

		FOR BHF USE					

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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: 0037515

Facility Name: Montgomery Place

Address: 5550 South Shore Dr Chicago 60637
Number City Zip Code

County: Cook

Telephone Number: (773) 753-4100 Fax # (773) 752-0056

HFS ID Number:

Date of Initial License for Current Owners: 1/24/1992

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL
☒ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ Partnership	☐ County
IRS Exemption Code 501c3	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ Other	

In the event there are further questions about this report, please contact:
Name: Joshua S. Banach, CPA Telephone Number: 847-628-8784
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 7/1/2024 to 6/30/2025 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)	Michael Clark	
Paid Preparer	(Title)	CFO	
	(Signed)		12/4/2025
	(Print Name and Title)	Patrick McCormick Partner	
	(Firm Name & Address)	Plante & Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114	
	(Telephone)	(216) 274-6524	Fax # (248) 233-7349

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406 Phone # (217) 782-1630

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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 <u>N/A</u>					
	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	40	Skilled (SNF)	40	14,600	1
2	-	Skilled Pediatric (SNF/PED)	-	-	2
3	-	Intermediate (ICF)	-	-	3
4	-	Intermediate/DD	-	-	4
5	-	Sheltered Care (SC)	-	-	5
6	-	ICF/DD 16 or Less	-	-	6
7	40	TOTALS	40	14,600	7

B. Census-For the entire report period.										
	1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF					6,993	2,844	1,405	11,242	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS					6,993	2,844	1,405	11,242	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 77.00%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 1/28/1992

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date 1/28/1992 NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter certified beds.
number of certified beds 40

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 06/30/2025 Fiscal Year: 06/30/2025
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number		Montgomery Place				STATE OF ILLINOIS		# 0037515		Report Period Beginning:		07/01/24		Ending:		Page 3	
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	76,351	-	420,747	497,098		497,098	-	497,098			1					
2	Food Purchase		187,181		187,181		187,181	(20,824)	166,357			2					
3	Housekeeping	20,269	-	-	20,269		20,269	-	20,269			3					
4	Laundry	6,816	-	12,901	19,717	-	19,717	-	19,717			4					
5	Heat and Other Utilities			31,189	31,189		31,189	(3,541)	27,648			5					
6	Maintenance	107,517	126,721	4,654	238,892		238,892	(22,919)	215,973			6					
7	Other (specify):*	-	-	14,986	14,986		14,986	-	14,986			7					
8	TOTAL General Services	210,953	313,902	484,477	1,009,332	-	1,009,332	(47,283)	962,049			8					
	B. Health Care and Programs																
9	Medical Director	-	-	27,247	27,247		27,247	-	27,247			9					
10	Nursing and Medical Records	1,779,357	121,743	399,552	2,300,652		2,300,652	(11,622)	2,289,030			10					
10a	Therapy	-	-	-	-		-	-	-			10a					
11	Activities	93,431	-	-	93,431		93,431	-	93,431			11					
12	Social Services	-	-	-	-		-	-	-			12					
13	CNA Training	-	-	-	-		-	-	-			13					
14	Program Transportation	67,793	-	74,028	141,821		141,821	-	141,821			14					
15	Other (specify):*	-	-	-	-		-	-	-			15					
16	TOTAL Health Care and Programs	1,940,581	121,743	500,827	2,563,151	-	2,563,151	(11,622)	2,551,529			16					
	C. General Administration																
17	Administrative	182,971	-	-	182,971		182,971	-	182,971			17					
18	Directors Fees			-	-		-	-	-			18					
19	Professional Services			223,269	223,269		223,269	-	223,269			19					
20	Dues, Fees, Subscriptions & Promotions			49,486	49,486		49,486	(2,803)	46,683			20					
21	Clerical & General Office Expenses	280,619	1,774	239,031	521,424		521,424	(164,407)	357,017			21					
22	Employee Benefits & Payroll Taxes			983,866	983,866		983,866	(938)	982,928			22					
23	Inservice Training & Education			-	-		-	-	-			23					
24	Travel and Seminar			4,471	4,471		4,471	-	4,471			24					
25	Other Admin. Staff Transportation		-	14,718	14,718		14,718	(11,709)	3,009			25					
26	Insurance-Prop.Liab.Malpractice			199,535	199,535		199,535	-	199,535			26					
27	Other (specify):*	-	-	-	-		-	-	-			27					
28	TOTAL General Administration	463,590	1,774	1,714,376	2,179,740	-	2,179,740	(179,857)	1,999,883			28					
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,615,124	437,419	2,699,680	5,752,223	-	5,752,223	(238,762)	5,513,461			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.

Montgomery Place
0037515
6/30/2025
Auto and Travel Expense Detail

Date	General Ledger Accounts	Description of Expense	Employee	Employee Function	Location of Travel	Net Cost	Adjustments & Reclassifications	Final Expense
Total							-	-

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			111,493	111,493		111,493	-	111,493			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			99,980	99,980		99,980	(76,423)	23,557			32
33	Real Estate Taxes			-	-		-	-	-			33
34	Rent-Facility & Grounds			-	-		-	-	-			34
35	Rent-Equipment & Vehicles			3,125	3,125		3,125	-	3,125			35
36	Other (specify):*			-	-		-	-	-			36
37	TOTAL Ownership			214,598	214,598	-	214,598	(76,423)	138,175			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	119,948	861,221	981,169		981,169	-	981,169			39
40	Barber and Beauty Shops	-	-	18,616	18,616		18,616	(18,616)	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	82,629	82,629		82,629	-	82,629			42
43	Other (specify):*	2,807,915	1,264,470	7,043,892	11,116,277		11,116,277	(11,116,277)	0			43
44	TOTAL Special Cost Centers	2,807,915	1,384,418	8,006,358	12,198,691	-	12,198,691	(11,134,893)	1,063,798			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,423,039	1,821,837	10,920,636	18,165,512	-	18,165,512	(11,450,078)	6,715,434			45

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

06/30/25

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

	NON-ALLOWABLE EXPENSES	Amount	Reference	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(17,797)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,541)	5		5
6	Rented Facility Space	(8,129)	6		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	-	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(4,027)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(8,057)	21		18
19	Entertainment	(11,709)	25		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(125,226)	21		24
25	Fund Raising, Advertising and Promotional	(423,398)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(10,848,194)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (11,450,078)		\$ 0	30

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	-	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ -		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (11,450,078)		37

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.)

