

		FOR BHF USE					

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

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

I. IDPH License ID Number: <u>0028076</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>WATERFRONT TERRACE</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</u> 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.																							
Address: <u>7750 SOUTH SHORE DR</u> <u>CHICAGO</u> <u>60649</u>																									
Number City Zip Code																									
County: <u>COOK</u>																									
Telephone Number: <u>(847) 679-8219</u> Fax # <u>(847) 679-7377</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>MARSHALL MAUER</u></td></tr><tr><td>(Title) <u>TREASURER</u></td></tr><tr><td>(Signed) <u>(SEE ATTACHED ACCOUNTANTS' REPORT)</u></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) <u>KATHLEEN MCNAMARA</u> <u>VICE-PRESIDENT</u></td></tr><tr><td>(Firm Name & Address) <u>KBKB, LTD</u> <u>6201 W. HOWARD STREET SUITE 201, NILES, IL 60714</u></td></tr><tr><td>(Telephone) <u>(847) 675-3585</u> Fax # <u>(847) 675-3585</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>MARSHALL MAUER</u>	(Title) <u>TREASURER</u>	(Signed) <u>(SEE ATTACHED ACCOUNTANTS' REPORT)</u>	Paid Preparer	(Date) _____	(Print Name and Title) <u>KATHLEEN MCNAMARA</u> <u>VICE-PRESIDENT</u>	(Firm Name & Address) <u>KBKB, LTD</u> <u>6201 W. HOWARD STREET SUITE 201, NILES, IL 60714</u>	(Telephone) <u>(847) 675-3585</u> Fax # <u>(847) 675-3585</u>												
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	(Telephone) <u>(847) 675-3585</u> Fax # <u>(847) 675-3585</u>																								
Date of Initial License for Current Owners: <u>4/1/1983</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ 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 _____	
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	☐ Limited Liability Co.																								
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		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																							
Name: <u>KATHLEEN MCNAMARA</u> Telephone Number: <u>(847) 675-3585</u>																									
Email Address: _____																									

Facility Name & ID Number WATERFRONT TERRACE

0028076 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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>118</u>	Skilled (SNF)	<u>118</u>	<u>43,188</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>118</u>	TOTALS	<u>118</u>	<u>43,188</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>5,651</u>	<u>5,651</u>	8
9	SNF/PED					9
10	ICF	<u>28,337</u>	<u>1,946</u>		<u>30,283</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>28,337</u>	<u>1,946</u>	<u>5,651</u>	<u>35,934</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.20%

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

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

NONE

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

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

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

I. On what date did you start providing long term care at this location?
Date started 4/1/83

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 4/1/83 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 118 and days of care provided 5,651

Medicare Intermediary WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number **WATERFRONT TERRACE** # **0028076** Report Period Beginning: **1/1/2020** Ending: **12/31/2020**
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	279,937	36,958	14,345	331,240		331,240		331,240			1
2	Food Purchase		190,702		190,702	(22,692)	168,010	(1,200)	166,810			2
3	Housekeeping	193,657	27,895		221,552		221,552		221,552			3
4	Laundry	52,732	26,550	3,069	82,351		82,351		82,351			4
5	Heat and Other Utilities			124,032	124,032		124,032	1,299	125,331			5
6	Maintenance	138,979	64,101	27,763	230,843		230,843	30,160	261,003			6
7	Other (specify):*			21,583	21,583		21,583		21,583			7
8	TOTAL General Services	665,305	346,206	190,792	1,202,303	(22,692)	1,179,611	30,259	1,209,870			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,259,948	196,878	108,232	2,565,058		2,565,058	14,090	2,579,148			10
10a	Therapy	35,575			35,575		35,575		35,575			10a
11	Activities	182,356	26,303	2,009	210,668		210,668		210,668			11
12	Social Services	54,482	1,396	1,597	57,475		57,475		57,475			12
13	CNA Training											13
14	Program Transportation			1,234	1,234		1,234		1,234			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,532,361	224,577	131,072	2,888,010		2,888,010	14,090	2,902,100			16
	C. General Administration											
17	Administrative	127,258		18,000	145,258		145,258	246,874	392,132			17
18	Directors Fees											18
19	Professional Services			199,522	199,522		199,522	15,333	214,855			19
20	Dues, Fees, Subscriptions & Promotions			216,746	216,746		216,746	(166,685)	50,061			20
21	Clerical & General Office Expenses	190,943	39,289	353,321	583,553		583,553	(157,328)	426,225			21
22	Employee Benefits & Payroll Taxes			777,722	777,722	22,692	800,414		800,414			22
23	Inservice Training & Education			1,533	1,533		1,533		1,533			23
24	Travel and Seminar			16,778	16,778		16,778	306	17,084			24
25	Other Admin. Staff Transportation							40	40			25
26	Insurance-Prop.Liab.Malpractice			441,714	441,714		441,714	15,793	457,507			26
27	Other (specify):* BAD DEBTS	69,281		381,072	450,353		450,353	(308,784)	141,569			27
28	TOTAL General Administration	387,482	39,289	2,406,408	2,833,179	22,692	2,855,871	(354,451)	2,501,420			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,585,148	610,072	2,728,272	6,923,492		6,923,492	(310,102)	6,613,390			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.

Facility Name & ID# WATERFRONT TERRACE
#0028076 Report Period Beginning: 1/1/2020
Ending: 12/31/2020

V.COST CENTER EXPENSES			PAGE 3 COLUMN 3 OTHER
LINE	SCHED REF	TOTAL	LINE
1	DIETARY		
	DIETITIAN CONSULTANT XVIII B 35-2	14,345	
	REPAIRS & MAINTENANCE	0	
	CONTRACTED DIETARY SERVICES	0	
		14,345	
3	HOUSEKEEPING		
	CONTRACTED HOUSEKEEPING SERVICES	0	
		0	
4	LAUNDRY		
	EQUIPMENT REPAIRS & MAINTENANCE	3,069	
	CONTRACTED LAUNDRY SERVICES	0	
		3,069	
5	HEAT & OTHER UTILITIES		
	GAS HEAT	26,737	
	ELECTRICITY	45,163	
	WATER	43,021	
	CABLE TV - LOBBY	9,111	
		124,032	
6	MAINTENANCE		
	GROUNDS MAINTENANCE	1,150	
	PAINTING & DECORATING	871	
	BUILDING REPAIRS	0	
	MAINTENANCE TRAVEL	0	
	EQUIPMENT MAINTENANCE & REPAIR	14,784	
	ELEVATOR MAINTENANCE & REPAIR	7,158	
	OUTSIDE LABOR	0	
	EXTERMINATING SERVICE	3,800	
	FIRE SERVICE	0	
		27,763	
7	OTHER		
	SCAVENGER	21,583	
	SECURITY SERVICE	0	
		21,583	
9	MEDICAL DIRECTOR		
	MEDICAL DIRECTOR FEES	18,000	18,000

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	73,464
	MEDICAL RECORDS CONSULTANT XVIII B 37-2	0
	PHARMACY CONSULTANT XVIII B 39-2	7,768
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	PSYCHIATRIC XVIII B __-2	9,000
	RN CONSULTANT XVIII B 38-2	18,000
	NURSING PROGRAM CONSULTANT	
		108,232
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	2,009
		2,009
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	0
	SOCIAL WORKER XVIII B 45-2	1,597
		1,597
13	NURSE AIDE TRAINING	
	NURSE AIDE TRAINING COSTS XIII	0

LINE	V.COST CENTER EXPENSES	PAGE 3 COLUMN 3 OTHER	SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION			
	PATIENT TRANSPORTATION		1,234	
				1,234
17	ADMINISTRATIVE			
	MANAGEMENT FEES	XIX B	18,000	18,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	PROFESSIONAL SERVICES			
	DATA PROCESSING	XIX C	90,886	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	108,636	
	BOOKKEEPING/ADMINISTRATIVE SERVICES		0	
				199,522
20	FEES,SUBSCRIPTIONS,PROMOTIONS			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	154,638	
	EMPLOYEE WANT ADS	XIX F	21,647	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	8,193	
	LICENSES & PERMITS	XIX F	17,368	
	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	14,384	
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	516	
	PATIENT BACKGROUND CHECKS	XIX F	0	
				216,746
21	CLERICAL & GENERAL OFFICE EXPENSES			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		4,017	
	EQUIPMENT REPAIR & MAINTENANCE		24,554	
	OUTSIDE CLERICAL SERVICES		298,895	
	PENALTIES / OVERDRAFT CHARGES	VI 18	4,733	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		21,122	
	MESSENGER SERVICE		0	
				353,321

