

		FOR BHF USE					

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

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

I. IDPH License ID Number: 0037358 Facility Name: BRIDGEVIEW HEALTH CARE CTR Address: 8100 S HARLEM AVENUE BRIDGEVIEW 60455 Number City Zip Code County: COOK Telephone Number: (847) 679-8219 Fax #: (847) 679-7377 HFS ID Number: Date of Initial License for Current Owners: 10-02-91 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: SANFORD BOKOR Telephone Number: (847) 675-3585 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) MARSHALL MAUER (Title) TREASURER (Date) Paid Preparer (Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date) (Print Name) SANFORD BOKOR and Title) PRESIDENT (Firm Name) KBKB, LTD & Address) 8140 RIVER DRIVE, MORTON GROVE, IL 60053 (Telephone) (847) 675-3585 Fax #: (847) 675-5777 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>142</u>	Skilled (SNF)	<u>142</u>	<u>51,972</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>4</u>	Intermediate (ICF)	<u>4</u>	<u>1,464</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>146</u>	TOTALS	<u>146</u>	<u>53,436</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>5,657</u>	<u>2,283</u>	<u>5,505</u>	<u>13,445</u>	8
9	SNF/PED					9
10	ICF	<u>28,168</u>	<u>5,088</u>	<u>3,068</u>	<u>36,324</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>33,825</u>	<u>7,371</u>	<u>8,573</u>	<u>49,769</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.14%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

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

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 10/2/91

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 10/2/91 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified _____ and days of care provided 5,505

Medicare Intermediary WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number **BRIDGEVIEW HEALTH CARE CTR** # **0037358** Report Period Beginning: **01/01/2016** Ending: **12/31/2016**

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary		1,417	644,052	645,469		645,469		645,469			1
2	Food Purchase		8,894		8,894		8,894	(1,055)	7,839			2
3	Housekeeping		785	209,414	210,199		210,199		210,199			3
4	Laundry		26,922	134,797	161,719		161,719		161,719			4
5	Heat and Other Utilities			125,829	125,829		125,829	1,271	127,100			5
6	Maintenance	127,905	56,674	38,027	222,606		222,606	16,512	239,118			6
7	Other (specify):*			14,966	14,966		14,966	1,129	16,095			7
8	TOTAL General Services	127,905	94,692	1,167,085	1,389,682		1,389,682	17,857	1,407,539			8
	B. Health Care and Programs											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	3,051,814	154,168	49,261	3,255,243		3,255,243		3,255,243			10
10a	Therapy	573,323	9,404		582,727		582,727		582,727			10a
11	Activities	406,792	30,305	2,288	439,385		439,385		439,385			11
12	Social Services			641	641		641		641			12
13	CNA Training											13
14	Program Transportation			26,604	26,604		26,604		26,604			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,031,929	193,877	114,794	4,340,600		4,340,600		4,340,600			16
	C. General Administration											
17	Administrative	123,700		258,000	381,700		381,700	(78,630)	303,070			17
18	Directors Fees											18
19	Professional Services			211,637	211,637		211,637	(50,147)	161,490			19
20	Dues, Fees, Subscriptions & Promotions			134,501	134,501		134,501	(53,740)	80,761			20
21	Clerical & General Office Expenses	440,353	37,207	809,150	1,286,710		1,286,710	(620,015)	666,695			21
22	Employee Benefits & Payroll Taxes			834,423	834,423		834,423		834,423			22
23	Inservice Training & Education			13,756	13,756		13,756		13,756			23
24	Travel and Seminar							2,371	2,371			24
25	Other Admin. Staff Transportation			24,458	24,458		24,458	1,982	26,440			25
26	Insurance-Prop.Liab.Malpractice			177,042	177,042		177,042	3,790	180,832			26
27	Other (specify):*			120,000	120,000		120,000	(58,224)	61,776			27
28	TOTAL General Administration	564,053	37,207	2,582,967	3,184,227		3,184,227	(852,613)	2,331,614			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,723,887	325,776	3,864,846	8,914,509		8,914,509	(834,756)	8,079,753			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE		SCHED REF	TOTAL
1	DIETARY		
	DIETITIAN CONSULTANT	XVIII B 35-2	0
	REPAIRS & MAINTENANCE		0
	CONTRACTED DIETARY SERVICE		644,052
3	HOUSEKEEPING		
	CONTRACTED HOUSEKEEPING SERVICE		209,414
			209,414
4	LAUNDRY		
	EQUIPMENT REPAIRS & MAINTENANCE		2,370
	CONTRACTED LAUNDRY SERVICE		132,427
			134,797
5	HEAT & OTHER UTILITIES		
	GAS HEAT		25,058
	ELECTRICITY		55,069
	WATER		45,702
	CABLE TV - LOBBY		0
			125,829
6	MAINTENANCE		
	GROUNDS MAINTENANCE		6,898
	PAINTING & DECORATING		1,469
	BUILDING REPAIRS		0
	MAINTENANCE TRAVEL		0
	EQUIPMENT MAINTENANCE & REPAIR		13,151
	ELEVATOR MAINTENANCE & REPAIR		10,345
	OUTSIDE LABOR		0
	EXTERMINATING SERVICE		6,164
	FIRE SERVICE		0
			38,027
7	OTHER		
	SCAVENGER		14,966
	SECURITY SERVICE		0
			14,966
9	MEDICAL DIRECTOR		
	MEDICAL DIRECTOR FEES	XVIII B 36-2	36,000

LINE		SCHED REF	TOTAL
10	NURSING		
	CONTRACT NURSING	XVIII C 53-2	
	LABORATORY & XRAY EXPENSE		0
	PURCHASED SERVICES		0
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	0
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0
	PHARMACY CONSULTANT	XVIII B 39-2	10,870
	UTILIZATION REVIEW FEES	XVIII B __-2	0
	PHYSICIANS	XVIII B __-2	24,000
	PSYCHIATRIC	XVIII B __-2	0
	RN CONSULTANT	XVIII B 38-2	4,648
	SPECIAL CARE UNIT		9,743
			49,261
10a	THERAPY		
	PHYSICAL THERAPY SERVICES		0
	SPEECH THERAPY SERVICES		0
	OCCUPATIONAL THERAPY SERVICES		0
	REHABILITATION CONSULTANT	XVIII B __-2	0
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	0
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	0
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	0
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	0
			0
11	ACTIVITIES		
	CABLE TV - PATIENT ROOMS		0
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	2,288
			2,288
12	SOCIAL SERVICES		
	SOCIAL REHABILITATION SERVICES		0
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	0
	SOCIAL WORKER	XVIII B 45-2	641
			641
13	NURSE AIDE TRAINING		
	NURSE AIDE TRAINING COSTS	XIII	0