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

BHF USE ONLY									
48		49		50		51		52	

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (2,803)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Additional R&M	18	6	3
4	Director/Officer Insurance	(938)	22	4
5	Vending Income	(1,578)	2	5
6	Personal Care Items	(7,595)	10	6
7	Hair Care Revenue - Spa/Salon Expenses	(18,616)	40	7
8	Late Fee Revenue	(282)	21	8
9	Transportation Revenue	(13,512)	6	9
10	Interest Income Revenue	(76,423)	32	10
11	Miscellaneous Revenue	(5,842)	21	11
12	Capitalized R&M	(1,296)	6	12
13	Alcohol Expense	(1,449)	2	13
14	Marketing Wages	(402,427)	43	14
15	IL/AL Direct Wages	(731,633)	43	15
16	Other Fees- Outside Services & Community Fees	(25,000)	21	16
17	IL/AL Allocated Wages	(1,673,855)	43	17
18	IL/AL Allocated Supplies	(1,264,470)	43	18
19	IL/AL Allocated Other Expenses	(6,620,493)	43	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	(10,848,194)		49

Summary A

Facility Name & ID Number	Montgomery Place	#	0037515	Report Period Beginning:	07/01/24	Ending:	06/30/25
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I							

[illegible]

Summary B

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

[illegible]

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
See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☒

NO

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

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

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

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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							\$	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			\$			\$ -	\$ *	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							\$	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			\$			\$ -	\$ *	39

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

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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	4	5	6	7	8	
Schedule V		Line	Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V							\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ -	\$ *	39

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

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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							\$	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			\$			\$ -	\$ *	39

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

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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	
Schedule V		Line	Item		Amount	Name of Related Organization		Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V									\$	15
16	V										16
17	V										17
18	V										18
19	V										19
20	V										20
21	V										21
22	V										22
23	V										23
24	V										24
25	V										25
26	V										26
27	V										27
28	V										28
29	V										29
30	V										30
31	V										31
32	V										32
33	V										33
34	V										34
35	V										35
36	V										36
37	V										37
38	V										38
39	Total				\$				\$ -	\$ *	39

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

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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							\$	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			\$			\$ -	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V		Line	Item		Amount	Name of Related Organization		Percent of Ownership	Operating Cost of Related Organization		
15	V				\$				\$	\$	15
16	V										16
17	V										17
18	V										18
19	V										19
20	V										20
21	V										21
22	V										22
23	V										23
24	V										24
25	V										25
26	V										26
27	V										27
28	V										28
29	V										29
30	V										30
31	V										31
32	V										32
33	V										33
34	V										34
35	V										35
36	V										36
37	V										37
38	V										38
39	Total				\$				\$ -	\$ *	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				\$				\$	\$	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				\$				\$ -	\$ *	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.

YESNO

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			\$			\$	\$	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			\$			\$ -	\$ *	39

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

Ownership Listing-1

ID# 0037515

Ending: 06/30/25

[illegible][illegible]

VII. RELATED PARTIES

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

	1		2		3			
	RELATED NURSING HOMES		RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	N/A	N/A	N/A	N/A	Life Care at Home LLC	Chicago, Illinois	Home Health	1
2					Mont. Place Asst. Living	Chicago, Illinois	Assisted Living	2
3					Mont. Place Ind. Living	Chicago, Illinois	Independent Living	3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES

A. (Continued)

Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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

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	N/A								\$		1
2	See Board of Directors List on Ownership-1										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	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		All costs for AL/IL services are adjusted from the cost report.				\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ -	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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

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Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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

Street Address

City / State / Zip Code

Phone Number

Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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

Street Address

City / State / Zip Code

Phone Number

Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ -	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ -	25

Facility Name & ID Number Montgomery Place # 0037515 Report Period Beginning: 07/01/24 Ending: 06/30/25

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
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14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		-	25

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	IL Finance Authority		X	Facility (2017 Series)	N/A	5/4/2017	\$ 31,085,000	\$ 26,965,000	5/15/2048	0.0525	\$ 1,499,703	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 31,085,000	\$ 26,965,000			\$ 1,499,703	9	
	B. Non-Facility Related*												
10	Net Interest Income		X								(76,423)	10	
11	IL/AL Interest		X								(1,399,723)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$ -	\$ -			\$ (1,476,146)	14	
15	TOTALS (line 9+line14)						\$ 31,085,000	\$ 26,965,000			\$ 23,557	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None 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.)

0

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Montgomery Place

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0037515

CONTACT PERSON REGARDING THIS REPORT

Joshua S. Banach, CPA

TELEPHONE

847-628-8784

FAX #:

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2024 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 2024.

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.	N/A	N/A	\$ N/A	\$ N/A
2.	0	0	\$	\$
3.	0	0	\$	\$
4.	0	0	\$	\$
5.	0	0	\$	\$
6.	0	0	\$	\$
7.	0	0	\$	\$
8.	0	0	\$	\$
9.	0	0	\$	\$
10.	0	0	\$	\$
		TOTALS	\$ -	\$ -

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 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 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2024 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2025 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2024.