LINE	SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	272,978
	UNEMPLOYMENT COMPENSATION XIX D	38,438
	WORKERS COMPENSATION INSURANCE XIX D	125,857
	HOSPITALIZATION INSURANCE XIX D	246,102
	EMPLOYEE BENEFITS - OTHER XIX D	94,347
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	0
		777,722
23	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	1,533
		1,533
24	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	16,778
		16,778
25	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	0
		0
26	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	441,714
		441,714
27	OTHER	
	BAD DEBTS VI 24	381,072
		381,072

GRAND TOTAL COLUMN 3 OTHER **2,728,272**

WATERFRONT TERRACE
SCHEDULES
12/31/2020

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

TOTAL FOOD PURCHASE	190,702
LESS SALES TAX	<u>(1,200)</u>
NET FOOD	189,502
TOTAL PATIENT CENSUS	35,934
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	107,802
ADD # EMPLOYEE MEALS/DAY	40
TIMES # DAYS	<u>366</u>
TOTAL EMPLOYEE MEALS	14,640
PATIENT MEALS	107,802
ADD EMPLOYEE MEALS	<u>14,640</u>
TOTAL MEALS/YEAR	122,442
NET FOOD	<u>189,502</u>
DIVIDE TOTAL MEALS/YEAR	<u>122,442</u>
COST PER MEAL	2
TIMES EMPLOYEE MEALS	<u>14,640</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>22,692</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			129,331	129,331		129,331	71,591	200,922			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			115,901	115,901		115,901	255,145	371,046			32
33	Real Estate Taxes							259,756	259,756			33
34	Rent-Facility & Grounds			830,000	830,000		830,000	(830,000)				34
35	Rent-Equipment & Vehicles			49,642	49,642		49,642	11,686	61,328			35
36	Other (specify):*							40,846	40,846			36
37	TOTAL Ownership			1,124,874	1,124,874		1,124,874	(190,976)	933,898			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		42,167	576,607	618,774		618,774		618,774			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			245,609	245,609		245,609		245,609			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		42,167	822,216	864,383		864,383		864,383			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,585,148	652,239	4,675,362	8,912,749		8,912,749	(501,078)	8,411,671			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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	3,201	30		9
10	Interest and Other Investment Income	(3,681)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,200)	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	(4,733)	21		18
19	Entertainment		20		19
20	Contributions	(14,384)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(381,072)	27		24
25	Fund Raising, Advertising and Promotional	(154,638)	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 PAGE 5A	(3,000)	22		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (559,507)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	58,429		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 58,429		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (501,078)		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	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MARKETING TRAVEL	\$ (3,000)	25	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
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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	(3,000)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number WATERFRONT TERRACE# 0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**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	(1,200)	0	0	0	0	0	0	0	0	0	0	(1,200)	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	1,299	0	0	0	0	0	0	0	0	1,299	5
6	Maintenance	0	11,864	8,081	10,215	0	0	0	0	0	0	0	30,160	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,200)	11,864	9,380	10,215	0	0	0	0	0	0	0	30,259	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	14,090	0	0	0	0	0	0	0	0	14,090	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	14,090	0	0	0	0	0	0	0	0	14,090	16
	C. General Administration													
17	Administrative	0	0	(18,000)	264,874	0	0	0	0	0	0	0	246,874	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	11,500	3,833	0	0	0	0	0	0	0	0	15,333	19
20	Fees, Subscriptions & Promotions	(169,022)	0	2,337	0	0	0	0	0	0	0	0	(166,685)	20
21	Clerical & General Office Expenses	(4,733)	0	(173,459)	20,864	0	0	0	0	0	0	0	(157,328)	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	306	0	0	0	0	0	0	0	0	306	24
25	Other Admin. Staff Transportation	(3,000)	0	3,040	0	0	0	0	0	0	0	0	40	25
26	Insurance-Prop.Liab.Malpractice	0	11,995	3,798	0	0	0	0	0	0	0	0	15,793	26
27	Other (specify):*	(381,072)	0	72,288	0	0	0	0	0	0	0	0	(308,784)	27
28	TOTAL General Administration	(557,827)	23,495	(105,857)	285,738	0	0	0	0	0	0	0	(354,451)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(559,027)	35,359	(82,387)	295,953	0	0	0	0	0	0	0	(310,102)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number WATERFRONT TERRACE # 0028076 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	3,201	67,010	1,380	0	0	0	0	0	0	0	0	71,591	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,681)	256,267	2,559	0	0	0	0	0	0	0	0	255,145	32
33	Real Estate Taxes	0	254,947	4,809	0	0	0	0	0	0	0	0	259,756	33
34	Rent-Facility & Grounds	0	(830,000)	0	0	0	0	0	0	0	0	0	(830,000)	34
35	Rent-Equipment & Vehicles	0	0	11,686	0	0	0	0	0	0	0	0	11,686	35
36	Other (specify):*	0	40,846	0	0	0	0	0	0	0	0	0	40,846	36
37	TOTAL Ownership	(480)	(210,930)	20,434	0	0	0	0	0	0	0	0	(190,976)	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)	(559,507)	(175,571)	(61,953)	295,953	0	0	0	0	0	0	0	(501,078)	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				

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENT	\$ 830,000	WATERFRONT TERRACE ASSOCIATES	100.00%	\$	(830,000)	1
2	V	30	DEPRECIATION				67,010	67,010	2
3	V	32	INTEREST				251,415	251,415	3
4	V	33	REAL ESTATE TAXES				254,947	254,947	4
5	V	26	INSURANCE				11,995	11,995	5
6	V	19	PROFESSIONAL FEES				11,500	11,500	6
7	V	36	INSURANCE-MIP				40,846	40,846	7
8	V	32	AMORTIZATION				4,852	4,852	8
9	V	6	MAINTENANCE				11,864	11,864	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 830,000			\$ 654,429	\$ * (175,571)	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	17	MANAGEMENT FEE	\$ 18,000	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$	\$ (18,000)	15
16	V	21	BOOKKEEPING SERVICES	298,895				(298,895)	16
17	V								17
18	V								18
19	V	5	UTILITIES				1,299	1,299	19
20	V	6	REPAIR & MAINT.-OTHER EXPENSE				8,081	8,081	20
21	V	10	NURSE CONSULTANT				14,090	14,090	21
22	V	19	PROFESSIONAL FEES				3,833	3,833	22
23	V	20	DUES AND SUBSCRIPTION				2,337	2,337	23
24	V	21	CLERICAL & GENERAL - SALARIES				96,072	96,072	24
25	V	21	CLERICAL & GENERAL-OTHER EXPENSE				29,364	29,364	25
26	V	24	SEMINARS AND TRAVEL				306	306	26
27	V	25	AUTO EXPENSE				3,040	3,040	27
28	V	26	INSURANCE				3,798	3,798	28
29	V	27	EMP. BEN. - GEN, ADMIN.				72,288	72,288	29
30	V	30	DEPRECIATION				1,380	1,380	30
31	V	32	INTEREST				2,559	2,559	31
32	V	33	REAL ESTATE TAXES				4,809	4,809	32
33	V	35	AUTO RENTAL				11,370	11,370	33
34	V	35	EQUIPMENT RENTAL				316	316	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 316,895			\$ 254,942	\$ * (61,953)	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%	\$ 10,215	\$ 10,215	15
16	V	17	ADMIN COMP - M MAUER				34,438	34,438	16
17	V	17	ADMIN COMP - M AARON				43,375	43,375	17
18	V	17	ADMIN COMP - F AARON				42,982	42,982	18
19	V	17	ADMIN COMP - D AARON				3,231	3,231	19
20	V	17	ADMIN COMP - S GOLDSTEIN						20
21	V	17	ADMIN COMP - R AARON				7,180	7,180	21
22	V	17	ADMIN COMP - S HARAMARAS				34,506	34,506	22
23	V	17	ADMIN COMP - D KUFTA				47,760	47,760	23
24	V	17	ADMIN COMP - HOWARD ALTER				12,000	12,000	24
25	V	17	ADMIN COMP - NON OWNER - V DAVIS				23,400	23,400	25
26	V	17	ADMIN COMP - CONTROLLER-NON OWNER				16,002	16,002	26
27	V	21	CLERICAL COMP - S AARON				13,350	13,350	27
28	V	21	CLERICAL COMP - E MARYLES				7,514	7,514	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			\$			\$ 295,953	\$ * 295,953	39

