

		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: 0054171

Facility Name: Thornton Heights Terrace

Address: 160 West 10th Street Chicago Heights 60411

NumberCityZip Code

County: Cook

Telephone Number: (708) 754-2220 Fax # (708) 754-9311

HFS ID Number:

Date of Initial License for Current Owners: 12/18/1995

Type of Ownership:

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

In the event there are further questions about this report, please contact:

Name: Larry Templin Telephone Number: (630) 361-2868

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2025 to 12/31/2025 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)

(Title)

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326

(Telephone) (630) 361-2868 Fax # ()

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Thornton Heights Terrace # 0054171 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>207</u>	Intermediate (ICF)	<u>207</u>	<u>75,555</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>207</u>	TOTALS	<u>207</u>	<u>75,555</u>	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								8
9	SNF/PED								9
10	ICF								10
11	ICF/DD	<u>3,932</u>	<u>55,127</u>	<u>3,415</u>		<u>91</u>			<u>62,565</u>
12	SC								12
13	DD 16 OR LESS								13
14	TOTALS	<u>3,932</u>	<u>55,127</u>	<u>3,415</u>		<u>91</u>			<u>62,565</u>

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 82.81%

SEE ACCOUNTANTS' PREPARATION REPORT

D. How many bed reserve days during this year were paid by the Department? 484 (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 ☒ Non-allowable costs have been eliminated in Schedule V, Column 7

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 6/1/1994

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 6/1/1994 NO ☐

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

Medicare Intermediary N/A

IV. ACCOUNTING BASIS
MODIFIED
ACCRUAL ☒ CASH* ☐ CASH* ☐
Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/25 Fiscal Year: 12/31/25
* All facilities other than governmental must report on the accrual basis.

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	333,543	44,082	8,739	386,364		386,364		386,364			1
2	Food Purchase		520,733		520,733		520,733	(8)	520,725			2
3	Housekeeping	287,674	62,878	8,605	359,157		359,157		359,157			3
4	Laundry		18,745		18,745		18,745		18,745			4
5	Heat and Other Utilities			218,250	218,250		218,250	1,949	220,199			5
6	Maintenance	285,305		193,335	478,640		478,640	(20,564)	458,076			6
7	Other (specify):* Waste Disposal			27,877	27,877		27,877		27,877			7
8	TOTAL General Services	906,522	646,438	456,806	2,009,766		2,009,766	(18,623)	1,991,143			8
	B. Health Care and Programs											
9	Medical Director			2,700	2,700		2,700		2,700			9
10	Nursing and Medical Records	1,338,568	86,854	1,017,836	2,443,258		2,443,258		2,443,258			10
10a	Therapy											10a
11	Activities	26,939	26,235		53,174		53,174		53,174			11
12	Social Services	1,358,815		36,000	1,394,815		1,394,815		1,394,815			12
13	CNA Training											13
14	Program Transportation			1,490	1,490		1,490		1,490			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,724,322	113,089	1,058,026	3,895,437		3,895,437		3,895,437			16
	C. General Administration											
17	Administrative	459,058		1,121,319	1,580,377		1,580,377	(1,037,309)	543,068			17
18	Directors Fees											18
19	Professional Services			83,523	83,523		83,523		83,523			19
20	Dues, Fees, Subscriptions & Promotions			89,361	89,361		89,361	(25,240)	64,121			20
21	Clerical & General Office Expenses	282,622	32,716	19,307	334,645		334,645	(1,587)	333,058			21
22	Employee Benefits & Payroll Taxes			794,855	794,855		794,855		794,855			22
23	Inservice Training & Education			6,203	6,203		6,203		6,203			23
24	Travel and Seminar			508	508		508		508			24
25	Other Admin. Staff Transportation			12,773	12,773		12,773	(1,628)	11,145			25
26	Insurance-Prop.Liab.Malpractice			239,672	239,672		239,672	409	240,081			26
27	Other (specify):*							1,559	1,559			27
28	TOTAL General Administration	741,680	32,716	2,367,521	3,141,917		3,141,917	(1,063,796)	2,078,121			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,372,524	792,243	3,882,353	9,047,120		9,047,120	(1,082,419)	7,964,701			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' PREPARATION REPORT
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			107,452	107,452		107,452	(7,226)	100,226			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			752,682	752,682		752,682	9,453	762,135			33
34	Rent-Facility & Grounds			417,120	417,120		417,120	(402,520)	14,600			34
35	Rent-Equipment & Vehicles			11,573	11,573		11,573		11,573			35
36	Other (specify):*											36
37	TOTAL Ownership			1,288,827	1,288,827		1,288,827	(400,293)	888,534			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			308	308		308		308			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee											42
43	Other (specify):* Disallowed Costs	594,483		60,006	654,489		654,489	(654,489)				43
44	TOTAL Special Cost Centers	594,483		60,314	654,797		654,797	(654,489)	308			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,967,007	792,243	5,231,494	10,990,744		10,990,744	(2,137,201)	8,853,543			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,675)	43		4
5	Telephone, TV & Radio in Resident Rooms	(1,721)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(17,365)	30		9
10	Interest and Other Investment Income	(3,698)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8)	02		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				18
19	Entertainment				19
20	Contributions	(36,697)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(9,498)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(60)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(714,679)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (788,401)		\$	30

