

		FOR BHF USE					

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

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

I. IDPH License ID Number: 0023945

Facility Name: Heather Health Care Center

Address: 15600 S Honore St Harvey 60426
Number City Zip Code

County: Cook

Telephone Number: (708) 333-9550 Fax # (708) 333-9554

HFS ID Number:

Date of Initial License for Current Owners: 6/01/81

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

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 Heather Health Care Center

0023945 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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>63,318</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>63,318</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>2,362</u>	<u>27</u>	<u>1,735</u>	<u>4,124</u>	8
9	SNF/PED					9
10	ICF	<u>40,313</u>	<u>290</u>	<u>1,298</u>	<u>41,901</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>42,675</u>	<u>317</u>	<u>3,033</u>	<u>46,025</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.69%

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 4/1/1978

J. Was the facility purchased or leased after January 1, 1978? YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year? YES ☒ NO ☐ If YES, enter number of beds certified 173 and days of care provided 1,610

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

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

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

Facility Name & ID Number Heather Health Care Center # 0023945 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	236,868	36,629	26,400	299,897	1,407	301,304	(5,521)	295,783			1
2	Food Purchase		356,208		356,208	(28,534)	327,674	(32,659)	295,016			2
3	Housekeeping	190,986	39,053		230,039	1,261	231,300	6,448	237,748			3
4	Laundry	78,333	14,722		93,054	331	93,385		93,385			4
5	Heat and Other Utilities			178,038	178,038		178,038	(1,413)	176,625			5
6	Maintenance	54,492		209,485	263,977	170	264,147	49,222	313,370			6
7	Other (specify):* related party / security			196	196		196	6,504	6,700			7
8	TOTAL General Services	560,679	446,612	414,118	1,421,409	(25,365)	1,396,044	22,582	1,418,626			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	1,963,991	108,530	8,828	2,081,349	9,106	2,090,455	60,666	2,151,121			10
10a	Therapy		1,551	100,513	102,064		102,064		102,064			10a
11	Activities	316,389	15,175	4,100	335,664	37	335,701		335,701			11
12	Social Services			155	155		155		155			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							6,458	6,458			15
16	TOTAL Health Care and Programs	2,280,380	125,256	131,596	2,537,232	9,143	2,546,375	67,124	2,613,498			16
	C. General Administration											
17	Administrative	110,605			110,605		110,605	147,432	258,037			17
18	Directors Fees											18
19	Professional Services			429,731	429,731		429,731	(373,526)	56,205			19
20	Dues, Fees, Subscriptions & Promotions			75,659	75,659		75,659	(52,872)	22,787			20
21	Clerical & General Office Expenses	96,060	15,024	170,396	281,480	603	282,083	200,282	482,365			21
22	Employee Benefits & Payroll Taxes			567,256	567,256	14,548	581,804	(2,402)	579,402			22
23	Inservice Training & Education											23
24	Travel and Seminar			507	507		507	1,270	1,777			24
25	Other Admin. Staff Transportation			2,446	2,446		2,446	12,416	14,862			25
26	Insurance-Prop.Liab.Malpractice			239,440	239,440		239,440	4,297	243,737			26
27	Other (specify):* related party			80,405	80,405		80,405	(28,078)	52,327			27
28	TOTAL General Administration	206,665	15,024	1,565,840	1,787,529	15,151	1,802,680	(91,181)	1,711,499			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,047,724	586,892	2,111,554	5,746,170	(1,071)	5,745,099	(1,475)	5,743,624			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			105,568	105,568		105,568	(14,917)	90,651			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			74,794	74,794		74,794	1,057	75,851			32
33	Real Estate Taxes			406,452	406,452	(406,452)		411,690	411,690			33
34	Rent-Facility & Grounds			4,053	4,053	406,452	410,505	(410,505)	0			34
35	Rent-Equipment & Vehicles			9,809	9,809		9,809	36,969	46,778			35
36	Other (specify):*											36
37	TOTAL Ownership			600,676	600,676		600,676	24,294	624,971			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		226,219	390,310	616,529	1,071	617,600	(88,606)	528,995			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			355,648	355,648		355,648		355,648			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		226,219	745,958	972,177	1,071	973,248	(88,606)	884,643			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,047,724	813,111	3,458,188	7,319,024		7,319,024	(65,787)	7,253,237			45

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

From Line	To Line	Amount	Description
2	22	(28,535) 28,535	Employee Meals Employee Meals
22	1	(13,987) 1,407	Uniform Reclass Uniform Reclass
	3	1,261	Uniform Reclass
	4	331	Uniform Reclass
	6	170	Uniform Reclass
	10	10,177	Uniform Reclass
	11	37	Uniform Reclass
	21	603	Uniform Reclass
10	39	(1,071) 1,071	Oxygen Cost Reclass Oxygen Cost Reclass
33	34	(406,452) 406,452	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
19	20	(281) 281	Reclass Employee Background Check Reclass Employee Background Check

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

Net (Should be zero) \$ 0

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	(2,427)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(6,326)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(129)	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	(22,754)	21		17
18	Fines and Penalties				18
19	Entertainment	(185)	20		19
20	Contributions	(6,064)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(243)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(80,405)	27		24
25	Fund Raising, Advertising and Promotional	(6,840)	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)	\$ (125,373)		\$	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)	132,236		34
35	Other- Attach Schedule	(72,650)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 59,586		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (65,787)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,254)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(13,712)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,190	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	20,965	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	758	30	6
7	Adj for ABC Related Party Profit - Pg 13			7
8				8
9				9
10	Late Fees on utilities	(4,619)	5	10
11				11
12	Intercompany interest is not allowed (gl 7031)	(72,065)	32	12
13	Intercompany interest (gl 7053)			13
14	A/P Adjustments (vendor discounts)	(28)	10	14
15	Miscellaneous Income - Medical Records	(640)	10	15
16	Miscellaneous Income - Jury Duty			16
17	Collection Fees (gl6965)			17
18				18
19	AMS Depreciation Adj			19
20	Depreciation Adj	(246)	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(72,650)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heather Health Care Center# 0023945