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

Facility Name & ID Number

WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	MARSHALL MAUER	25			WATERFRONT TERRACE ASSOCIATES		BUILDING CO	1
2	FRANCES MAUER	25	BRIDGEVIEW HEALTH CARE CENTER	BRIDGEVIEW	DYNAMIC HEALTH CARE		BOOKKEEPING/C	2
3	MAURICE AARON	25	GROSS POINTE MANOR LLC	NILES	SEASONS HOSPICE		HOSPICE	3
4	SUSAN STERN	25	OTTAWA PAVILION LTD	OTTAWA				4
5			PARK RIDGE CARE CENTER LTD	PARK RIDGE				5
6			WILLOW CREST NURSING PAVILION	SANDWICH				6
7			WOODBIDGE NURSING PAVILION LTD	CHICAGO				7
8								8
9								9
10			WOODRIDGE SUPPORTING LIVING RESID GALESBURG					10
11			WOODRIDGE SUPPORTING LIVING RESID GENESEO					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

Facility Name & ID Number WATERFRONT TERRACE # 0028076 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	25.00	SCHEDULE	5.51	13.78	SALARY	\$ 34,438	17-7	1
2	MAURICE AARON	SHAREHOLDER	ADMINISTRATIVE	25.00	ATTACHED	6.94	13.88	SALARY	43,375	17-7	2
3	FRED AARON		ADMINISTRATION			15.17		SALARY	42,982	17-7	3
4	SUE KOPLIN-HARAMARAS		ADMINISTRATION			15		SALARY	34,506	17-7	4
5	SHARON AARON		CLERICAL			5.57	13.93	SALARY	13,350	21-1	5
6	HOWARD ALTER		ADMINISTRATOR			40		SALARY	122,362	17-1	6
7	HOWARD ALTER		ADMINISTRATOR			40		SALARY	12,000	17-7	7
8	DENNIS NEHMER		CLERICAL			6.97	17.43	SALARY	10,215	6-1	8
9	DANIEL AARON		CLERICAL			0.75	1.36	SALARY	3,231	17-7	9
10	ROBERT AARON		ADMINISTRATION			2		SALARY	7,180	17-7	10
11	DIANIA KUFTA		ADMINISTRATION			11.37	28.43	SALARY	47,760	17-7	11
12	FRED AARON					15.17		SALARY	42,000	17-1	12
13								TOTAL	\$ 413,399		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 WATERFRONT TERRACE# 0028076

Report Period Beginning:

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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		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	PATIENT DAYS	9	\$ 10,707	\$	35,934	\$ 1,299	1
2	6	REPAIR & MAINT.-OTHER EXPEN	PATIENT DAYS	9	66,584		35,934	8,081	2
3	10	NURSE CONSULTANT	PATIENT DAYS	9	116,092		35,934	14,090	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	9	31,579		35,934	3,833	4
5	20	DUES AND SUBSCRIPTION	PATIENT DAYS	9	19,254		35,934	2,337	5
6	21	CLERICAL & GENERAL - SALAR	PATIENT DAYS	9	791,573	791,573	35,934	96,072	6
7	21	CLERICAL & GENERAL-OTHER	PATIENT DAYS	9	241,939		35,934	29,364	7
8	24	SEMINARS AND TRAVEL	PATIENT DAYS	9	2,520		35,934	306	8
9	25	AUTO EXPENSE	PATIENT DAYS	9	25,044		35,934	3,040	9
10	26	INSURANCE	PATIENT DAYS	9	31,289		35,934	3,798	10
11	27	EMP. BEN. - GEN. ADMIN.	PATIENT DAYS	9	595,611		35,934	72,288	11
12	30	DEPRECIATION	PATIENT DAYS	9	11,374		35,934	1,380	12
13	32	INTEREST	PATIENT DAYS	9	21,081		35,934	2,559	13
14	33	REAL ESTATE TAXES	PATIENT DAYS	9	39,621		35,934	4,809	14
15	35	AUTO RENTAL	PATIENT DAYS	9	93,680		35,934	11,370	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	9	2,605		35,934	316	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,100,553	\$ 791,573		\$ 254,942	25

Facility Name & ID Number WATERFRONT TERRACE# 0028076

Report Period Beginning:

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	MAINT COMP - D NEHMER	WGHTD AVG HOURS	40	5	\$ 58,624	\$ 58,624	7	\$ 10,215	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	9	250,000	250,000	6	34,438	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	5	250,000	250,000	7	43,375	3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	3	127,500	127,500	15	42,982	4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	5	9	21,541	21,541	1	3,231	5
6	17	ADMIN COMP - S GOLDSTEIN	WGHTD AVG HOURS	40	2	230,000	230,000			6
7	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	6	3	21,541	21,541	2	7,180	7
8	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	1	69,011	69,011	15	34,506	8
9	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	40	5	168,022	168,022	11	47,760	9
10	17	ADMIN COMP - HOWARD ALTER	WGHTD AVG HOURS	40	1	12,000	12,000	40	12,000	10
11	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	40	5	132,015	132,015	7	23,400	11
12	17	ADMIN COMP - CONTROLLER-N	WGHTD AVG HOURS	40	9	114,916	114,916	6	16,002	12
13	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	9	95,871	95,871	6	13,350	13
14	21	CLERICAL COMP - E MARYLES	WGHTD AVG HOURS	40	9	72,080	72,080	4	7,514	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,623,121	\$ 1,623,121		\$ 295,953	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	MIDLAND STATES BANK		X	MORTGAGE	\$59,711.00	3/6/14	\$ 7,155,900	\$ 6,212,421	4/1/44	4.0000	\$ 251,415	1
2	LOAN COSTS			AMORT OVER LIFE OF LOAN			145,557	112,402			4,852	2
3												3
4												4
5												5
	Working Capital											
6	BANK FINANCIAL	X		WORKING CAPITAL						PRIME+	14,026	6
7	INTERCOMPANY	X		WORKING CAPITAL				2,790,334			101,875	7
8	RELATED PARTY ALLOCATION										2,559	8
9	TOTAL Facility Related				\$59,711.00		\$ 7,301,457	\$ 9,115,157			\$ 374,727	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$ 7,301,457	\$ 9,115,157			\$ 374,727	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 40,846 Line # 36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	252,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	255,756	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3,756	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	256,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	259,756	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2015	192,025	8		
	2016	209,884	9		
	2017	222,139	10		
	2018	246,727	11		
	2019	255,756	12		
				FOR BHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2019 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME WATERFRONT TERRACE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0028076

CONTACT PERSON REGARDING THIS REPORT KATHLEEN MCNAMARA

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 21-30-412-045-0000	NURSING HOME	\$ 247,290.44	\$ 247,290.44
2. 21-30-412-038-0000	NURSING HOME	\$ 3,656.59	\$ 3,656.59
3.		\$	\$
4. 10-23-404-059-0000	DYNAMIC HEALTHCARE	\$ 36,915.77	\$ 4,809.00
5.	ALLOCATION	\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 287,862.80	\$ 255,756.03

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,950

B. General Construction Type: Exterior BRICKFrame STEEL & CONCRETE

Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

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	37,824	1983	\$ 100,000	1
2					2
3	TOTALS	37,824		\$ 100,000	3

Facility Name & ID Number **WATERFRONT TERRACE**

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1		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	118		1983		\$ 1,508,000	\$	35	\$ 10,761	\$ 10,761	\$ 1,529,522	4
5											5
6											6
7	RELATED PARTY				56,468		35	1,613	1,613	37,339	7
8											8
	Improvement Type**										
9	ROOF			1983	21,787		10			21,787	9
10	LEASEHOLD IMPROVEMENT			1985	950		15			950	10
11	LEASEHOLD IMPROVEMENT			1986	3,800		10			3,800	11
12	LEASEHOLD IMPROVEMENT			1986	1,005		15			1,005	12
13	ROOF			1990	13,634		10			13,634	13
14	SUSPENDED CEILING			1990	20,776		15			20,776	14
15	LEASEHOLD IMPROVEMENT			1991	7,956		10			7,956	15
16	LEASEHOLD IMPROVEMENT			1991	1,491		15			1,438	16
17	LEASEHOLD IMPROVEMENT			1992	18,033		10			18,033	17
18	LEASEHOLD IMPROVEMENT			1992	1,097		15			1,097	18
19	LEASEHOLD IMPROVEMENT			1993	7,742		31.5	246	246	6,816	19
20	LEASEHOLD IMPROVEMENT			1993	3,426		39	88	88	2,416	20
21	LEASEHOLD IMPROVEMENT			1994	25,007		39	642	642	16,985	21
22	ELEVATOR REPAIR			1995	1,500		39	38	38	986	22
23	SPRINKLER REPAIR			1995	4,154		39	107	107	2,759	23
24	BOILER REPAIR, WATER PUMP, ALARM			1996	6,033		39	154	154	3,806	24
25	FENCING			1996	756		15			756	25
26	NURSE STATION			1996	5,300		39	136	136	3,281	26
27	HANDRAILS			1996	3,735		39	96	96	2,308	27
28	PARKING LOT REPAVING			1997	11,968		15			11,968	28
29	TUCKPOINTING, ROOF REPAIR			1997	25,814		39	662	662	15,474	29
30	DRAPERY			1997	14,754		39	378	378	8,828	30
31	DOORS & SIGNS			1997	8,428		39	216	216	5,049	31
32	AIR HANDLER REPAIR & PUMPS			1997	17,005		39	436	436	10,192	32
33	REMODELING			1997	59,133		39	1,517	1,517	35,618	33
34	NURSE STATION			1997	5,106		39	131	131	3,062	34
35											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.