Please complete the Real Estate Tax Statement below and include it in the 2025 cost report along with a copy of your 2024 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 524-4489.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Montgomery Place

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0037515

CONTACT PERSON REGARDING THIS REPORT

Joshua S. Banach, CPA

TELEPHONE

FAX #:

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2024 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 2024.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$ -	\$ -

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 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 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

A. Square Feet: 5,804

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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).

Montgomery Place Retirement Community Assisted Living, 14,833 square feet, 19 Units

Montgomery Place Retirement Community Independent Living, 182,851 square feet, 154 Units

(the above areas encompass 14 out of the 15 floors of the building)

F. List the bed capacity for the building if it differs from the licensed total.

N/A

G. Have you properly capitalized all major repairs and equipment purchases?

Yes

H. Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

I. Are you presently operating under a sublease agreement?

No

J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES NO ☒ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

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

☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	13,650	1990	\$ 891,425	1
2					2
3	TOTALS	13,650		\$ 891,425	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	40		1992	1992	\$ 5,735,741	\$	40	\$ -	\$	\$ -	4
5								-		-	5
6								-		-	6
7								-		-	7
8								-		-	8
	Improvement Type**										
9	Various			1999	37,217		20	-		-	9
10	Various			2000	143,621		20	-		-	10
11	Various			2001	117,397		20	-		-	11
12	Various			2002	68,258		20	-		-	12
13	Various			2003	95,898		20	-		-	13
14	Various			2004	76,985		20	-		-	14
15	Various			2005	7,058		20	-		-	15
16	Various			2006	14,779		20	-		-	16
17	Various			2007	12,137		20	-		-	17
18	Elevator			2008	3,481		20	-		-	18
19	Building canopy & façade			2009	5,788		20	-		-	19
20	Carpeting			2010	910		20	-		-	20
21	Varous			2012	1,249		20	-		-	21
22	Elevator control repair			2013	106		20	-		-	22
23	Main Entrance, 1st Floor - Replace Automatic entrance doors (re			2015	7,621		10	-		-	23
24	HC Center, 2nd Floor - Replace carpeting in 8 patient rooms (rem			2015	14,292		5	-		-	24
25	Main Kitchen, 1st Floor - Replace HVAC & ventalation system (in			2015	12,402		5	-		-	25
26	Main Building, 1st Floor - Replace motor and montgomery frieght			2016	2,188		10	-		-	26
27	Main Building Entrance, 1st Floor - replace blue awning			2017	483		5	-		-	27
28	Main Parking Lot - replace concrete stairs down to public sidewal			2017	97		18	-		-	28
29	Main Building, 1-14 Floors - fire alarm system replacement (remo			2017	2,836		18	-		-	29
30	Main Building, 1st Floor - install wire glass windows for beauty sa			2017	28		18	-		-	30
31	HC Center, 2nd Floor - install new lock system on stairwells for re			2017	1,420		18	-		-	31
32	HC Center, 2nd Floor - materials, parts for resident dining and th			2017	618		15	-		-	32
33	and therapy space renovations (installation labor and materials0			2017	5,238		15	-		-	33
34	dining and therapy spaces (removal labor and materials)			2017	11,925		20	-		-	34
35	and therapy space renovations (installation labor and materials)			2017	10,864		18	-		-	35
36	(installation labor and materials)			2017	15,865		20	-		-	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
0

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	dining room and therapy space (labor and materials)	2017	36,188	\$	20	\$ -	\$	\$ -	37
38	and therapy space renovations (installation labor and materials)	2017	18,409		20	-		-	38
39	labor and materials)	2017	17,613		20	-		-	39
40	Chiller Project (4 total for entire building)	2018	6,232		10	-		-	40
41	Cafe First Floor - Cabinets & CounterTops	2018	1,560		10	-		-	41
42	Cafe First Floor - Updated Lighting & Electrical	2018	655		10	-		-	42
43	Cafe First Floor - Moved Sinks, Plumbing Lines	2018	364		10	-		-	43
44	Cafe First Floor - Construction Management	2018	385		10	-		-	44
45	Cafe First Floor - Carpenter/ Demo & Install	2018	576		10	-		-	45
46	Cafe First Floor - Café Equipment	2018	668		10	-		-	46
47	Cafe First Floor - Sprinklers Relocate Heads	2018	67		10	-		-	47
48	Cafe First Floor - Painting	2018	105		10	-		-	48
49	West Dining Room Remodel - SNF - Updated Lighting & Electrical	2018	4,908		10	-		-	49
50	West Dining Room Remodel - SNF - Plumbing	2018	5,529		10	-		-	50
51	West Dining Room Remodel - SNF - Construction Management	2018	1,821		10	-		-	51
52	West Dining Room Remodel - SNF - Carpenter/ Demo & Install	2018	3,600		10	-		-	52
53	West Dining Room Remodel - SNF - Painting	2018	6,917		10	-		-	53
54	Administrator's Office - Updated Lighting & Electrical	2018	2,657		10	-		-	54
55	Administrator's Office - Moved Sinks, Plumbing Lines	2018	4,675		10	-		-	55
56	Administrator's Office - Construction Management	2018	1,800		10	-		-	56
57	Administrator's Office - Carpenter/ Demo & Install	2018	5,450		10	-		-	57
58	Administrator's Office - Install Fire Door	2018	1,085		10	-		-	58
59	Administrator's Office - Painting	2018	4,481		10	-		-	59
60	EE Lounge - New Flooring	2019	414		10	-		-	60
61	EE Lounge - Construction	2019	359		10	-		-	61
62	EE Lounge - Plumbing	2019	19		10	-		-	62
63	EE Lounge - Painting	2019	338		10	-		-	63
64	Back Flow Preventer Kitchen - updated valves of chemical machines and	2019	821		10	-		-	64
65	HVAC Rplc - Elara Energy Services - Engineering & Design for updated	2019	1,167		10	-		-	65
66	HVAC Rplc - Milne Equipment - Boiler	2019	4,068		10	-		-	66
67	HVAC Rplc - Gora Plumbing - Plumbing Installation	2019	12,223		10	-		-	67
68						-		-	68
69						-		-	69
70	TOTAL (lines 4 thru 69)		\$ 6,551,656	\$ -		\$ -	\$ -	\$ -	70