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	2,618	(8,139)	0	0	0	0	0	0	0	(5,521)	1
2	Food Purchase	(129)	0	0	(32,530)	0	0	0	0	0	0	0	(32,659)	2
3	Housekeeping	0	0	6,448	0	0	0	0	0	0	0	0	6,448	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,619)	0	3,206	0	0	0	0	0	0	0	0	(1,413)	5
6	Maintenance	20,728	0	28,647	0	0	0	(218)	66	0	0	0	49,222	6
7	Other (specify):*	0	0	6,504	0	0	0	0	0	0	0	0	6,504	7
8	TOTAL General Services	15,980	0	47,423	(40,668)	0	0	(218)	66	0	0	0	22,582	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	(667)	0	53,664	9,328	(1,659)	0	0	0	0	0	0	60,666	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,458	0	0	0	0	0	0	0	0	6,458	15
16	TOTAL Health Care and Programs	(667)	0	60,122	9,328	(1,659)	0	0	0	0	0	0	67,124	16
	C. General Administration													
17	Administrative	0	0	147,432	0	0	0	0	0	0	0	0	147,432	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(243)	0	(373,283)	0	0	0	0	0	0	0	0	(373,526)	19
20	Fees, Subscriptions & Promotions	(13,089)	0	(39,783)	0	0	0	0	0	0	0	0	(52,872)	20
21	Clerical & General Office Expenses	(22,754)	0	223,036	0	0	0	0	0	0	0	0	200,282	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,402)	0	0	0	0	0	0	(2,402)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,270	0	0	0	0	0	0	0	0	1,270	24
25	Other Admin. Staff Transportation	0	0	12,416	0	0	0	0	0	0	0	0	12,416	25
26	Insurance-Prop.Liab.Malpractice	0	4,053	244	0	0	0	0	0	0	0	0	4,297	26
27	Other (specify):*	(80,405)	0	52,327	0	0	0	0	0	0	0	0	(28,078)	27
28	TOTAL General Administration	(116,491)	4,053	23,659	0	(2,402)	0	0	0	0	0	0	(91,181)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(101,178)	4,053	131,204	(31,340)	(4,061)	0	(218)	66	0	0	0	(1,475)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heather Health Care Center # 0023945 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(18,454)	0	3,537	0	0	0	0	0	0	0	0	(14,917)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(78,391)	0	79,448	0	0	0	0	0	0	0	0	1,057	32
33	Real Estate Taxes	0	406,452	5,238	0	0	0	0	0	0	0	0	411,690	33
34	Rent-Facility & Grounds	0	(410,505)	0	0	0	0	0	0	0	0	0	(410,505)	34
35	Rent-Equipment & Vehicles	0	0	36,969	0	0	0	0	0	0	0	0	36,969	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(96,845)	(4,053)	125,192	0	0	0	0	0	0	0	0	24,294	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	(25,905)	(6,841)	(55,860)	0	0	0	0	0	(88,606)	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	(25,905)	(6,841)	(55,860)	0	0	0	0	0	(88,606)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(198,023)	0	256,396	(57,245)	(10,902)	(55,860)	(218)	66	0	0	0	(65,787)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See 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	\$ 410,505	Heather Health Care Center II, LLC	0.00%	\$	(410,505)	1
2	V	33	Real Estate Tax Expense		Heather Health Care Center II, LLC		406,452	406,452	2
3	V	26	Property & Liability Insurance		Heather Health Care Center II, LLC		4,053	4,053	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			\$ 410,505			\$ 410,505	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,206	\$ 3,206	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		1,270	1,270	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		12,416	12,416	17
18	V	26	Insurance		Alden Management Services, Inc.		244	244	18
19	V	20	Dues/Subscriptions	42,345	Alden Management Services, Inc.		2,562	(39,783)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		5,238	5,238	21
22	V	35	Rent-Equip/Vehicles		Alden Management Services, Inc.		36,969	36,969	22
23	V	32	Interest		Alden Management Services, Inc.		79,448	79,448	23
24	V	1	Dietary Aide Coordinator Salary		Alden Management Services, Inc.		2,618	2,618	24
25	V	3	Housekeeping Coordinaor Salary		Alden Management Services, Inc.		6,448	6,448	25
26	V	7	Employee Benef %- Gen'l Servs		Alden Management Services, Inc.		6,504	6,504	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		53,664	53,664	27
28	V	15	Employee Benef %-Health Care		Alden Management Services, Inc.		6,458	6,458	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		147,432	147,432	29
30	V	27	Employee Benef %-Administrative		Alden Management Services, Inc.		52,327	52,327	30
31	V	19	Professional Fees	411,044	Alden Management Services, Inc.		37,761	(373,283)	31
32	V	21	Gen'l & Admin	59,496	Alden Management Services, Inc.		282,532	223,036	32
33	V	6	Repairs & Maintenance	40,217	Alden Management Services, Inc.		68,864	28,647	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 553,102			\$ 809,498	\$ * 256,396	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Dietary salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube feeding	70,639	Prism Health Care Services, Inc.		22,141	(48,498)	17
18	V	10	Equipment rental	6,660			11,380	4,720	18
19	V	39	Ancillary supplies	95,871	Prism Health Care Services, Inc.		38,786	(57,085)	19
20	V	1	Gen'l & admin & benefits		Prism Health Care Services, Inc.		4,553	4,553	20
21	V	2	Gen'l & admin & benefits		Prism Health Care Services, Inc.		15,969	15,969	21
22	V	10	Gen'l & admin & benefits		Prism Health Care Services, Inc.		4,608	4,608	22
23	V	39	Gen'l & admin & benefits		Prism Health Care Services, Inc.		31,180	31,180	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			\$ 199,570			\$ 142,325	\$ * (57,245)	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	\$ 103,191	Forum Extended Care Services II, Inc.	0.00%	\$ 95,993	\$ (7,198)	15
16	V	39	IV	4,503	Forum Extended Care Services II, Inc.		4,189	(314)	16
17	V	39	wound care	22,420	Forum Extended Care Services II, Inc.		20,856	(1,564)	17
18	V	10	house stock	19,632	Forum Extended Care Services II, Inc.		18,263	(1,369)	18
19	V	10	pharmacy consultant	4,152	Forum Extended Care Services II, Inc.		3,862	(290)	19
20	V	22	vaccinations	2,402	Forum Extended Care Services II, Inc.			(2,402)	20
21	V	39	vaccinations				2,235	2,235	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			\$ 156,300			\$ 145,398	\$ * (10,902)	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	\$ 466,285	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 410,425	\$ (55,860)	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			\$ 466,285			\$ 410,425	\$ * (55,860)	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	\$ 34,639	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,420	\$ (218)	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			\$ 34,639			\$ 34,420	\$ * (218)	39