See Page 12A, Line 70 for total

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	FLOOR TILES, HANDRAILS, BUMPERGUARDS	1998	\$ 44,786	\$	39	\$ 1,148	\$ 1,148	\$ 25,772	37
38	RESIDENT ROOM SIGNS, DOORHOLDERS, DOOR MAGNET	1998	6,419		39	165	165	3,708	38
39	SPRINKLER WORK, ALARMS, SECURITY DOOR	1998	3,636		39	93	93	2,093	39
40	CUBICLE CURTAINS, WINDOW TREATMENTS	1998	8,000		39	205	205	4,604	40
41	BEAUTY SALON STATION	1998	2,042		39	52	52	1,160	41
42	REMODELING	1998	21,934		39	562	562	12,598	42
43	FENCING, LANDSCAPING	1998	5,089		15			5,089	43
44	GENERATOR, ELEVATOR REPAIR	1998	3,825		39	98	98	2,203	44
45	TUCKPOINTING, ROOF REPAIR	1998	21,000		39	539	539	12,085	45
46	ANTENNA & INSTALLATION	1998							46
47	LIGHT FIXTURES, ARTWORK	1998	4,791		39			4,791	47
48	FIRE ALARM	1999	10,286		39	264	264	5,728	48
49	BATHROOMS REMODELING	1999	35,657		39	914	914	19,784	49
50	BOILER WORK	1999	7,345		39	189	189	4,092	50
51	CABLE WORK	1999	433		39	11	11	240	51
52	CARPET	1999	18,828		39	483	483	10,429	52
53	ELEVATOR WORK	1999	2,017		39	52	52	1,127	53
54	AIR CONDITIONING	1999	7,350		39	189	189	4,120	54
55	LIGHT AND MIRRORS	1999	9,093		39	233	233	5,007	55
56	ROOF WORK	1999	2,187		39	56	56	1,206	56
57	ROOMS IMPROVEMENTS	1999	59,493		39	1,523	1,523	32,527	57
58	WINDOWS	1999	5,513		39	142	142	3,062	58
59	RELATED PARTY - NURSE CALL SYSTEM	1999	32,456		39	832	832	17,858	59
60	RELATED PARTY - NURSE STATION	1999	19,656		39	505	505	10,829	60
61	RELATED PARTY - DRYWALL, PAINT, FLOORING	1999	176,452		39	4,524	4,524	97,081	61
62	RELATED PARTY - FIRE SYSTEM DAMPERS	1999	22,000		39	564	564	12,104	62
63	NURSE CALL SYSTEM	2000	2,778		27.5	101	101	2,077	63
64	BATHROOM REMODELING	2000	10,080		27.5	367	367	7,567	64
65	FIRE ALARM REPAIR	2000	3,170		27.5	115	115	2,376	65
66	WALL TILES/FLOORING/KICKPLATES/BASEBOARD	2000	10,242		27.5	373	373	7,682	66
67	DRYWALL & CEILING REPAIR	2000	79,500		27.5	2,891	2,891	59,536	67
68	1ST FLOOR REMODEL	2000	2,698		27.5	98	98	4,803	68
69	DOOR/DOORBELL INTERCOM/PAGER	2000	2,640		27.5	96	96	1,970	69
70	TOTAL (lines 4 thru 69)		\$ 2,496,254	\$		\$ 34,605	\$ 34,605	\$ 2,172,949	70

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	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		\$ 2,496,254	\$		\$ 34,605	\$ 34,605	\$ 2,172,949	1
2	EXHAUST FAN	2000	890		27.5	32	32	665	2
3	HOT WATER HEATER	2000	1,100		27.5	40	40	827	3
4	OVERBED LIGHTS	2000	3,093		27.5	112	112	2,316	4
5	WINDOW TREATMENTS/CUBICLE CURTAINS	2000	11,247		7			11,247	5
6	ROOF REPAIRS	2001	7,445		27.5	271	271	5,359	6
7	LOCKS, DOORS, NURSE STATION MONITOR	2001	6,180		27.5	225	225	4,427	7
8	OUTLETS, TRANSFERSWICH	2001	5,686		27.5	207	207	4,070	8
9	VALVES, BASEMENT REPAIR	2001	6,136		27.5	223	223	4,389	9
10	LIGHT FIXTURES	2001	2,450		27.5	89	89	1,749	10
11	AC UNIT	2001	786		27.5	28	28	548	11
12	BOILER/WATER TOWER REPAIR	2002	5,055		27.5	184	184	3,726	12
13	ELEVATOR REPAIR	2002	6,244		27.5	227	227	3,855	13
14	FIRE SAFETY EQUIPMENT	2003	2,468		27.5	90	90	1,571	14
15	ELEVATOR REPAIR	2003	3,980		27.5	145	145	2,531	15
16	HEATING REPAIRS	2003	1,930		27.5	70	70	1,223	16
17	GENERATOR REPAIRS	2003	71,609		27.5	1,125	1,125	24,755	17
18	DECK & FENCE	2004	10,197		15	337	337	10,534	18
19	A/C REPAIR	2004	2,200		27.5	80	80	1,316	19
20	SMOKE DETECTORS & FIRELITE MODULES	2004	4,484		27.5	163	163	2,683	20
21	WATER HEATER	2004	6,937		27.5	252	252	4,148	21
22	NURSE CALL STATION	2004	585		27.5	21	21	346	22
23	GENERATOR REPAIRS	2004	1,250		27.5	46	46	756	23
24	FIRE ALARM REPAIR, FACP DOORS	2005	29,943		27.5	1,370	1,370	21,178	24
25	BOILER, PLUMBING & PIPING	2005	16,751		27.5	609	609	9,414	25
26	NURSE CALL SYSTEM	2005	19,432		27.5	707	707	10,929	26
27	AIR CONDITIONER 10,000 BTU	2005	12,907		27.5	469	469	7,250	27
28	ROOF REPAIRS	2005	726		27.5	26	26	402	28
29	ELECTRIC WIRING	2005	4,400		27.5	160	160	2,473	29
30	CUBICLE CURTAINS	2005	1,020		27.5	37	37	572	30
31	ROOF REPAIRS	2006	8,575		27.5	312	312	4,511	31
32	SHOWER ROOM RENOVATION	2006	3,100		27.5	113	113	1,634	32
33	FLOORING/CARPETING	2006	32,977		27.5	1,199	1,199	17,336	33
34	TOTAL (lines 1 thru 33)		\$ 2,788,037	\$		\$ 43,574	\$ 43,574	\$ 2,341,689	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

