

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0024356

Facility Name: Lee Manor

Address: 1301 Lee Street Des Plaines 60018
Number City Zip Code

County: Cook

Telephone Number: (847) 635-4000 Fax # (847) 827-5796

HFS ID Number:

Date of Initial License for Current Owners: 6/29/1979

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: Amanda Springborn Telephone Number: (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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) _____
Paid Preparer	(Type or Print Name) _____
	(Title) _____
	(Signed) _____
	(Date) _____
	(Print Name and Title) _____
	(Firm Name & Address) RSM US LLP 20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067	
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 Lee Manor # 0024356 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	601,595	70,706	18,603	690,904		690,904	404	691,308		1
2	Food Purchase		612,395		612,395		612,395	2,035	614,430		2
3	Housekeeping	559,449	70,913	-	630,362		630,362	7,027	637,389		3
4	Laundry	124,684	29,746	4,811	159,241		159,241		159,241		4
5	Heat and Other Utilities			200,285	200,285		200,285	3,868	204,153		5
6	Maintenance	139,126	25,173	362,179	526,478		526,478	45,545	572,023		6
7	Other (specify):* Allocated Benefits	-	-	-				6,899	6,899		7
8	TOTAL General Services	1,424,854	808,933	585,878	2,819,665		2,819,665	65,778	2,885,443		8
	B. Health Care and Programs										
9	Medical Director	-	-	32,750	32,750		32,750	22,599	55,349		9
10	Nursing and Medical Records	6,709,072	832,006	186,903	7,727,981		7,727,981	23,550	7,751,531		10
10a	Therapy	(440)	-	-	(440)		(440)	1,208,743	1,208,303		10a
11	Activities	378,657	25,369	1,257	405,283		405,283	67	405,350		11
12	Social Services	155,631	-	4,290	159,921		159,921	111	160,032		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Allocated Benefits	-	-	-				116,644	116,644		15
16	TOTAL Health Care and Programs	7,242,920	857,375	225,200	8,325,495		8,325,495	1,371,714	9,697,209		16
	C. General Administration										
17	Administrative	600,608	-	1,172,986	1,773,594		1,773,594	(1,111,235)	662,359		17
18	Directors Fees			-							18
19	Professional Services			466,967	466,967		466,967	84,676	551,643		19
20	Dues, Fees, Subscriptions & Promotions			106,433	106,433		106,433	2,362	108,795		20
21	Clerical & General Office Expenses	448,501	38,009	80,703	567,213		567,213	592,191	1,159,404		21
22	Employee Benefits & Payroll Taxes			1,494,736	1,494,736		1,494,736		1,494,736		22
23	Inservice Training & Education			2,224	2,224		2,224		2,224		23
24	Travel and Seminar			3,782	3,782		3,782	911	4,693		24
25	Other Admin. Staff Transportation		-	16,067	16,067		16,067	8,902	24,969		25
26	Insurance-Prop.Liab.Malpractice			571,616	571,616		571,616	87,036	658,652		26
27	Other (specify):* Allocated Benefits			-				120,212	120,212		27
28	TOTAL General Administration	1,049,109	38,009	3,915,514	5,002,632		5,002,632	(214,945)	4,787,687		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,716,883	1,704,317	4,726,592	16,147,792		16,147,792	1,222,546	17,370,338		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			227,555	227,555		227,555	154,035	381,590			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			86,582	86,582		86,582	329,112	415,694			32
33	Real Estate Taxes			-				843,171	843,171			33
34	Rent-Facility & Grounds			2,880,000	2,880,000		2,880,000	(2,879,645)	355			34
35	Rent-Equipment & Vehicles			120,034	120,034		120,034	33,051	153,085			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,314,171	3,314,171		3,314,171	(1,520,276)	1,793,895			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	21,700	21,700		21,700		21,700			38
39	Ancillary Service Centers	-	254,344	1,394,157	1,648,501		1,648,501	(1,373,315)	275,186			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			545,223	545,223		545,223		545,223			42
43	Other (specify):* Non-Allowable Cos	194,822	-	325,783	520,605		520,605	(520,605)				43
44	TOTAL Special Cost Centers	194,822	254,344	2,286,863	2,736,029		2,736,029	(1,893,920)	842,109			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	9,911,705	1,958,661	10,327,626	22,197,992		22,197,992	(2,191,650)	20,006,342			45

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

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	(27,375)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(52,323)	30		9
10	Interest and Other Investment Income	(54,214)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,323)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(10,876)	43		18
19	Entertainment				19
20	Contributions	(6,778)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,301)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(216,206)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(242,270)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (614,666)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(1,576,984)	34
35	Other- Attach Schedule		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,576,984)	36
	(sum of SUBTOTALS		
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,191,650)	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					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					44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Lee Manor

ID#

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Lobbying Expense	\$ (8,264)	20	1
2	Labs - Part A	(27,972)	43	2
3	Radiology	7,180	43	3
4	Consolidated Billing	2,936	43	4
5	X-Ray Part A	(22,055)	43	5
6	X-Ray Managed Care	(3,385)	43	6
7	X-Ray Medicaid	(1,220)	43	7
8	Residents Personal Items	(1,925)	43	8
9	State Replacement Tax	(4,456)	43	9
10	Miscellaneous Income	(34,441)	21	10
11	Taxes Non Property	(7,000)	43	11
12	Mobile Phones	(4,767)	21	12
13	Marketing wages	(103,693)	43	13
14	Marketing Expenses	(11,293)	43	14
15	Admission wages	(91,129)	43	15
16	Marketing consultant	(4,387)	19	16
17	Appeal and assessment fees	73,601	33	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				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	(242,270)		49

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
Chester Plodzien	10	Butterfield Health Care II, Inc. - Meadowbrook Mano	Naperville	Seneca Building		
Eva Dimas Family LP	90	Butterfield Health Care, Inc. - Meadowbrook Manor	Bolingbrook	Limited Partnership	Des Plaines	Lessor
		Butterfield Health Care of LaGrange, Inc.	LaGrange			

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	6	Repairs and Maintenance	\$	Seneca Building Limited Partnership	100%	\$ 8,908	\$ 8,908	1
2	V	10	Nursing Supplies		Seneca Building Limited Partnership	100%	1,856	1,856	2
3	V	19	Professional Fees		Seneca Building Limited Partnership	100%	32,787	32,787	3
4	V	21	Office Supplies		Seneca Building Limited Partnership	100%	164	164	4
5	V	26	Insurance- Prof & Liab		Seneca Building Limited Partnership	100%	77,905	77,905	5
6	V	30	Depreciation		Seneca Building Limited Partnership	100%	200,738	200,738	6
7	V	34	Rent	2,880,000	Seneca Building Limited Partnership	100%		(2,880,000)	7
8	V	32	Interest	76	Seneca Building Limited Partnership	100%	344,045	343,969	8
9	V	32	Loan Amortization Mortgage		Seneca Building Limited Partnership	100%	6,690	6,690	9
10	V	33	Real Estate Taxes		Seneca Building Limited Partnership	100%	758,290	758,290	10
11	V	20	Fees Subscriptions and Prom		Seneca Building Limited Partnership	100%	1,773	1,773	11
12	V	35	Rent equipment and vehicles		Seneca Building Limited Partnership	100%	31,703	31,703	12
13	V	21	Rent Income	62,983	Seneca Building Limited Partnership	100%		(62,983)	13
14	Total			\$ 2,943,059			\$ 1,464,859	\$ * (1,478,200)	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	43	State Replacement Tax	\$	Seneca Building Limited Partnership	100%	\$ 5,965	\$ 5,965	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			\$			\$ 5,965	\$ * 5,965	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.