V.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE		SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION		
	PATIENT TRANSPORTATION	26,604	
			26,604
17	ADMINISTRATIVE		
	MANAGEMENT FEES XIX B	258,000	258,000
	DIRECTORS FEES		
18	DIRECTORS FEES	0	0
19	PROFESSIONAL SERVICES		
	DATA PROCESSING XIX C	86,470	
	ADMINISTRATIVE CONSULTANTS XIX C	0	
	PROFESSIONAL FEES XIX C	125,167	
			211,637
20	FEES,SUBSCRIPTIONS,PROMOTIONS		
	ENTERTAINMENT & MARKETING VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	55,297	
	EMPLOYEE WANT ADS XIX F	35,115	
	CONTRIBUTIONS VI 20 XIX F	500	
	DUES & SUBSCRIPTIONS XIX F	31,470	
	LICENSES & PERMITS XIX F	10,112	
	PUBLIC RELATIONS-PATIENT RELATED XIX F	0	
	ADVERTISING-YELLOW PAGES VI 28 XIX F	0	
	TRUST FEES / FRANCHISE TAX / ETC VI 17 XIX F	0	
	CONTRIBUTIONS - POLITICAL VI 20 XIX F	0	
	HEALTH CARE WORKER BACKGROUND CHEC XIX F	1,520	
	PATIENT BACKGROUND CHECKS XIX F	487	
			134,501
21	CLERICAL & GENERAL OFFICE EXPENSES		
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	13,712	
	EQUIPMENT REPAIR & MAINTENANCE	40,706	
	OUTSIDE CLERICAL SERVICES	726,600	
	PENALTIES / OVERDRAFT CHARGES VI 18	720	
	HOME OFFICE EXPENSE	0	
	THEFT & DAMAGE LOSS	0	
	TELEPHONE	27,412	
	MESSENGER SERVICE	0	
			809,150

LINE		SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES		
	FICA TAXES XIX D	356,066	
	UNEMPLOYMENT COMPENSATION XIX D	75,960	
	WORKERS COMPENSATION INSURANCE XIX D	99,837	
	HOSPITALIZATION INSURANCE XIX D	274,016	
	EMPLOYEE BENEFITS - OTHER XIX D	28,544	
	EMPLOYEE PHYSICAL EXAMS XIX D	0	
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS XIX D	0	
			834,423
23	INSERVICE TRAINING & EDUCATION		
	EDUCATION & SEMINARS	13,756	
			13,756
24	TRAVEL & SEMINARS		
	EDUCATION & SEMINARS XIX G	0	
	TRAVEL XIX G		
			0
25	ADMIN. STAFF TRANSPORTATION		
	TRANSPORTATION - STAFF	24,458	
			24,458
26	INSURANCE - PROP. LIAB & MALPRACTICE		
	GENERAL INSURANCE	177,042	
			177,042
27	OTHER		
	BAD DEBTS VI 24	120,000	
			120,000

GRAND TOTAL COLUMN 3 OTHER

3,864,846

BRIDGEVIEW HEALTH CARE CTR
SCHEDULES
12/31/2016

EMPLOYEE MEAL RECLASSIFICATION
PAGE 3 SCHEDULE V COLUMN 5 LINES 2 AND 22

TOTAL FOOD PURCHASE	8,894
LESS SALES TAX	<u>(1,055)</u>
NET FOOD	7,839
TOTAL PATIENT CENSUS	49,769
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	149,307
ADD # EMPLOYEE MEALS/DAY	
TIMES # DAYS	<u>51,972</u>
TOTAL EMPLOYEE MEALS	0
PATIENT MEALS	149,307
ADD EMPLOYEE MEALS	<u>0</u>
TOTAL MEALS/YEAR	149,307
NET FOOD	7,839
DIVIDE TOTAL MEALS/YEAR	<u>149,307</u>
COST PER MEAL	0.05
TIMES EMPLOYEE MEALS	<u>0</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>0</u></u>

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			92,194	92,194		92,194	227,841	320,035			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			42,285	42,285		42,285	536,584	578,869			32
33	Real Estate Taxes							451,115	451,115			33
34	Rent-Facility & Grounds			896,240	896,240		896,240	(896,240)				34
35	Rent-Equipment & Vehicles			7,038	7,038		7,038	15,405	22,443			35
36	Other (specify):*											36
37	TOTAL Ownership			1,037,757	1,037,757		1,037,757	334,705	1,372,462			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		187,174		187,174		187,174		187,174			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			348,994	348,994		348,994		348,994			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		187,174	348,994	536,168		536,168		536,168			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,723,887	512,950	5,251,597	10,488,434		10,488,434	(500,051)	9,988,383			45

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	67,266	30		9
10	Interest and Other Investment Income	(879)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,055)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(720)	21		18
19	Entertainment		20		19
20	Contributions	(500)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers	(57,294)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(120,000)	27		24
25	Fund Raising, Advertising and Promotional	(55,297)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule SEE PG 5A	(32,620)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (201,099)		\$	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)	(298,952)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (298,952)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (500,051)		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					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MARKETING SALARIES	\$ (32,620)	21	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
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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	(32,620)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR # 0037358 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,055)	0	0	0	0	0	0	0	0	0	0	(1,055)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,271	0	0	0	0	0	0	0	0	1,271	5
6	Maintenance	0	0	8,137	8,375	0	0	0	0	0	0	0	16,512	6
7	Other (specify):*	0	0	261	0	868	0	0	0	0	0	0	1,129	7
8	TOTAL General Services	(1,055)	0	9,669	8,375	868	0	0	0	0	0	0	17,857	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(258,000)	0	179,370	0	0	0	0	0	0	0	(78,630)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(57,294)	0	7,147	0	0	0	0	0	0	0	0	(50,147)	19
20	Fees, Subscriptions & Promotions	(55,797)	0	2,057	0	0	0	0	0	0	0	0	(53,740)	20
21	Clerical & General Office Expenses	(33,340)	(726,600)	127,922	12,003	0	0	0	0	0	0	0	(620,015)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,371	0	0	0	0	0	0	0	0	2,371	24
25	Other Admin. Staff Transportation	0	0	1,982	0	0	0	0	0	0	0	0	1,982	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,790	0	0	0	0	0	0	0	0	3,790	26
27	Other (specify):*	(120,000)	0	21,417	0	40,359	0	0	0	0	0	0	(58,224)	27
28	TOTAL General Administration	(266,431)	(984,600)	166,686	191,373	40,359	0	0	0	0	0	0	(852,613)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(267,486)	(984,600)	176,355	199,748	41,227	0	0	0	0	0	0	(834,756)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR # 0037358 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	67,266	157,144	3,431	0	0	0	0	0	0	0	0	227,841	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(879)	534,477	2,986	0	0	0	0	0	0	0	0	536,584	32
33	Real Estate Taxes	0	446,103	5,012	0	0	0	0	0	0	0	0	451,115	33
34	Rent-Facility & Grounds	0	(896,240)	0	0	0	0	0	0	0	0	0	(896,240)	34
35	Rent-Equipment & Vehicles	0	0	15,405	0	0	0	0	0	0	0	0	15,405	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	66,387	241,484	26,834	0	0	0	0	0	0	0	0	334,705	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(201,099)	(743,116)	203,189	199,748	41,227	0	0	0	0	0	0	(500,051)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE PAGE 6 SUPP		SEE PAGE 6 SUPP		SEE PAGE 6 SUPP		

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	MANAGEMENT FEES	\$ 258,000	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$	\$ (258,000)	1
2	V	21	BOOKKEEPING SREVICE	726,600	DYNAMIC HEALTHCARE CONSULTANTS	100.00%		(726,600)	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V	34	RENT	896,240	BRIDGEVIEW ASSOCIATES LLC	100.00%		(896,240)	7
8	V	30	DEPRECIATION		BRIDGEVIEW ASSOCIATES LLC	100.00%	157,144	157,144	8
9	V	32	AMORTIZATION		BRIDGEVIEW ASSOCIATES LLC	100.00%	19,421	19,421	9
10	V	32	INTEREST		BRIDGEVIEW ASSOCIATES LLC	100.00%	515,056	515,056	10
11	V	33	REAL ESTATE TAX		BRIDGEVIEW ASSOCIATES LLC	100.00%	446,103	446,103	11
12	V								12
13	V								13
14	Total			\$ 1,880,840			\$ 1,137,724	\$ * (743,116)	14