BHF USE ONLY							
48		49		50		51	
						52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,348,800)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,348,800)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,137,201)		37

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

NON-ALLOWABLE EXPENSES			Sch. V Line
	Amount	Reference	
1	Political Action Committee Payments	\$ 0	201
2	Other Expenses Related to Lobbying Activities	(25,286)	202
3			3
4	Bldg Co. - Licenses & Fees	(500)	204
5	Bldg Co. - Accounting Fees	(3,050)	195
6	Bldg Co. - Amortization	(34,660)	366
7	Bldg Co. - State Replacement Tax	(21,744)	437
8			8
9	Miscellaneous Income Offset	(1,615)	219
10	Patient Clothing	(865)	4310
11	Resident Stipend	(3,240)	4311
12	Marketing Expense	(3,150)	4312
13	Trust Fees	(100)	4313
14	Capitalized R&M	(24,358)	614
15	Non-Allowable Expense	(594,483)	4315
16	Auto Expense-Marketing	(1,628)	2516
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			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	(714,679)	49

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership Listing-1		See Page 6-Supplemental		See Page 6-Supplemental		

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	\$	Barton Management Inc.		\$ 1,949	\$ 1,949	1
2	V	6	Repairs & Maintenance		Barton Management Inc.		3,794	3,794	2
3	V	20	Dues, Licenses, Fees		Barton Management Inc.		46	46	3
4	V	21	Clerical & General		Barton Management Inc.		28	28	4
5	V	26	Insurance		Barton Management Inc.		409	409	5
6	V	33	Real Estate Taxes		Barton Management Inc.		9,453	9,453	6
7	V	34	Rent Office Space	32,400	Barton Management Inc.		13,880	(18,520)	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 32,400			\$ 29,559	\$ * (2,841)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	32	Interest	24,139	Barton Healthcare, LLC		\$ 23,881	\$ (258)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 24,139			\$ 23,881	\$ * (258)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	17	Management Fees	\$ 1,121,319	Redwood Management		\$	(1,121,319)	15
16	V	17	Salary - J. Shlofrock		Redwood Management		20,160	20,160	16
17	V	17	Management Fee - S. Aron		Redwood Management		63,850	63,850	17
18	V	27	Payroll Taxes - J. Shlofrock		Redwood Management		1,559	1,559	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			\$ 1,121,319			\$ 85,569	\$ * (1,035,750)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	19	Accounting Fees	\$	Thornton Heights Associates		\$ 3,050	\$ 3,050	15
16	V	20	Licenses & Fees		Thornton Heights Associates		500	500	16
17	V	30	Depreciation		Thornton Heights Associates		10,139	10,139	17
18	V	32	Interest	20,495	Thornton Heights Associates		24,451	3,956	18
19	V	34	Rental Income	384,000	Thornton Heights Associates			(384,000)	19
20	V	36	Amortization		Thornton Heights Associates		34,660	34,660	20
21	V	43	State Replacement Tax		Thornton Heights Associates		21,744	21,744	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			\$ 404,495			\$ 94,544	\$ * (309,951)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	Barton Senior Residences of Zion (SLF)	Zion			Barton Healthcare	Northfield	Bond Issue Co.	1
2	Central Plaza Residential Home	Chicago			Barton Management, I	Northfield	Bookkeeping	2
3	Clayton Residential Home	Chicago			Thornton Heights Assc	Northfield	Building Co.	3
4	Barton Senior Residences of Chicago (SLF)	Chicago			Redwood Managemen	Northfield	Management Co.	4
5	Sharon Health Care Elms, Inc.	Peoria						5
6	Sharon Health Care Pines, Inc.	Peoria						6
7	Sharon Health Care Willows, Inc.	Peoria						7
8	Sharon Health Care Woods, Inc.	Peoria						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	John Shlofrock	Shareholder	Administrative	15.76%	See Att. Sch 7A	5.00	11.90%	Salary All/Sal	\$ 39,505	17-1, 17-7	1
2	Gary Weintraub	Shareholder	Legal	14.51%	See Att. Sch 7A	6.00	14.29%	Salary	39,472	17-1	2
3	Richard Duros	COO	Administrative	6.97%	See Att. Sch 7A	6.50	14.60%	Salary	78,749	17-1	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 157,726		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 Thornton Heights Terrace # 0054171 Report Period Beginning: 1/1/2025 Ending: 2/31/2025

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 Barton Management Inc.
Street Address 465 Cental Ave.
City / State / Zip Code Northfield, IL 60093
Phone Number (847) 441-8200
Fax Number (847) 441-0800

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Available Days	496,213	8	\$ 12,800	\$	75,555	\$ 1,949	1
2	6	Repairs & Maintenance	Available Days	496,213	8	24,917		75,555	3,794	2
3	20	Dues, Licenses, Fees	Available Days	496,213	8	300		75,555	46	3
4	21	Clerical & General	Available Days	496,213	8	183		75,555	28	4
5	26	Insurance	Available Days	496,213	8	2,690		75,555	409	5
6	33	Real Estate Taxes	Available Days	496,213	8	62,084		75,555	9,453	6
7	34	Rent Office Space	Available Days	496,213	8	91,160		75,555	13,880	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					\$ 194,134	\$		\$ 29,559	25

Facility Name & ID Number Thornton Heights Terrace # 0054171 Report Period Beginning: 1/1/2025 Ending: 2/31/2025

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 Barton Healthcare, LLC
Street Address 465 Central Ave.
City / State / Zip Code Northfield, IL 60093
Phone Number (847) 441-8200
Fax Number (847) 441-0800

	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	32	Interest	Note Receivable	6,187,451	7	236,441	\$	625,040	\$ 23,881	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					\$ 236,441	\$		\$ 23,881	25

Facility Name & ID Number Thornton Heights Terrace # 0054171 Report Period Beginning: 1/1/2025 Ending: 2/31/2025

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 Redwood Management
Street Address 465 Central Ave. ,Suite 100
City / State / Zip Code Northfield, IL. 60093
Phone Number (847) 441-8200
Fax Number (847) 441-0800

	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	17	Salary - J. Shlofrock	Average Hours Worked	31	5	125,000	125,000	5	\$ 20,160	1
2	17	Management Fee - S. Aron	Average Hours Worked	23	5	209,794		7	63,850	2
3	27	Payroll Taxes - J. Shlofrock	Average Hours Worked	31	5	9,679		5	1,559	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					\$ 344,473	\$ 125,000		\$ 85,569	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	Barton Healthcare		X	Mortgage			\$	625,040			\$	23,881	1
2													2
3													3
4													4
5													5
	Working Capital												
6													6
7													7
8													8
9	TOTAL Facility Related						\$	625,040			\$	23,881	9
	B. Non-Facility Related*												
10									Interest Income		(3,698)	10	
11									Interest Income - Bldg Co.		(20,495)	11	
12									Other Interest		312	12	
13													13
14	TOTAL Non-Facility Related						\$				\$	(23,881)	14
15	TOTALS (line 9+line14)						\$	625,040			\$		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.)

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	713,262	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2024		\$	698,069	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(15,193)	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	767,876	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.		Allocated from Barton Management Rounding			9,453 (1)	
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	762,135	7
Assessed Value from Real Estate Tax Bill:	2024	1,219,701	8			
Real Estate Tax Bill for Calendar Year:	2020	603,251	9			
	2021	554,818	10			
	2022	716,036	11			
	2023	648,421	12			
	2024	698,069	13			
2025 Accrual = \$698,069 x 1.10 = \$767,876						
				14	FROM R. E. TAX STATEMENT FOR 2024 \$	14
				15	PLUS APPEAL COST FROM LINE 5 \$	15
				16	LESS REFUND FROM LINE 6 \$	16
				17	AMOUNT TO USE FOR RATE CALCULATION \$	17

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

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Thornton Heights Terrace COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0054171

CONTACT PERSON REGARDING THIS REPORT Anca Oviedo

TELEPHONE (847) 441-8200 FAX #: (847) 441-0800

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 Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 32-20-205-011-0000	Long Term Property Care	\$ 698,068.79	\$ 698,068.79
2. 05-09-112-017-0000	Allocated from Barton Mgmt	\$ 124,168.59	\$ 9,453.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 822,237.38	\$ 707,521.79

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 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 providecopies of their original second installment tax bill.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

51,085

B. General Construction Type:

Exterior

Frame

Number of Stories

4

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

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

None

F. 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:

1		2		3		4	
Use		Square Feet		Year Acquired		Cost	
1	Facility					\$266,529	1
2							2
3	TOTALS					\$266,529	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Thornton Heights Terrace

0054171

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4	207			1977	\$ 3,982,306	\$	35	\$	\$	\$ 3,982,306	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Various			1980	5,767		20			5,767	9	
10	Various			1981	13,000		20			13,000	10	
11	Various			1985	7,018		20			7,018	11	
12	Various			1986	13,102		20			13,102	12	
13	Various			1987	899		20			899	13	
14	Various			1989	9,106		20			9,106	14	
15	Various			1990	4,093		20			4,093	15	
16	Various			1991	24,882		20			24,882	16	
17	Various			1992	10,189		20			10,189	17	
18	Various			1993	80,557		20			80,557	18	
19	Various			1994	75,510		20			75,510	19	
20	Various			1995	56,341		20			56,341	20	
21	Various			1996	27,338		20			27,338	21	
22	Various			1997	33,349		20			33,349	22	
23	Various			1998	52,793		20			52,793	23	
24	Various			1999	84,044		20			84,044	24	
25	Various			2000	33,473		20			33,473	25	
26	Various			2001	144,503		20	7,226	7,226	109,081	26	
27	Various			2002	35,180		20			35,180	27	
28	Various			2003	139,471		20			139,471	28	
29	Various			2004	71,450		20			71,450	29	
30	Various			2005	357,706		20			357,706	30	
31	Various			2006	192,624		20	6,350	6,350	144,385	31	
32	Various			2007	71,471		20			71,471	32	
33	Various			2008	106,934		20			106,934	33	
34	Various			2009	175,629		20	1,729	1,729	175,629	34	
35	Various			2010	38,017		20	623	623	36,036	35	
36											36	

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

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2011	\$ 23,231	\$	20	\$	\$	\$ 23,231	37
38	Various	2012	31,396		20			31,396	38
39	Various	2013	155,151		20	7,523	7,523	150,749	39
40	Various	2014	100,904		20	5,245	5,245	48,785	40
41	Various	2015	18,069		20	904	904	9,324	41
42	Various	2016	47,839		20	2,393	2,393	22,441	42
43	Various	2017	57,003		20	2,851	2,851	23,758	43
44	Various	2018	19,508		20	975	975	7,467	44
45	Various	2019	368,644		20	18,436	18,436	120,145	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,668,497	\$		\$ 54,255	\$ 54,255	\$ 6,198,406	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Thornton Heights Terrace

0054171

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,668,497	\$		\$ 54,255	\$ 54,255	\$ 6,198,406	1
2	Materials For Project (Carpeting)	2020	11,812		20	591	591	3,546	2
3	Upgrade Surveillance Systems	2020	3,380		20	169	169	1,014	3
4	Installation Of New Sprinkler Heads And New Smoke Detectors	2020	8,890		20	445	445	2,670	4
5	Convert 4 Bed Units Into 2 Bed, Flooring In Shower Rms, Stairwe	2020	28,936		20	1,447	1,447	8,682	5
6	Replace Ceiling Tiles In Dining Room	2020	3,136		20	157	157	942	6
7	Air Conditioner Installation	2021	4,548		20	227	227	1,135	7
8	Replace/Update Heating And A/C	2021	46,138		20	2,307	2,307	11,535	8
9	6 Door Closers	2021	3,848		20	192	192	960	9
10	Vertical Mount Horizontal Air Flow Fire Damper	2021	3,364		20	168	168	840	10
11	Upgrade Main Fire Alarm Panel And 5 Annunciators	2021	5,689		20	284	284	1,420	11
12	Surveillance System - 21 Cameras	2022	13,871		20	694	694	2,776	12
13	11 Wall A/C Units	2022	7,002		20	350	350	1,400	13
14	Replace Panic Device On Exit Door	2022	2,536		20	127	127	508	14
15	28 I-Wave Air Purifiers For Indoor Head Units	2022	16,800		20	840	840	3,360	15
16	Replacement Of Insulated Glass	2022	2,567		20	128	128	512	16
17	Fans, Hardware & Tools	2022	3,053		20	153	153	612	17
18	Install New Thermostatic Mixing Valve	2022	5,305		20	265	265	1,060	18
19	Replace 1St & 3Rd Floor Hallway Stairwell Doors	2022	8,280		20	414	414	1,656	19
20	Replace Room 215 Bathroom Door	2022	2,869		20	143	143	572	20
21	Electrical Work - Replace Damaged Feeder Line On 1St Floor	2022	20,366		20	1,018	1,018	4,072	21
22	New Lighting Fixtures, Faucets For Shower, Hardware & Tools	2022	4,832		20	242	242	968	22
23	Walk-In Cooler - New Condenser,Evaporator,Thermostatic Contr	2023	10,418		20	521	521	1,563	23
24	Installation Of Anti-Climb Fence Panels, Anti Climb Overhang	2023	153,795		20	7,690	7,690	23,070	24
25	Install 22 Lighting Fixtures, 60 Shower Curtain Rods In Resident	2023	4,014		20	201	201	603	25
26	Furnish & Install New Circulation Pump	2023	3,550		20	178	178	534	26
27	8000Btu Wall Heatcool A/C Unit	2023	6,530		20	327	327	981	27
28	Replace Facility Fire Pump	2023	13,245		20	662	662	1,986	28
29	Install New Ejector Pump	2023	2,500		20	125	125	375	29
30	Electric - Install Two 20 Amp Branch Circuits By Nurse Station	2023	3,850		20	193	193	579	30
31	Install New Surveillance System	2024	5,342		20	267	267	534	31
32	Install Ventilation Fans-Shower Rm & Various Areas of Bldg	2024	14,226		20	711	711	1,422	32
33	Remove & Replace Retaining Wall/ New River Rock	2024	10,800		20	540	540	1,080	33
34	TOTAL (lines 1 thru 33)		\$ 7,103,989	\$		\$ 76,031	\$ 76,031	\$ 6,281,373	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Thornton Heights Terrace

0054171

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,103,989	\$		\$ 76,031	\$ 76,031	\$ 6,281,373	1
2	Install New Raypack Hot Water Boiler/Piping/Isolation Valves	2024	30,378		20	1,519	1,519	3,038	2
3	Replace Gas Valves & Clean Burners/Flame Sensors for Boiler #1	2024	3,176		20	159	159	318	3
4	Install New 3 Inch Check Valve & New Electric for Float on Pump	2024	3,550		20	178	178	356	4
5	Install 3 New Hollow Metal Doors in Dining Hall/Hallway/Bathroom	2024	10,023		20	501	501	1,002	5
6	Run 250 Feet of New Conduit from Electrical Rm to Pump Rm	2024	4,320		20	216	216	432	6
7	Replace Control Board and Melted Wires on Hot Water Boiler	2024	3,569		20	178	178	356	7
8	New Pump and Flow Switch for How Water Boiler	2024	3,720		20	186	186	372	8
9	Install New Pump Assembly w/ Electric Motor & Attach to Existing	2024	7,681		20	384	384	768	9
10	Air Handler - Replace Pump Bearing Assembly/New Coupling	2024	4,088		20	204	204	408	10
11	Replace RPZ Valve and Install New Strainer as to Mandate	2024	7,450		20	373	373	746	11
12	Paint Stair Landings	2025	4,700		20	118	118	118	12
13	Repair Drywall/Baseboards and Paint-Rm 327/128/127/308	2025	9,554		20	239	239	239	13
14	Repair Drywall/Baseboards and Paint-Rm 419/401	2025	5,145		20	129	129	129	14
15	Repair Drywall/Baseboards and Paint-Rm 404/420/406	2025	8,145		20	204	204	204	15
16	Repair Concrete-Ramp & Wall	2025	8,200		20	205	205	205	16
17	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 112/11	2025	5,335		20	133	133	133	17
18	Repair Drywall/Baseboards and Paint-Rm 424	2025	3,270		20	82	82	82	18
19	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 107	2025	3,270		20	82	82	82	19
20	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 321	2025	3,270		20	82	82	82	20
21	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 322/30	2025	6,540		20	164	164	164	21
22	Repair Drywall/Baseboards and Paint-Rm 207/423	2025	6,550		20	164	164	164	22
23	Repair Stonework Around Windows	2025	26,000		20	650	650	650	23
24	Repair Drywall/Baseboards and Paint-Rm 306/208	2025	6,785		20	170	170	170	24
25	Seal 45 Windows/Install Backer Rod and Window Sill/Tuckpointin	2025	11,500		20	288	288	288	25
26	Repair Drywall/Baseboards and Paint-Rm 324	2025	3,180		20	80	80	80	26
27	Repair Drywall/Baseboards and Paint-Rm 304	2025	3,340		20	84	84	84	27
28	Repair Drywall/Baseboards and Paint-Rm 415/217/111	2025	9,730		20	243	243	243	28
29	Repair Drywall/Baseboards and Paint-Rm 119	2025	3,110		20	78	78	78	29
30	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 307	2025	3,560		20	89	89	89	30
31	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 310	2025	3,420		20	86	86	86	31
32	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 117	2025	3,320		20	83	83	83	32
33	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 316	2025	3,320		20	83	83	83	33
34	TOTAL (lines 1 thru 33)		\$ 7,323,188	\$		\$ 83,465	\$ 83,465	\$ 6,292,705	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Thornton Heights Terrace

0054171

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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		\$ 7,323,188	\$		\$ 83,465	\$ 83,465	\$ 6,292,705	1
2	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 114	2025	3,320		20	83	83	83	2
3	Replace Roof-Entrance Doorway	2025	3,450		20	86	86	86	3
4	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 309	2025	3,450		20	86	86	86	4
5	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 408	2025	3,610		20	90	90	90	5
6	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 409	2025	4,140		20	104	104	104	6
7	Repair Baseboards/Sink/Remove Wallpaper and Paint-Rm 105	2025	4,030		20	101	101	101	7
8	PTAC Units (18)	2025	12,150		20	304	304	304	8
9	Pump Motor-HVAC	2025	4,257		20	106	106	106	9
10	Repair Broken Handrails-Throughout Building	2025	2,575		20	64	64	64	10
11	Replace Valve/Tamper Switch on Sprinkler	2025	5,127		20	128	128	128	11
12	Retrofit Lighting	2025	16,656		20	416	416	416	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	Financial Statement Depreciation			107,452			(107,452)		29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,385,953	\$ 107,452		\$ 85,033	\$ (22,419)	\$ 6,294,273	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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	\$145,922	\$	\$13,130	\$13,130		\$70,806	71
72	Current Year Purchases	44,743		2,063	2,063		2,063	72
73	Fully Depreciated Assets	830,220					830,220	73
74								74
75	TOTALS	\$1,020,885	\$	\$15,193	\$15,193		\$903,089	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		1998 FORD VAN	2001	\$13,217	\$	\$	\$	5	\$13,217	76
77		2006 FORD E350	2009	14,360				5	14,360	77
78		Multistate Transmissions	2011	2,751				5	2,751	78
79		2013 Chevrolet Van	2013	34,144				5	34,144	79
80	TOTALS			\$64,472	\$	\$	\$		\$64,472	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$8,737,839	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$107,452	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$100,226	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(7,226)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$7,261,834	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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	Storage				720			5
6	Allocated from Barton Management				13,880			6
7	TOTAL				\$ 14,600			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: \$ 11,573
- Description: See Attached Schedule 14A
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name:

Thornton Heights Terrace

IDPH License ID Number:

0054171

Fiscal Year End:

12/31/2025

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Ice Machine	2,474
Copiers	3,763
Postage Machine	682
Dishwasher	4,654
Total - Line 16	11,573

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

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Lab/Xray</u>	39(3)				308			308	12
13	Other (specify): <u></u>									13
14	TOTAL			\$		\$ 308	\$		\$ 308	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.

SEE ACCOUNTANTS' PREPARATION REPORT

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,206,377	\$ 1,206,377	1
2	Cash-Patient Deposits	85,011	946,386	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 425,011)	1,170,221	1,170,221	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	1,410,000	1,910,000	5
6	Prepaid Insurance	33,869	33,869	6
7	Other Prepaid Expenses	53,024	53,024	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule 17A	148,656	162,807	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,107,158	\$ 5,482,684	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		266,529	13
14	Buildings, at Historical Cost		3,982,306	14
15	Leasehold Improvements, at Historical Cost	2,751,412	3,403,647	15
16	Equipment, at Historical Cost	1,009,768	1,085,357	16
17	Accumulated Depreciation (book methods)	(2,805,674)	(7,261,834)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 955,506	\$ 1,476,005	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,062,664	\$ 6,958,689	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,081,088	\$ 2,081,088	26
27	Officer's Accounts Payable	150,000	150,000	27
28	Accounts Payable-Patient Deposits	85,010	85,010	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	383,226	383,226	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,273	5,273	31
32	Accrued Real Estate Taxes(Sch.IX-B)	767,876	767,876	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,472,473	\$ 3,472,473	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		625,040	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Thornton Associates	1,297,747		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,297,747	\$ 625,040	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,770,220	\$ 4,097,513	46
47	TOTAL EQUITY(page 18, line 24)	\$ 292,444	\$ 2,861,176	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,062,664	\$ 6,958,689	48

Facility Name:Thornton Heights Terrace

IDPH License ID Number:0054171

Fiscal Year End:12/31/2025

Schedule 17A

XV. Balance Sheet

Line 9 Other Assets (specify):

Description	Operating	After Consolidation
Advance	1,760	1,760
State Replacement Tax Deposit	72,940	72,940
Deferred SRT Benefit	33,207	33,207
Interest Receivable	40,749	40,749
Total - Line 9	148,656	148,656

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 218,384	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 218,384	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	224,060	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	(150,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 74,060	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)	\$ 292,444	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Thornton Heights Terrace

0054171

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

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	\$ 17,304,950	1
2	Discounts and Allowances for all Levels	(6,177,659)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,127,291	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	85,898	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 85,898	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	1,615	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,615	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,214,804	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,009,766	31
32	Health Care	3,895,437	32
33	General Administration	3,141,917	33
	B. Capital Expense		
34	Ownership	1,288,827	34
	C. Ancillary Expense		
35	Special Cost Centers	654,797	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,990,744	40
41	Income before Income Taxes (line 30 minus line 40)**	224,060	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 224,060	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 698,756	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	9,796,629	45
46	MMAI-Medicaid is the Primary Payer	606,880	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	25,025	48
49	Medicare Part A		49
50	Other-(specify)		50
51	Other-(specify)		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)	\$ 11,127,291	56

SEE ACCOUNTANTS' PREPARATION REPORT

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	12,896	3,140	\$ 206,372	\$ 65.72	1
2	Assistant Director of Nursing					2
3	Registered Nurses					3
4	Licensed Practical Nurses	9,770	10,935	410,364	37.53	4
5	CNAs & Orderlies	30,629	35,356	672,823	19.03	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	1,621	1,745	26,939	15.44	10
11	Social Service Workers	45,144	50,488	1,358,815	26.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,773	17,079	333,543	19.53	15
16	Dishwashers					16
17	Maintenance Workers	9,497	10,489	285,305	27.20	17
18	Housekeepers	14,546	15,611	287,674	18.43	18
19	Laundry					19
20	Administrator	1,960	2,080	173,241	83.29	20
21	Assistant Administrator					21
22	Other Administrative	1,061	1,061	285,817	269.38	22
23	Office Manager					23
24	Clerical	12,887	13,146	282,622	21.50	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	1,719	1,944	49,009	25.21	31
32	Other Health Care(specify)					32
33	Other(specify) Non Allowable Exp (adj P	2,735	2,735	594,483	217.36	33
34	TOTAL (lines 1 - 33)	160,238	165,809	\$ 4,967,007 *	\$ 29.96	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 8,739	L1, C3	35
36	Medical Director	Monthly	2,700	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,800	L10, C3	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) Psychiatric Director	Monthly	36,000	L12, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 49,239		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	15,158	1,015,619	L10, C3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	15,158	\$ 1,015,619		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Facility Name & ID Number		Thornton Heights Terrace		STATE OF ILLINOIS		Page 21		
		# 0054171		Report Period Beginning:		1/1/2025		
				Ending:		12/31/2025		
XIX. SUPPORT SCHEDULES								
A. Administrative Salaries		Ownership		D. Employee Benefits and Payroll Taxes		F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount	
Kim Rogers	Executive Director	0	\$ 173,241	Workers' Compensation Insurance	\$ 98,949	IDPH License Fee	\$ 5,828	
Arnold Kanter	Other Administrative	0	82,055	Unemployment Compensation Insurance	42,690	Advertising: Employee Recruitment	2,291	
John Shlofrock	Other Administrative	15.76%	39,505	FICA Taxes	332,957	Health Care Worker Background Check		
Richard Duros	Other Administrative	6.97%	78,749	Employee Health Insurance	172,725	(Indicate # of checks performed 106)	3,702	
Gary Weintraub	Other Administrative	14.51%	39,472	Employee Meals	40,768	Patient Background Checks 55	1,910	
Anca Zota-Oviedo	Other Administrative	0	38,718	Illinois Municipal Retirement Fund (IMRF)*		Association Dues (total from pg 22, #4)		
Stan Aron	Other Administrative	0	7,318	401K Contribution	55,180	The Joint Commission	8,125	
TOTAL (agree to Schedule V, line 17, col. 1)				Union Pension Contrib	41,355	Relias	7,173	
(List each licensed administrator separately.)			\$ 459,058	Christmas Expense	3,925	Chicago Heights Fire Dept/Other Licenses/Fee	35,046	
B. Administrative - Other				Other Employee Benefits	6,306	Barton Mgmt Home Office Allocation	46	
						Less: Public Relations Expense	()	
Description			Amount			PAC and Lobbying payments	()	
Redwood Management-Management Fees (Eliminated in Col 7)			\$ 1,121,319			All non-allowable advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,121,319	TOTAL (agree to Schedule V, line 22, col.8)		\$ 794,855	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 64,121
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount						
See Attached Legal Schedule	Legal	\$ 2,900				\$	Out-of-State Travel	\$
Personnel Planners	Unemployment Consultant	2,190						
Paychex	Payroll Processing	12,634						
Waystar	Billing Software	2,868					In-State Travel	
Intuit	Computer Expense	67						
Galaxy	Computer Expense	4,410						
Pension Performance	Superannuation Consultant	2,834						
Cohn Reznich	Accounting Fees	20,180					Seminar Expense	508
Marcum LLP	Accounting Fees	489						
Point Click Care	E.H.R. Software	23,038						
Constant Virtual Solutions	Computer Expense	9,034						
See Attached Schedule 21A		2,879					Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 83,523				TOTAL	\$ 508

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

Facility Name:Thornton Heights Terrace

IDPH License ID Number:0054171

Fiscal Year End:12/31/2025

Schedule 21A

C. Professional Services

Vendor/Payee	Type	Amount
Templin Healthcare Accounting &	Accounting Fees	92
Equifax Workforce Solutions	Insurance Consultant	307
Sonic Wall	Computer Expense	1,941
Go Daddy	Computer Expense	539
Total		2,879

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 |
|------------------|--------------|
| | |
| | |
| <u>N/A</u> | |
| | 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.
- | | |
|------------|--------------|
| | |
| | |
| <u>N/A</u> | |
| | |
| | Total |
- (4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)
- | | |
|------------|--------------|
| | |
| | |
| <u>N/A</u> | |
| | |
| | Total |
- (5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ None Line 10
- (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. \$ None
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? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 40,768 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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% Line 14
- 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? No
Firm Name: N/A
- (14) Have all costs which do not relate to the provision of long term care been adjusted 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.