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

Facility Name & ID Number	Montgomery Place
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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 12A, Carried Forward		\$ 6,551,656	\$ -		\$ -	\$ -	\$ -	1
2	Server HVAC - Replace Coil in Make-up Air Unit	2019	240		10	-		-	2
3	HVAC Rplc - Elara Energy Services - Engineering & Design for updated	2019	1,189		10	-		-	3
4	HVAC Rplc - Emcor - Contractor for project	2019	11,479		10	-		-	4
5	HVAC Rplc - Elara Energy Services - Engineering & Design for Boiler R	2019	2,931		10	-		-	5
6	HVAC Rplc - AMS Mechanical - Contractor for project	2019	28,300		10	-		-	6
7	HVAC Rplc - Vince Neri Power Rodding Plumbing	2019	379		10	-		-	7
8	HVAC Rplc - USA Fire Protection	2019	94		10	-		-	8
9	Replace Boiler S-1(TC: \$109,084)	2019	7,276		10	-		-	9
10	Employee Lounge-Renovation/Upgrades(TC: \$4,325)	2019	288		10	-		-	10
11	S-3 Coil for Kitchen Air Handler(TC: \$12,395)	2019	827		10	-		-	11
12	Phone Room AC(TC: \$5,651)	2019	377		10	-		-	12
13	Roof Anchors(TC: \$64,469)	2019	4,300		10	-		-	13
14	Hair Salon-Updgrades/Renovations (TC: \$5,287)	2020	353		10	-		-	14
15	Wifi Access Throughtout Facility (TC: \$568,547)	2020	37,922		10	-		-	15
16	5th Floor Renovations- Floors/Walls/Rooms (TC: \$3,195)	2020	213		10	-		-	16
17	7th Floor Hallway Floors/Walls/Rooms(TC: \$3,578)	2020	239		10	-		-	17
18	Siemens Door Fire Alarms- Through Facility(TC: \$4,456)	2020	297		10	-		-	18
19	West Entrance Update- Doors, Framing, Ren (TC: \$6,232)	2020	416		10	-		-	19
20	Signage Through Facility (TC: \$8,838)	2020	589		10	-		-	20
21	Recieving Area Door(TC: \$8,860)	2020	591		10	-		-	21
22	Laundry Machine Connect (Electrical/Wiring)(TC: \$20,740)	2020	1,383		10	-		-	22
23	2nd Floor- Resident Rooms, Stairwell, Bathrooms	2019	250,252		10	-		-	23
24	Painting,Blinds,Shelving,Doors & Locks, Carpet & Floors					-		-	24
25	Windows, Electrical Work/Lighting Fixtures					-		-	25
26						-		-	26
27	2nd Floor: Dining Room/Electrical Closet/Resident Rooms:	2020	33,740		10	-		-	27
28	Paint(Including Prep/Patch),Fire Alarms,Laminate Floors					-		-	28
29	Doors/Hinges, Security System, Cabinets & Shelving,					-		-	29
30						-		-	30
31	New Landscaping- Front/East of Bldg (Total Cost \$12,980)	2021	865		10	-		-	31
32	Decorating & Painting in SNF Room 203 (Total Cost \$5,025)	2021	5,025		10	-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 6,941,222	\$ -		\$ -	\$ -	\$ -	34

0

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

Facility Name & ID Number	Montgomery Place

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		\$ 6,941,222	\$ -		\$ -	\$ -	\$ -	1
2						-		-	2
3	Painting & Wall Patching in SNF Resident Rooms	2023	15,885		20	-		-	3
4	Dining Room Flooring (TC: 28,575)	2023	1,905		20	-		-	4
5						-		-	5
6	Concrete Work-Outdoor Garden-Back of Bldg(TC: \$3,000)	2023	200		20	-		-	6
7	Painting-East Room (Activity/Exercise Room)(TC: \$3,230)	2024	215		20	-		-	7
8	Exhaust Fan Motor-HVAC/Air Filtration System (TC: \$3,318)	2023	221		20	-		-	8
9	Pressure Valve-Water Heater/Sprinkler System(TC: \$3,360)	2024	224		20	-		-	9
10	Combustible Fan Motor - HVAC/Air Filt. System (TC:\$3,555)	2023	237		20	-		-	10
11	Server Room Air Conditioner Replacement (TC: \$6,060)	2023	404		20	-		-	11
12	Plumbing Repairs in the Penthouse (TC: \$6,192)	2023	413		20	-		-	12
13	Air Circulator Pump-Air Filtration/HVAC System(TC:\$7,021)	2023	468		20	-		-	13
14	Sprinkler System Upgrade Throughout Facility (TC: \$10,111)	2023	674		20	-		-	14
15	Boiler Fan Replacement-HVAC/Boiler System (TC: \$11,951)	2023	797		20	-		-	15
16	Painting in Dining Room (TC: \$19,215.48)	2024	1,281		20	-		-	16
17	New Entry Door System Throughout Facility (TC: \$40,565)	2024	2,704		20	-		-	17
18	Replace HVAC System- Throughout Facility(TC: \$1,226,018)	2023	81,735		20	-		-	18
19	Landscaping- Soil & Pavers Courtyard work (TC:\$14,858)	2023	991		20	-		-	19
20	Landscaping- Courtyard work - Soil & Pavers (TC:\$11,625)	2024	775		20	-		-	20
21	Fan Coil Unit Replacement on HVAC System (TC: \$6,348)	2023	423		20	-		-	21
22	Lower Level Bathrooms-Toilets,Cover/Handle(TC: \$2,516)	2024	168		20	-		-	22
23	Fire Pump Repairs- Outboard Packing, Drain Piping (TC: \$3,706)	2024	247		20	-		-	23
24	Freight Elevator Repairs of Facility (TC: \$6,448)	2025	430		20	-		-	24
25	Freight Elevator Repairs of Facility (TC: \$5,050)	2024	337		20	-		-	25
26	Freight Elevator Repairs of Facility (TC: \$3,350)	2024	223		20	-		-	26
27	Freight Elevator Repairs of Facility (TC: \$2,800)	2024	187		20	-		-	27
28	Boiler Repair, HVAC system of Facility (TC: \$2,917)	2024	194		20	-		-	28
29	Pump Project Repair of Facility (TC: \$62,330)	2025	4,155		20	-		-	29
30	Pump Project Repair of Facility (TC: \$15,000)	2024	1,000		20	-		-	30
31	Plumbing Repair (4th 5th floor and other IL)(TC: \$14,732)	2024	982		20	-		-	31
32	Plumbing Repair (1st, 3rd and 14th floor)(TC: \$3,280)	2024	219		20	-		-	32
33	Plumbing Repair (4th 5th floor and other IL)(TC: \$4,279)	2025	285		20	-		-	33
34	TOTAL (lines 1 thru 33)		\$ 7,059,201	\$ -		\$ -	\$ -	\$ -	34

0

****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 12C, Carried Forward		\$ 7,059,201	\$ -		\$ -	\$ -	\$ -	1
2	SNF Room Upgrades(Walls, Curtains, Painting, Flooring, Wiring, Plum	2025	7,303		20	-		-	2
3						-		-	3
4	Depreciation			111,493		111,493	(0)	6,681,980	4
5						-		-	5
6	Landscaping- Courtyard work Clarence Davids & Company (TC: \$8,644	2023	577		20	-		-	6
7	Landscaping- Courtyard work Clarence Davids & Company (TC: \$10,71	2024	720		20	-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
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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)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
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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)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 7,067,801	\$ 111,493		\$ 111,493	\$ (0)	\$ 6,681,980	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	\$ 1,197,243	\$	\$	\$ -		\$	71
72	Current Year Purchases	892			-			72
73	Fully Depreciated Assets	113,186			-			73
74		-	-	-	-	0	-	74
75	TOTALS	\$ 1,311,321	\$ -	\$ -	\$ -		\$ -	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	Facility	Bus (TC: \$86,290)		\$ 5,756	\$	\$	\$ -		\$	76
77	Facility	Bus (TC: \$9,538)		636			-			77
78							-			78
79							-			79
80	TOTALS			\$ 6,392	\$ -	\$ -	\$ -		\$ -	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,276,940	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 111,493	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 111,493	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (0)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,681,980	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	Assisted & Independent Living	\$ 54,014,939	\$ 1,560,906	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 54,014,939	\$ 1,560,906	\$	91

G. Construction-in-Progress

	Description	Cost	
92	AL/IL/SNF Renovations:	\$ 441,120	92
93	Painting, Flooring, Laundry Rooms		93
94	Appliances, Dining Room, Elevators		94
95	Beds,Icemakers,HVAC	\$ 441,120	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.

0037515

Supplemental Schedule of Related Party Equipment

Fully Depreciated Equipment	Cost	Book Depreciation	SL Depreciation	Accumulated Depreciation
-				
-				
-				
-				
-				

Total Equipment	Cost	Book Depreciation	SL Depreciation	Accumulated Depreciation
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

The following capital improvements were included on the 6/30/2025 capital projection:

Page	Line	Description	Cost
Total capital improvements included on the 6/30/2025 capital projection			-

The following capital improvements were added during 2025, but after filing the 6/30/2025 capital projection:

Page	Line	Description	Cost
Total capital improvements added during 2025, but after filing the 6/30/2025 capital projection:			-

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
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								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
- ☐ NO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$3,125
- Description: Copiers (TC: \$46,878)
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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
- 126/30/2026\$
- 136/30/2027\$
- 146/30/2028\$

* 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.

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	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

0

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

12345678										
	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	V10A/V39	hrs	\$ -	2,041	\$ 204,878	\$ -	2,041	\$ 204,878	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	1,994	108,700	-	1,994	108,700	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	6,810	514,598	-	6,810	514,598	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39	# of prescrpts	-		-	111,068		111,068	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)									
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		-		33,045	8,880		41,925	13
14	TOTAL			\$	10,845	\$ 861,220	\$ 119,948	10,845	\$ 981,168	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.

Montgomery Place
0037515
6/30/2025
Supplemental Schedule of Schedule XIV
Special Services - Line 13 Detail

Staffing - Scheudle XIV, Column 3		
Facility ACCOUNT NUMBER	Facility ACCOUNT NUMBER	BALANCE

Total Salaries	-
----------------	---

Supplies - Scheudle XIV, Column 6		
Facility ACCOUNT NUMBER	Facility ACCOUNT NUMBER	BALANCE
	4610 Medical Supplies	8,880

Total Supplies	8,880
----------------	-------

Other Costs - Scheudle XIV, Column 5		
Facility ACCOUNT NUMBER	Facility ACCOUNT NUMBER	BALANCE
	4330 Vaccinations	6,780
	4630 IV	12,165
	4635 Lab Services	10,380
	4640 X-Ray	3,720

Total Other Costs	33,045
-------------------	--------

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	\$ 981,901	\$	1
2	Cash-Patient Deposits	-		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 0)	1,097,909		3
4	Supply Inventory (priced at)	23,843		4
5	Short-Term Investments	-		5
6	Prepaid Insurance	-		6
7	Other Prepaid Expenses	162,812		7
8	Accounts Receivable (owners or related parties)	92,382		8
9	Other(specify): See Attached & TB	50,492		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,409,339	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-		11
12	Long-Term Investments	6,385,095		12
13	Land	3,253,612		13
14	Buildings, at Historical Cost	51,699,857		14
15	Leasehold Improvements, at Historical Cost	-		15
16	Equipment, at Historical Cost	8,201,654		16
17	Accumulated Depreciation (book methods)	(48,115,337)		17
18	Deferred Charges	-		18
19	Organization & Pre-Operating Costs	-		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-		20
21	Restricted Funds	2,416,396		21
22	Other Long-Term Assets (see See Attached & TB)	441,120		22
23	Other(specify): See Attached & TB	-		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 24,282,397	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,691,736	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 967,893	\$	26
27	Officer's Accounts Payable	-		27
28	Accounts Payable-Patient Deposits	300,182		28
29	Short-Term Notes Payable	939,415		29
30	Accrued Salaries Payable	211,089		30
31	Accrued Taxes Payable (excluding real estate taxes)	233,150		31
32	Accrued Real Estate Taxes(Sch.IX-B)	-		32
33	Accrued Interest Payable	182,077		33
34	Deferred Compensation	-		34
35	Federal and State Income Taxes	-		35
	Other Current Liabilities(specify):			
36	See Attached & TB	3,362,276		36
37	See Attached & TB	26,577,786		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 32,773,868	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,557,366		39
40	Mortgage Payable	-		40
41	Bonds Payable	25,634,653		41
42	Deferred Compensation	-		42
	Other Long-Term Liabilities(specify):			
43	See Attached & TB	379,895		43
44	See Attached & TB	13,858		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 27,585,772	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 60,359,640	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (33,667,904)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,691,736	\$	48

PG 17 Line 9 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
1145	Other Receivables	29,641
1161	Inventory - Food	20,851
Total		50,492

PG 17 Line 22 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
1180	Construction in Progress	441,120
Total		441,120

PG 17 Line 23 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
Total		-

PG 17 Line 36 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
1112.00	Aetna & Other Ins Settlements	(153)
2027.00	Accrued Medical Director Fees	(12,123)
PW-21710.100	ST EF Refundable	(3,350,000)
Total		(3,362,276)

PG 17 Line 37 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
1130.00	Refunds Due/Clearing Acct.	(50,281)
2051.00	Resident Association Funds	(8,614)
2410.00	10% Nonrefundable Entrance Fee	(3,924,589)
2415.00	Earned Portion of 10% nonrefundable	1,873,485
2450.00	50% nonrefundable Entrance Fee	(1,055,071)
2455.00	Earned Portion of 50% nonrefundable	962,063
2510.00	90% Refundable	(22,543,620)
2550.00	50% Refundable	(1,048,159)
2599.00	REF Deposits in Process	(783,000)
Total		(26,577,786)

PG 17 Line 43 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
1140.00	AR Due From MP - InterCo	(309,415)
2105.00	Deferred Revenue	(70,480)
Total		(379,895)

PG 17 Line 44 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
2142.00	Due to LCH - InterCo	(13,858)
Total		(13,858)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (32,590,062)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (32,590,062)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,077,842)	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)	\$ (1,077,842)	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)	\$ (33,667,904)	24 *

* This must agree with page 17, line 47.

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	\$ 4,649,162	1
2	Discounts and Allowances for all Levels	(257,868)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,391,294	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,307,622	6
7	Oxygen	-	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,307,622	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	600	13
14	Non-Patient Meals	17,797	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	72,013	16
17	Sale of Drugs	117,851	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	18,256	19
20	Radiology and X-Ray	3,230	20
21	Other Medical Services	16,125	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 245,872	23
D. Non-Operating Revenue			
24	Contributions	38,353	24
25	Interest and Other Investment Income***	76,423	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 114,776	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	11,028,106	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,028,106	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,087,670	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,009,332	31
32	Health Care	2,563,151	32
33	General Administration	2,179,740	33
B. Capital Expense			
34	Ownership	214,598	34
C. Ancillary Expense			
35	Special Cost Centers	12,116,062	35
36	Provider Participation Fee	82,629	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,165,512	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,077,842)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,077,842)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)		45
46	MMAI-Medicaid is the Primary Payer		46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	2,921,795	48
49	Medicare Part A	1,201,504	49
50	Other-(specify) Medicare Managed, Advantage, Others	267,995	50
51	Other-(specify) (includes Part B revenue which is not tied to census)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,391,294	56

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
	Net IL Revenue-	(7,026,185.00)
	Net AL Revenue-	(1,825,609.00)
3212.00	Community Fee-AL	(20,000.00)
3220.00	maintenance-AL	(910.00)
3315.00	Transportation-AL	(798.00)
3340.00	Miscellaneous Charges-AL	(588.00)
3307.00	Meal credits-IL	34,859.00
3205.00	storage fees-IL	(258.00)
3210.00	move in/out fees-IL	(10,817.00)
3212.00	Community Fee-IL	(315,000.00)
3215.00	housekeeping extras-IL	(22,454.00)
3220.00	maintenance-IL	(3,205.00)
3225.00	furniture rental-IL	(3,000.00)
3230.00	delivery service-IL	(6,225.00)
3235.00	telephone-IL	(25,988.00)
3245.00	wifi-IL	(4,442.00)
3255.00	dry cleaning-IL	(481.00)
3260.00	IT services-IL	(1,400.00)
3280.00	garage residents-IL	(23,120.00)
3310.00	Laundry-IL	(950.00)
3315.00	Transportation-IL	(7,402.00)
3336.00	Upgrades to Apartment-IL	(22,921.00)
3340.00	Miscellaneous Charges-IL	(35,160.00)
3212.00	Community Fee-SNF Related	(25,000.00)
3315.00	Transportation-SNF Related	(13,512.00)
3340.00	Miscellaneous Charges-SNF Related	(5,842.00)
3300.00	Late Fee Revenue-SNF Related	(282.00)
3303.00	Vending Income-SNF Related	(1,578.00)
3700.00	Gain (Loss) - Investments - Realized-SNF Related	(33,867.00)
3360.00	Management Fee Revenue-SNF Related	(140,377.00)
3600.00	Entrance Fee Amort Rev - 10%-SNF Related	(89,883.00)
3605.00	Entrance Fee Amort Rev - 50%-SNF Related	(12,208.00)
3705.00	Unrealized (Gain)/Loss on investments-SNF Related	(134,324.00)
3295.00	Hair Care Revenue-AL/IL	(1,210.00)
3285.00	garage non-residents-AL/IL	(128,775.00)
3270.00	guest apartment-AL/IL	(13,385.00)
3275.00	room rental-AL/IL	(3,002.00)
3300.00	Late Fee Revenue-AL/IL	(568.00)
3303.00	Vending Income-AL/IL	(3,181.00)
3306.00	Cafe Sales-AL/IL	(35,875.00)
3290.00	Gifts/Donations Revenue-AL/IL	(75,183.00)
3291.00	Donor Restricted Revenues-AL/IL	(2,129.00)
3330.00	Interest Income-AL/IL	(153,040.00)
3332.00	Dividend Income-AL/IL	(1,013.00)
3700.00	Gain (Loss) - Investments - Realized-AL/IL	(68,269.00)
3360.00	Management Fee Revenue-AL/IL	(282,965.00)
3600.00	Entrance Fee Amort Rev - 10%-AL/IL	(181,184.00)
3605.00	Entrance Fee Amort Rev - 50%-AL/IL	(24,608.00)
3705.00	Unrealized (Gain)/Loss on investments-AL/IL	(270,765.00)
5069.00		(4,027.00)
		(11,028,106.00)

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	8,618	9,944	\$ 490,683	\$ 49.34	1
2	Assistant Director of Nursing			-		2
3	Registered Nurses	4,318	4,961	220,293	44.40	3
4	Licensed Practical Nurses	11,998	14,360	574,352	40.00	4
5	CNAs & Orderlies	30,496	30,496	494,029	16.20	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director	328	376	10,904	29.00	9
10	Activity Assistants	3,220	3,780	82,527	21.83	10
11	Social Service Workers			-		11
12	Dietician			-		12
13	Food Service Supervisor	198	255	6,234	24.45	13
14	Head Cook	211	280	8,806	31.45	14
15	Cook Helpers/Assistants	2,416	2,936	61,311	20.88	15
16	Dishwashers			-		16
17	Maintenance Workers	3,733	4,338	107,517	24.78	17
18	Housekeepers	896	989	20,269	20.49	18
19	Laundry	321	343	6,816	19.87	19
20	Administrator	2,080	2,080	182,971	87.97	20
21	Assistant Administrator			-		21
22	Other Administrative	5,284	6,220	280,619	45.12	22
23	Office Manager			-		23
24	Clerical			-		24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator			-		29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(specify)- Trans	3,197	3,419	67,793	19.83	32
33	Other(specify) MKTG/AL/IL	109,005	128,267	2,807,915	21.89	33
34	TOTAL (lines 1 - 33)	186,319	213,044	\$ 5,423,039 *	\$ 25.46	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 Fees	\$ 939	V01-3	35
36	Medical Director	Monthly Fees	27,247	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant		-		39
40	Physical Therapy Consultant		-		40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant		-		44
45	Social Service Consultant		-		45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		\$ 28,186		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	8,813	\$ 391,276	V10-3	50
51	Licensed Practical Nurses		-		51
52	Certified Nurse Assistants/Aides		-		52
53	TOTAL (lines 50 - 52)	8,813	\$ 391,276		53

0

0037515

Supplemental Schedule of Schedule XVIII - A

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	Number of Hours Actually Worked	Number of Hours Paid & Accrued	Reporting Period	Average Hourly Wage
				Total Salary & Wages	
					#DIV/0!

Total	-	-	-	#DIV/0!
-------	---	---	---	---------

STATE OF ILLINOIS

Facility Name & ID Number

Montgomery Place

0037515

Report Period Beginning: 07/01/24

Page 21

Ending: 06/30/25

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

\$

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

(List each licensed administrator separately.)

\$

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

Intellitec Solutions LLC

IT Consulting

\$ 405

InTouchLink US Inc.

IT Consulting

3,150

PointClickCare Technologies Inc

IT Consulting

56,330

PSD Solutions

IT Consulting

24,064

Raymond Gibson

IT Consulting

73

Siemens

IT Consulting

2,501

Telcom Innovations Group

IT Consulting

389

Third Eye Health

IT Consulting

6,650

UMB Bank N.A.