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 1,271	\$ 1,271	15
16	V	6	REPAIR & MAINT.		" "		8,137	8,137	16
17	V	7	EMP BEN-GEN SERV		" "		261	261	17
18	V	19	PROFESSIONAL FEES		" "		7,147	7,147	18
19	V	20	DUES AND SUBSCRIPTION		" "		2,057	2,057	19
20	V	21	CLERICAL & GENERAL		" "		127,922	127,922	20
21	V	24	SEMINARS AND TRAVEL		" "		2,371	2,371	21
22	V	25	AUTO EXPENSE		" "		1,982	1,982	22
23	V	26	INSURANCE		" "		3,790	3,790	23
24	V	27	EMP. BEN. - GEN, ADMIN.		" "		21,417	21,417	24
25	V	30	DEPRECIATION		" "		3,431	3,431	25
26	V	32	INTEREST		" "		2,986	2,986	26
27	V	33	REAL ESTATE TAXES		" "		5,012	5,012	27
28	V	19	REAL ESTATE TAX PROTEST FEES		" "				28
29	V	35	AUTO RENTAL		" "		14,417	14,417	29
30	V	35	EQUIPMENT RENTAL		" "		988	988	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			\$			\$ 203,189	\$ * 203,189	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	MAINT COMP - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 8,375	\$ 8,375	15
16	V	17	ADMIN COMP - M MAUER		" "		25,177	25,177	16
17	V	17	ADMIN COMP - M AARON		" "		28,716	28,716	17
18	V	17	ADMIN COMP - F AARON		" "		500	500	18
19	V	17	ADMIN COMP - D AARON		" "		29,583	29,583	19
20	V	17	ADMIN COMP - S GOLDSTEIN		" "				20
21	V	17	ADMIN COMP - B FREIDMAN		" "				21
22	V	17	ADMIN COMP - R AARON		" "				22
23	V	17	ADMIN COMP - S HARAMARAS		" "				23
24	V	17	ADMIN COMP - D KUFTA		" "		21,171	21,171	24
25	V	17	ADMIN COMP - HOWARD ALTER		" "				25
26	V	17	ADMIN COMP - NON OWNER - V DAVIS		" "		16,746	16,746	26
27	V	17	ADMIN COMP - NON OWNER - A CASSATA		" "				27
28	V	17	ADMIN COMP - NON OWNER		" "		26,595	26,595	28
29	V	17	ADMIN COMP - NON OWNER - CFO		" "		30,882	30,882	29
30	V	21	CLERICAL COMP - S AARON		" "		11,216	11,216	30
31	V	21	CLERICAL COMP - E MARYLES		" "		787	787	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 199,748	\$ * 199,748	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	7	EMP BEN - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 868	\$ 868	15
16	V	27	EMP BEN - M MAUER		" "		5,223	5,223	16
17	V	27	EMP BEN - M AARON		" "		5,443	5,443	17
18	V	27	EMP BEN - F AARON		" "		7,947	7,947	18
19	V	27	EMP BEN - D AARON		" "		2,465	2,465	19
20	V	27	EMP BEN - S GOLDSTEIN		" "				20
21	V	27	EMP BEN - B FREIDMAN		" "				21
22	V	27	EMP BEN - R AARON		" "				22
23	V	27	EMP BEN - S HARAMARAS		" "				23
24	V	27	EMP BEN - D KUFTA		" "		1,489	1,489	24
25	V	27	EMP BEN - HOWARD ALTER		" "				25
26	V	27	EMP BEN - NON OWNER - V DAVIS		" "		4,230	4,230	26
27	V	27	EMP BEN - NON OWNER - A CASSATA		" "				27
28	V	27	EMP BEN - NON OWNER		" "		7,524	7,524	28
29	V	27	EMP BEN - NON OWNER - CFO		" "		3,245	3,245	29
30	V	27	EMP BEN - S AARON		" "		2,308	2,308	30
31	V	27	EMP BEN - E MARYLES		" "		485	485	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 41,227	\$ * 41,227	39

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

Facility Name & ID Number

BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	RAJCHENBACH FAMILY TRUST	18.75	BRADLEY	BRADLEY	BRIDGEVIEW ASSOCIATES LLC		BUILDING CO	1
2	MAURICE AARON	19.74	GROSS POINTE MANOR LLC	NILES	DYNAMIC HEALTH	SKOKIE	BOOKKEEPING/C	2
3	MARSHALL MAUER	8.03	OTTAWA PAVILION LTD	OTTAWA	SEASONS HOSPICE	PARK RIDGE	HOSPICE	3
4	FRED AARON	7.89	PARK RIDGE CARE CENTER LTD	PARK RIDGE				4
5	SHIMON GOLDSTEIN	3.94	STERLING PAVILION LTD	STERLING				5
6	SHARON AARON	.41	WILLOW CREST NURSING PAVILION	SANDWICH				6
7	CHANA MAUER-RAY	4.44	WATERFRONT TERRACE INC	CHICAGO				7
8	DENNIS NEHMER	.41	WINDMILL NURSING PAVILION LTD	SOUTH HOLLAND				8
9	DIANA KUFTA	.41	WOODBIDGE NURSING PAVILION LTD	CHICAGO				9
10	ESTHER MARYLES	4.44	WOODRIDGE SUPPORTING LIVING RESID	GALESBURG				10
11	HOWIE & SUSIE ALTER	.82	WOODRIDGE SUPPORTING LIVING RESID	GENESEO				11
12	SUE KOPLIN HARAMARAS	.41						12
13	SYLVIA AARON	.16						13
14	FRANCES MAUER	6.58						14
15	MARK HOLLANDER DISCRETIONARY	6.25						15
16	SHARON HOLLANDER DISCRETIONARY	6.25						16
17	FEIGE KNOBEL DISCRETIONARY TR	6.25						17
18	BOB KAGDA	4.8						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

Facility Name & ID Number **BRIDGEVIEW HEALTH CARE CTR** # **0037358** Report Period Beginning: **01/01/2016** Ending: **12/31/2016**

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MARSHALL MAUER	SHAREHOLDER	ADMINISTRATIVE		SCHEDULE	5.04	12.59	SALARY	\$ 25,177	17-7	1
2	MAURY AARON	SHAREHOLDER	ADMINISTRATIVE		ATTACHED	5.74	14.36	SALARY	28,716	17-7	2
3	SHARON AARON	SHAREHOLDER	CLERICAL			5.04	12.59	SALARY	11,216	21-7	3
4	FRED AARON	SHAREHOLDER	ADMINISTRATIVE			9		SALARY	42,000	21-1	4
5	FRED AARON	SHAREHOLDER	ADMINISTRATIVE					SALARY	500	17-7	5
6	DIANIA KUFTA	SHAREHOLDER	ADMINISTRATIVE			7.18	14.36	SALARY	21,171	17-7	6
7	DENNIS NEHMER	SHAREHOLDER	MAINTENANCE			5.74	14.36	SALARY	8,375	6-7	7
8	ESTHER MARYLES	SHAREHOLDER	CLERICAL			0.35	1.26	SALARY	787	21-7	8
9	DANIEL AARON		ADMINISTRATIVE			15.46	38.66	SALARY	29,583	21-7	9
10											10
11											11
12											12
13								TOTAL	\$ 167,525		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 BRIDGEVIEW HEALTH CARE CTR # 0037358 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization DYNAMIC HEALTH CARE CONSULTANTS
Street Address 3359 W MAIN STREET
City / State / Zip Code SKOKIE, IL 60076
Phone Number (847) 679-8219
Fax Number (847) 679-7377