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

Facility Name & ID Number	Heather Health Care Center	#	0023945	Report Period Beginning:	01/01/2016	Ending:	12/31/2016
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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	\$ 230	Alden Design Group, Inc.	0.00%	\$ 296	\$ 66	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			\$ 230			\$ 296	\$ *	66 39

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

Facility Name & ID Number

Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Heather Health Care Center # 0023945 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	178,391	1.428	3.57	Salary	\$ 6,609	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,428	1.428	3.57	Salary	3,572	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,428	1.428	3.57	Salary	3,572	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,328	1.428	3.57	Salary	4,161	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	60,043	1.428	3.57	Salary	2,224	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	143,300	1.0353	3.57	Salary	5,309	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F.Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 25,447		13

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

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

Facility Name & ID Number Heather Health Care Center# 0023945

Report Period Beginning:

01/01/2016Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	34	\$ 89,742	\$	46,025	\$ 3,206	1
2	24	Trav & Seminar	Patient Days	34	35,559		46,025	1,270	2
3	25	Other Admin Travel	Patient Days	34	347,560		46,025	12,416	3
4	26	Insurance	Patient Days	34	6,826		46,025	244	4
5	20	Dues & Subscriptions	Patient Days	34	71,705		46,025	2,562	5
6	30	Depreciation	No of Providers/usage	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	34	172,398		46,025	5,238	7
8	35	Rent-Equip & Vehicle	Patient Days	34	1,034,867		46,025	36,969	8
9	32	Interest	Patient Days/usage	34	1,892,273		46,025	79,448	9
10	1	Dietary Salary	Patient Days	34	73,278	73,278	46,025	2,618	10
11	3	Housekeeping Salary	Patient Days	34	180,508	180,508	46,025	6,448	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	34	182,054		46,025	6,504	12
13	10	Nurs & Med Records Salary	Patient Days	34	1,519,466	1,519,466	46,025	53,664	13
14	15	Employee Benefits -Health Care	Patient Days	34	180,775		46,025	6,458	14
15	17	Administrative Salary	Patient Days/usage	34	4,500,263	4,500,263	46,025	147,432	15
16	27	Employee Benefits - Admin	Patient Days	34	1,464,772		46,025	52,327	16
17	19	Professional fees	Patient Days	34	1,094,912	881,977	46,025	37,761	17
18	21	Gen'I & Admin	Patient Days	34	7,908,785	6,929,587	46,025	282,532	18
19	6	Repair & Maint.	Patient Days	34	1,864,177	1,276,432	46,025	68,864	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,760,371	\$ 15,361,511		\$ 809,498	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							\$					\$	1
2													2
3													3
4													4
5	Insurance Interest (GL7053)		x	Malpractice Insurance								2,729	5
	Working Capital												
6	Related party-AMS		x	Working Capital								79,448	6
7													7
8													8
9	TOTAL Facility Related						\$					\$ 82,177	9
	B. Non-Facility Related*												
10	Interest Income (GL 4975)		x									(6,326)	10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$ (6,326)	14
15	TOTALS (line 9+line14)						\$					\$ 75,851	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 2015 report.			\$	369,500	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.)			\$	360,536	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(8,964)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	415,416	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.			\$	406,452	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	5,238
		Total Real Estate Tax Expense, Sch V, Line 33		\$	411,690
Real Estate Tax Bill for Calendar Year:		2011	290,319	8	
		2012	318,044	9	
		2013	330,090	10	
		2014	358,710	11	
		2015	360,536	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 2015	\$		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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heather Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0023945

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773)286-3883 FAX #: (773)286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>146,629.00</u>	\$ <u>5,238.00</u>
2. <u>29-18-410-063-0000</u>	<u>Nursing facility</u>	\$ <u>357,503.05</u>	\$ <u>357,503.05</u>
3. <u>29-18-410-054-0000</u>	<u>Nursing facility</u>	\$ <u>3,032.94</u>	\$ <u>3,032.94</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>507,164.99</u></u>	\$ <u><u>365,773.99</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,971

B. General Construction Type: Exterior Brick/ConcreteFrame SteelNumber of Stories 1, Partial 2

C. Does the Operating Entity?

☐ (a) Own the Facility☒ (b) Rent from a Related Organization.☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment☒ (b) Rent equipment from a Related Organization.☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

none

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

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

1		2		3		4	
Use		Square Feet		Year Acquired		Cost	
1	nursing facility	62,115		2005		\$ 187,500	
2							
3	TOTALS	62,115				\$ 187,500	

