINT	1998	7,845		20			7,845	54
55 CLIMATE SERICE (CLEANED BOILER, VALVE)	1999	1,374	69	20	69		893	55
56 CLIMATE SERVICE (REPLACE MISING VALVE	1999	3,317	221	15	221		2,874	56
57 CLIMATE SERVICE (INSTALLLL HOT WATER HEATER)	1999	7,391	493	15	493		6,365	57
58 CLIMATE SERVICE (INSTALL ROOF TOP REPLACEMENT)	1999	9,935		10			9,935	58
59 CLIMATE SERVICE (REPAIR HEATING UNIT)	1999	1,643	110	15	110		1,406	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	\$ 5,782		\$ 5,782	\$	\$ 587,786	70

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

Facility Name & ID Number Heather Health Care Center Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 5,782		\$ 5,782		\$ 587,786	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	304	15	304		3,804	4
5	WIGDAHL ELECTRIC (RECEPTACLES INSTALLED)	1999	5,457	273	20	273		3,411	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	169	15	169		2,060	10
11	CLIMATE SERVICE, INC.-BOILER	1999	8,437	422	20	422		5,097	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			2,919	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	88	20	88		1,051	22
23	CLIMATE SERVICES-BOILER ROOM	2000	4,422	221	20	221		2,635	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		2,506	29
30	ABC-TIME & MATERIAL BILLING (JULY 2001)	2001	6,028	402	10	402		6,028	30
31	ABC-TIME & MATERIAL BILLING (OCT 2001)	2001	7,272	666	10	666		7,272	31
32	CAPPS PLUMBING	2001	12,236	921	10	921		12,236	32
33	GT MECHANICAL - WATER HEATER	2001	4,559	304	15	304		3,115	33
34	TOTAL (lines 1 thru 33)		\$ 743,981	\$ 9,791		\$ 9,791		\$ 714,235	34

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

Facility Name & ID Number Heather Health Care Center Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 9,791		\$ 9,791	\$	\$ 714,235	1
2	<u>Retile Basement Corridor 1</u>	2002	3,650	365	10	365		3,528	2
3	<u>Retile Basement Corridor 2</u>	2002	3,650	365	10	365		3,467	3
4	<u>Replace 4 Windows</u>	2002	782	78	10	78		743	4
5	<u>Replace 10 Windows</u>	2002	2,204	220	10	220		2,204	5
6	<u>Repiping 15' 2" galv pipe</u>	2002	1,165	47	25	47		450	6
7	<u>Replace RPZ Valve main Boiler Room</u>	2002	545	36	15	36		357	7
8	<u>Replace RPZ Valves 1 small Boiler Room</u>	2002	1,865	124	15	124		1,223	8
9	<u>Replace 3 oudside valves</u>	2002	1,165	78	15	78		731	9
10	<u>ABC - Replace doors</u>	2002	4,103	410	10	410		3,727	10
11	<u>Security Services - Keypad entry system</u>	2002	1,575	105	15	105		954	11
12	<u>Security Services - Door Alarm System</u>	2002	2,035	136	15	136		1,232	12
13	<u>CAPPS Replace Drain Line</u>	2002	2,965	148	20	148		1,458	13
14	<u>GT Mechanical - replace chiller condensor motor</u>	2002	2,876	192	15	192		1,805	14
15	<u>GT Mechanical - Replace Bearing assem. Big Boiler</u>	2002	1,357	90	15	90		897	15
16	<u>GT Mechanical - Hot water circ pump lg. Boiler room</u>	2002	698	47	15	47		465	16
17	<u>CSI - Replace valves, steamer & timer on ovens</u>	2002	1,761	117	15	117		1,174	17
18	<u>Healthcare Products - Repair wheelchairs</u>	2002	2,282		3			2,282	18
19	<u>CAPPS - Repair Sprinkler System</u>	2002	1,165	78	15	78		731	19
20	<u>GT Mechanical - Repair Heater</u>	2002	1,658	111	15	111		1,023	20
21	<u>A&B Custom Cabel install 21 cable outlets</u>	2003	1,731	173	10	173		1,529	21
22	<u>ABC - New floor in PT Room</u>	2003	3,896	390	10	390		3,409	22
23	<u>A&B Custom Cabel install 27 cable outlets</u>	2003	2,318	232	10	232		1,990	23
24	<u>A&B Custom Cabel install 97 cable outlets</u>	2003	6,969	697	10	697		5,982	24
25	<u>Security Service - Door alarm service</u>	2003	2,284	152	15	152		1,294	25
26	<u>Capps - Repair 1st floor drains</u>	2003	1,553	155	10	155		1,385	26
27	<u>GT Mech- Repair water pump</u>	2003	1,674		5			1,674	27
28	<u>CSI - Repair Dishwasher</u>	2003	1,953		5			1,953	28
29	<u>Capps - Repair Sewer</u>	2003	3,755	250	15	250		2,149	29
30	<u>New Horizons Comm - Repair Phone system</u>	2003	1,908		5			1,908	30
31	<u>Capps - New Laundry Tub 1of2</u>	2003	1,800	180	10	180		1,530	31
32	<u>Capps - New Laundry Tub 2of2</u>	2003	2,214	221	10	221		1,882	32
33	<u>New Horizons Comm - Repair Phone system</u>	2003	2,897		5			2,897	33
34	TOTAL (lines 1 thru 33)		\$ 816,434	\$ 14,989		\$ 14,989	\$	\$ 772,268	34