IT Consulting

17,162

Viibrant - Senior Portal Inc

IT Consulting

8,847

Virtual Touch

IT Consulting

9,460

See Supplemental Page 21 (2)

(170,077)

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

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

\$ (41,047)

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$

Unemployment Compensation Insurance

FICA Taxes

Employee Health Insurance

Employee Meals

Illinois Municipal Retirement Fund (IMRF)*

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

\$

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

Description

Line #

Amount

\$

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

Health Care Worker Background Check

(Indicate # of checks performed)

Patient Background Checks

Association Dues (total from pg 22, #4)

Less: Public Relations Expense

()

PAC and Lobbying payments

()

All non-allowable advertising

()

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

\$

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

Seminar Expense

Entertainment Expense

()

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

TOTAL

\$

* Attach copy of IMRF notifications

**See instructions.

0

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
			\$	Workers' Compensation Insurance	\$		IDPH License Fee	\$
				Unemployment Compensation Insurance			Advertising: Employee Recruitment	
				FICA Taxes			Health Care Worker Background Check	
				Employee Health Insurance			(Indicate # of checks performed)	
				Employee Meals			Patient Background Checks	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues (total from pg 22, #4)	
TOTAL (agree to Schedule V, line 17, col. 1)			\$					
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
			\$				Less: Public Relations Expense	()
							PAC and Lobbying payments	()
							All non-allowable advertising	()
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Visual Touch POS Solutions LLC	IT Consulting		\$ 27,380			\$	Out-of-State Travel	\$
Well Sky	IT Consulting		754					
Adenike O Oludare	Payroll Processing		577					
PayChex	Payroll Processing		35,188				In-State Travel	
Illinois Aging Service Network	Resident Management		477					
Regroup Mass Notification	Resident Management		18,004					
Trinity Rehabilitation Services LLC	Therapy Consulting		17,162					
Venus Sabay LLC	Therapy Consulting		1,400				Seminar Expense	
See attached	Legal Services		179,037					
Rounding			2					
IL/AL Allocation			(450,057)					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			Entertainment Expense	()
(For legal fee disclosure, see page 39 of instructions)			\$ (170,077)				(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$

0

* Attach copy of IMRF notifications

**See instructions.

Montgomery Place
0037515
6/30/2025
Detail of Legal Expense

Date	General Ledger Accounts	Vendor	Description of Expense	Invoice Expense	SNF Related Cost (33.16%)	Adjustments& Reclassifications	Final Expense
7/31/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	238.00	78.92	-	78.92
9/30/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	130.00	43.11	-	43.11
9/30/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	4,760.00	1,578.42	-	1,578.42
9/30/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	238.00	78.92	-	78.92
11/30/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	238.00	78.92	-	78.92
12/31/2024		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	436.50	144.74	-	144.74
1/31/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,237.50	410.36	-	410.36
1/31/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	357.00	118.38	-	118.38
2/28/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	430.50	142.75	-	142.75
3/31/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	648.00	214.88	-	214.88
3/31/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	2,019.50	669.67	-	669.67
4/30/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	440.00	145.90	-	145.90
4/30/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	2,214.00	734.16	-	734.16
5/31/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	5,195.00	1,722.66	-	1,722.66
6/30/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	8,541.50	2,832.36	-	2,832.36
6/30/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	922.50	305.90	-	305.90
6/30/2025		4440 Chuhak & Tecson P C	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	4,663.00	1,546.25	-	1,546.25
7/31/2024		4440 Duane Morris LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	669.00	221.84	-	221.84
9/30/2024		4440 Duane Morris LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	16,878.00	5,596.74	-	5,596.74
3/31/2025		4440 Duane Morris LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	432.00	143.25	-	143.25
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	30,166.50	10,003.21	-	10,003.21
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	297.50	98.65	-	98.65
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	318.00	105.45	-	105.45
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,844.40	611.60	-	611.60
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,081.20	358.53	-	358.53
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	5,355.80	1,775.98	-	1,775.98
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	6,457.00	2,141.14	-	2,141.14
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	2,856.00	947.05	-	947.05
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,089.00	361.11	-	361.11
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,259.00	417.48	-	417.48
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	10,226.00	3,390.94	-	3,390.94
11/30/2024		4440 Greenberg Traurig LLP	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	4,977.16	1,650.43	-	1,650.43
7/31/2024		4440 Lewis, Brisbois, Bisgarrrd &	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	911.00	302.09	-	302.09
12/31/2024		4440 Lewis, Brisbois, Bisgarrrd &	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	1,152.50	382.17	-	382.17
1/31/2025		4440 Lewis, Brisbois, Bisgarrrd &	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	2,522.50	836.46	-	836.46
2/28/2025		4440 Lewis, Brisbois, Bisgarrrd &	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	636.50	211.06	-	211.06
6/30/2025		4440 Lewis, Brisbois, Bisgarrrd &	Litigation Support & Other General Counsel (Resident Matters & Employee Issues)	7,198.66	2,387.08	-	2,387.08
6/30/2025		4440		50,000.00	16,580.00	-	16,580.00
Total				179,036.72	59,368.58	-	59,368.58

Montgomery Place
0037515
6/30/2025
Seminar Expense Detail

Date	General Ledger Accounts	Description of Expense	Employee	Employee Function	Location of Seminar	Net Cost	Adjustments & Reclassifications	Final Expense
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
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						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
Total						-	-	-

XX. GENERAL INFORMATION:

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

Yes
- 2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.

Association Name

Amount

LEADING AGE

2,803

2,803

Total
- 3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS
OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

LEADING AGE

2,803

2,803

Total
- 4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)

LEADING AGE

5,606

-

-

-

5,606

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

\$42,973

Line

10-2
- 6 Have all costs reported on this form been determined using accounting procedures
consistent with prior reports?

Yes

If NO, attach a complete explanation.
- 7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department
during this cost report period.

\$82,629

This amount is to be recorded on line 42 of Schedule V.
- 8 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.

- 9 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
- 10 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?

Yes

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.
- 11 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?

Yes

Indicate the amount.

\$17,797
- 12 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?

100%

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other
times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such
transportation during this reporting period.

\$N/A
- 13 Has an audit been performed by an independent certified public accounting firm?

Firm Name:

Plante & Moran PLLC

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

Yes
- 15 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.