Facility Name & ID Number Heather Health Care Center

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Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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/SWTC/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		5-25			22,663
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		20-Mar			44,195
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	52	20	52		3,127
28	WINDOW REPAIR			1996	6,466	134	20	134		6,466
29	VALVE REPAIR			1996	1,523		15			1,523
30	BOILER LEAKING			1996	6,876		15			6,876
31	WINDOW REPAIR			1996	2,713	124	20	124		2,713
32	INSTALL ASPHALT			1996	16,215		10			16,215
33										33
34	INSTALL DOOR FRAME			1997	2,517		10			2,517
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

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	REPLACE BOILER ROOM- TOP A/C	1997	\$ 6,000	\$	5	\$	\$	\$ 6,000	37
38	INSTALL GAS PIPE	1997	4,220		5			4,220	38
39	INSTALL NEW VALVE AND RECOPPER	1998	1,864		5			1,864	39
40	PIPING	1998	7,104	284	25	284		5,352	40
41	ROOF REPAIR	1998	2,920		10			2,920	41
42	REPAIR & CHECK VOLTAGE OUTPUT	1998	1,780		5			1,780	42
43	REPLACED VALVE - HOT WATER	1998	3,270		5			3,270	43
44	REMODELED & DECORATED ROOMS	1998	28,760		15			28,760	44
45	WHIRLPOOL TURBINE	1998	1,599		5			1,599	45
46	REPLACE EXHAUST FAN	1998	1,950		15			1,950	46
47	FIX FLOOR TILE	1998	3,626		10			3,626	47
48	INSTALL DOOR MONITORING SYSTEM	1998	1,587		10			1,587	48
49	INSTALL SECURITRON ANNUNCIATOR	1998	1,764		10			1,764	49
50	REPLACE BOILER ON STEAMER	1998	4,283		10			4,283	50
51	INSTALL RESET CONTROL ON BOILER	1998	3,900	195	20	195		3,591	51
52	WRAP CHILLER PIPES	1998	2,682	134	20	134		2,436	52
53	REPLACE PUMP MOTOR	1998	4,425		15			4,425	53
54	PAINT	1998	7,845		20			7,845	54
55	CLIMATE SERICE (CLEANED BOILER, VALVE)	1999	1,374	69	20	69		1,237	55
56	CLIMATE SERVICE (REPLACE MISING VALVE	1999	3,317		15			3,317	56
57	CLIMATE SERVICE (INSTALLLL HOT WATER HEATER)	1999	7,391		15			7,391	57
58	CLIMATE SERVICE (INSTALL ROOF TOP REPLACEMENT)	1999	9,935		10			9,935	58
59	CLIMATE SERVICE (REPAIR HEATING UNIT)	1999	1,643		15			1,643	59
60	ENVIRON VISION ENVIRONMENT	1999	2,919		10			2,919	60
61	CHICAGO COOLING CORP (SHUTDOWN BOILER & AC	1999	2,117		10			2,117	61
62	ABC CARPENTRY	1999	2,031		10			2,031	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 604,381	\$ 992		\$ 992	\$	\$ 601,937	70

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 992		\$ 992		\$ 601,937	1
2	ABC WINDOW SCREENS	1999	3,916		10			3,916	2
3	ABC INSULATION	1999	3,203		10			3,203	3
4	CLIMATE SERVICE, INC. (INSTALL CONDENSER)	1999	4,565		15			4,565	4
5	WIGDAHL ELECTRIC (RECEPTACLES INSTALLED)	1999	5,457	273	20	273		4,502	5
6	CLIMATE SERVICE, INC. (REPLACE MOTOR ON FAN)	1999	2,772		10			2,772	6
7	CLIMATED SERVICE, INC. - REPLACE FAN MOTOR	1999	1,693		10			1,693	7
8	ADVANCED PARTS -GARBAGE DISPOSAL	1999	6,515		5			6,515	8
9	THE FLOOR SOURCE -INSTALL CARPET	1999	2,469		5			2,469	9
10	FOX VALLEY FIRE & SAFETY-DOOR ALARM SYSTEM	1999	2,540		15			2,540	10
11	CLIMATE SERVICE, INC.-BOILER	1999	8,437	422	20	422		6,785	11
12	ABC - GENERAL	1999	4,099		10			4,099	12
13	ABC ROOF	1999	2,501		10			2,501	13
14	ABC HARDWARE	1999	1,793		10			1,793	14
15	CLIMATE SERVICE, INC. REPAIR BURNER	1999	1,615		10			1,615	15
16									16
17	FOX VALLEY FIRE & SAFETY -SMOKE DETECTORS	1999	7,500		10			7,500	17
18	DELETE ABOVE ITEM	2000	(7,500)		10			(7,500)	18
19	ABC-BUILDING CONSTRUCTION/VARIOUS	2000	3,244		10			3,244	19
20	FOX VALLEY -SMOKE DETECTORS	2000	7,500		10			7,500	20
21	FOX VALLEY-DOOR ALARMS	2000	1,931		10			1,931	21
22	LONG ELEVATOR-ATTACHMENTS	2000	1,751		20			1,313	22
23	CLIMATE SERVICES-BOILER ROOM	2000	4,422	221	20	221		3,519	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		3,461	29
30	ABC-TIME & MATERIAL BILLING (JULY 2001)	2001	6,028		10			6,028	30
31	ABC-TIME & MATERIAL BILLING (OCT 2001)	2001	7,272		10			7,272	31
32	CAPPS PLUMBING	2001	12,236		10			12,236	32
33	GT MECHANICAL - WATER HEATER	2001	4,559	304	15	304		4,331	33
34	TOTAL (lines 1 thru 33)		\$ 743,981	\$ 2,451		\$ 2,451		\$ 736,049	34