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	PATIENT DAYS	415,748	11	\$ 10,619	\$	49,769	\$ 1,271	1
2	6	REPAIR & MAINT.	PATIENT DAYS	415,748	11	67,972	32,339	49,769	8,137	2
3	7	EMP BEN-GEN SERV	PATIENT DAYS	415,748	11	2,182		49,769	261	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	415,748	11	59,702		49,769	7,147	4
5	20	DUES AND SUBSCRIPTION	PATIENT DAYS	415,748	11	17,185		49,769	2,057	5
6	21	CLERICAL & GENERAL	PATIENT DAYS	415,748	11	1,068,604	741,401	49,769	127,922	6
7	24	SEMINARS AND TRAVEL	PATIENT DAYS	415,748	11	19,810		49,769	2,371	7
8	25	AUTO EXPENSE	PATIENT DAYS	415,748	11	16,560		49,769	1,982	8
9	26	INSURANCE	PATIENT DAYS	415,748	11	31,660		49,769	3,790	9
10	27	EMP. BEN. - GEN, ADMIN.	PATIENT DAYS	415,748	11	178,906		49,769	21,417	10
11	30	DEPRECIATION	PATIENT DAYS	415,748	11	28,663		49,769	3,431	11
12	32	INTEREST	PATIENT DAYS	415,748	11	24,945		49,769	2,986	12
13	33	REAL ESTATE TAXES	PATIENT DAYS	415,748	11	41,869		49,769	5,012	13
14	19	REAL ESTATE TAX PROTEST FE	PATIENT DAYS	415,748	11			49,769	0	14
15	35	AUTO RENTAL	PATIENT DAYS	415,748	11	120,431		49,769	14,417	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	415,748	11	8,254		49,769	988	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,697,362	\$ 773,740		\$ 203,189	25

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR# 0037358

Report Period Beginning:

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

DYNAMIC HEALTH CARE CONSULTANTS

Street Address

3359 W MAIN STREET

City / State / Zip Code

SKOKIE, IL 60076

Phone Number

(847) 679-8219

Fax Number

(847) 679-7377

	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	6	MAINT COMP - D NEHMER	WGHTD AVG HOURS	40	9	\$ 58,328	\$ 58,328	6	\$ 8,375	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	11	200,000	200,000	5	25,177	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	9	200,000	200,000	6	28,716	3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	5	2,500	2,500	9	500	4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	40	3	76,541	76,541	15	29,583	5
6	17	ADMIN COMP - S GOLDSTEIN	WGHTD AVG HOURS	40	2	182,833	182,833			6
7	17	ADMIN COMP - B FREIDMAN	WGHTD AVG HOURS	40	1	200,000	200,000			7
8	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	40	1	60,541	60,541			8
9	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	3	72,895	72,895			9
10	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	50	8	147,459	147,459	7	21,171	10
11	17	ADMIN COMP - HOWARD ALTER	WGHTD AVG HOURS	40	1	12,000	12,000			11
12	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	40	10	133,035	133,035	5	16,746	12
13	17	ADMIN COMP - NON OWNER - A	WGHTD AVG HOURS	40	1	94,167	94,167			13
14	17	ADMIN COMP - NON OWNER	WGHTD AVG HOURS	45	8	185,179	185,179	6	26,595	14
15	17	ADMIN COMP - NON OWNER - CF	WGHTD AVG HOURS	40	10	245,335	245,335	5	30,882	15
16	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	10	89,040	89,040	5	11,216	16
17	21	CLERICAL COMP - E MARYLES	WGHTD AVG HOURS	28	11	62,541	62,541	0	787	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,022,394	\$ 2,022,394		\$ 199,748	25

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR # 0037358 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization DYNAMIC HEALTH CARE CONSULTANTS
Street Address 3359 W MAIN STREET
City / State / Zip Code SKOKIE, IL 60076
Phone Number (847) 679-8219
Fax Number (847) 679-7377

	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	7	EMP BEN - D NEHMER	WGHTD AVG HOURS	40	9	\$ 6,047	\$	6	\$ 868	1
2	27	EMP BEN - M MAUER	WGHTD AVG HOURS	40	11	41,488		5	5,223	2
3	27	EMP BEN - M AARON	WGHTD AVG HOURS	40	9	37,909		6	5,443	3
4	27	EMP BEN - F AARON	WGHTD AVG HOURS	45	5	39,733		9	7,947	4
5	27	EMP BEN - D AARON	WGHTD AVG HOURS	40	3	6,379		15	2,465	5
6	27	EMP BEN - S GOLDSTEIN	WGHTD AVG HOURS	40	2	36,760				6
7	27	EMP BEN - B FREIDMAN	WGHTD AVG HOURS	40	1	10,395				7
8	27	EMP BEN - R AARON	WGHTD AVG HOURS	40	1	4,779				8
9	27	EMP BEN - S HARAMARAS	WGHTD AVG HOURS	30	3	27,583				9
10	27	EMP BEN - D KUFTA	WGHTD AVG HOURS	50	8	10,371		7	1,489	10
11	27	EMP BEN - HOWARD ALTER	WGHTD AVG HOURS	40	1	1,060				11
12	27	EMP BEN - NON OWNER - V DAVI	WGHTD AVG HOURS	40	10	33,608		5	4,230	12
13	27	EMP BEN - NON OWNER - A CASS	WGHTD AVG HOURS	40	1	7,352				13
14	27	EMP BEN - NON OWNER	WGHTD AVG HOURS	45	8	52,388		6	7,524	14
15	27	EMP BEN - NON OWNER - CFO	WGHTD AVG HOURS	40	10	25,777		5	3,245	15
16	27	EMP BEN - S AARON	WGHTD AVG HOURS	40	10	18,319		5	2,308	16
17	27	EMP BEN - E MARYLES	WGHTD AVG HOURS	28	11	38,523		0	485	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 398,471	\$		\$ 41,227	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	BANK LEUMI		X	MORTGAGE	INTEREST		\$ 8,360,000	\$ 8,360,000	10/24/20	5.0000	\$ 423,806	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6	BANK LEUMI		X	WORKING CAPITAL				625,000			42,285	6	
7	BANK LEUMI		X		INTEREST		1,800,000	1,800,000	10/24/20	5.0000	91,250	7	
8												8	
9	TOTAL Facility Related						\$ 10,160,000	\$ 10,785,000			\$ 557,341	9	
	B. Non-Facility Related*												
10	IRS,IDR,ETC		X	LATE FEES								10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 10,160,000	\$ 10,785,000			\$ 557,341	15	

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

* 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.)