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

Facility Name & ID Number Heather Health Care Center Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 14,989		\$ 14,989	\$ 0	\$ 772,268	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295		7			6,295	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(73)	(6)		(6)		(22)	30
31	Adjust for ABC Related Party Profit	2009	(86)	(3)		(3)		(9)	31
32	Adjust for ABC Related Party Profit	2010	(168)	(5)		(5)		(9)	32
33	Adjust for ABC Related Party Profit	2011							33
34	TOTAL (lines 1 thru 33)		\$ 894,570	\$ 15,934		\$ 15,934	\$ 0	\$ 842,872	34

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

Facility Name & ID Number Heather Health Care Center Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 894,570	\$ 15,934		\$ 15,934	\$ 0	\$ 842,872	1
2	ABC - Repair Roof	2003	10,191	1,019	10	1,019		8,577	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	176	10	176		1,364	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	709	10	709		5,436	9
10	ABC - WATER HEATER	2004	8,891	889	10	889		7,039	10
11	Top Notch - Door & Frame w/Hardware	2005	3,595	360	10	360		2,337	11
12	ABC - Bathroom Repairs	2005	4,307	431	10	431		3,015	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	1,066	10	1,066		7,285	15
16	GT Mechanical - Repair Boiler	2005	4,334	433	10	433		2,925	16
17	CAPPS - New RPZ	2005	1,965	197	10	197		1,326	17
18	GT Mechanical - Bell and Gosset Bearing Assembly/GE Motor	2005	2,398	240	10	240		1,578	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, In	2005	4,980	498	10	498		3,237	20
21	ABC - Bathroom Repairs	2005	14,900	1,490	10	1,490		9,437	21
22	Long Elevator - Repairs to electric eye	2005	1,509	75	20	75		472	22
23	ABC - New Outdoor Sign Install	2005	1,637	136	12	136		830	23
24	ABC - New Mental Institution Unit	2006	32,303	1,615	20	1,615		8,075	24
25	GT MECH - new thermostats-repair	2006	3,355	615	5	615		3,355	25
26	Top Notch- Replace Sink Heater	2006	2,975	298	10	298		1,760	26
27	Roof Repairs	2006	3,060	306	10	306		1,632	27
28	GT MECH - Repair thermostat and replaced blower	2006	5,077	508	10	508		2,539	28
29	AMS-Generator Install remote Annunicator	2006	3,192	213	15	213		1,259	29
30	AC Compressor and Repair	2006	10,386	692	15	692		3,693	30
31	ABC - Fire ID plate and sprinkler system repairs	2006	10,563	704	15	704		3,580	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,062,977	\$ 28,603		\$ 28,603	\$ 0	\$ 942,901	34

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

Facility Name & ID Number Heather Health Care Center Inc

002-3945

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 1,062,977	\$ 28,603		\$ 28,603	\$ 0	\$ 942,901	1
2	<u>New MI Unit</u>	2007	9,497	950	10	950	(0)	4,433	2
3	<u>Masonry</u>	2007	43,549	2,903	15	2,903	0	12,097	3
4	<u>Hot Water Storage</u>	2007	5,984	598	10	598	0	2,942	4
5	<u>Compressor Contractor</u>	2007	7,052	470	15	470		2,311	5
6	<u>Heating/Vent</u>	2007	9,645	964	10	964		4,742	6
7	<u>Cubicle Repair</u>	2007	3,015	302	10	302		1,483	7
8	<u>Lockset Replacement</u>	2007	2,538	254	10	254		1,227	8
9	<u>Roof Replacements</u>	2007	3,556	356	10	356		1,689	9
10	<u>Duct Work</u>	2007	3,201	160	20	160		760	10
11	<u>Fan Motor and Compressor</u>	2007	3,696	370	10	370		1,694	11
12	<u>New Paving</u>	2007	14,960	1,870	8	1,870		8,259	12
13	<u>New Carpet</u>	2007	3,101	620	5	620		2,739	13
14	<u>New Roof Installation</u>	2007	4,956	496	10	496		2,189	14
15	<u>Refrigeration Leak Repair</u>	2007	5,864	586	10	586		2,590	15
16	<u>Circulation Pump</u>	2007	6,842	684	10	684		2,965	16
17	<u>New Hot Water Heater</u>	2007	8,605	861	10	861		3,585	17
18									18
19	<u>ABC-Key Pad Replacements</u>	2008	3,798	760	5	760		2,912	19
20	<u>GT Mechanical-Dining Area</u>	2008	3,933	393	10	393		1,508	20
21	<u>Top Notch - Evaporator Assembly w/parts</u>	2008	2,892	289	10	289		1,036	21
22	<u>ABC - Repair south wing Roof</u>	2008	6,404	640	10	640		2,242	22
23	<u>Top Notch - Condensing Unit</u>	2008	3,919	261	15	261		914	23
24	<u>GT Mechanical - Dining Room Compressor Motor</u>	2008	3,069	307	10	307		1,074	24
25	<u>GT Mechanical - Motor & Bearing Assembly</u>	2008	2,960	296	10	296		1,036	25
26	<u>GT Mechanical - New Oil Pump</u>	2008	2,802	560	5	560		1,822	26
27	<u>ABC- New Plumbing Fixtures/35 New Windows</u>	2008	2,630	132	20	132		416	27
28	<u>ABC - New MI Unit</u>	2009	36,050	2,403	15	2,403		7,410	28
29	<u>ABC - New Security Fence</u>	2009	6,519	435	15	435		1,087	29
30	<u>J.D. & Sons - New Roofing Material - Partial</u>	2009	5,000	500	10	500		1,208	30
31	<u>J.D. & Sons - New Roofing Material</u>	2009	15,000	1,500	10	1,500		3,625	31
32	<u>Top Notch - New Booster</u>	2009	5,406	1,081	5	1,081		2,883	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,299,419	\$ 50,604		\$ 50,605	\$ 0	\$ 1,027,779	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	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	\$ 1,299,419	\$ 50,604		\$ 50,605	\$ 0	\$ 1,027,779	1
2	Roof Flat and Mansard - ALDBEN	2010	8,187	819	10	819	1,023	2
3	Asphalt Parking Lot Sealcoat - ALDBEN	2010	5,556	694	8	694	868	3
4								4
5	Fan Condenser Sprinkler - GTMECH	2011	5,593	652	5	652	652	5
6	Dishwasher Repipe Disconnect - BELEC	2011	3,184	106	5	106	106	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 1,321,938	\$ 52,876		\$ 52,876	\$ 0	\$ 1,030,429	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$380,194	\$42,047	\$42,047	\$		\$177,204	71
72	Current Year Purchases	57,918	4,210	4,210			4,210	72
73	Fully Depreciated Assets	394,491	606	606			394,491	73
74								74
75	TOTALS	\$832,603	\$46,863	\$46,863	\$		\$575,905	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	Related Party - AMS	Various	98-02	\$4,026	\$	\$	\$	3	\$4,026	76
77										77
78										78
79										79
80	TOTALS			\$4,026	\$	\$	\$		\$4,026	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$2,346,067	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$99,739	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$99,739	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$0	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,610,360	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	Fire Sprinkler Pump Conversion	\$4,763	92
93			93
94			94
95		\$4,763	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	Heather Health Care Center Inc
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002-3945

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: **Related Party Cost is backed out**

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

If NO, see instructions.

☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		173		\$			3
4	Additions							4
5								5
6								6
7	TOTAL		173		\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease

9. Option to Buy: ☐ YES ☒ NO Terms: *

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

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment:	\$ 16,240	Description:	copy mach gl 6861, postage meter gl 6850, & office equip 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	related party- Pg 6A	various	\$ #####	\$ 24,855	17
18					18
19	Auto lease GL 6890	various	500.25	6,003	19
20					20
21	TOTAL		\$ #####	\$ 30,858	21

10. Effective dates of current rental agreement:

Beginning 7/1/2005

Ending **6/30/2012**

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. /2012 \$ Varies

13. /2013 \$ **Varies**

14. 2014 \$ **Varies**

*** 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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

Skilled nursing on site

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)	\$			

- (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.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 150,819	\$		\$ 150,819	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			6,714			6,714	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			191,966			191,966	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				62,607		62,607	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1,39-3, if any								12
13	Other (specify): See Pg 16A					(55,647)	46,009		(9,638)	13
14	TOTAL			\$		\$ 293,851	\$ 108,616		\$ 402,468	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.

Heather Health Care Center, Inc.
For the Thirteen Months Ending December 31, 2011

Page 16A

XIV. Special Services (Direct Cost)					Page 16	
					Col 5: PT,OT, & ST	
					Col 6: Supplies	
Line	Service	Col. 1:	Ref. No.	To Pg 16: Col. No.		
1.	OT		39-3	To Col 5	\$0.00	\$150,818.88
2.	ST		39-3	To Col 5	0.00	6,713.52
3.						
4.	PT		39-3	To Col 5	0.00	191,966.06
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL				0.00	45,176.73
	Manual Input from Related Party- Forum Drugs					17,430.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6	0.00	62,606.73
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6	0.00	0.00
	Total Exceptional Care (Line 12, Col 8)				0.00	0.00
13.	Other:		See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		(55,647.00)
	Other				0.00	110,209.63
	Manual Input: Related Party - Prism					(33,329.00)
	Manual Input: Related Party FECII - I.V.					(31,059.00)
	Manual Input: Related Party FECII - Wound Care					(2,541.00)
	Oxygen, from reclass worksheet (Pg 4A)					2,728.77
13.	Col 6: Supplies Total			To Col 6	0.00	46,009.40
13.	Total Line 13, Column 8				0.00	(9,637.60)
14.	Total				0.00	402,467.59

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>130,000</u>)	1,491,711	1,491,711	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		4,039	6
7	Other Prepaid Expenses	2,213	2,213	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties/Misc</u>	11,257	54,866	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,505,181	\$ 1,552,829	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		197,659	13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,189,565	1,189,565	15
16	Equipment, at Historical Cost	819,463	819,463	16
17	Accumulated Depreciation (book methods)	(1,425,186)	(1,425,186)	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 (spe <u>CIP</u>	4,763	4,763	22
23	Other(specify): <u>Due from affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 588,605	\$ 786,264	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,093,786	\$ 2,339,093	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 469,716	\$ 469,716	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	202,180	202,180	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	304,995	304,995	30
31	Accrued Taxes Payable (excluding real estate taxes)	45,612	45,612	31
32	Accrued Real Estate Taxes(Sch.IX-B)		235,500	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	66,733	81,517	36
37	<u>Due to affiliates</u>	636,069	182,611	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,725,305	\$ 1,522,130	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	<u>Due to affiliates</u>	12,555,473	12,555,473	43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 12,555,473	\$ 12,555,473	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,280,778	\$ 14,077,603	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,186,992)	\$ (11,738,511)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,093,786	\$ 2,339,093	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,854,140)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,854,140)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(332,852)	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)	\$ (332,852)	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)	\$ (12,186,992)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **Heather Health Care Center Inc**# **002-3945**Report Period Beginning: **1/1/2011**Ending: **12/31/2011**

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			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,311,820	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,311,820	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	169,754	6
7	Oxygen	10,694	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 180,448	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	140	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 140	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	315	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 315	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,492,731	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,393,744	31
32	Health Care	2,495,282	32
33	General Administration	1,863,259	33
	B. Capital Expense		
34	Ownership	473,695	34
	C. Ancillary Expense		
35	Special Cost Centers	504,885	35
36	Provider Participation Fee	94,718	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,825,583	40
41	Income before Income Taxes (line 30 minus line 40)**	(332,852)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (332,852)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done 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 Inc	# 001-7319	Report Period Beginning:	1/1/2011	Ending:	12/31/2011
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Details of Page 19, Line 28

Description	Amount
Miscellaneous Income- Misc	175.21
Miscellaneous Income- Medical Records	140.00
Line 28 Total:	<u>315</u>