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

Facility Name & ID Number Heather Health Care Center

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 2,451		\$ 2,451		\$ 736,049	1
2	Retile Basement Corridor 1	2002	3,650		10			3,650	2
3	Retile Basement Corridor 2	2002	3,650		10			3,650	3
4	Replace 4 Windows	2002	782		10			782	4
5	Replace 10 Windows	2002	2,204		10			2,204	5
6	Repiping 15' 2" galv pipe	2002	1,165	47	25	47		684	6
7	Replace RPZ Valve main Boiler Room	2002	545	36	15	36		539	7
8	Replace RPZ Valves 1 small Boiler Room	2002	1,865	124	15	124	0	1,844	8
9	Replace 3 outside valves	2002	1,165	78	15	78		1,120	9
10	ABC - Replace doors	2002	4,103		10			4,103	10
11	Security Services - Keypad entry system	2002	1,575	105	15	105		1,479	11
12	Security Services - Door Alarm System	2002	2,035	136	15	136		1,911	12
13	CAPPS Replace Drain Line	2002	2,965	148	20	148		2,199	13
14	GT Mechanical - replace chiller condensor motor	2002	2,876	192	15	192		2,764	14
15	GT Mechanical - Replace Bearing assem. Big Boiler	2002	1,357	90	15	90		1,349	15
16	GT Mechanical - Hot water circ pump lg. Boiler room	2002	698	47	15	47		698	16
17	CSI - Replace valves, steamer & timer on ovens	2002	1,761	117	15	117		1,760	17
18	Healthcare Products - Repair wheelchairs	2002	2,282		3			2,282	18
19	CAPPS - Repair Sprinkler System	2002	1,165	78	15	78		1,120	19
20	GT Mechanical - Repair Heater	2002	1,658	111	15	111		1,576	20
21	A&B Custom Cabel install 21 cable outlets	2003	1,731		10			1,731	21
22	ABC - New floor in PT Room	2003	3,896		10			3,896	22
23	A&B Custom Cabel install 27 cable outlets	2003	2,318		10			2,318	23
24	A&B Custom Cabel install 97 cable outlets	2003	6,969		10			6,969	24
25	Security Service - Door alarm service	2003	2,284	152	15	152		2,055	25
26	Capps - Repair 1st floor drains	2003	1,553		10			1,553	26
27	GT Mech- Repair water pump	2003	1,674		5			1,674	27
28	CSI - Repair Dishwasher	2003	1,953		5			1,953	28
29	Capps - Repair Sewer	2003	3,755	250	15	250		3,400	29
30	New Horizons Comm - Repair Phone system	2003	1,908		5			1,908	30
31	Capps - New Laundry Tub 1of2	2003	1,800		10			1,800	31
32	Capps - New Laundry Tub 2of2	2003	2,214		10			2,214	32
33	New Horizons Comm - Repair Phone system	2003	2,897		5			2,897	33
34	TOTAL (lines 1 thru 33)		\$ 816,434	\$ 4,162		\$ 4,162	\$ 0	\$ 806,131	34