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12/31/2020

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		\$ 2,788,037	\$		\$ 43,574	\$ 43,574	\$ 2,341,689	1
2	<u>CIRCULATION PUMP</u>	2006	2,045		27.5	74	74	1,070	2
3	<u>FIRE SPRINKLER SYSTEM REPAIRS</u>	2006	7,102		27.5	258	258	3,730	3
4	<u>WALLCOVERINGS/BLINDS</u>	2006	67,180		27.5	2,443	2,443	35,322	4
5	<u>DOORS</u>	2006	15,104		27.5	549	549	7,938	5
6	<u>MONITORING CAMERAS</u>	2006	5,530		27.5	201	201	2,906	6
7	<u>DIESEL GENERATOR</u>	2006	72,592		27.5	2,640	2,640	38,170	7
8	<u>EXIT SIGNS/FRONT SIGN</u>	2006	3,726		27.5	135	135	1,952	8
9	<u>PLUMBING PIPING VALVES</u>	2006	1,643		27.5	60	60	867	9
10	<u>AIR CONDITIONERS</u>	2006	2,480		27.5	90	90	1,301	10
11	<u>SINK/IRON RAILING</u>	2006	1,483		27.5	54	54	781	11
12	<u>WALL/GATE MACHINE ROOM</u>	2006	2,960		27.5	108	108	1,561	12
13	<u>ALARM SYSTEM REPAIRS</u>	2006	2,985		27.5	109	109	1,576	13
14	<u>PUMPS & CONTROL PANEL</u>	2007	12,904		27.5	552	552	7,429	14
15	<u>WALLCOVERING & VINYL</u>	2007	22,847		27.5	883	883	11,884	15
16	<u>AIR CONDITIONERS</u>	2007	13,918		27.5	506	506	6,810	16
17	<u>FIRE ALARM SYSTEM & SECURITY CAMERAS</u>	2007	29,535		27.5			29,535	17
18	<u>ELEVATOR WORK</u>	2007	77,074		27.5	2,803	2,803	37,724	18
19	<u>DOORS & FRAMES</u>	2007	18,896		27.5	687	687	9,246	19
20	<u>SIGNAGE</u>	2007							20
21	<u>BOILER WORK</u>	2007							21
22	<u>BASEMENT & THERAPY-WALLPAPER,PAINT,FLOORING</u>	2007	18,025		27.5	844	844	11,359	22
23	<u>ELECTRICAL WORK</u>	2007	2,950		27.5	172	172	2,315	23
24	<u>PLUMBING WORK</u>	2007							24
25	<u>CABLING OF BUILDING</u>	2007	9,497		27.5	691	691	9,299	25
26	<u>DOORS & FRAMES</u>	2008	11,285		27.5	410	410	5,108	26
27	<u>FIRE ALARM SYSTEM</u>	2008	59,313		27.5	2,157	2,157	26,873	27
28	<u>AIR CONDITIONERS</u>	2008	8,615		27.5	313	313	3,899	28
29	<u>SMOKE DETECTORS-RESIDENT ROOMS</u>	2008	10,115		27.5	368	368	4,585	29
30	<u>ELECTRICAL WORK</u>	2008	23,305		27.5	848	848	10,564	30
31	<u>SECURITY SYSTEM REPAIRS</u>	2008	3,965		27.5	144	144	1,794	31
32	<u>PLASTER & PAINT RESIDENT BATHROOMS</u>	2008	5,200		27.5	189	189	2,355	32
33	<u>PLUMBING REPAIRS</u>	2008	10,426		27.5	379	379	4,722	33
34	TOTAL (lines 1 thru 33)		\$ 3,310,737	\$		\$ 62,241	\$ 62,241	\$ 2,624,364	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	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		\$ 3,310,737	\$		\$ 62,241	\$ 62,241	\$ 2,624,364	1
2	REFRIGERATOR REPAIRS	2008	1,721		27.5	63	63	785	2
3	ARTWORK CORRIDOR & DINING ROOM	2008	1,521		27.5	55	55	685	3
4	RFIRE ALARM SYSTEM REPAIRS	2009	10,970		27.5	469	469	5,374	4
5	ELECTRICAL WORK	2009	53,455		27.5	1,944	1,944	22,275	5
6	ELEVATOR REPAIRS	2009	23,314		27.5	847	847	9,706	6
7	CARPET, TILE & VINYL	2009	5,857		27.5	213	213	2,441	7
8	AIR CONDITIONERS & SLEEVES	2009	6,183		27.5	225	225	2,578	8
9	DOORS	2009	3,967		27.5	144	144	1,650	9
10	PLUMBING REPAIRS	2009	15,124		27.5	550	550	6,302	10
11	DISH NETWORK EQUIPMENT	2009							11
12	EMERGENCY ALARM CONTROL PANEL	2009							12
13	DOORS AND ACCESSORIES, DOOR ALARM & KEY PAD	2010	17,232		27.5	627	627	6,557	13
14	REPLACE WATER TUBES AND GASKET	2010			27.5				14
15	AIR CONDITIONERS, REPLACE AIR HANDLER MOTOR	2010	13,721		27.5	499	499	5,219	15
16	ROOF REPAIR	2010	4,135		27.5	150	150	1,569	16
17	CEILING PIPING REPAIRS- FRONT OFFICE	2010	4,850		27.5	176	176	1,841	17
18	INSTALL FIRE DAMPERS, FIRE, CIRCULATING, BRONZ PUM	2010	5,689		27.5	207	207	2,165	18
19	BASEMENT REPAIRS	2010	2,600		27.5	95	95	993	19
20	REPLACE PRIMARY PUMP IN BASEMENT	2010	2,400		27.5	87	87	910	20
21	2ND FLOOR PATIENTS BATHROOMS AND ROOMS:	2010	54,081		27.5	1,967	1,967	20,571	21
22	INSTALL NEW WALLS, CERAMIC TILE, CALL LIGHT								22
23	LIGHTING ACCESSORIES, FIXTURES, LAMPS	2010	12,135		27.5	441	441	4,612	23
24	UTILITY ROOM SINK, REPAIR SPRINKLER SYSTEM	2010	3,299		27.5	120	120	1,255	24
25	WALL PROTECTION HANDRAILS	2010	9,634		27.5	350	350	3,661	25
26	BUMBERS AROUND GARBAGE AREA	2010	4,766		27.5	173	173	1,809	26
27	WALLCOVERING, CUBICLE CURTAINS	2010	5,711		27.5	208	208	2,175	27
28	INSTALL STAIN & RAMP RAILINGS, SECURITY SYSTEM	2010	3,175		27.5	115	115	1,203	28
29	REPLACE ELECTRIC FOR TV ABOVE CEILING	2010	2,700		27.5	98	98	1,025	29
30	3RD FLOOR-REPLACE LIGHTS, INSTALL WATT FIXTURE	2010	3,328		27.5	121	121	1,265	30
31	NORTH SIDE EAST END-PERLACE BUILDING LIGHTS	2010	3,052		27.5	111	111	1,161	31
32	INSTALL OUTDOOR LIGHTING	2010	7,250		27.5	264	264	2,761	32
33	PATIO ROOMS-NEW DOOR, TILE, FLOOR, LIGHTING	2010	13,417		27.5	488	488	5,104	33
34	TOTAL (lines 1 thru 33)		\$ 3,606,024	\$		\$ 73,048	\$ 73,048	\$ 2,742,016	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,606,024	\$		\$ 73,048	\$ 73,048	\$ 2,742,016	1
2	AIR COMPRESSOR COIL REPAIR	2010							2
3	RECEPTION DESK/CABINETS	2011	4,802		27.5	592	592	5,599	3
4	WALLCOVERING/WINDOW TREATMENTS/ARTWORK/CO	2011	29,370		27.5	1,298	1,298	12,277	4
5	FLOORING/WINDOW TREATMENTS	2011	96,290		27.5	3,501	3,501	33,114	5
6	DOORS/KICK PLATES	2011	22,647		27.5	824	824	7,793	6
7	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	57,913		27.5	2,106	2,106	19,919	7
8	SEE PAGE 12 F LINES 3-5								8
9	WINDOWS	2011	42,760		27.5	2,624	2,624	24,819	9
10	ROOD REPAIRS/AIR HANDLER	2011	9,686		27.5	403	403	3,812	10
11	STAIRWELL CRASH RAILS	2011	5,242		27.5	191	191	1,806	11
12	LOBBY HEAT/COOL/FLOORING	2011	29,666		27.5	1,079	1,079	10,205	12
13	SEE PAGE 12 F LINES 7-13								13
14	CAPRET, CORNER GUARDS-OFFICE, RECEPTION	2011	5,247		27.5	191	191	1,806	14
15	DOORS - RESIDENT RMS,TUB ROOM FRONT LOBBY	2011	3,370		27.5	122	122	1,154	15
16	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	109,505		27.5	5,437	5,437	51,427	16
17	SEE PAGE 12 F LINES 15-22								17
18	HOT WATER HEATERS/PLUMBING WORK	2011	18,765		27.5	682	682	6,451	18
19	RECEPTION DESK	2011	21,772		27.5	792	792	7,491	19
20	ROOF REPAIR	2011			27.5	84	84	794	20
21	SECURITY/FIRE SYSTEM REPAIR	2011	19,325		27.5	703	703	6,649	21
22	HEATERS/AC UNIT	2011	17,028		27.5	619	619	5,855	22
23	SCANNERS/COMPUTER CABLING	2011	14,594		27.5	1,288	1,288	12,182	23
24	SEE PAGE 12 F LINES 24-27								24
25	SECURITY/FIRE SYSTEM REPAIR	2012	12,807		27.5	467	467	3,950	25
26	HEATING & AIR CONDITIONING	2012	7,695		27.5	255	255	2,168	26
27	LAUNDRY ROOM PIPING & REPAIR	2012	27,596		27.5	976	976	8,269	27
28	WINDOW TRTMTS, CABINETS, PICTURES-OFFICE,NURSE	2012	7,820		27.5	297	297	2,507	28
29	ELEVATOR REPAIR	2012	10,300		27.5	382	382	3,228	29
30	DOORS, TILE - TUB, RESIDENT, MEDICATION RM	2012	4,215		27.5	170	170	1,430	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,184,439	\$		\$ 98,131	\$ 98,131	\$ 2,976,721	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 4,184,439	\$		\$ 98,131	\$ 98,131	\$ 2,976,721	1