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BRIDGEVIEW HEALTH CARE CTR COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0037358

CONTACT PERSON REGARDING THIS REPORT SANFORD BOKOR

TELEPHONE (847) 675-3585 FAX #: (847) 675-5777

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 18-36-214-061-0000	NURSING HOME	\$ 427,102.78	\$ 427,102.78
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 427,102.78	\$ 427,102.78

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 53,650

B. General Construction Type: Exterior BRICK Frame Number of Stories

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	NURSING HOME			\$ 304,000	1
2					2
3	TOTALS			\$ 304,000	3

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	146		1995		\$ 5,092,000	\$ 130,564	39	\$ 130,564	\$	\$ 2,812,644	4
5											5
6											6
7	RELATED PARTY				53,103	1,362	35	1,517	155	35,402	7
8											8
	Improvement Type**										
9	LEASEHOLD IMPROVEMENTS		1991		1,017	26	31.5	32	6	807	9
10	LEASEHOLD IMPROVEMENTS		1991		2,715	70	15		(70)	2,715	10
11	LEASEHOLD IMPROVEMENTS		1992		85,574	2,193	31.5	2,718	525	67,725	11
12	LEASEHOLD IMPROVEMENTS		1993		1,600	41	31.5	51	10	1,209	12
13	LEASEHOLD IMPROVEMENTS		1994		8,141	209	39	209		4,706	13
14	1ST FLOOR CENTRAL A/C		1995		1,250	32	39	32		681	14
15	CARPET INSTALL		1995		1,303	33	39	33		700	15
16	RAIL BUMPER		1995		917	24	39	24		505	16
17	INSTALL PRESSURE CONTROL, LOCK & ALARM		1996		5,320	137	39	137		2,817	17
18	PAINTING WORK		1996		8,400	215	39	215		4,381	18
19	WALL COVERING		1996		1,435	37	39	37		751	19
20	FRONT LOBBY/WINDOW, DOOR WORK		1997		2,509	64	39	64		1,248	20
21	ELEVATOR REPAIR		1998		2,800	72	39	72		1,359	21
22	CONDENCING UNIT		1999		3,824	98	39	98		1,730	22
23	DRAPES		1999		5,369	138	39	138		2,400	23
24	CARPETING AND VINYL FLOORING		1999		8,540	219	39	219		3,828	24
25	DOOR WORK		1999		10,490	269	39	269		4,665	25
26	KITCHEN CABINETS		1999		5,832	149	39	149		2,607	26
27	TILES		2000		8,855	229	27.5	322	93	5,288	27
28	ELEVATOR REPAIR		2000		4,240	109	27.5	153	44	2,427	28
29	ROD MAIN SEWER		2000		1,100	26	27.5	41	15	670	29
30	DRAPERIES		2001		2,118	54	7		(54)	2,118	30
31	RECEPTION DESK/DOOR		2002		9,534	347	27.5	347		4,858	31
32	FLOORING / BUMPER GUARDS		2002		11,198	407	27.5	407		5,699	32
33	WALLPAPER, BORDER, ARTWORK		2002		42,079	1,530	27.5	1,530		21,202	33
34	WIRING, MOTOR		2002		9,224	336	27.5	336		4,704	34
35	HANDRAILS & GUARDS		2003		7,811	284	27.5	284		3,822	35
36			2003		4,023	134	15	134		3,821	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

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

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 ORIENTATION BOARDS	2003	\$ 1,752	\$ 64	27.5	\$ 64	\$	\$ 861	37
38 COIL	2003	806	29	27.5	29		390	38
39 ELEVATOR REPAIRS	2003	3,991	145	27.5	145		1,953	39
40 WINDOW TREATMENTS	2003	1,672	61	27.5	61		821	40
41 LIGHTING & ALARM SYSTEMS	2003	6,701	244	27.5	244		3,283	41
42 FLOOR COVERING	2004	888	32	27.5	32		399	42
43 CABINETS	2004	2,594	95	27.5	95		1,183	43
44 BOILER	2004	2,574	93	27.5	93		1,159	44
45 VINYL TILE & COVE BASE	2004	1,186	43	27.5	43		536	45
46 BRICK MOUNT SIGN	2004	4,317	287	15	287		3,588	46
47 PARKING LOT	2004	34,455	2,298	15	2,298		28,725	47
48 FIREPROOFING PENTHOUSE ROOF	2005	9,950	362	27.5	362		4,148	48
49 SECURITY MONITORS	2005	1,375	50	27.5	50		573	49
50 CARPET & VINYL	2005	21,130	768	27.5	768		8,800	50
51 NETWORK CABLING	2006	855	31	27.5	31		324	51
52 COOLING TOWER REPAIR - per audit (2,500)	2006	1,065	130	27.5	130		1,359	52
53 RANGE GUARD SYSTEM - per audit (2,200)	2006		80	27.5	80		837	53
54 FANS - per audit (1,108)	2006		40	27.5	40		418	54
55 DOORS - per audit (1,711)	2006		62	27.5	62		649	55
56 LANDSCAPING	2006	23,665	1,578	15	1,578		16,569	56
57 FIRE DOORS, PANIC DEVICE, CONTROL PANEL	2007	3,676	134	27.5	134		1,267	57
58 ELEVATOR RECALL SYSTEM	2007	28,000	1,018	27.5	1,018		9,629	58
59 RETRACTABLE AWNING	2007	3,336	122	27.5	122		1,154	59
60 CABLING OF BUILDING - per audit (1,2918)	2007	7,082	727	27.5	727		6,876	60
61 VINYL TILE & COVE BASE	2007	30,063	1,093	27.5	1,093		10,338	61
62 CONDENSER - per audit (1,712)	2007		62	27.5	62		587	62
63 ELEVATOR REPAIRS - per audit (2,275)	2008		83	27.5	83		702	63
64 FLOOR & WALL TILE	2008	18,201	662	27.5	662		5,600	64
65 DOORS - per audit (1,645)	2008		60	27.5	60		507	65
66 BOILER	2008	5,104	185	27.5	185		1,565	66
67 DISH TV EQUIPMENT - per audit (1,575)	2009		57	27.5	57		425	67
68 PLUMBING WORK	2009	13,761	500	27.5	500		3,729	68
69 SHOWER ROOMS-DRYWALL,CEMENT BOARD,TILE,SINKS	2009	45,476	1,654	27.5	1,654		12,336	69
70 TOTAL (lines 4 thru 69)		\$ 5,675,996	\$ 152,257		\$ 152,981	\$ 724	\$ 3,138,779	70