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

Facility Name & ID Number Heather Health Care Center

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 4,162		\$ 4,162		\$ 806,131	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 907,346	\$ 5,027		\$ 5,027		\$ 892,469	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 907,346	\$ 5,027		\$ 5,027		\$ 892,469	1
2	ABC - Repair Roof	2003	10,191		10			10,191	2
3	CSI - Repair Drain	2003	1,768		5			1,768	3
4	CAPPS - CLEAR BASIN & CLEAN DRAIN	2004	975		5			975	4
5	CAPPS - POWER RODDED MAIN SEWER	2004	1,720		5			1,720	5
6	CSI - WATER HEATER PARTS AND REPAIR	2004	1,760		10			1,760	6
7	ABC - REPAIR LEAKY ROOF	2004	3,203		5			3,203	7
8	TNS/TERMINX - PEST CONTROL DRVC OF 6 LOCATIONS	2004	2,028		5			2,028	8
9	ABC - HVAC WORK/INSULATION	2004	7,090		10			7,090	9
10	ABC - WATER HEATER	2004	8,891		10			8,891	10
11	Top Notch - Door & Frame w/Hardware	2005	3,595		10			3,595	11
12	ABC - Bathroom Repairs	2005	4,307		10			4,307	12
13	CAPPS - Install new Basin, backflow valave in manhole	2005	4,200		5			4,200	13
14	CAPPS - Replaced Pipe, Power Rodded	2005	2,400		5			2,400	14
15	ABC - Bathroom Repairs	2005	10,661		10			10,661	15
16	GT Mechanical - Repair Boiler	2005	4,334		10			4,334	16
17	CAPPS - New RPZ	2005	1,965		10			1,965	17
18	GT Mechanical - Bell and Gosset Bearing Assembly/GE Motor	2005	2,398		10			2,398	18
19	Cybor Fire Protection - Sprinkler System Pipe Work	2005	2,985		5			2,985	19
20	Oak Fire - Alarm Repair (new pit, connect Ansul to Fire Alarm, In	2005	4,980		10			4,980	20
21	ABC - Bathroom Repairs	2005	14,900		10			14,900	21
22	Long Elevator - Repairs to electric eye	2005	1,509	75	20	75		848	22
23	ABC - New Outdoor Sign Install	2005	1,637	136	12	136		1,512	23
24	ABC - New Mental Institution Unit	2006	32,303	1,615	20	1,615		16,150	24
25	GT MECH - new thermostats-repair	2006	3,355		5			3,355	25
26	Top Notch- Replace Sink Heater	2006	2,975	25	10	25		2,975	26
27	Roof Repairs	2006	3,060	204	10	204		3,060	27
28	GT MECH - Repair thermostat and replaced blower	2006	5,077	507	10	507		5,077	28
29	AMS-Generator Install remote Annunicator	2006	3,192	213	15	213		2,323	29
30	AC Compressor and Repair	2006	10,386	692	15	692		7,154	30
31	ABC - Fire ID plate and sprinkler system repairs	2006	10,563	704	15	704		7,100	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,075,754	\$ 9,198		\$ 9,198		\$ 1,036,374	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 1,075,754	\$ 9,198		\$ 9,198	\$	\$ 1,036,374	1
2	<u>New MI Unit</u>	2007	9,497	950	10	950		9,183	2
3	<u>Masonry</u>	2007	43,549	2,903	15	2,903		26,612	3
4	<u>Hot Water Storage</u>	2007	5,984	598	10	598		5,934	4
5	<u>Compressor Contractor</u>	2007	7,052	470	15	470		4,662	5
6	<u>Heating/Vent</u>	2007	9,645	964	10	964		9,564	6
7	<u>Cubicle Repair</u>	2007	3,015	302	10	302		2,991	7
8	<u>Lockset Replacement</u>	2007	2,538	254	10	254		2,496	8
9	<u>Roof Replacements</u>	2007	3,556	356	10	356		3,468	9
10	<u>Duct Work</u>	2007	3,201	160	20	160		1,561	10
11	<u>Fan Motor and Compressor</u>	2007	3,696	370	10	370		3,543	11
12	<u>New Paving</u>	2007	14,960		8			14,960	12
13	<u>New Carpet</u>	2007	3,101		5			3,101	13
14	<u>New Roof Installation</u>	2007	4,956	496	10	496		4,667	14
15	<u>Refrigeration Leak Repair</u>	2007	5,864	586	10	586		5,521	15
16	<u>Circulation Pump</u>	2007	6,842	684	10	684		6,386	16
17	<u>New Hot Water Heater</u>	2007	8,605	861	10	861		7,888	17
18									18
19	<u>ABC-Key Pad Replacements</u>	2008	3,798		5			3,798	19
20	<u>GT Mechanical-Dining Area</u>	2008	3,933	393	10	393		3,474	20
21	<u>Top Notch - Evaporator Assembly w/parts</u>	2008	2,892	289	10	289		2,482	21
22	<u>ABC - Repair south wing Roof</u>	2008	6,404	640	10	640		5,443	22
23	<u>Top Notch - Condensing Unit</u>	2008	3,919	261	15	261		2,220	23
24	<u>GT Mechanical - Dining Room Compressor Motor</u>	2008	3,069	307	10	307		2,608	24
25	<u>GT Mechanical - Motor & Bearing Assembly</u>	2008	2,960	296	10	296		2,516	25
26	<u>GT Mechanical - New Oil Pump</u>	2008	2,802		5			2,802	26
27	<u>ABC- New Plumbing Fixtures/35 New Windows</u>	2008	2,630	132	20	132		1,074	27
28	<u>ABC - New MI Unit</u>	2009	36,050	2,403	15	2,403		19,427	28
29	<u>ABC - New Security Fence</u>	2009	6,519	435	15	435		3,260	29
30	<u>J.D. & Sons - New Roofing Material - Partial</u>	2009	5,000	500	10	500		3,708	30
31	<u>J.D. & Sons - New Roofing Material</u>	2009	15,000	1,500	10	1,500		11,125	31
32	<u>Top Notch - New Booster</u>	2009	5,406		5			5,406	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,312,196	\$ 26,308		\$ 26,308	\$	\$ 1,218,254	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 1,312,196	\$ 26,308		\$ 26,308	\$	\$ 1,218,254	1
2	Roof Flat and Mansard - ALDBEN	2010	8,187	819	10	819		5,117	2
3	Asphalt Parking Lot Sealcoat - ALDBEN	2010	5,556	694	8	694		4,340	3
4									4
5	Fan Condenser Sprinkler - GTMECH	2011	5,593	466	5	466		5,593	5
6	Dishwasher Repipe Disconnect - BELEC	2011	3,184	531	5	531		3,184	6
7									7
8	Fire Sprinkler Pump Conversion - ALDBEN	2012	39,531	1,581	25	1,581		7,774	8
9	Fire Sprinkler Pump Conversion - ALDBEN	2012	45,723	1,829	25	1,829		8,840	9
10	Fire Sprinkler Pump Conversion - ALDBEN	2012	4,763	191	25	191		905	10
11	Repair,new Motor,Inducer,Exchanger,Heat - GTMECH	2012	6,091	609	10	609		3,045	11
12	Repair Dishwasher - Reducer,Speed - TOPNOT	2012	3,516	703	5	703		3,457	12
13									13
14	Fire Protection System, Dry Pipe Sprinkler System - ALDBEN	2013	5,426	271	20	271		1,039	14
15	Fire Protection System, Dry Pipe Sprinkler System - ALDBEN	2013	4,807	240	20	240		840	15
16	Fire Protection, Power, Dry Sprinkler System - OAKFIR	2013	8,131	407	20	407		1,424	16
17	Asphalt Paving - ALDBEN	2013	2,943	368	8	368		1,227	17
18									18
19	Room, Built Electric Room - ALDBEN	2014	6,248	417	15	417		1,042	19
20	Fire Sprinklers - ALDBEN	2014	18,337	917	20	917		2,063	20
21	Elevator, Repair - KONINC	2014	15,248	3,050	5	3,050		7,371	21
22	Chiller Circuit Repair - GTMECH	2014	10,512	2,102	5	2,102		4,905	22
23									23
24	Roof Repairs - JDROOF	2015	15,000	1,500	10	1,500		1,875	24
25	Elevator Rpair - SUBELE	2015	6,819	1,364	5	1,364		1,591	25
26									26
27	Sprinklers Installed - SENSAU	2016	4,875	146	25	146		146	27
28	Motors (6) for roof top Exhaust, HVAC -ALDBEN	2016	3,359	112	5	112		112	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,536,044	\$ 44,625		\$ 44,625	\$	\$ 1,284,144	34