☒ X

 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	10	Nursing & Medical Records	\$	Ability Rehab LLC	100%	\$ 8,500	\$ 8,500	15
16	V	10A	Therapy		Ability Rehab LLC	100%	1,208,743	1,208,743	16
17	V	19	Professional Services		Ability Rehab LLC	100%	3,225	3,225	17
18	V	20	Dues, Fees, Subscriptions & Promotions		Ability Rehab LLC	100%	35	35	18
19	V	21	Clerical & General Office Expenses		Ability Rehab LLC	100%	13,627	13,627	19
20	V	26	Insurance-Prop, Liab & Malpractice		Ability Rehab LLC	100%	5,479	5,479	20
21	V	27	Other		Ability Rehab LLC	100%	120,212	120,212	21
22	V	34	Rent - Facility & Grounds		Ability Rehab LLC	100%	355	355	22
23	V	39	Ancillary Services-Other	1,373,320	Ability Rehab LLC	100%		(1,373,320)	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,373,320			\$ 1,360,176	\$ * (13,144)	39

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

Facility Name & ID Number Lee Manor# 0024356Report Period Beginning: 1/1/2020Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	\$	Butterfield Health Care Group, Inc.	100%	\$ 404	\$ 404	15
16	V	2	Food		Butterfield Health Care Group, Inc.	100%	2,035	2,035	16
17	V	3	Housekeeping		Butterfield Health Care Group, Inc.	100%	7,027	7,027	17
18	V	5	Utilities		Butterfield Health Care Group, Inc.	100%	3,868	3,868	18
19	V	6	Maintenance		Butterfield Health Care Group, Inc.	100%	36,637	36,637	19
20	V	7	Other		Butterfield Health Care Group, Inc.	100%	6,899	6,899	20
21	V	9	Medical Director		Butterfield Health Care Group, Inc.	100%	22,599	22,599	21
22	V	10	Nursing & Medical Records		Butterfield Health Care Group, Inc.	100%	13,194	13,194	22
23	V	11	Activities		Butterfield Health Care Group, Inc.	100%	67	67	23
24	V	13	Social Services		Butterfield Health Care Group, Inc.	100%	111	111	24
25	V	15	Other		Butterfield Health Care Group, Inc.	100%	3,289	3,289	25
26	V	17	Administrative	1,172,986	Butterfield Health Care Group, Inc.	100%	61,751	(1,111,235)	26
27	V	19	Professional Services		Butterfield Health Care Group, Inc.	100%	55,854	55,854	27
28	V	20	Dues, Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100%	8,818	8,818	28
29	V	21	Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100%	680,591	680,591	29
30	V	24	Travel & Seminar		Butterfield Health Care Group, Inc.	100%	911	911	30
31	V	25	Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100%	8,902	8,902	31
32	V	26	Insurance-Prop, Liab & Malpractice		Butterfield Health Care Group, Inc.	100%	3,652	3,652	32
33	V	27	Other		Butterfield Health Care Group, Inc.	100%	113,355	113,355	33
34	V	30	Depreciation		Butterfield Health Care Group, Inc.	100%	5,620	5,620	34
35	V	32	Interest		Butterfield Health Care Group, Inc.	100%	32,667	32,667	35
36	V	33	Real Estate Taxes		Butterfield Health Care Group, Inc.	100%	11,280	11,280	36
37	V	34	Rent - Equipment & Vehicles		Butterfield Health Care Group, Inc.	100%	1,845	1,845	37
38	V	39	Ancillary Service Centers		Butterfield Health Care Group, Inc.	100%	5	5	38
39	Total			\$ 1,172,986			\$ 1,081,381	\$ * (91,605)	39

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

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	Chris Vangel	Administrative	Administrative	0	21,750	8	20.00	MgmtFees/Sal	\$ 163,250	17,21(1,7)	1
2	Nick Vangel	Administrative	Administrative	0	33,957	8	20.00	MgmtFees/Sal	151,042	17,21(1,7)	2
3	Dorothy Vangel	Administrative	Administrative	78	0	8	20.00	MgmtFees/Sal	105,754	17,21(1,7)	3
4	Katherine Hocuk	Administrative	Administrative	0	6,918	8	20.00	MgmtFees/Sal	142,213	17,21(1,7)	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 562,259		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 Lee Manor# 0024356

Report Period Beginning:

1/1/2020Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Butterfield Health Care Group, Inc.

Street Address

648 North River Road Suite 100

City / State / Zip Code

Naperville, IL, 60563

Phone Number

(331) 472-4500

Fax Number

(331) 472-4510

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	1	Dietary	Resident Days	244,595	4	\$ 1,323	\$ 74,697	\$ 404	1
2	2	Food	Resident Days	244,595	4	6,664	74,697	2,035	2
3	3	Housekeeping-Salary	Resident Days	244,595	4	19,041	74,697	5,815	3
4	3	Housekeeping	Resident Days	244,595	4	3,969	74,697	1,212	4
5	5	Utilities	Resident Days	244,595	4	12,665	74,697	3,868	5
6	6	Maintenance - Salary	Resident Days	244,595	4	91,677	74,697	27,997	6
7	6	Maintenance	Resident Days	244,595	4	28,291	74,697	8,640	7
8	7	Other - Mgmt Allocation of Bene	Resident Days	244,595	4	22,592	74,697	6,899	8
9	9	Medical Director	Resident Days	244,595	4	74,000	74,697	22,599	9
10	10	Nursing & Medical Records - Sal	Resident Days	244,595	4	52,782	74,697	16,119	10
11	10	Nursing & Medical Records	Resident Days	244,595	4	(9,577)	74,697	(2,925)	11
12	11	Activities	Resident Days	244,595	4	218	74,697	67	12
13	13	Social Services	Resident Days	244,595	4	364	74,697	111	13
14	15	Other - Mgmt Allocation of Bene	Resident Days	244,595	4	10,770	74,697	3,289	14
15	17	Administrative - Salary	Average Hours Worked	14	4	16,141	8	9,223	15
16	17	Administrative - Salary	Average Hours Worked	6	3	21,000	21,000		16
17	18	Administrative - Salary	Average Hours Worked	14	4	79,236	8	45,278	17
18	19	Administrative - Salary	Average Hours Worked	32	4	29,000	8	7,250	18
19	19	Professional Services-Legal	Resident Days	244,595	4	57,392	74,697	17,527	19
20	19	Professional Services-Other	Resident Days	244,595	4	125,501	74,697	38,327	20
21	20	Dues, Fees, Subscriptions & Pron	Resident Days	244,595	4	28,876	74,697	8,818	21
22	21	Clerical & General Office Expens	Resident Days	244,595	4	2,117,204	74,697	646,574	22
23	21	Clerical & General Office Expens	Resident Days	244,595	4	111,389	74,697	34,017	23
24	24	Travel & Seminar	Resident Days	244,595	4	2,984	74,697	911	24
25	TOTALS					\$ 2,903,502	\$ 2,426,081	\$ 904,055	25