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	2,080	2,080	\$ 88,093	\$ 42.35	1
2	Assistant Director of Nursing	2,080	2,080	74,563	35.85	2
3	Registered Nurses	3,416	4,228	121,473	28.73	3
4	Licensed Practical Nurses	32,421	34,714	866,469	24.96	4
5	CNAs & Orderlies	47,338	52,128	579,257	11.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	36,776	17.68	9
10	Activity Assistants	15,067	16,055	178,166	11.10	10
11	Social Service Workers	1,923	1,923	37,385	19.44	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	36,535	17.56	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,916	18,837	215,804	11.46	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	66,974	32.20	17
18	Housekeepers	18,340	19,603	225,334	11.49	18
19	Laundry	5,299	5,896	64,073	10.87	19
20	Administrator	2,400	2,400	107,365	44.74	20
21	Assistant Administrator					21
22	Other Administrative	6,464	6,501	159,582	24.55	22
23	Office Manager	2,080	2,080	38,745	18.63	23
24	Clerical	1,708	1,816	17,710	9.75	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,114	2,114	47,794	22.61	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Beh Counselors	9,829	10,373	187,334	18.06	32
33	Other(specify) Clinical Director	2,080	2,080	57,195	27.50	33
34	TOTAL (lines 1 - 33)	177,795	191,148	\$ 3,206,627 *	\$ 16.78	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 22,800	1-3	35
36	Medical Director	Monthly	19,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	4,152		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	884	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 46,836		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				52
53	TOTAL (lines 50 - 52)		\$		53

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Margarert Olson	Administrator	0	\$ 10,651	Workers' Compensation Insurance	\$	75,184	IDPH License Fee	\$
Valarie Kay	Administrator	0	96,714	Unemployment Compensation Insurance		34,954	Advertising: Employee Recruitment	
		0		FICA Taxes		240,170	Health Care Worker Background Check	
		0		Employee Health Insurance		55,976	(Indicate # of checks performed 87.8)	878
		0		Employee Meals		28,627	Patient Background Checks	472 4,720
		0		Illinois Municipal Retirement Fund (IMRF)*			Ill Health Care Association	6,685
		0		Union,Health, Welfare		68,880	Surety Bonds	788
		0		Dental & Life Insurance		1,390	CITI Annual Report	155
TOTAL (agree to Schedule V, line 17, col. 1)				Pension		21,976	Il Assoc of HC/Crisis Prev Institute	1,163
(List each licensed administrator separately.)			\$ 107,365	Misc Payroll Costs/401K Match		2,402	Related party - AMS	1,959
B. Administrative - Other							Less: Public Relations Expense	
Description			Amount				(	)
			\$				Non-allowable advertising	(
							Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)				\$ 561,045			\$ 16,348	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Alden Management Services, Inc.	Consulting Fees	\$	483,600			\$	Out-of-State Travel	\$
BDO Seidman/Virchow Krause	Accounting Fees		9,601					
Ava Daley/KPMG	Accounting Fees		233					
AMS Audit fees	Accounting Fees		435				In-State Travel	
MIDCAP (Eliminated)	Accounting Fees		2,258					
Pathway-Reclass to Nursing	Clinical Consulting		12,293				Leadership/Deming Training Adj	(50)
Medi.Com/Oak Park Psychological	Consultant-Professional		595				Related party - AMS	3,114
Linda Roberts & Assoc	Food Service Audit		840				Seminar Expense	
CICENT First Adv Corp	Tax Consultants		466				Leadership/Deming Training	250
Kenneth J. Fisch	Legal Fees:Collections		9,450				ILLHCA Convention/Il Council Sem	387
MIDCAP (Eliminated)	Legal Fees:Non-Collections		4,485				National//SONMIX/CAMTRA/HARCOL Tr	848
AMS (Eliminated)	Allocated Legal Fees		36,000				Entertainment Expense	(
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 560,256	\$			TOTAL	
							\$ 4,549	

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting/HVAC	1995	\$ 32,616	3-15	\$ 513	\$ 513	\$ 513	\$ 513	\$ 513				
2	Painting/HVAC	1996	38,397	3-15	494	494	494	494	494				
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 71,013		\$ 1,007	\$ 1,007	\$ 1,007	\$ 1,007	\$ 1,007	\$	\$	\$	\$

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?

Yes

If YES, give association name and amount.

IHCA=\$6,685 IL. Assoc. of HC=\$1,038

(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?

10 yrs

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 16,732

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.

(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.

\$ 94,718

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.

\$ 28,627

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.

\$

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 out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

No

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