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

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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 12G, Carried Forward		\$ 1,536,044	\$ 44,625		\$ 44,625	\$	\$ 1,284,144	1
2 Adjust for ABC Related Party Profit	2008	(73)	(10)		(10)		(52)	2
3 Adjust for ABC Related Party Profit	2009	(86)	(12)		(12)		(44)	3
4 Adjust for ABC Related Party Profit	2011	(168)	(24)		(24)		(81)	4
5 Adjust for ABC Related Party Profit	2012	5,558	794		794		2,382	5
6 Adjust for ABC Related Party Profit	2013	177	12		12		36	6
7 Adjust for ABC Related Party Profit	2014	(47)	(1)		(1)		(2)	7
8 Adjust for ABC Related Party Profit	2016	(21)	(1)		(1)		(1)	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)		\$ 1,541,384	\$ 45,383		\$ 45,383	\$	\$ 1,286,382	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	\$ 461,361	\$ 39,796	\$ 39,796	\$	varies	\$ 245,233	71
72	Current Year Purchases	59,226	3,414	3,414		varies	3,413	72
73	Fully Depreciated Assets	558,238	2,058	2,058		varies	558,238	73
74								74
75	TOTALS	\$ 1,078,826	\$ 45,268	\$ 45,268	\$		\$ 806,884	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	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)	\$ 2,811,736	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 90,651	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 90,651	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,097,292	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related Party Cost is Eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES

xNO

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

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease.
9. Option to Buy:

YES

xNO

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:\$21,691Description:copy machine GL 6861 and equipment lease GL 6859
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	related party-PG 6A	various	\$#####	\$14,521	17
18					18
19	Auto lease - gl 6890	various	0.00		19
20					20
21	TOTAL		\$#####	\$14,521	21

10. Effective dates of current rental agreement:
Beginning7/1/2015
Ending6/30/2025

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2017	\$varies
13.	12/31/2018	\$varies
14.	12/31/2019	\$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.
- (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.

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	

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	\$		\$ 172,211	\$		\$ 172,211	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			14,482			14,482	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			199,592			199,592	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				98,228		98,228	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					(55,860)	100,342		44,482	13
14	TOTAL			\$		\$ 330,424	\$ 198,571		\$ 528,995	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.

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		172,210.65		
2.	ST		39-3	To Col 5		14,481.57		
3.								
4.	PT		39-3	To Col 5		199,591.73		
5.								
6.								
7.								
8.	Pharmacy Supplies per GL					103,191.07		
	Manual Input from Related Party- Forum Drugs					(4,962.73)		From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		98,228.34	484,512.29	
10.								
11.								
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		-	-	
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		-	-	
	Total Exceptional Care (Line 12, Col 8)					-	-	
13.	Other:	See Pg 16A						
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		(55,860.00)		From Page 6D
	Other					127,054.21		
	Manual Input: Related Party - Prism					(25,904.94)		From Page 6B
	Manual Input: Related Party FECII - I.V.					(314.08)		From Page 6C
	Manual Input: Related Party FECII - Wound Care					(1,563.78)		From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)					1,071.00		
13.	Col 6: Supplies Total			To Col 6		100,342.41	100,342.41	
13.	Total Line 13, Column 8					-	44,482.41	
14.	Total					-	528,994.70	
						= = = = =		

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>65,000</u>)	1,425,534	1,425,534	3
4	Supply Inventory (priced at)	3,402	3,402	4
5	Short-Term Investments			5
6	Prepaid Insurance		4,272	6
7	Other Prepaid Expenses	14,358	14,358	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,560	2,560	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,445,854	\$ 1,450,126	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	1,407,386	1,407,386	15
16	Equipment, at Historical Cost	1,150,972	1,150,972	16
17	Accumulated Depreciation (book methods)	(1,960,731)	(1,960,731)	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)	\$ 597,627	\$ 795,286	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,043,481	\$ 2,245,412	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 390,614	\$ 390,614	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	250,570	250,570	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	424,384	424,384	30
31	Accrued Taxes Payable (excluding real estate taxes)	16,055	16,055	31
32	Accrued Real Estate Taxes(Sch.IX-B)		415,416	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr INS, Exps, IDPA, Sales Tx, etc.</u>	155,024	155,024	36
37	<u>Due to affiliates (short term)</u>	795,529	97,143	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,032,176	\$ 1,749,206	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 (long term)</u>	12,210,734	12,210,734	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 12,210,734	\$ 12,210,734	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,242,910	\$ 13,959,940	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,199,429)	\$ (11,714,528)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,043,481	\$ 2,245,412	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,669,282)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,669,282)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	469,853	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)	\$ 469,853	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)	\$ (12,199,429)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heather Health Care Center

0023945

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 7,595,331	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,595,331	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	173,090	6
7	Oxygen	8,110	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 181,199	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	5,285	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,285	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	6,326	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,326	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	735	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 735	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,788,876	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,421,409	31
32	Health Care	2,537,232	32
33	General Administration	1,787,529	33
	B. Capital Expense		
34	Ownership	600,676	34
	C. Ancillary Expense		
35	Special Cost Centers	616,529	35
36	Provider Participation Fee	355,648	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,319,024	40
41	Income before Income Taxes (line 30 minus line 40)**	469,853	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 469,853	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,303,690	44
45	Private Pay - Net Inpatient Revenue	60,717	45
46	Medicare - Net Inpatient Revenue	1,016,838	46
47	Other-(specify) Hospice	204,967	47
48	Other-(specify) Insurance	9,119	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,595,331	49

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

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

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

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

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	\$ 90,360	\$ 43.44	1
2	Assistant Director of Nursing	1,056	1,064	29,813	28.02	2
3	Registered Nurses	7,563	8,119	252,231	31.07	3
4	Licensed Practical Nurses	30,185	32,528	853,653	26.24	4
5	CNAs & Orderlies	54,982	60,108	665,835	11.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	31,894	15.33	9
10	Activity Assistants	5,598	6,221	63,045	10.13	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	40,819	19.62	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,109	17,073	196,049	11.48	15
16	Dishwashers					16
17	Maintenance Workers	1,912	1,912	54,492	28.50	17
18	Housekeepers	16,161	17,784	190,986	10.74	18
19	Laundry	6,388	7,239	78,333	10.82	19
20	Administrator	2,080	2,080	110,605	53.18	20
21	Assistant Administrator					21
22	Other Administrative	2,136	2,242	45,081	20.11	22
23	Office Manager	1,877	1,885	26,478	14.05	23
24	Clerical	2,522	2,647	24,501	9.26	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,464	2,486	72,100	29.01	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Clinical Director/Behavioral Therapist	10,680	11,405	221,450	19.42	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	166,952	181,032	\$ 3,047,724 *	\$ 16.84	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$2,200 Monthly	\$ 26,400	1-3	35
36	Medical Director	\$1,500 Monthly	18,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$346 Monthly	4,152	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	60	3,200	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 51,752		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	\$358 Monthly	4,295		52
53	TOTAL (lines 50 - 52)		\$ 4,295		53

STATE OF ILLINOIS

Facility Name & ID Number

Heather Health Care Center

0023945

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

Perkovic, Valerie

Administrator

110,605

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 110,605

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

Alden Management Services, Inc.

Consulting fees

365,852

MIDCAP

Accounting fees

2,161

BDO Seidman, LLP

Accounting fees

2,882

Christine Novotny

Accounting fees

100

Baker Tilly Vorchow Krause, LLP

Accounting fees

5,094

Gozdecki Farkas & Bro

Accounting fees

373

AMS (Eliminated)

Legal Fees-Non Collections

45,192

Kent College of Law/ Recorder

Legal Fees-Non Collections

1,076

Gozdecki Farkas & Bro

Legal Fees-Non Collections

738

Clerk of the Circuit/Stone Pogrund/C

Legal Fees:Collections

243

Frank C. Urban & Co

Real Estate Service

3,500

First Advantage Corporation

Tax Credit Service

2,520

TOTAL (agree to Schedule V, line 19, column 3)

(For legal fee disclosure, see page 39 of instructions)

\$ 429,731

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

113,696

Unemployment Compensation Insurance

34,737

FICA Taxes

227,219

Employee Health Insurance

50,010

Employee Meals

28,535

Illinois Municipal Retirement Fund (IMRF)*

Union,Health, Welfare

89,117

Dental & Life Insurance

1,220

Pension

24,259

Misc Payroll Costs/401K Match

3,149

Employee Drug Test/Vaccinations

4,242

Employee Relations/Employee Dishonesty

5,620

Related Party Fees

(2,402)

TOTAL (agree to Schedule V, line 22, col.8)

\$ 579,402

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

197

Health Care Worker Background Check

(Indicate # of checks performed 28)

1,189

Patient Background Checks

156

Surety Bonds

1,000

Collaborative Healthcare/Health Care Council

15,812

Corporate Annual Report/Secretary of State

462

Related Party-AMS

2,562

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 22,787

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

Related Party - AMS

1,270

Seminar Expense

507

Entertainment Expense

()

(agree to Sch. V, line 24, col. 8)

\$ 1,777

* Attach copy of IMRF notifications

**See instructions.

PG 21A

Heather Health Care Center Inc.
Legal Fee Support
2015

Legal Fees Reported on Pg 21, Section C:	\$	47,248.79
Less: Collection, estates, & other non-allowable legal f listed on Pg 5, Line 22		(243.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	1,813.79

<--Check: should match total for Allow. Fees in new detail section below.

In Detail:

Vendor Name	Invoice Date	Amount
Gozdecki, Farkas & Bro	2/8/2016	144.08
Gozdecki, Farkas & Bro	2/8/2016	159.96
IIT Chicago-Kent College of Law	11/4/2016	172.66
IIT Chicago-Kent College of Law	5/5/2016	318.75
IIT Chicago-Kent College of Law	5/5/2016	584.38
The Alden Group, LTD.	2/9/2016	29.99
The Alden Group, LTD.	4/6/2016	404.02

TOTAL ALLOWABLE LEGAL FEES	1,813.84
----------------------------	----------

6806 Lgl Non Coll

Vendor Name	Invoice Date	Amount
Stone Pogrund & Korey LLC	7/7/2016	55.00
Clerk of the Circuit Court	4/26/2016	78.00
Clerk of the Circuit Court	2/11/2016	50.00
Chicago Title Company, LLC	2/4/2016	60.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	243.00
---	--------

6966 Lgl collect

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'16	12/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	12/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	10/26/16	3,766.00
AMS Corp Legal Cost Alloc-'16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	08/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	07/28/16	3,766.00
AMS Corp Legal Cost Alloc-'16	06/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	05/27/16	3,766.00
AMS Corp Legal Cost Alloc-'16	04/27/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/09/16	3,766.00
AMS Corp Legal Cost Alloc-'16	02/09/16	3,766.00

TOTAL Allocated Legal Fees	45,192.00
----------------------------	-----------

6806-100-003 Lgl non coll

Total Legal Co	47,248.84
----------------	-----------

XX. GENERAL INFORMATION:

- (1)

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

CNA:Yes RN/LPN:No
- (2)

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

Yes

If YES, give association name and amount. Health Care Council of ILL \$16,608
- (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.

\$ 22,653

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.

\$ 355,648

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 benefit on Schedule V.

\$ 28,535

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.

\$ N/A
- (17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:
- (18)

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

Yes
- (19)

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

See page 39 of the instructions for details.

Yes

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