Ending: 2/31/2020

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1					\$	\$		\$	1
	25	Other Admin. Staff Transportation	Resident Days	244,595	4	29,151		74,697	8,902	2
	26	Insurance-Prop, Liab & Malpractice	Resident Days	244,595	4	11,960		74,697	3,652	3
	27	Other - Mgmt Allocation of Benefits	Resident Days	244,595	4	371,180		74,697	113,355	4
	30	Depreciation	Resident Days	244,595	4	18,404		74,697	5,620	5
	32	Interest	Resident Days	244,595	4	106,967		74,697	32,667	6
	33	Real Estate Taxes	Resident Days	244,595	4	36,936		74,697	11,280	7
	34	Rent - Equipment & Vehicles	Resident Days	244,595	4	6,043		74,697	1,845	8
	39	Ancillary Service Centers	Resident Days	244,595	4	17		74,697	5	9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$ 580,658	\$		\$ 177,326	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	First Merit- First Bank		X	Mortgage	70,810.00	6/15/2009	\$ 10,800,000	\$ 10,805,556	6/15/2039	0.6100	\$ 344,045	1	
2	Midland Bank		X	PPP Loan		4/22/2020	1,995,242	1,995,242	4/22/2021	0.0100		2	
3	Medicare Loan		X	Deferred payment		4/6/2020	730,000	730,000	4/6/2021		6,221	3	
4	First Merit - First Bank		X	Amortization of mortgage costs							6,690	4	
5												5	
	Working Capital												
6	First Merit - First Bank		X	Line of Credit	Interest Only	05/15/04	2,000,000	1,281,396	5/30/2021	0.0347	54,214	6	
7	First Merit - First Bank		X	Amortization							1,067	7	
8	See Page 9A						-	-			25,080	8	
9	TOTAL Facility Related				\$70,810.00		\$ 15,525,242	\$ 14,812,194			\$ 437,317	9	
	B. Non-Facility Related*												
10												10	
11												11	
12								Interest Income Offset			(54,290)	12	
13								Allocated from home office			32,667	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (21,623)	14	
15	TOTALS (line 9+line14)						\$ 15,525,242	\$ 14,812,194			\$ 415,694	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

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

Facility Name: Lee Manor
IDPH License ID Number: 0024356
Fiscal Year End: 12/31/2020

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

1		2		3	4	5	6		7	8	9	10	
Name of Lend	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
	YES	NO				Original	Balance						
	A. Directly Facility Related												
	Long-Term												
1							\$						1
2													2
3													3
4													4
5													5
	Working Capital												
6			X	Interest on credit card								12,358	6
7			X	Interest on Comcast								12,722	7
8													8
9	TOTAL Facility Related			\$0.00			\$ -	\$ -			\$ 25,080		9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related			\$0.00			\$ -	\$ -			\$ 25,080		14

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 2019 report.			\$	759,000	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.)		2019	\$	834,261	2
3. Under or (over) accrual (line 2 minus line 1).			\$	75,261	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	781,000	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.)			\$	73,601	5
		Alloc. Fr. Mgmt. Co.		11,280	
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 \$ <u>97,971</u> For <u>2016</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(97,971)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	843,171	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2015	<u>728,508</u>	8	
		2016	<u>669,619</u>	9	
		2017	<u>730,543</u>	10	
		2018	<u>743,684</u>	11	
		2019	<u>834,261</u>	12	
2020 Tax Accrual = 758,180.55*1.0234 = 775,914.99. Use 781,000					

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

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Seneca Nursing Home Inc. d/b/a Lee Manor Nursing Resider COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0024356

CONTACT PERSON REGARDING THIS REPORT Liz Koshy

TELEPHONE 331-472-4500 FAX #: (847) 827-5796

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 09-20-400-033-0000	Seneca Nursing Home	\$ 834,260.62	\$ 834,260.62
2. Allocated from Mgmt Co		\$ 83,134.42	\$ 11,280.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 917,395.04	\$ 845,540.62

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

A. Square Feet:

106,300

B. General Construction Type:

Exterior

Brick/Drywall

Frame

Fire-proof brick

Number of Stories

5

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).

N/A

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:

N/A

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

N/A

3. Current Period Amortization:

N/A

4. Dates Incurred:

N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	110,000	1979	\$ 273,400	1
2					2
3	TOTALS	110,000		\$ 273,400	3