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

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,675,996	\$ 152,257		\$ 152,981	\$ 724	\$ 3,138,779	1
2	<u>FIRE ALARM SYSTEM</u>	2009	107,498	3,909	27.5	3,909		29,155	2
3	<u>DOORS & WINDOWS</u>	2009	4,434	161	27.5	161		1,201	3
4	<u>HEATING WORK</u>	2009	9,475	345	27.5	345		2,573	4
5	<u>TILE & CORRIDOR SIGNAGE</u>	2009	10,786	392	27.5	392		2,924	5
6	<u>BOILER -RESET CONTROL,CONVECTOR,COMPRESSOR - p</u>	2010	14,072	608	27.5	608		3,927	6
7	<u>WALK IN FREEZER-NEW CONDENSOR, DEFROST TIMER</u>	2010	5,300	193	27.5	193		1,246	7
8	<u>3RD FLOOR SHOWER ROOM-NEW TILE,WALLS</u>	2010	17,500	636	27.5	636		4,107	8
9	<u>FRONT DOOR ALARM,SLIDING,ACCESS DOORS,KEY PAD</u>	2010	6,328	230	27.5	230		1,485	9
10	<u>REPLACE SEWER LINES HALLWAY AND KITCHEN</u>	2010	34,102	1,240	27.5	1,240		8,008	10
11	<u>REPAIRS ROOF-PENTHOUSE AND MAIN ROOF - per audit (1</u>	2010	15,715	621	27.5	621		4,011	11
12	<u>4TH FLOOR SHOWER ROOM-NEW WATER LINES, TILE</u>	2010	16,782	610	27.5	610		3,940	12
13	<u>LOCKER ROOM - TILE, PAINT AND CARPETING</u>	2010	3,068	112	27.5	112		723	13
14	<u>PACH PARKING LOT IN THE BACK OF BUILDING - per audi</u>	2010	4,000	233	27.5	233		1,505	14
15	<u>INSTALL NEW VINIL TILE IN THE BACK HALLWAY</u>	2010	4,124	150	27.5	150		969	15
16	<u>CABINETS,COUNTERTOP FOR KITCHEN,NEW FLOOR TIL</u>	2010	5,691	207	27.5	207		1,337	16
17	<u>CEILING PIPING</u>	2010	2,825	103	27.5	103		665	17
18	<u>AIR HANDLERS,HOT WATER COILS,MOTOR STARTER</u>	2010	12,660	460	27.5	460		2,971	18
19	<u>FIRE ALARM WORK, 72 SPRINKLER HEADS</u>	2010	4,249	155	27.5	155		1,001	19
20	<u>DVR RECORD,MONITOR, 2CAMERAS IN PARKING LOT</u>	2010	2,500	91	27.5	91		588	20
21	<u>BRICK WALL REPAIR</u>	2010	2,900	105	27.5	105		678	21
22	<u>DISH NETWORK SERVICE WORK, SECURITY SYSTEM - per</u>	2010		126	27.5	126		810	22
23	<u>INSTALL NEW PIPE IN LAUNDRY ROOM - per audit (1,850)</u>	2010		67	27.5	67		433	23
24	<u>REHAB ROOM - ELECTRIC WORK - per audit (1,546)</u>	2010		56	27.5	56		362	24
25	<u>PLUMBING WORK, NEW DRAIN LINE IN KITCHEN AREA</u>	2010	6,275	228	27.5	228		1,473	25
26	<u>NEW RELAY ON COMPRESSOR,WATER TOWER MOTOR</u>	2010	2,653	97	27.5	97		623	26
27	<u>AIR CONDITIONING SYSTEM REPAIR - per audit (1,735)</u>	2010		63	27.5	63		407	27
28	<u>THERAPY ROOM - FLOORING</u>	2011	13,166	479	27.5	479		2,614	28
29	<u>THERAPY ROOM - WALLCOVERING/CEILING TILE</u>	2011	19,219	699	27.5	699		3,815	29
30	<u>THERAPY ROOM - ELECTRICAL WORK</u>	2011	10,134	369	27.5	369		2,012	30
31	<u>THERAPY ROOM - PLUMBING WORK</u>	2011	22,879	832	27.5	832		4,541	31
32	<u>THERAPY ROOM - DOORS</u>	2011	12,009	437	27.5	437		2,385	32
33	<u>THERAPY ROOM - INSTL OFFICES,FLOORING,DOORS - pe</u>	2011	61,018	2,364	27.5	2,364		12,904	33
34	TOTAL (lines 1 thru 33)		\$ 6,107,357	\$ 168,635		\$ 169,359	\$ 724	\$ 3,244,172	34

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

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		\$ 6,107,357	\$ 168,635		\$ 169,359	\$ 724	\$ 3,244,172	1
2	ROOF DRAINS	2011	5,150	187	27.5	187		1,021	2
3	SHOWER ROOM FLOOR,DRAIN,TILE	2011	30,945	1,125	27.5	1,125		6,141	3
4	ROOF REPAIR	2011	5,920	215	27.5	215		1,174	4
5	SECURITY/FIRE SYSTEM REPAIR	2011	8,320	303	27.5	303		1,654	5
6	COMPRESSOR INSTALL REPAIR	2011	18,703	680	27.5	680		3,712	6
7	SCANNER	2011	35,598	1,294	27.5	1,294		7,063	7
8	FLOORING/TACKBOARD/LIGHT fixtures	2011	2,809	102	27.5	102		558	8
9									9
10									10
11									11
12									12
13	RELATED PARTY - LANDLORD:								13
14	COVE BASE, FLOORING	2002	64,984	860	39	860		42,354	14
15	HANDRAILS, BUMPERS, CORNER GUARDS	2002	56,219	744	39	744		36,641	15
16	WALLCOVERING,BORDER,MOLDING,WINDOW TREATME	2002	125,676	1,663	39	1,663		81,910	16
17	CLOSET DOORS & TRACKS	2002	39,288	520	39	520		25,607	17
18	LIGHTING, CEILING TILES	2002	38,204	506	39	506		24,902	18
19	NURSE STATION	2002	17,320	229	39	229		11,287	19
20	ASPHALT PAVING	2002	57,615	4,409	15	4,409		63,931	20
21	PATIO, FENCING, ROOFING	2002	20,804	275	39	275		13,557	21
22	NURSE STATION	2004	27,559	707	39	707		8,808	22
23	CARPET, TILE, WALLCOVERING	2004	42,388		39			42,388	23
24	MODERNIZE ELEVATORS	2007	175,828	4,508	39	4,508		42,638	24
25	WINDOWS	2006	83,000	2,128	39	2,128		19,063	25
26									26
27	DOORS & WINDOWS	2012	4,075	153	27.5	153		680	27
28	PLUMBING WORK	2012	11,639	433	27.5	433		1,926	28
29	SPRINKLER & FIRE SYSTEM WORK	2012	26,504	968	27.5	968		4,312	29
30	FLOORING	2012	8,640	306	27.5	306		1,368	30
31	SECURITY SYSTEM WORK	2012	5,130	178	27.5	178		798	31
32	ROOF REPAIR	2012	1,595	51	27.5	51		230	32
33	NURSE CALL SYSTEM WORK	2012	1,488	51	27.5	51		229	33
34	TOTAL (lines 1 thru 33)		\$ 7,022,758	\$ 191,230		\$ 191,954	\$ 724	\$ 3,688,124	34