2	PAGE 12 E LINE 8								2
3	PLUMBING/ELECTRIC- KITCHEN	2011	11,675		27.5	418	418	3,953	3
4	PLUMBING/ELECTRIC - BOILER/MECHANICAL ROOMS	2011	27,323		27.5	986	986	9,326	4
5	PLUMBING/ELECTRIC - BASEMENT	2011	6,944		27.5	267	267	2,526	5
6	PAGE 12 E LINE 13								6
7	CUBICLE CURTAINS - SPA AREA	2011							7
8	PLASTER & PAINT - BACK STAIRWAY	2011	3,227		27.5	115	115	1,088	8
9	PLASTER & PRIME FLOORS - BASEMENT TO 4TH FL	2011	2,750		27.5	96	96	908	9
10	WALLPAPER,PAINT,WINDOW TRTMTS OFFICES	2011	11,466		27.5	413	413	3,906	10
11	MIRRORS & LIGHT FIXTURES - BATHROOM	2011			27.5	58	58	548	11
12	LIGHT FIXTURES INTSL - DINING ROOM	2011	3,600		27.5	135	135	1,276	12
13	WINDOW TRTMTS & LIGHTING - RESIDENT ROOMS	2011							13
14	PAGE 12 E LINE 17								14
15	ELECTRIC REPAIR/REPLACE - ELEVATOR ROOM	2011	1,860		27.5	60	60	567	15
16	ELECTRIC REPAIR/REPLACE - BATHROOMS	2011	8,200		27.5	298	298	2,819	16
17	ELECTRIC REPAIR/REPLACE - FIRE ALARMS 1,2,3 FLOOR	2011	4,800		27.5	179	179	1,693	17
18	ELECTRIC REPAIR/REPLACE - OXYGEN ROOM	2011	2,080		27.5	80	80	756	18
19	ELECTRIC REPAIR/REPLACE - NURSE CALL	2011	630		27.5	20	20	189	19
20	ELECTRIC REPAIR/REPLACE - KITCHEN & OFFICE	2011	19,471		27.5	716	716	6,772	20
21	ELECTRIC REPAIR/REPLACE - 2 & 3 FLOOR	2011	13,725		27.5	497	497	4,701	21
22	ELECTRIC REPAIR/REPLACE - TV ROOMS	2011	3,900		27.5	138	138	1,306	22
23	PAGE 12 E LINE 24								23
24	PLUMBING/ELECTRIC WORK - NURSE STATION	2012	1,040		27.5	42	42	351	24
25	PLUMBING/ELECTRIC WORK - TUB ROOM	2012	9,020		27.5	339	339	2,859	25
26	PLUMBING/ELECTRIC WORK - KITCHEN, HALL, RESIDEN	2012	27,757		27.5	1,018	1,018	8,599	26
27	PLUMBING/ELECTRIC WORK - LAUNDRY, BOILER ROOM	2012	8,416		27.5	297	297	2,531	27
28									28
29	LABEL & LOCK ELECTRIC PANELS-1SR,2ND,3RD FL, KITC	2013	11,225		27.5	408	408	3,050	29
30	EXTERIOR DOORS, CLOSERS & CLOSED CIRCUIT TV'S	2013	8,103		27.5	295	295	2,197	30
31	PLUMBING-MEN'S RM, BOILER RM,	2013	5,500		27.5	200	200	1,484	31
32	DOORS, CLOSERS & CLOSED CIRCUIT CAMERAS	2013	10,681		27.5	388	388	2,909	32
33	BATHROOM PLUMBING & ELECTRIC WORK	2013	5,980		27.5	217	217	1,615	33
34	TOTAL (lines 1 thru 33)		\$ 4,393,812	\$		\$ 105,811	\$ 105,811	\$ 3,044,650	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 4,393,812	\$		\$ 105,811	\$ 105,811	\$ 3,044,650	1
2	KITCHEN ELECTRIC & GRANITE COUNTERTOP& TRAP COVER	2013	4,750		27.5	173	173	1,283	2
3	HOT WATER HEATER & BOOSTER	2013	2,867		27.5	104	104	776	3
4	1ST, 2ND & 3RD FLOOR ELECTRICAL REPAIRS	2013	9,405		27.5	342	342	2,550	4
5	ELEVATOR UPGRADES	2013	4,900		27.5	178	178	1,330	5
6	CONFIGURED PHONE SETS & INTERCOM HANDLE CAP	2013	3,565		27.5	130	130	970	6
7	THRU WALL AIR CONDITIONERS	2013	5,217		27.5	190	190	1,414	7
8	ROOF REPAIR	2014	5,112		39	131	131	871	8
9	CEILING TILES	2014	945		39	24	24	160	9
10	7 BIRCH DOORS & DOOR CLOSERS	2014	2,998		39	77	77	512	10
11	LIGHTING MAIN LOBBY	2014	163		39	4	4	27	11
12	KEY PADS-3RD FLOOR ALARM,MAINTENANCE ROOM	2014	975		39	25	25	166	12
13	REPLACE WATER DAMAGED SMOKE DETECTOR ROOM 310	2014	1,038		39	27	27	179	13
14	WINDOW INSTALL	2014	585		39	15	15	100	14
15	INSTALL 200 AMP IN ELEVATOR ROOM	2014	1,960		39	50	50	333	15
16	REPAIR CUT WIRES ROOMS 205-211, 305, 303, 317	2014	2,500		39	64	64	426	16
17	OPEN SECTION OF CEILING & FLOOR TO REPAIR RADIATOR	2014	1,600		39	41	41	273	17
18	SWITCHES FOR NURSE STATION HALLWAY 2ND & 3RD FLOOR &								18
19	PIPE 4TH FLOOR FOR POWER TO MAIN COMPUTER	2014	1,870		39	48	48	319	19
20	REPLACE 15 AMP WITH 20 AMP ON 1ST & 2ND FLOOR, 2 SWITCHES ON 1ST FLOOR &								20
21	LIGHTS ON 1ST & 2ND FLOOR	2014	4,200		39	108	108	718	21
22	REPLACED LIGHTS BASEMENT, 2ND & 3RD FLOORS	2014	1,360		39	35	35	233	22
23	4 WEATHER PROOF LIGHT FIXTURES, REPAIR BREAKERS IN								23
24	LIVING ROOM	2014	1,100		39	28	28	186	24
25	HALLWAY LOUVERED SUPPLY REGISTERS	2014	1,521		39	39	39	259	25
26	ROOM 209 CALL SWITCH	2014	510		39	13	13	87	26
27	ROOM 118 REPAIR DAMAGED AC WIRING	2014	1,190		39	31	31	206	27
28	REMOVE 7 REPLACE SLOP SINKS & DRAIN PIPING JANITORS CLOSET								28
29	1ST, 2ND, 3RD FLOORS & BASEMENT	2014	1,100		39	28	28	186	29
30	2 CURB CAPS & STAINLESS STEEL PANS FOR GREASE	2014	1,430		39	37	37	246	30
31	PLUMBING PARTS	2014	4,753		39	122	122	811	31
32	10 THRU WALL AIR CONDITIONERS	2014	5,461		39	140	140	931	32
33	DOOR STRIKE & NEW WIRES FOR INTERCOM SYSTEM	2014	565		39	14	14	93	33
34	TOTAL (lines 1 thru 33)		\$ 4,467,452	\$		\$ 108,029	\$ 108,029	\$ 3,060,295	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 4,467,452	\$		\$ 108,029	\$ 108,029	\$ 3,060,295	1
2	MODIFICATIONS TO KITCHEN HOOD	2014	5,987		39	154	154	1,024	2
3	INSTALL FIRE ALARM FOR ELEVATOR RECALL	2014	4,431		39	114	114	758	3
4	INSTALL VALVE ON COLD WATER LAUNDRY	2014	2,314		39	59	59	392	4
5	CAMERAS PATIO, 1ST FL DINING ROOM, BACK OFFICE,								5
6	NURSE STATION	2014	11,980		39	307	307	2,042	6
7	NURSE CALL SYSTEM	2014	20,288		39	520	520	3,458	7
8	GARAGE DOOR & OPENER	2014	2,765		39	71	71	472	8
9	EYE WASH STATIONS	2014	7,088		39	182	182	1,210	9
10	SPRINKLER HEADS	2014	12,421		39	318	318	2,115	10
11	AC REPAIR INSTALL	2015	8,908		39	142	142	824	11
12	WATER MAIN REPAIR	2015	3,250		39	52	52	302	12
13	DOOR CLOSER & ALARM REPAIR,	2015	850		39	14	14	81	13
14	TAMPER & SUPERVISORY SWITCHES	2015	2,819		39	45	45	261	14
15	WIRING FOR NEW NURSE STATION	2015	1,375		39	22	22	128	15
16	ELEVATOR REPAIR	2015	1,303		39	21	21	122	16
17	1ST & 2ND FLOOR CORRIDOR WALLPAPER & CORNER GU	2015	2,169		39	35	35	203	17
18	ACOUSTIC CEILING TILE	2015	1,172		39	19	19	110	18
19	SECURITY CAMERA	2015	1,150		39	18	18	105	19
20	WATER HEATER & INSTALL	2015	5,496		39	87	87	505	20
21	WTA-NEW ELEVATOR	2015	45,018		39	1,154	1,154	6,347	21
22	WTA- REPLACE ROOF	2015	72,975		39	1,871	1,871	10,291	22
23	WTA-KITCHEN FIRE SUPPRESSION SYSTEM	2015	1,600		39	41	41	226	23
24	WTA-CEILING TILES	2015	1,253		39	32	32	176	24
25	WTA-WALLCOVERING 1ST FLOOR CORRIDOR & PT ROO	2015	7,264		39	186	186	1,023	25
26	WTA-7 BATHROOMS, NEW TILE & DRYWALL	2015	26,050		39	669	669	3,679	26
27	7 BATHROOMS NEW TILE & DRYWALL	2014	28,093		39	447	447	2,235	27
28	2ND FLOOR CORRIDOR WALLPAPER & BUMPER GUARDS	2014	6,110		39	97	97	485	28
29	ELECTRIC WORK RESIDENT ROOMS	2015	10,106		39	161	161	805	29
30	REMOVE AND INSTALL WALLPAPER & CORNER GUARDS 1ST FLOOR CORRIDOR AND DINING ROOM								30
31		2015	36,735		39	584	584	2,920	31
32	7760 PARKING LOT AND LANDSCAPING	2015	62,768		15	4,185	4,185	20,925	32
33	NEW BOILERS	2015	48,657		39	774	774	3,870	33
34	TOTAL (lines 1 thru 33)		\$ 4,909,847	\$		\$ 120,410	\$ 120,410	\$ 3,127,389	34

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	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 12H, Carried Forward		\$ 4,909,847	\$		\$ 120,410	\$ 120,410	\$ 3,127,389	1
2	BASEMENT WINDOWS, PAINTING	2015	17,251		39	274	274	1,370	2
3	1ST FLOOR RESIDENT ROOMS, DRYWALL, PAINTING, FL	2015	160,383		39	2,551	2,551	12,755	3
4	THERAPY ROOM PAINTING FLOORING	2015	10,624		39	169	169	845	4
5	BASEMENT WINDOWS, PAINTING,FLOORING,DOORS	2016	78,304		39	1,246	1,246	6,230	5
6	THERAPY ROOM FLOORING	2016	4,376		39	70	70	350	6
7	ELECTRIC WORK BASEMENT	2016	7,820		39	124	124	620	7
8	7760 PARKING LOT ARCHITECT/HANDICAP INTERCOM	2016	1,795		39	29	29	145	8
9	PLUMBING WORK	2016	6,166		39	98	98	490	9
10	WALL AC UNITS	2016	4,794		39	76	76	380	10
11	BEAUTY SHOP-ARTWORK	2016	842		39	13	13	65	11
12	KITCHEN DRAIN PIPE	2016	4,500		39	72	72	360	12
13	ELECTRICAL WORK	2016	3,843		39	61	61	305	13
14	METALWORK, ELEVATOR DOORS, RADIATOR COVERS	2016	11,935		39	190	190	950	14
15	THERAPY/REHAB RM LIGHTING, FLOORING & LABOR	2016	22,183		39	353	353	1,765	15
16	BASEMENT WALLPAPER,FLOORING, ELECTRIC,ARTWOI	2016	21,092		39	336	336	1,680	16
17	VIDEO MONITORING EQUIPMENT	2016	3,302		39	53	53	265	17
18	HEAT BOILER & SENSOR	2016	3,178		39	51	51	255	18
19	WALLPAPER 4TH FLOOR CONFERENCE ROOM	2016	7,064		39	112	112	560	19
20	RADIATOR COVERS 2ND FL RESIDENT ROOMS.3RD FL HA	2017	13,127		39	337	337	1,348	20
21	4TH FLOOR WALLPAPER IN CONFERENCE RM & ENTRY CORRIDOR, PLASTER, PRIME, PAINT OFFICE, PRIME & SPRAY 3 DOOR FRAMI								21
22		2017	4,035		39	103	103	412	22
23	4TH FLOOR WINDOW TREATMENTS	2017	3,711		39	95	95	380	23
24	PLUMBING SUPPLIES	2017	1,895		39	49	49	196	24
25	THROUGH WALL HEAT & AC	2017	3,002		39	77	77	308	25
26	INSTALL SUPPORTS ON PUMP LINE	2017	3,200		39	82	82	328	26
27	2ND FLOOR WOOD FLOORING	2017	14,216		39	365	365	1,460	27
28	WALLPAPER IN BASEMENT, 2ND FLOOR FIX WALLPAPER, INSTALL CERAMIC TILE AROUND FOUNTAIN								28
29		2017	2,965		39	76	76	304	29
30	WINDOWS & INSTALL	2017	2,400		39	62	62	248	30
31	REMODELING FLOORS 1&2,BM,KITCHEN	2018	1,680		39	43	43	129	31
32	FRIDGE UNIT-WALK IN COOLER	2018	6,256		39	161	161	482	32
33	INSTALLED OVERBED LIGHT	2018	2,635		39	68	68	204	33
34	TOTAL (lines 1 thru 33)		\$ 5,338,421	\$		\$ 127,806	\$ 127,806	\$ 3,162,578	34

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

STATE OF ILLINOIS

Page 12K

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 5,338,421	\$ -		\$ 127,806	\$ 127,806	\$ 3,162,578	1
2	BOILER PRESSURE FILL SYSTEM	2018	8,622		39	221	221	663	2
3	PAVE PARKING LOT	2018	36,150		15	2,410	2,410	7,230	3
4	TUCKPOINTING	2018	3,200		39	82	82	246	4
5	REUILD STORM BASINS	2018	36,600		39	939	939	2,816	5
6	AQUATOWER	2018	8,351		39	214	214	428	6
7	RESPONSE SIDEWALL SPRINKLER	2019	2,682		39	52	52	104	7
8	REPLACED HOISE-WAY DOOR SILL	2019	3,860		39	74	74	148	8
9	INSTALLED CASING VALVE ON PUMP AND FIR	2019	6,544		39	56	56	112	9
10	REPAIR BROKEN SECTION OF LINE	2019	2,800		39	30	30	60	10
11	REPAIR BOILER	2019	7,016		39	15	15	30	11
12	PAINT FOUR PATION ROOMS	2020	3,500		15	233	233	233	12
13	PATION ELEVATOR - REPLACED DOOR EDGE	2020	3,690		39	95	95	95	13
14	3RD FLOOR REMODELING: WALL WORK, FLOORING, OUTLETS & CABLE BOXES, LIGHT FIXTURE & ELECTRICAL, DOORS,								14
15	WINDOW TREATMENTS, HANDRAILS, PAINTING, NUESES STATION, TRIM								15
16		2020	109,107		39	2,798	2,798	2,798	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				197,721			(197,721)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,570,543	\$ 197,721		\$ 135,025	\$ (62,696)	\$ 3,177,541	34

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	\$ 685,654	\$	\$ 65,157	\$ 65,157	10	\$ 495,765	71
72	Current Year Purchases	6,577		329	329	10	329	72
73	Fully Depreciated Assets	1,094,724					1,094,724	73
74	RELATED PARTY			411	411			74
75	TOTALS	\$ 1,786,955	\$	\$ 65,897	\$ 65,897		\$ 1,590,818	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 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,225,376	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,721	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 200,922	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 3,201	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,753,396	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: N/A RELATED PARTY
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: \$ 28,555 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	FACILITY	2017 FORD STARCRAFT	\$ 670.08	\$ 9,503	17
18	FACILITY	2019 BUICK ENCLAVE	798.75	10,264	18
19	FACILITY	2020 BUICK ENCLAVE	440.16	1,320	19
20					20
21	TOTAL		\$ #####	\$ 21,087	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.

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	\$		\$ 277,412	\$		\$ 277,412	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			48,373			48,373	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			250,822			250,822	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				52,777		52,777	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/RADIOLOGY/RENTAL	39-2					19,241		19,241	13
	Other (specify): LAB	39-2					(29,851)		(29,851)	
14	TOTAL			\$		\$ 576,607	\$ 42,167		\$ 618,774	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	\$ 163,227	\$ 279,736	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 80,606)	4,455,083	4,455,083	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	125,344	142,391	6
7	Other Prepaid Expenses	639,827	639,827	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>ESCROWS</u>		377,565	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,383,481	\$ 5,894,602	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		1,508,000	14
15	Leasehold Improvements, at Historical Cost	3,540,248	4,172,715	15
16	Equipment, at Historical Cost	1,790,293	1,873,164	16
17	Accumulated Depreciation (book methods)	(2,878,024)	(4,742,863)	17
18	Deferred Charges	84,636	84,636	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) <u>Security Deposits</u>	23,339	23,339	22
23	Other(specify): <u>LOAN COSTS</u>		112,402	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,560,492	\$ 3,131,393	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,943,973	\$ 9,025,995	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,075,648	\$ 1,075,648	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	859,942	1,105,445	29
30	Accrued Salaries Payable	348,398	348,398	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,635	18,635	31
32	Accrued Real Estate Taxes(Sch.IX-B)		256,000	32
33	Accrued Interest Payable		20,708	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>INTERCOMPANY PAYABLE</u>	2,790,334	2,654,187	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,092,957	\$ 5,479,021	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,966,917	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)	\$	\$ 5,966,917	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,092,957	\$ 11,445,938	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,851,016	\$ (2,419,943)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,943,973	\$ 9,025,995	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,185,688	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,185,688	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,672,678	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES	(7,350)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,665,328	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)	\$ 2,851,016	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,546,770	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,546,770	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	161,845	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 161,845	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***	3,681	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,681	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	STIMULUS PAYMENT	873,131	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 873,131	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,585,427	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,202,303	31
32	Health Care	2,888,010	32
33	General Administration	2,833,179	33
	B. Capital Expense		
34	Ownership	1,124,874	34
	C. Ancillary Expense		
35	Special Cost Centers	618,774	35
36	Provider Participation Fee	245,609	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,912,749	40
41	Income before Income Taxes (line 30 minus line 40)**	1,672,678	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,672,678	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 5,606,547	44
45	Private Pay - Net Inpatient Revenue	321,300	45
46	Medicare - Net Inpatient Revenue	3,618,923	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,546,770	49

**TAX RETURN

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

PREPARED ON
CASH BASIS** Does this agree with taxable income (loss) per Federal Income
Tax Return? NO** 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	2,024	2,272	\$ 103,162	\$ 45.41	1
2	Assistant Director of Nursing	1,180	1,244	51,208	41.16	2
3	Registered Nurses	6,775	6,931	238,843	34.46	3
4	Licensed Practical Nurses	25,763	29,086	882,880	30.35	4
5	CNAs & Orderlies	54,220	58,702	983,855	16.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,854	2,110	35,575	16.86	8
9	Activity Director	1,664	1,904	34,779	18.27	9
10	Activity Assistants	8,243	9,016	147,577	16.37	10
11	Social Service Workers	2,416	2,600	54,482	20.95	11
12	Dietician					12
13	Food Service Supervisor	2,032	2,200	46,438	21.11	13
14	Head Cook	1,575	1,815	29,691	16.36	14
15	Cook Helpers/Assistants	12,199	13,088	203,808	15.57	15
16	Dishwashers					16
17	Maintenance Workers	5,827	6,491	138,979	21.41	17
18	Housekeepers	11,507	12,455	193,657	15.55	18
19	Laundry	2,926	3,500	52,732	15.07	19
20	Administrator	2,024	2,160	127,258	58.92	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,120	2,240	51,489	22.99	23
24	Clerical	4,392	4,672	139,454	29.85	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					31
32	Other Health Care(specify)					32
33	Other(specify) <u>ADMITTING</u>	1,952	2,080	69,281	33.31	33
34	TOTAL (lines 1 - 33)	150,693	164,566	\$ 3,585,148 *	\$ 21.79	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	\$ 14,345	1-3	35
36	Medical Director	O	18,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	73,464	10-3	38
39	Pharmacist Consultant	H	7,768	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	2,009	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify) <u>S</u>				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 115,586		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides		N/A	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	
HOWARD J ALTER	ADMINISTRATOR	0	\$ 127,258	Workers' Compensation Insurance		\$ 125,857	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance		38,438	Advertising: Employee Recruitment	21,647	
				FICA Taxes		272,978	Health Care Worker Background Check	516	
				Employee Health Insurance		246,102	(Indicate # of checks performed 15)		
				Employee Meals		22,692	Patient Background Checks	0	
				Illinois Municipal Retirement Fund (IMRF)*			TRUST/FRANCHISE/CONTRIB/ETC	14,384	
				EMPLOYEE BENEFITS - OTHER		94,347	MARKETING/ADV/PROMO	154,638	
						0	LICENSES/DUES/SUBSCRIPTIONS	23,571	
						0	MGMT CO ALLOC	2,337	
						0	TRUST/FRANCHISE/CONTRIB/ETC	(14,384)	
							Less: Public Relations Expense	(0)	
							Non-allowable advertising	(154,638)	
						0	Yellow page advertising	(0)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 800,414	TOTAL (agree to Sch. V, line 20, col. 8)		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
SEE SCHEDULE ATTACHED			199,522						
							In-State Travel		
								16,778	
							MGMT CO ALLOC	306	
							Seminar Expense		
								0	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			(agree to Sch. V, line 24, col. 8)		
							TOTAL		
\$ 199,522							\$ 17,084		

*** Attach copy of IMRF notifications**

****See instructions.**

WATERFRONT TERRACE
SCHEDULE - LEGAL
12/31/2020

DATE	FIRM NAME	DESCRIPTION	AMOUNT
7/20/2020	LAW OFFICE OF KYRA PAYNE	ESTATE OF SOPHENIA JENKINS	1,169
10/13/2020	LYONS GLOBAL INVESTIGATIONS LLC	ESTATE OF SOPHENIA JENKINS	85
2/2/2020	MARILYN DUNN	Loan Modification	252
1/1/2020	MUCH SHELIST, P.C.	Plan Analysis	1,170
1/1/2020	MUCH SHELIST, P.C.	General Counseling	1,099
2/1/2020	MUCH SHELIST, P.C.	General Counseling	1,203
3/1/2020	MUCH SHELIST, P.C.	Civil Money Penalty Cycle	410
4/1/2020	MUCH SHELIST, P.C.	FMLA Issue	507
4/1/2020	MUCH SHELIST, P.C.	Life Safety Code Survey	2,395
4/1/2020	MUCH SHELIST, P.C.	General Counseling	450
4/1/2020	MUCH SHELIST, P.C.	General Counseling	1,170
5/26/2020	MUCH SHELIST, P.C.	Prepare and File IL Domestic LLC Annual Report	250
5/1/2020	MUCH SHELIST, P.C.	General counseling	615
7/1/2020	MUCH SHELIST, P.C.	Regarding Life Safety Code Survey	574
6/1/2020	MUCH SHELIST, P.C.	Regarding Life Safety Code Survey	246
8/1/2020	MUCH SHELIST, P.C.	General Counseling	1,927
9/30/2020	MUCH SHELIST, P.C.	General Counseling	164
12/12/2020	MUCH SHELIST, P.C.	General Counseling	416
12/1/2020	MUCH SHELIST, P.C.	General Counseling	164
12/30/2020	MUCH SHELIST, P.C.	General Counseling	350
2/27/2020	MURTHY LAW FIRM	Labor & Employment-Prepartion of Imigration Petition	1,860
3/31/2020	SCOTT & KRAUS, LLC	Loan Modification Document	846
1/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	985
3/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	1,173
4/30/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	1,135
5/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	519
6/30/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	475
7/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	1,724
8/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	1,078
9/30/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	5,007
10/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	9,192
11/30/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	2,620
12/31/2020	STONE POGRUND & KOREY LLC	General Litigation & Collection	2,626
2/18/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	877
4/21/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	98
5/17/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	1,199
6/18/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	805
6/30/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	795
6/30/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	133
7/31/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	933
11/23/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	366
11/23/2020	VON BRIESEN & ROPER, S.C.	Labor & Employment	196
TOTAL			49,256

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-\$ 6,124
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YR
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 12,907 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. \$ 245,609
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 22,692 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.