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	252		1979	1979	\$ 4,087,968	\$ -	40	\$ 22,586	\$ 22,586	\$ 4,087,968	4
5			1979	1978	337,653	-	40			337,653	5
6	10		1985	1985	226,649	-	40	3,261	3,261	226,649	6
7						-		-			7
8						-		-			8
	Improvement Type**										
9	Improvements		1979		6,000	-		-			9
10	Audit Adjustment		1979		2,779	-	40			2,779	10
11	Audit Adjustment		1981		90,599	-	40	2,265	2,265	51,207	11
12	Improvements		1988		8,536	-	31.5	112	112	8,536	12
13	Improvements		1989		7,785	-	31.5	-		7,785	13
14	Improvements		1989		9,621	-	15	-		9,621	14
15	Improvements		1991		18,843	-	15	-		18,843	15
16	Improvements		1992		61,618	-	20	-		61,618	16
17	Improvements Adjusted to equal Capoitai Rate Audit		1993		4,500	-	20	-		4,500	17
18	Improvements		1993		36,719	-	40	917	917	24,759	18
19	Improvements		1994		16,738	-	40	418	418	11,077	19
20	Improvements Adjusted to equal Capoitai Rate Audit		1994		7,133	-	40	-		7,133	20
21	Improvements Adjusted to equal Capoitai Rate Audit		1995		6,055	-	40	-		6,055	21
22	Improvements		1995		87,711	-	40	2,156	2,156	54,996	22
23	Brick work		1996		3,040	-	20	-		3,040	23
24	Roof Replacement		1996		1,465	-	20	-		1,465	24
25	FACIA, Overhang Renovation		1996		75,200	-	39	1,902	1,902	56,612	25
26	Hot Water heater		1996		16,084	-	39	417	417	10,214	26
27	Insulation		1997		38,770	-	39	994	994	23,359	27
28	Roofing		1997		5,875	-	39	150	150	3,525	28
29	Refurbishing of hallways and patient rooms		1997		59,595	-	20	-		59,595	29
30	Tile		1997		20,696	-	20	-		20,696	30
31	Electrical improvements		1997		4,112	-	20	-		4,112	31
32	Plumbing Improvements		1997		3,773	-	20	-		3,773	32
33	Basement remodeling		1998		13,578	-	20	-		13,578	33
34	smoke dampers		1998		2,235	-	20	-		2,235	34
35	Circulating pump		1998		2,630	-	20	-		2,630	35
36	Fire alarm system		1998		4,715	-	20	-		4,715	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Compressor	1998	\$ 7,653	\$ -	20	\$ -	\$ -	\$ 7,653	37
38	Boiler Valve	1998	3,233	-	20	-		3,233	38
39	Window Glazing	1998	2,566	-	20	-		2,566	39
40	Landscaping	1998	977	-	20	-		977	40
41	Patio Brick	1998	2,590	-	20	-		2,590	41
42	Ceiling Tiles	1998	2,233	-	20	-		2,233	42
43	Window Treatments	1998	2,470	-	20	-		2,470	43
44	Sliding Doors	1999	854	-	20			854	44
45	Air Conditioning improvements	1999	685	-	20			685	45
46	Code Alert Wandering System	1999	511	-	20			511	46
47	Elevator upgrade	1999	50,000	-	20			50,000	47
48	Roof Improvements	1999	3,567	-	20			3,567	48
49	Hallway renovation-ceiling tile,wiring,painting , doors & tile	2000	40,411	-	39	1,036	1,036	21,357	49
50	Elevators	2000	20,000	-	39	513	513	10,667	50
51	hallway renovation-Labor	2000	9,048	-	39	232	232	4,785	51
52	Hallway Renovation- materials. Painting and labor	2000	7,303	-	39	187	187	3,843	52
53	Painting- labor	2000	2,859	-	39	73	73	1,500	53
54	windows	2000	91,557	-	39	2,348	2,348	47,254	54
55	Automatic Doors	2000	1,985	-	39	51	51	1,060	55
56	Painting - Labor	2000	11,630	-	39	298	298	6,072	56
57	Furnace Room Improvements	2001	3,259	-	39	84	84	1,662	57
58	Third floor remodeling	2001	72,480	-	39	1,858	1,858	35,762	58
59	fourth floor remodeling	2001	64,481	-	39	1,653	1,653	31,475	59
60	remodeling	2001	5,768	-	39	148	148	2,905	60
61	Window Systems	2001	8,059	-	39	207	207	4,131	61
62	Renovation Floor 2 & 5, balance of floor 3&4	2002	340,426	-	39	8,729	8,729	153,334	62
63	Renovation floor 1, residual of floor 2 & 5	2002	181,976	-	39	4,666	4,666	84,183	63
64	Building Signs	2002	1,449	-	39	37	37	677	64
65	Beauty Parlor	2002	681	-	39	17	17	308	65
66	Alarm	2002	893	-	39	23	23	426	66
67	Door Enunciator	2002	1,944	-	39	50	50	927	67
68	2nd Floor Renovation	2003	87,417	-	39	2,241	2,241	38,288	68
69	Exterior Rehab - Dryvit	2003	23,197	-	39	595	595	10,166	69
70	TOTAL (lines 4 thru 69)		\$ 6,322,837	\$ -		\$ 60,224	\$ 60,224	\$ 5,668,849	70

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,322,837	\$		\$ 60,224	\$ 60,224	\$ 5,668,849	1
2	Exterior Rehab - Dryvit	2003	36,728	-	39	942	942	16,094	2
3	Fuel Tank	2003	16,616	-	39	426	426	7,278	3
4	Alarm System	2003	35,000	-	39	897	897	15,326	4
5	Kitchen Repairs	2003	2,005	-	39	51	51	1,097	5
6	Parking lot repairs	2003	2,155	-	39	55	55	858	6
7	Door Hardware	2003	1,354	-	39	35	35	609	7
8	Carpet for offices	2003	1,468	-	39	38	38	648	8
9	Landscaping	2003	6,386	-	39	164	164	2,802	9
10	Rebuild Kitchen Stairwell	2003	1,580	-	39	41	41	700	10
11	Grab bars	2003	1,102	-	39	28	28	478	11
12	Water Heater & Storage Tanks	2003	13,634	-	39	350	350	5,980	12
13	Landscaping	2004	11,953	-	15			11,953	13
14	Dialysis room	2004	3,188	-	27.5	116	116	1,913	14
15	Air handler	2004	8,529	-	27.5	310	310	5,115	15
16	Back entrance renovation	2004	4,104	-	27.5	149	149	2,459	16
17	Building face resurfacing	2004	47,218	-	27.5	1,717	1,717	28,331	17
18	Chimney inducer	2004	32,366	-	27.5	1,177	1,177	19,420	18
19	Dialysis room	2004	13,645	-	27.5	496	496	8,184	19
20	Floor renovation	2004	78,376	-	27.5	2,850	2,850	47,025	20
21	Tunner cleaning	2004	1,260	-	27.5	46	46	759	21
22	Refuse disposal	2004	5,012	-	27.5	182	182	3,003	22
23	Roofing	2004	14,500	-	27.5	527	527	8,696	23
24	Security System	2004	59,500	-	27.5	2,164	2,164	35,706	24
25	Water heater & storage tank	2004	20,208	-	27.5	735	735	12,127	25
26	Painting	2004	3,510	-	27.5	128	128	2,112	26
27	Pump	2004	4,922	-	27.5	179	179	2,953	27
28	Remodeling 2nd floor Transitional Care Unit Capital Audit	2006	74,660	-	27.5	2,715	2,715	39,368	28
29	Compressor	2006	13,495	-	27.5	490	490	7,105	29
30	Parking lot and sidewalk renovation	2006	16,730	-	27.5	608	608	8,816	30
31	Chiller Capital Audit reduce total by 10,900	2007	88,100	-	15	5,873	5,873	79,286	31
32	Paving Patched Capital Audit reduce total by \$5,500	2008	2,800	-	20	140	140	1,750	32
33	First floor remodel-painting,drywall,wiring,carpeting C A	2008	541,763	-	27.5	19,700	19,700	226,550	33
34	TOTAL (lines 1 thru 33)		\$ 7,486,704	\$		\$ 103,553	\$ 103,553	\$ 6,273,350	34