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

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,022,758	\$ 191,230		\$ 191,954	\$ 724	\$ 3,688,124	1
2	CEILING REPAIR	2012	2,145	76	27.5	76		340	2
3	ELECTRIC WORK	2012	2,825	102	27.5	102		455	3
4	HANDRAIL SPACERS	2012	2,800	102	27.5	102		455	4
5	CYLINDER FOR ELEVATOR & HEAT MOTOR	2012	3,208	127	27.5	127		562	5
6	SPRINKLER & SECURITY SYSTEM	2013	13,953	507	27.5	507		1,757	6
7	DOORS & HARDWARE	2013	6,459	235	27.5	235		817	7
8	BATHROOM SINKS, FAUCETS & DRYWALL	2013	15,179	552	27.5	552		1,905	8
9	OFFICE WALL REPAIR	2013	4,383	160	27.5	160		555	9
10	AC REPAIR & ROOF FAN INSTALL	2013	8,750	318	27.5	318		1,103	10
11	COMPRESSORS, BREAKERS HEAT COIL	2013	21,983	799	27.5	799		2,757	11
12	WALK IN FREEZER REPAIR	2013	1,055	38	27.5	38		126	12
13	FENCE INSTALL	2013	2,800	102	27.5	102		356	13
14	REPAIRED ELEVATOR DOOR ON THE SECOND FLOOR	2014	5,274	192	27.5	192		472	14
15	WATER HEATERS-TWO RAYPAK MVB MODEL	2014	35,148	1,278	27.5	1,278		3,142	15
16	EMERGENCY ROOF INSPECTION & ANALYSIS	2014	11,040	401	27.5	401		986	16
17	PASSENGER ELEVATOR-REPLACE DETECTOR EDGES	2014	2,136	78	27.5	78		192	17
18	WALK IN FREEZER-REPLACEMENT SYSTEM	2014	5,310	193	27.5	193		475	18
19	SECURITY SYSTEM WORK-INSTALLED WIRELESS DOOR,								19
20	REPLACED CAMERA'S AND DOORS	2014	4,610	168	27.5	168		413	20
21	INSTALL 7 EYEWASH STATIONS	2014	5,100	185	27.5	185		455	21
22	1ST FLOOR AIRCONDITION REPAIR	2014	4,050	147	27.5	147		361	22
23	PLUMBING SUPPLIES	2014	2,969	108	27.5	108		265	23
24	GLASS BLOCK AND GLASS DOORS	2014	5,706	207	27.5	207		509	24
25	INSTALLED SPRINKLER & SATELLITE HEADEND SYSTEM	2014	4,057	148	27.5	148		364	25
26	FIRE RATED DOORS & HARDWARE, SVR EXIT DEVICE	2014	6,739	245	27.5	245		602	26
27	RESIDENT BATHROOMS: FLOOR TILES, SINKS, FAUCETS,								27
28	LIGHTING FIXTURES, WALL AND CEILING TITLES	2014	29,926	1,088	27.5	1,088		2,675	28
29	DIETARY ROOM: ICE MELT, TILES, DROP CEILING	2014	2,193	80	27.5	80		196	29
30	DRYWALL FOR PENTHOUSE; STEEL STORAGE SHELVEING								30
31	UNIT; FIX WALLPAPER IN BASEMENT	2014	4,098	149	27.5	149		366	31
32	MANSARD METAL ROOF REPAIR	2015	3,960	102	39	102		153	32
33	MAIN OFFICE CORRIDOR WALLCOVERING/HANDRAIL	2015	824	21	39	21		32	33
34	TOTAL (lines 1 thru 33)		\$ 7,241,438	\$ 199,138		\$ 199,862	\$ 724	\$ 3,710,970	34

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

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning:

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

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,241,438	\$ 199,138		\$ 199,862	\$ 724	\$ 3,710,970	1
2	HOT WATER HEATER/BOILER	2015	14,546	373	39	186	(187)	372	2
3	BOOSTER HEATER FOR DISHMACHINE & SUPPLIES	2015	3,751	96	39	48	(48)	96	3
4	EXHAUST FAN IN MECHANICAL ROOM	2015	12,344	316	39	158	(158)	316	4
5	COMPRESSOR 1ST FLOOR AC UNIT/COIL REPAIR	2015	7,055	181	39	90	(91)	180	5
6	1 HEAT MUA UNIT	2015	1,354	35	39	17	(18)	34	6
7	ROOFTOP EXHAUST VENTILATOR	2015	6,767	174	39	87	(87)	174	7
8	NALCO WATER TREATMENT	2015	4,316	111	39	55	(56)	110	8
9	5 ROOMS, DEMO FLOOR BASEBOARD, PATCH, PRIME, PAINT,INSTALL VINYL FLOOR, BASEBOARDS								9
10		2015	11,750	301	39	151	(150)	302	10
11	3 SECURITY CAMERAS BY ELEVATOR	2015	1,470	38	39	19	(19)	38	11
12	SECURITY CAMERAS, DOOR OPENER	2016	1,665	40	39	40		40	12
13	FLOORING	2016	6,158	132	39	132		132	13
14	ELEVATOR ELECTRONIC DETECTOR EDGE	2016	2,136	46	39	46		46	14
15	CUBICLE CURTAINS, PICTURES, MIRRORS	2016	6,238	23	39	23		23	15
16	FIRE DOOR	2016	358	5	39	5		5	16
17	AIR HANDLER/DUCT WORK	2016	17,531	160	39	160		160	17
18	ROOF REPAIR	2016	3,080	46	39	46		46	18
19	FLOORING 1ST - 3RD FLOOR	2016	26,991	88	39	88		88	19
20	FENCING	2016	9,114	101	15	101		101	20
21	RESIDENT BATHROOMS TILE, DRYWALL, PAINT	2016	34,181	114	39	114		114	21
22	OVERBED LIGHTS	2016	9,330	28	39	28		28	22
23	WALL GUARDS	2016	8,741	12	39	12		12	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)		\$ 7,430,314	\$ 201,558		\$ 201,468	\$ (90)	\$ 3,713,387	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	\$ 602,580	\$ 20,373	\$ 57,714	\$ 37,341	10	\$ 346,698	71
72	Current Year Purchases	67,282	3,490	3,364	(126)	10	3,364	72
73	Fully Depreciated Assets	372,234					372,234	73
74	RELATED PARTY	562,543	27,348	57,489	30,141			74
75	TOTALS	\$ 1,604,639	\$ 51,211	\$ 118,567	\$ 67,356		\$ 722,296	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 9,338,953	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 252,769	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 320,035	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 67,266	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,435,683	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NA
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: \$ 5,589
- Description: SCHEDULE ATTACHED
- (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		G37 INFINITI	\$ 460.00	\$ 5,574	17
18				(4,125)	18
19					19
20					20
21	TOTAL		\$ 460.00	\$ 1,449	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
12.	/2017	\$
13.	/2018	\$
14.	/2019	\$

* 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

THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

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.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				158,751		158,751	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): MED SUPPLIES LAB ETC						28,423		28,423	13
14	TOTAL			\$		\$	\$ 187,174		\$ 187,174	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 327,757	\$ 2,596,402	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 830,000)	2,237,528	2,237,528	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	120,449	122,369	6
7	Other Prepaid Expenses	41,287	41,287	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,727,021	\$ 4,997,586	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		327,356	13
14	Buildings, at Historical Cost		5,483,213	14
15	Leasehold Improvements, at Historical Cost	1,550,303	2,299,188	15
16	Equipment, at Historical Cost	1,042,096	1,572,612	16
17	Accumulated Depreciation (book methods)	(1,295,558)	(5,213,970)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		97,105	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(21,039)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>SECURITY DEPOSITS</u>	30,109	30,109	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,326,950	\$ 4,574,574	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,053,971	\$ 9,572,160	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 865,934	\$ 876,834	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	625,000	625,000	29
30	Accrued Salaries Payable	257,226	257,226	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,596	17,596	31
32	Accrued Real Estate Taxes(Sch.IX-B)		440,000	32
33	Accrued Interest Payable	2,200	44,533	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)	\$ 1,767,956	\$ 2,261,189	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		1,800,000	39
40	Mortgage Payable		8,360,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 10,160,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,767,956	\$ 12,421,189	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,286,015	\$ (2,849,029)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,053,971	\$ 9,572,160	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,543,658	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,543,658	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	608,757	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	(866,400)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (257,643)	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)	\$ 2,286,015	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BRIDGEVIEW HEALTH CARE CTR