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,486,704	\$		\$ 103,553	\$ 103,553	\$ 6,273,350	1
2	Landscaping - Patio	2009	26,289	-	20	1,314	1,314	15,111	2
3	1st&2nd remodel -drywall, wiring, carpeting, plumbing	2009	337,622	-	27.5	12,277	12,277	141,186	3
4	Sprinkler System	2010	17,840	-	27.5	649	649	6,815	4
5	Resident Rooms Carpeting	2010	12,649	-	5	-		12,649	5
6	Nursing Home Roof	2010	164,704	-	27.5	5,989	5,989	62,885	6
7	Remodeling the Nursing Station	2010	8,802	-	27.5	320	320	3,360	7
8	Repairs to the facilities Exterior Wall	2010	61,080	-	27.5	2,221	2,221	23,320	8
9	Remodeling to the Bathrooms	2010	104,830	-	27.5	3,812	3,812	40,026	9
10	Second floor remodel-painting,drywall,wiring,carpeting	2010	107,704	-	27.5	3,917	3,917	41,128	10
11	Remodeling of the Lounge (Club Room)	2010	61,118	-	27.5	2,222	2,222	23,331	11
12	Landscaping - Patio	2010	4,062	-	27.5	148	148	1,554	12
13	Fire Place Damper and Access Doore	2010	5,550	-	27.5	202	202	2,120	13
14	Laundry&Kitchen remodel-painting,drywall,wiring,carpeting	2010	23,246	-	27.5	845	845	8,873	14
15	Remodeling of the Nursing station 3rd & 4th floor wiring	2011	23,106	-	27.5	840	840	8,400	15
16	drywall			-		-			16
17	Remodeling Patient rooms- Tile,drywall,wiring, painting , &	2011	43,325	-	27.5	1,575	1,575	15,750	17
18	Plumbing			-		-			18
19	Replacing the ceiling tiles in bulding	2011	8,053	-	27.5	293	293	2,930	19
20	Remodeling the 2nd floor hallways with new tile	2011	5,158	-	27.5	188	188	1,880	20
21	Improvements to the facility boiler system Paragon Mechanical	2011	155,802	-	27.5	5,666	5,666	56,660	21
22	Blacktop work in front of the facility	2011	16,946	-	27.5	616	616	6,160	22
23	Remmdeling the Bathrooms, & Common Showers-plumbing	2011	144,376	-	27.5	5,250	5,250	52,500	23
24	wiring,tiles, drywall			-		-			24
25	Improvements to the facility exterior wall	2011	75,491	-	27.5	2,745	2,745	27,450	25
26	Building improvemts -carpeting, wiring, doors	2011	4,364	-	27.5	159	159	1,590	26
27	The 2nd floor Addition	2012	33,736	-	27.5	1,227	1,227	10,429	27
28	Remodeling to the the Shower Areas	2012	50,390	-	27.5	1,832	1,832	15,572	28
29	the EIFS System over Elevators	2012	89,825	-	27.5	3,266	3,266	27,761	29
30	Ceiling Titles	2012	6,227	-	27.5	226	226	1,921	30
31	Second Floor Rooms Remodeling	2012	8,371	-	27.5	304	304	2,584	31
32	Improvements to the facility boiler system Paragon Mechanical	2012	19,596	-	27.5	713	713	6,059	32
33	First Floor Dining Room Carpet	2012	14,459	-	27.5	526	526	4,471	33
34	TOTAL (lines 1 thru 33)		\$ 9,121,425	\$		\$ 162,895	\$ 162,895	\$ 6,897,825	34

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,121,425	\$		\$ 162,895	\$ 162,895	\$ 6,897,825	1
2	Remodeling to the Nursing Station	2012	13,625	-	27.5	495	495	4,208	2
3	Remodeling to the Nursing Station	2012	100,644	-	27.5	3,660	3,660	31,110	3
4	Signs for the Patients Rooms	2012	4,130	-	27.5	150	150	1,275	4
5	Bathroom Remodeling in the Basement	2012	3,089	-	27.5	112	112	952	5
6	Room Remodeling	2012	20,313	-	27.5	739	739	6,281	6
7	Install Fire Damper	2012	74,645	-	27.5	2,714	2,714	23,069	7
8	Compressor in the Kitchen	2012	7,324	-	27.5	266	266	2,261	8
9	Sealing Coating	2012	2,200	-	27.5	80	80	680	9
10	Replacement of Fogged Windows	2012	4,490	-	27.5	163	163	1,386	10
11	Masonry work to Building	2012	43,000	-	27.5	1,564	1,564	13,294	11
12	2nd Floor remodeling to Bookeeping & Therapy Rooms	2012	199,483	-	27.5	7,254	7,254	54,045	12
13	Remodeling to thre 2nd floor Bathroom	2012	11,044	-	27.5	402	402	3,014	13
14	Upgrade the Sprinkler System	2013	13,935	-	27.5	507	507	3,802	14
15	Etectrical work in the Boiler Room	2013	4,559	-	27.5	166	166	1,245	15
16	Chiller Repairs	2013	125,701	-	27.5	4,571	4,571	34,282	16
17	Remodeling to the Fire Dampers	2013	42,683	-	27.5	1,552	1,552	11,640	17
18	Repairs Transformer	2013	18,519	-	27.5	673	673	5,048	18
19	First Floor Dining Room - Electrical, Tile, Paint etc	2013	182,195	-	27.5	6,625	6,625	49,688	19
20	Administrative Office Remodeling	2013	10,387	-	27.5	378	378	2,835	20
21	Parking Lot Resurface and Stripe	2013	64,000	-	15	4,267	4,267	32,002	21
22	Dinning Room Remodel -2nd and 5th Floor Electrical work	2013	84,428	-	27.5	3,070	3,070	19,955	22
23	Paint, Drywall, Design fees	2013	-	-		-		-	23
24	Chiller Repairs -vendor Paragon	2014	5,350	-	27.5	194	194	1,261	24
25	Flooring for rooms on 3rd and 4th Floor Century Tile,		81,129	-	27.5	2,950	2,950	19,175	25
26	Labor and Materials	2014	-	-		-		-	26
27	Resident Rooms Remodels - Built in Cabinets 4 rooms 5th FL	2014	42,970	-	27.5	1,562	1,562	10,153	27
28	Sprinkler System Labor and Supplyhouse Sprinkler		19,923	-	27.5	724	724	4,706	28
29	Remodel the DON & Therapy Office Built in Cabinets	2014	9,858	-	27.5	358	358	2,327	29
30	Dampers/Air Handler Repairs	2014	8,318	-	5			8,318	30
31	Gas Line Repairs	2015	10,217	-	15	681	681	3,746	31
32	Dining Rooms Remodel 2-5 Floors Dry Wall, electrical,	2015	90,767	-	27.5	3,301	3,301	18,155	32
33	Cabinets, Painting, Demo, Wallcovering			-		-			33
34	TOTAL (lines 1 thru 33)		\$ 10,420,351	\$		\$ 212,073	\$ 212,073	\$ 7,267,738	34

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,420,351	\$		\$ 212,073	\$ 212,073	\$ 7,267,738	1
2	Parking Lot Resurface & Stripe	2015	9,463	-	15	631	631	3,470	2
3	Chiller Repairs Plumbing and Motor	2015	18,241	-	15	1,216	1,216	6,688	3
4	Residents Rooms upgrade- Built in Cabinets	2015	45,550	-	27.5	1,656	1,656	9,108	4
5	Fire Alarm Systems - 2nd, 3rd, 4th &5th floor Dampers,	2015	120,463	-	27.5	4,380	4,380	24,090	5
6	Engineering of System dry wall repair, Fire Alarm Panel			-		-			6
7	Laundry Room Project - Blueprints, Permits, Labor, Material	2015	9,537	-	27.5	347	347	1,908	7
8	Relocation of Room			-		-			8
9				-		-			9
10	Install Automatic Door Equipment	2016	24,996	-	27.5	909	909	4,090	10
11	Install Fire Alarm System	2016	12,160	-	27.5	442	442	1,989	11
12	Install Built in Cabinets on First and Five Floors	2016	106,800	-	27.5	3,884	3,884	17,478	12
13				-		-			13
14	Nursing Station Remodeling Granite Stone	2016	3,000	-	15	200	200	900	14
15	Dining Rooms Remodel 2-5 Floors Dry Wall, electrical,	2016	9,820	-	27.5	357	357	1,607	15
16	Light fixtures, Tiles, Wallcovering			-		-			16
17	Parking Lot Resurface & Stripe	2016	66,841	-	15	4,456	4,456	20,052	17
18	Compressor	2016	18,450	-	15	1,230	1,230	5,535	18
19	Fire Alarm Systems - 2nd, 3rd, 4th &5th floor Dampers,	2016	83,312	-	27.5	3,030	3,030	13,635	19
20				-		-			20
21	5th Floor Clu Room -Drawings Demolition, Wall Vinyl	2017	60,747	-	10	6,075	6,075	21,262	21
22	painting, electric,plumbing			-		-			22
23	Upgrades of Corridors - Tile, Carpet Electrical, Labor	2017	62,717	-	10	6,272	6,272	21,952	23
24	Replacement of the Chiller Compressor	2017	18,450	-	5	3,690	3,690	12,915	24
25	Upgrades to the facility Laundry Room - Drawings, Permits	2017	157,754	-	10	15,776	15,776	55,216	25
26	Fire Alarm , labor for Demolation, Painting Plumbing,			-		-			26
27	electrical, framing, Water Lines, concrete			-		-			27
28				-		-			28
29	First Floor remodel- Carpet/beauty	2018	46,506	-	27.5	1,691	1,691	4,228	29
30	Basement- install base board	2018	10,850	-	27.5	395	395	986	30
31	Second floor plumbing work	2018	2,640	-	27.5	96	96	240	31
32	Remove and replace drywall	2018	3,168	-	15	211	211	528	32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 11,311,816	\$		\$ 269,016	\$ 269,016	\$ 7,495,615	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 11,311,816	\$		\$ 269,016	\$ 269,016	\$ 7,495,615	1
2	Fence around Patio with 2" square posts	2019	6,335	-	10	634	634	951	2
3	Replacement of switches in Elevator cars	2019	10,966	-	27.5	399	399	598	3
4	Remove old handrails, repair wall, paint, ceiling tiles,	2019	13,368	-	15	891	891	1,337	4
5	ceiling frame repair-1st Fl Mtg Room			-		-			5
6	Remove old floor, install new floor, replace bathroom	2019	8,448	-	15	563	563	845	6
7	door-Room 420			-		-			7
8	2nd floor wall repair and painting of 14 rooms	2019	6,072	-	10	607	607	911	8
9	4th floor room 418- replace wallpaper	2019	6,072	-	15	405	405	607	9
10	1st floor utility room-remove tiles & replace. Wall repair	2019	6,072	-	15	405	405	607	10
11	above ceiling and paint.			-		-			11
12	Plumbing, electrical work utility room and kitchen-3	2019	6,138	-	27.5	223	223	335	12
13	compartment sink and replace faucet.			-		-			13
14	Basement & Beauty shop plumbing-install sink, faucet, remove	2019	4,720	-	27.5	172	172	258	14
15	and replace water valve & drain line			-		-			15
16	Ice cream room renovation-remove & replace floor tiles, wallpaper	2019	16,500	-	27.45	600	600	900	16
17	plumbing install sink, faucet, drain line, drywall, sensor door			-		-			17
18	Basement office- Ceiling/flooring	2019	10,758	-	27.5	391	391	587	18
19	Wall repair and paint- 1st, 2nd and 10th	2019	9,768	-	15	651	651	977	19
20	Old Laundry room- ceiling and tiles	2019	6,336	-	15	422	422	633	20
21	Room 408/301/306/311- Flooring	2019	11,088	-	27.5	403	403	605	21
22	Kitchen Remodel-remove & replace old ceiling and frames	2019	20,229	-	27.5	736	736	1,104	22
23	relocate electric line, paint, ply panel wall, floor repairs			-		-			23
24	First floor corridor & dining room-vinyl plank floating floor	2019	18,013	-	27.5	655	655	983	24
25	with adhesive and permieter glue			-		-			25
26	Flooring- rooms 408/301/306/311	2019	5,533	-	27.5	201	201	302	26
27	RE Fabricate Custom Built-in Cabinets - Pt. Rms.	2019	44,000	-	27.5	1,600	1,600	2,400	27
28	RE Reface 100 Doors on Hallway - Resand & Revarn	2019	17,000	-	27.5	618	618	927	28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 11,539,232	\$		\$ 279,592	\$ 279,592	\$ 7,511,480	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 11,539,232	\$		\$ 279,592	\$ 279,592	\$ 7,511,480	1
2	Chiller Fence & Garbage Fence. Concrete & Paver repair	2020	5,653	-	15	157	157	157	2
3	Paint & install blinds - rms 103/106/424	2020	6,072	-	10	557	557	557	3
4	First floor - Paint & install blinds. Rm 419 remove & install	2020	5,544	-	10	554	554	554	4
5	flooring and base boards.			-		-		-	5
6	2nd floor - install new floor and cove base. Rm 417 install	2020	6,072	-	10	557	557	557	6
7	flooring & base board and paint			-		-		-	7
8	Room 422 - Install flooring & baseboard. Repair walls & paint.	2020	5,808	-	10	532	532	532	8
9	Beauty shop - install wall paper & baseboard			-		-		-	9
10	Room 426 - Install flooring & baseboard. Repair walls & paint.	2020	5,808	-	10	484	484	484	10
11	Ice Cream room - install wall paper & baseboard			-		-		-	11
12	3rd & 4th floors - Remove & replace bathroom doors.	2020	3,168	-	27.5	86	86	86	12
13	Kitchen - remove & install damper and electric line for exhaust fan			-		-		-	13
14	Roof Top - remove & replace 17 exhaust fans & exhaust dampers	2020	5,280	-	27.5	144	144	144	14
15	First floor ice maker area - demolish & install new dry walls,	2020	5,280	-	10	352	352	352	15
16	paint and relocate drain lines			-		-		-	16
17	Remove & install 2 new sump pumps	2020	5,280	-	27.5	112	112	112	17
18	Replace rooftop exhaust fan	2020	3,962	-	10	198	198	198	18
19	Roof/parapet wall/roof top drivet - repair/paint	2020	16,445	-	10	548	548	548	19
20	3rd floor 110V/20A Power line for medicine room from generator	2020	5,280	-	27.5	64	64	64	20
21				-		-			21
22	RE Remove & replace dampers - emergency heat repairs	2020	17,046	-	27.5	568	568	568	22
23	RE MAU Coil & three way valve replacement - emergency heat repairs	2020	31,102	-	27.5	1,037	1,037	1,037	23
24	RE Chiller Installation	2020	113,078	-	27.5	2,399	2,399	2,399	24
25				-		-			25
26				-		-			26
27				-		-			27
28				-		-			28
29	Current Booked Depreciation			143,424		-	(143,424)		29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 11,780,110	\$ 143,424		\$ 287,941	\$ 144,517	\$ 7,519,829	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	\$456,133	\$76,595	\$76,594	\$ (1)	3-15 Yrs	\$327,546	71
72	Current Year Purchases	109,926	7,536	7,536		10 Yrs	7,536	72
73	Fully Depreciated Assets	695,906				5-15 Yrs	695,906	73
74	See Sch 13A	129,556		4,459	4,459		106,099	74
75	TOTALS	\$1,391,521	\$84,131	\$88,589	\$4,458		\$1,137,087	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	Bus	2000 Ford Bus	2007	\$24,501	\$-	\$-		4 yrs.	\$24,501	76
77	Van	E-150 Ford Wheelchair Van	2012	36,923	-	-		4 yrs.	36,923	77
78	Bus	2007 Ford Bus	2014	39,010	-	-		5 yrs.	39,010	78
79	See Sch 13A			191,164	-	5,059	5,059	5 yrs.	111,586	79
80	TOTALS			\$291,598	\$	\$5,059	\$5,059		\$212,020	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)	\$13,736,629	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$227,555	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$381,590	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$154,034	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,868,936	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name: Lee Manor
IDPH License ID Number: 0024356
Fiscal Year End: 12/31/2020

Schedule 13A

Line 74 - Equipment Depreciation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocation from Ability Rehab LLC	9,364		-	-	1	7,170
Allocation from BHCG INC.	120,192		4,459	4,459	1-5	98,929
Total	129,556		4,459	4,459		106,099

XI. Ownership Costs

Line 79 - Vehicle Depreciation

	Model, Make			Current Book	Straight Line		Life in	Accumulated
Use	& Year	Year Acquired	Cost	Depreciation	Depreciation	Adjustments	Years	Depreciation
Car	2015 Mercedes	2015	81901	0	0	0	5	81901
2017 Mercedes Benz Sprinter Shuttle bus		2020	77970		3898	3898	10	3898
Allocation from BHCG INC.		2017	31293		1161	1161	5	25787
						-		
TOTAL			191,164	-	5,059	5,059		111,586

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocation from management				355			6
7	TOTAL				\$ 355			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
9. Option to Buy:
- ☐ YES☒ NO
- Terms: N/A
- *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ 153,085
- Description: See SCH 14A
- (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	N/A		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2021	\$ N/A
13.	/2022	\$
14.	/2023	\$

Facility Name:Lee Manor

IDPH License ID Number:0024356

Fiscal Year End:12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Water Cooler	442
Copier	17,316
Postage	592
Yard Signs	1,624
Nursing Rental	44,431
Durable Medical Equipment	110
General equipment	856
Mattress and bed rental	54,166
Allocated from Real estate	31,703
Allocated from BHCG Inc.	1,845
Total - Line 16	153,085

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?

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

☐ YES

☒ NO

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C7	12055 hrs	\$ 484,243		\$	\$ 1,869	12,055	\$ 486,112	1
2	Licensed Speech and Language Development Therapist	L10A, C7	3719 hrs	149,489			577	3,719	150,066	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C7	14310 hrs	574,805			2,218	14,310	577,023	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39,C2	# of prescrpts				237,433		237,433	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	L39,C2&3				19,666	12,247		31,913	12
13	Other (specify): <u></u>									13
14	TOTAL			\$ 1,208,537		\$ 19,666	\$ 254,344	30,084	\$ 1,482,547	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.

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,080,456	\$ 4,132,494	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 738,670)	3,947,529	3,947,529	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	94,043	120,802	6
7	Other Prepaid Expenses	61,690	61,690	7
8	Accounts Receivable (owners or related parties)	6,863,238	7,063,238	8
9	Other(specify): See Schedule17A	211,749	1,451,645	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 14,258,705	\$ 16,777,398	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	273,400	13
14	Buildings, at Historical Cost	-	-	14
15	Leasehold Improvements, at Historical Cost	2,321,838	11,780,110	15
16	Equipment, at Historical Cost	1,545,071	1,683,119	16
17	Accumulated Depreciation (book methods)	(2,638,690)	(8,868,936)	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)	\$ 1,228,219	\$ 4,867,693	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,486,924	\$ 21,645,091	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,674,752	\$ 1,697,844	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	-	-	28
29	Short-Term Notes Payable	1,281,396	1,281,396	29
30	Accrued Salaries Payable	985,709	985,709	30
31	Accrued Taxes Payable (excluding real estate taxes)	43,591	43,591	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	781,000	32
33	Accrued Interest Payable	4,028	32,234	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Schedule17A	9,341,300	7,770,975	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 13,330,776	\$ 12,592,749	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,725,242	13,173,526	39
40	Mortgage Payable	-	357,272	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,725,242	\$ 13,530,798	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,056,018	\$ 26,123,547	46
47	TOTAL EQUITY(page 18, line 24)	\$ (569,094)	\$ (4,478,456)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 15,486,924	\$ 21,645,091	48

*(See instructions.)

Facility Name: Lee Manor
IDPH License ID Number: 0024356
Fiscal Year End: 12/31/2020

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Refund Exchange	248	248
Transitions Settlement	128,081	128,081
Loan Costs	64,014	64,014
Amortization - Loan Costs	(1,511)	(1,511)
Due To/From Naperville	20,917	20,917
Real Estate Tax Escrow Deposit	-	754,486
Replacement Reserves	-	198,476
Hazard Insurance Escrow	-	35,758
Mortgage Insurance Escrow	-	97,899
Mortgage Cost	-	210,699
Accum Amort-Mortgage Costs	-	(57,422)
Total - Line 9	211,749	1,451,645
	-	-

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Accrued Operating Expense	6,164	6,164
Accrued 401k Matching Fund	13,113	13,113
Accrued Rent	6,464,521	-
Accrued Management Fees	137,986	137,986
Professional Liability Claims	130,000	130,000
Resident Refunds	1,016,667	1,016,667
Resident Trust	45,579	45,579
HHS Stimulus-Deferred Payment	1,295,658	1,295,658
State of Ill-CARES Pandemic	231,612	231,612
Due To/From Lee Manor	-	4,488,649
Due To Related Party	-	405,547
Total - Line 36	9,341,300	7,770,975
	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 821,523	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 821,523	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(848,617)	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	(542,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,390,617)	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)	\$ (569,094)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 20,376,555	1
2	Discounts and Allowances for all Levels	(2,164,409)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,212,146	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,136,593	6
7	Oxygen	58,101	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,194,694	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	511,380	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	186	13
14	Non-Patient Meals	(93)	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	4,767	16
17	Sale of Drugs	183,827	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	54,494	19
20	Radiology and X-Ray	22,530	20
21	Other Medical Services	23,689	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 800,780	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	54,481	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 54,481	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	87,274	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 87,274	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,349,375	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,819,665	31
32	Health Care	8,325,495	32
33	General Administration	5,002,632	33
	B. Capital Expense		
34	Ownership	3,314,171	34
	C. Ancillary Expense		
35	Special Cost Centers	2,190,806	35
36	Provider Participation Fee	545,223	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,197,992	40
41	Income before Income Taxes (line 30 minus line 40)**	(848,617)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (848,617)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 10,651,863	44
45	Private Pay - Net Inpatient Revenue	3,093,441	45
46	Medicare - Net Inpatient Revenue	2,038,567	46
47	Other-(specify) <u>Insurance</u>	2,428,275	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,212,146	49

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

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

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

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

^Entity is a cash basis taxpayer.

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	2,220	2,850	\$ 130,368	\$ 45.74	1
2	Assistant Director of Nursing	1,889	2,425	81,117	33.45	2
3	Registered Nurses	79,858	102,501	2,336,074	22.79	3
4	Licensed Practical Nurses	29,416	37,756	781,025	20.69	4
5	CNAs & Orderlies	179,189	229,996	2,766,708	12.03	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	(14)	(18)	(440)	24.44	8
9	Activity Director					9
10	Activity Assistants	22,198	28,492	378,657	13.29	10
11	Social Service Workers	6,532	8,383	155,631	18.57	11
12	Dietician					12
13	Food Service Supervisor	6,651	8,537	105,086	12.31	13
14	Head Cook	6,959	8,932	109,955	12.31	14
15	Cook Helpers/Assistants	24,466	31,402	386,554	12.31	15
16	Dishwashers					16
17	Maintenance Workers	5,819	7,469	139,126	18.63	17
18	Housekeepers	40,780	52,342	559,449	10.69	18
19	Laundry	9,503	12,198	124,684	10.22	19
20	Administrator	10,581	13,581	590,223	43.46	20
21	Assistant Administrator	187	240	10,385	43.27	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,973	10,233	448,501	43.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,690	4,736	85,512	18.06	31
32	Other Health Care SCH20A	14,048	18,031	528,268	29.30	32
33	Other(specify) SCH20A	3,557	4,566	194,822	42.67	33
34	TOTAL (lines 1 - 33)	455,502	584,652	\$ 9,911,705 *	\$ 16.95	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	Monthly	\$ 9,353	L1,C3	35
36	Medical Director	Monthly	55,349	L9,C3,C7	36
37	Medical Records Consultant	Monthly	2,352	L10,C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	21,940	L10,C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	20,842	L39,C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,257	L11,C3	44
45	Social Service Consultant	Monthly	4,290	L12,C3	45
46	Other(specify)				46
47	Infectious Disease Consultant	Monthly	14,000	L10,C3	47
48					48
49	TOTAL (lines 35 - 48)		\$ 129,383		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	4,750	119,612	L10,C3	52
53	TOTAL (lines 50 - 52)	4,750	\$ 119,612		53

Facility Name: Lee Manor
IDPH License ID Number: 0024356
Fiscal Year End: 12/31/2020

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Central Supply Wages	1,739	2,232	31,692	\$ 14.20
Wages-Care Plan Coordinator	6,664	8,554	308,667	\$ 36.08
Wages-Medicare Coordinator	1,206	1,548	55,845	\$ 36.08
Staffing Coordinator	2,158	2,770	45,595	\$ 16.46
Wound Care Coordinator	2,281	2,927	86,469	\$ 29.54
Total - Line 32 Other Health Care (specify):	14,048	18,031	528,268	

XVIII. Staffing and Salary Costs
Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admissions Wages	1,620	2,079	91,129	\$ 43.83
Wages- Marketing	1,937	2,487	103,693	\$ 41.69
Total - Line 33 Other (specify):	3,557	4,566	194,822	

Facility Name: Lee Manor
IDPH License ID Number: 0024356
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Balance brought forward from Sch 21C	Various	91,142
Powell Stern Capital, Inc	Wealth management	10,000
Butterfield Healthcare Group Inc	Financial Consulting	98,500
Murphy Consulting	Business Consulting	30
RSM US LLP	Accounting services	52,314
Mueller & Co LLP	401K Audit	13,150
AGA World Partners Inc	IT Consulting	396
Pointelickcare Technologies Inc	Accounting System	86,517
Smartlinx Solutions Llc	Payroll Consulting	45,057
Ability Network Inc	IT Consulting	11,442
Experian Health	Computer Services	220
Paylocity	Payroll Processing Fees	29,025
ADP Inc	Payroll Processing Fees	17,511
Sher Llp	Legal Fees	8,515
Much Shelist	Legal Fees	2,518
Aronberg Goldgehn Davis & Carmisa	Legal Fees	2,955
Polsinelli Pc	Legal Fees	(19,680)
Hamilton Thies & Lorch	Legal Fees	16,479
Hipp Law Office	Legal Fees	876
Total (agree to Schedule V, line 19, column 3)		466,967
Allocated from Real estate Professional Services		25,516
Allocated from Real estate Legal Fees		7,271
Reclassification of Reliant Capital LLC Accounts receivable management		497
Allocated from BHCG Inc. Professional Services		38,327
Allocated from BHCG Inc. Legal Fees		17,527
Allocated from Management Company Professional Services		3,226
Less: Non-Allowable Profesional FeesMarketing expense		(4,387)
Less: Non-Allowable Legal Fees		(3,301)
Total (agree to Schedule V, line 19, column 8)		551,643

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Health Care Council of Illinois \$ 16,529
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 155,009 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. \$ 545,223
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ - 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. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Adequate records have been maintained
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: N/A
- (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