0037358

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,219,194	1
2	Discounts and Allowances for all Levels	(56,223)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,162,971	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	324,429	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 324,429	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***	879	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 879	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,488,279	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,389,682	31
32	Health Care	4,340,600	32
33	General Administration	3,184,227	33
	B. Capital Expense		
34	Ownership	1,037,757	34
	C. Ancillary Expense		
35	Special Cost Centers	187,174	35
36	Provider Participation Fee	348,994	36
	D. Other Expenses (specify):		
37	PRIOR EXPENSES	391,088	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,879,522	40
41	Income before Income Taxes (line 30 minus line 40)**	608,757	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 608,757	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,018,909	44
45	Private Pay - Net Inpatient Revenue	1,572,092	45
46	Medicare - Net Inpatient Revenue	3,079,284	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	24,426	47
48	Other-(specify) VETERAN	524,483	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,219,194	49

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

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

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

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

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,019	2,297	\$ 119,848	\$ 52.18	1
2	Assistant Director of Nursing	1,899	2,337	97,822	41.86	2
3	Registered Nurses	10,827	12,042	424,872	35.28	3
4	Licensed Practical Nurses	33,541	38,199	1,120,249	29.33	4
5	CNAs & Orderlies	92,725	101,503	1,212,301	11.94	5
6	CNA Trainees					6
7	Licensed Therapist	12,336	12,835	573,323	44.67	7
8	Rehab/Therapy Aides					8
9	Activity Director	10,837	11,824	256,740	21.71	9
10	Activity Assistants	13,306	13,920	150,052	10.78	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	5,642	5,965	127,905	21.44	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,019	2,337	123,700	52.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,998	15,501	440,353	28.41	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,107	3,459	76,722	22.18	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	202,256	222,219	\$ 4,723,887 *	\$ 21.26	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	M	\$ 0	1-3	35
36	Medical Director	O	36,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	4,648	10-3	38
39	Pharmacist Consultant	H	10,870	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	2,288	11-3	44
45	Social Service Consultant	E	641	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 54,447		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ 0	10-3	50
51	Licensed Practical Nurses		0	10-3	51
52	Certified Nurse Assistants/Aides		0	10-3	52
53	TOTAL (lines 50 - 52)		\$		53

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
MARTHA PECK	ADMINISTRATOR		\$ 123,700	Workers' Compensation Insurance		\$ 99,837	IDPH License Fee	\$ 1,990
			0	Unemployment Compensation Insurance		75,960	Advertising: Employee Recruitment	35,115
			0	FICA Taxes		356,066	Health Care Worker Background Check	1,520
				Employee Health Insurance		274,016	(Indicate # of checks performed _____)	
				Employee Meals		0	Patient Background Checks	487
				Illinois Municipal Retirement Fund (IMRF)*			TRUST/FRANCHISE/CONTRIB/ETC	500
				EMPLOYEE BENEFITS - OTHER		28,544	MARKETING/ADV/PROMO	55,297
							LICENSES/DUES/SUBSCRIPTIONS	39,592
							MGMT CO ALLOC	2,057
TOTAL (agree to Schedule V, line 17, col. 1)							TRUST/FRANCHISE/CONTRIB/ETC	(500)
(List each licensed administrator separately.)			\$ 123,700				Less: Public Relations Expense	(0)
B. Administrative - Other							Non-allowable advertising	(55,297)
Description			Amount				Yellow page advertising	(0)
MANAGEMENT FEES			\$ 258,000				TOTAL (agree to Sch. V, line 20, col. 8)	
							\$ 80,761	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 258,000	TOTAL (agree to Schedule V, line 22, col.8)			\$ 834,423	
(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								
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
SEE SCHEDULE ATTACHED			211,637				In-State Travel	
								0
							MGMT CO ALLOC	2,371
							Seminar Expense	
								0
							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)			\$ 211,637				TOTAL	\$ 2,371

*** Attach copy of IMRF notifications**

****See instructions.**

BRIDGEVIEW HEALTH CARE CTR
SCHEDULE-LEGAL
12/31/2016

DATE	NAME	DESCRIPTION	AMOUNT
2/1/2016	MUCH SHELIST	GENERAL COUNSELING	1,162.50
3/1/2016	MUCH SHELIST	GENERAL COUNSELING	485.00
4/1/2016	MUCH SHELIST	GENERAL COUNSELING	375.00
4/1/2016	MUCH SHELIST	GENERAL COUNSELING	23.34
5/1/2016	MUCH SHELIST	GENERAL COUNSELING	525.00
5/31/2016	MUCH SHELIST	GENERAL COUNSELING	450.00
6/27/2016	MUCH SHELIST	GENERAL COUNSELING	350.00
6/30/2016	MUCH SHELIST	GENERAL COUNSELING	1,260.54
8/31/2016	MUCH SHELIST	GENERAL COUNSELING	2,300.00
9/30/2016	MUCH SHELIST	GENERAL COUNSELING	623.40
10/31/2016	MUCH SHELIST	GENERAL COUNSELING	1,399.14
11/30/2016	MUCH SHELIST	GENERAL COUNSELING	724.14
12/31/2016	MUCH SHELIST	GENERAL COUNSELING	275.00
1/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,268.91
1/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	4,037.99
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,091.10
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	444.00
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	325.00
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	3,269.54
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	3,377.40
2/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	750.00
3/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,400.81
3/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	4,689.00
4/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	5,394.97
5/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	3,574.08
6/30/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,661.15
7/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,907.05
8/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	580.00
8/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	80.00
8/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,220.00
8/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	1,286.62
8/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	(199.00)
9/30/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	4,659.35
10/31/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	3,676.24
11/30/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	2,617.79
12/29/2016	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS	4,182.18
4/8/2016	SIDNEY R. BERGER	COLLECTIONS	545.00
4/30/2016	SIDNEY R. BERGER	COLLECTIONS	749.00
12/1/2016	SIDNEY R. BERGER	COLLECTIONS	1,025.00
6/16/2016	HINSHAW	GENERAL LITIGATION & COLLECTIONS	700.00
3/28/2016	SIMANDL LAW GROUP	COLLECTIONS	1,701.00
2/29/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	89.59
2/29/2016	SIMANDL LAW GROUP	FACILITY AUDITS	241.34
3/31/2016	SIMANDL LAW GROUP	FACILITY AUDITS	535.00
4/30/2016	SIMANDL LAW GROUP	FACILITY AUDITS	2,299.50
4/30/2016	SIMANDL LAW GROUP	GENERAL COUNSELING	3,287.50
5/31/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	25.13
5/31/2016	SIMANDL LAW GROUP	FACILITY AUDITS	1,140.69
6/30/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	8.18
6/30/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	457.05
7/31/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	320.41
7/31/2016	SIMANDL LAW GROUP	GENERAL COUNSELING	216.00
10/31/2016	SIMANDL LAW GROUP	LABOR AND EMPLOYMENT	1.92
10/31/2016	SIMANDL LAW GROUP	FACILITY AUDITS	126.65
10/31/2016	SIMANDL LAW GROUP	GENERAL COUNSELING	14.54
11/30/2016	SIMANDL LAW GROUP	FACILITY AUDITS	127.50
1/31/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	112.50
2/29/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	1,726.04
3/31/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	150.00
5/31/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	1,287.20
6/30/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	3,949.20
7/14/2016	CHUHAK & TECSON	ESTATE OF JOSEPH GAGLIARDO,DECEASED	1,055.00
			<u>89,138.18</u>
			<u>(450.05)</u>
			88,688.13

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. ICLTC \$15,155

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YR

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,335 Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 348,994
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 5%
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees