

Facility Name & ID Number Golfview Developmental Ctr

0042614 Report Period Beginning: 1/1/15 Ending: 12/31/15

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

N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>135</u>	Intermediate (ICF)	<u>135</u>	<u>49,275</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>135</u>	TOTALS	<u>135</u>	<u>49,275</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	<u>47,183</u>			<u>47,183</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>47,183</u>			<u>47,183</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.75%

D. How many bed-hold days during this year were paid by the Department?

628 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

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 11/17/97

J. Was the facility purchased or leased after January 1, 1978?

YES Date 11/17/97 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Golfview Developmental Ctr

0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	244,877	42,600	9,028	296,505		296,505	296,505			1
2	Food Purchase		285,584		285,584		285,584	285,584			2
3	Housekeeping	270,443	61,052		331,495		331,495	331,495			3
4	Laundry	20,223	7,949		28,172		28,172	28,172			4
5	Heat and Other Utilities			223,068	223,068		223,068	223,068			5
6	Maintenance	52,542	36,438	190,226	279,206		279,206	24,810	304,016		6
7	Other (specify):* Workshop Expense			1,965,942	1,965,942		1,965,942		1,965,942		7
8	TOTAL General Services	588,085	433,623	2,388,264	3,409,972		3,409,972	24,810	3,434,782		8
	B. Health Care and Programs										
9	Medical Director			14,400	14,400		14,400	14,400			9
10	Nursing and Medical Records	2,104,844	71,224	19,489	2,195,557		2,195,557	2,195,557			10
10a	Therapy										10a
11	Activities	104,450	16,146	2,804	123,400		123,400	123,400			11
12	Social Services			13,405	13,405		13,405	13,405			12
13	CNA Training	52,364			52,364		52,364	52,364			13
14	Program Transportation					22,338	22,338	22,338			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,261,658	87,370	50,098	2,399,126	22,338	2,421,464		2,421,464		16
	C. General Administration										
17	Administrative	222,003		525,664	747,667		747,667	(525,664)	222,003		17
18	Directors Fees										18
19	Professional Services			71,887	71,887		71,887	27,151	99,038		19
20	Dues, Fees, Subscriptions & Promotions			21,092	21,092		21,092	(3,668)	17,424		20
21	Clerical & General Office Expenses	128,417	26,405	268,266	423,088		423,088	423,088			21
22	Employee Benefits & Payroll Taxes			794,833	794,833		794,833	794,833			22
23	Inservice Training & Education										23
24	Travel and Seminar			8,545	8,545		8,545	8,545			24
25	Other Admin. Staff Transportation			29,784	29,784	(22,338)	7,446	7,446			25
26	Insurance-Prop.Liab.Malpractice			86,885	86,885		86,885	40,973	127,858		26
27	Other (specify):*										27
28	TOTAL General Administration	350,420	26,405	1,806,956	2,183,781	(22,338)	2,161,443	(461,208)	1,700,235		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,200,163	547,398	4,245,318	7,992,879		7,992,879	(436,398)	7,556,481		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Number

Golfview Developmental Ctr

#0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			38,756	38,756	38,756	373,849	412,605				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			16,889	16,889	16,889	204,501	221,390				32
33	Real Estate Taxes						364,622	364,622				33
34	Rent-Facility & Grounds			1,246,629	1,246,629	1,246,629	(1,246,629)					34
35	Rent-Equipment & Vehicles			66,540	66,540	66,540	(2,160)	64,380				35
36	Other (specify):*											36
37	TOTAL Ownership			1,368,814	1,368,814	1,368,814	(305,817)	1,062,997				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			13,998	13,998	13,998		13,998				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			479,466	479,466	479,466		479,466				42
43	Other (specify):* See Schedule 4a			2,579	2,579	2,579	(2,579)					43
44	TOTAL Special Cost Centers			496,043	496,043	496,043	(2,579)	493,464				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,200,163	547,398	6,110,175	9,857,736	9,857,736	(744,794)	9,112,942				45

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

SEE ACCOUNTANTS' COMPILATION REPORT

GOLFVIEW DEVELOPMENTAL CENTER, INC.
Provider #0042614
December 31, 2015

Schedule 4a

Page 4 Cost Center Expenses

Line 43 Other Expenses

Corporate Taxes	155
Travel and Entertainment	<u>2424</u>
Total Line 43	<u><u>2579</u></u>

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	81,607	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,424)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(6,898)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See pg. 5A	(564,953)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (492,668)		\$	30

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)	(252,126)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (252,126)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (744,794)		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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Golfview Developmental Ctr

ID# 0042614

Report Period Beginning: 1/1/15

Ending: 12/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Management Fees	\$ (525,664)	17	1
2	Dues and Subscriptions	(3,668)	20	2
3	Auto Leasing	(2,160)	35	3
4	Capitalized Maintenance	(33,461)	6	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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		(564,953)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(33,461)	58,271	0	0	0	0	0	0	0	0	0	24,810	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(33,461)	58,271	0	24,810	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(525,664)	0	0	0	0	0	0	0	0	0	0	(525,664)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	27,151	0	0	0	0	0	0	0	0	0	27,151	19
20	Fees, Subscriptions & Promotions	(3,668)	0	0	0	0	0	0	0	0	0	0	(3,668)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	40,973	0	0	0	0	0	0	0	0	0	40,973	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(529,332)	68,124	0	(461,208)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(562,793)	126,395	0	(436,398)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Golfview Developmental Ctr

0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	81,607	292,242	0	0	0	0	0	0	0	0	0	373,849	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	204,501	0	0	0	0	0	0	0	0	0	204,501	32
33	Real Estate Taxes	0	364,622	0	0	0	0	0	0	0	0	0	364,622	33
34	Rent-Facility & Grounds	0	(1,246,629)	0	0	0	0	0	0	0	0	0	(1,246,629)	34
35	Rent-Equipment & Vehicles	(2,160)	0	0	0	0	0	0	0	0	0	0	(2,160)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	79,447	(385,264)	0	(305,817)	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):*	(9,322)	6,743	0	0	0	0	0	0	0	0	0	(2,579)	43
44	TOTAL Special Cost Centers	(9,322)	6,743	0	(2,579)	44								
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(492,668)	(252,126)	0	(744,794)	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
Anthony Miner	100			Golfview Realty Partnership d/b/a	Chicago	Real Estate
				Golfview Partnership Venture		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	26 Insurance	\$	Golfview Realty Partnership	100.00%	\$ 40,973	\$ 40,973	1
2	V	30 Depreciation		Golfview Realty Partnership	100.00%	292,242	292,242	2
3	V	32 Interest Expense		Golfview Realty Partnership	100.00%	205,107	205,107	3
4	V	33 Real Estate Taxes		Golfview Realty Partnership	100.00%	364,622	364,622	4
5	V	34 Rent Expense	1,246,629	Golfview Realty Partnership	100.00%		(1,246,629)	5
6	V	19 Professional Fees		Golfview Realty Partnership	100.00%	27,151	27,151	6
7	V	6 Repairs & Maintenance		Golfview Realty Partnership	100.00%	58,271	58,271	7
8	V	32 Interest Income		Golfview Realty Partnership	100.00%	(606)	(606)	8
9	V	43 Illinois Replacement Tax		Golfview Realty Partnership	100.00%	6,743	6,743	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,246,629			\$ 994,503	\$ * (252,126)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr # 0042614 Report Period Beginning: 1/1/15 Ending: 12/31/15

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	Anthony Miner	President	Administrator	100.00	None	70-80	100.00	Salary	\$ 137,243	17,1	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 137,243		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr

0042614

Report Period Beginning:

1/1/15

Ending: 12/31/15

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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	PR Mortgage and Inv		x	Mortgage			\$ 8,512,723	\$ 8,107,683		2.4500	\$ 200,951	1				
2	PR Mortgage and Inc		x	Mortgage Costs							4,156	2				
3	Interest Income Offset		x								(1,075)	3				
4	State of Illinois		x	Pre-Bankruptcy DPA Fees							17,358	4				
5												5				
	Working Capital															
6												6				
7												7				
8												8				
9	TOTAL Facility Related						\$ 8,512,723	\$ 8,107,683			\$ 221,390	9				
	B. Non-Facility Related*															
10												10				
11												11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$	14				
15	TOTALS (line 9+line14)						\$ 8,512,723	\$ 8,107,683			\$ 221,390	15				

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

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2014 report.		\$	<u>189,828</u>		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.)		\$	<u>394,849</u>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>205,021</u>		3														
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>194,729</u>		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 \$ <u>35,128</u> For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	<u>(35,128)</u>		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>364,622</u>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2010	<u>294,425</u>	8	<table border="1"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2014 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2014 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2014 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2011	<u>298,442</u>	9																
	2012	<u>290,972</u>	10																
	2013	<u>379,656</u>	11																
	2014	<u>389,458</u>	12																

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.

SEE ACCOUNTANTS' COMPILATION REPORT

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Golfview Developmental Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042614

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (947)827-6628 FAX #: (847)727-0948

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>09-15-100-013-0000</u>	<u>9555 Golf Road, Des Plaines, IL 6061</u>	\$ <u>351,727.00</u>	\$ _____
2.	<u>09-15-100-012-0000</u>	<u>9555 Golf Road, Des Plaines, IL 6061</u>	\$ <u>37,731.00</u>	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>389,458.00</u></u>	\$ <u><u> </u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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: 69,011 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Residential Care</u>	<u>117,000</u>	<u>1977</u>	<u>\$ 234,000</u>	1
2					2
3	TOTALS	117,000		\$ 234,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15**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	128		1997	1997	\$ 8,641,370	\$	40	\$ 216,034	\$ 216,034	\$ 3,906,668	4
5			1997		(580,616)		39	(14,888)	(14,888)	(261,301)	5
6			1998		40,292		40	1,007	1,007	17,624	6
7	7		1999	1999	52,495		40	1,312	1,312	21,649	7
8											8
	Improvement Type**										
9		Fencing	1997		1,200		10			1,200	9
10		Lobby Notice Board	1998		3,380		15			3,380	10
11		Parking Lot	1998		139,900		15			139,900	11
12		Exhaust System	1999		2,801		10			2,707	12
13		Compressor	1999		11,972		10			11,971	13
14		Fencing	1999		1,800		10			1,800	14
15		Fire Vents	1999		1,806		10			1,808	15
16		Elevator	1999		932		10			931	16
17		Security System	1999		970		10			970	17
18		Heating Unit	2000		715		10			694	18
19		Security System	2000		2,017		10			1,968	19
20		Telephone Line	2000		7,234		10			7,232	20
21		Security System	2000		2,087		10			2,085	21
22		Specialty Wiring and Oxygen Lines	2001		567,060		10			567,060	22
23		Security System	2001		4,803		10			4,803	23
24		Security System	2001		17,731		10			17,731	24
25		Fire Alarm System	2001		7,583		10			7,583	25
26		Security System	2002		4,402		10			4,402	26
27		hot water Tanks	2002		3,142		10			3,142	27
28		hot Water Pipes	2003		9,150		10			9,150	28
29		Tile and Wall Covering	2003		4,190		10			4,190	29
30		Door	2003		3,624		10			3,623	30
31		Resident Room Repair	2003		5,314		10			5,312	31
32		2 New Faucets	2003		2,308		10			2,308	32
33		Floor Repair and Replace	2004		5,966		10			5,966	33
34		Drywall	2004		6,749		10			6,749	34
35		Remove Sound Walls	2004		15,133		10			15,131	35
36		Dishwasher	2004		2,850		10			2,850	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15**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	Piping repairs and replace	2004	\$ 3,458	\$	10	\$	\$	\$ 3,458	37
38	Entry system	2005	3,700		10			3,700	38
39	Fire damper access hatches	2005	20,122	1,342	10	1,342		20,121	39
40	Floor repair and replace	2005	2,290	210	10	210		2,290	40
41	Stairwell construction repairs	2006	120,795	12,078	10	12,078		118,779	41
42	Kitchen improvements	2006	12,735	1,274	10	1,274		12,417	42
43	New dock door	2006	5,982	598	10	598		5,831	43
44	Kitchen improvements	2006	6,000	600	10	600		5,500	44
45	Gauges	2006	2,768	277	10	277		2,629	45
46	Kitchen improvements	2006	5,320	532	10	532		4,975	46
47	Interior painting	2007	17,755		5			17,755	47
48	Kitchen improvements	2007	18,996	1,900	10	1,900		15,841	48
49	New door installation	2007	30,313	3,030	10	3,030		26,520	49
50	New fencing	2007	8,076	808	10	808		6,612	50
51	Interior painting	2008	77,681		9	8,631	8,631	64,733	51
52	Elevator pump repairs	2008	11,875		9	1,319	1,319	9,893	52
53	Ceiling valves	2008	2,130	213	10	213		1,491	53
54	Painting	2009	57,865		8	7,233	7,233	47,015	54
55	Parking lot	2009	12,183		8	1,523	1,523	10,026	55
56	Lobby repairs	2009	12,485		8	1,561	1,561	10,276	56
57	Bathroom repairs	2009	42,802		8	5,350	5,350	32,992	57
58	Door repairs	2009	3,438		8	430	430	2,580	58
59	Freezer repairs	2009	8,666		8	1,083	1,083	6,769	59
60	Fire pump	2009	6,496		8	812	812	5,346	60
61	Fuses	2009	2,772	277	10	277		1,893	61
62	Door hinges	2009	6,408	641	10	641		3,954	62
63	Boiler	2009	4,300	430	10	430		2,616	63
64	FRP installation	2010	3,821		7	546	546	2,775	64
65	Floor and ceiling tile replacement	2010	8,306		7	1,186	1,186	6,032	65
66	Roof repairs	2010	3,085		7	441	441	2,242	66
67	Repair/Replace sink & Pipe	2010	16,822		7	2,402	2,402	12,614	67
68	Repair refrigerator	2010	3,224		7	461	461	2,459	68
69	Door repairs	2010	3,367		7	481	481	2,846	69
70	TOTAL (lines 4 thru 69)		\$ 9,536,396	\$ 24,210		\$ 261,134	\$ 236,924	\$ 4,996,266	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15**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 12A, Carried Forward		\$ 9,536,396	\$ 24,210		\$ 261,134	\$ 236,924	\$ 4,996,266	1
2	Radiator	2010	3,896		7	557	557	3,155	2
3	Sidewalk	2010	5,508		15	367	367	2,049	3
4	Fire pump	2010	3,463		7	495	495	2,805	4
5	New carpeting	2010	5,370	537	10	537		2,909	5
6	Replace bathroom stalls	2010	10,633	1,064	10	1,064		5,762	6
7	Keycard system	2010	9,065		3			9,066	7
8	Water heater	2011	33,995		6	5,666	5,666	25,969	8
9	New lighting fixtures	2011	25,294		6	4,216	4,216	17,215	9
10	FRP installation & painting	2011	54,329		6	9,055	9,055	42,256	10
11	Roof repairs	2011	36,623		6	6,104	6,104	25,433	11
12	Bathroom stalls and tiling	2011	41,224		6	6,871	6,871	30,919	12
13	Exterior painting	2011	11,023		6	1,837	1,837	7,654	13
14	Dining room painting	2011	7,176		6	1,196	1,196	4,883	14
15	Kitchen Vacuum	2011	4,487	449	7	449		2,133	15
16	Lighting fixtures - patient rooms	2012	4,194		15	280	280	1,073	16
17	Fire panel	2012	7,451		15	497	497	1,864	17
18	Control board	2012	3,080		7	440	440	1,613	18
19	Kitchen exhaust system	2012	4,861		10	486	486	1,661	19
20	Kitchen compresor	2012	3,580		10	358	358	1,193	20
21	Hot water pump	2012	4,254		10	426	426	1,348	21
22	Wall and door painting - patient rooms	2012	8,731		5	1,745	1,745	5,382	22
23	Roofing repairs	2013	3,545		15	236	236	630	23
24	Painting - 3rd floor resident rooms	2013	6,500		7	929	929	1,858	24
25	New walls and flooring - 2nd floor resident rooms	2013	5,489		7	784	784	2,352	25
26	New walls and flooring 3rd floor - resident rooms	2013	5,426		7	775	775	2,261	26
27	Tile flooring - 2nd floor bathroom	2013	9,098		7	1,300	1,300	3,792	27
28	Walls and baseboards - 2nd floor resident rooms	2013	18,062		7	2,580	2,580	7,310	28
29	Boiler repairs	2013	3,357		7	480	480	1,320	29
30	2nd floor mens bathroom renovation	2013	22,697		7	3,242	3,242	8,916	30
31	Baseboarding - 3rd floor resident rooms	2013	8,079		7	1,154	1,154	2,693	31
32	Weather stripping	2013	12,174		10	1,218	1,218	2,842	32
33	FRP wall covering - 3rd floor resident rooms	2013	13,984		10	1,398	1,398	3,262	33
34	TOTAL (lines 1 thru 33)		\$ 9,933,044	\$ 26,260		\$ 317,876	\$ 291,616	\$ 5,229,844	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15**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 12B, Carried Forward		\$ 9,933,044	\$ 26,260		\$ 317,876	\$ 291,616	\$ 5,229,844	1
2	HVAC control panel	2013	14,500		10	1,450	1,450	3,504	2
3	Exhaust system	2013	4,435		7	634	634	1,426	3
4	Exit lighting system	2013	4,366		7	624	624	1,300	4
5	Room 227 - New bathroom walls, plumbing and fixtures	2014	9,679		7	1,383	1,383	2,305	5
6	plumbing repairs	2014	2,711		7	387	387	581	6
7	New fencing	2014	4,475		15	298	298	422	7
8	Room 351 new ceiling, walls and flooring	2014	10,235		7	1,462	1,462	1,949	8
9	Shower in Q room - new plumbing and fixtures	2014	5,461		7	780	780	975	9
10	Lobby wall repairs and painting	2014	7,306		7	1,044	1,044	1,392	10
11	Shower room, plumbing repairs, new walls and fixtures	2014	17,776		7	2,539	2,539	2,962	11
12	Painting - dining room	2014	7,801		7	1,114	1,114	1,578	12
13	Painting - 1st floor	2014	15,574		7	2,225	2,225	2,967	13
14	Painting - 2nd floor rooms	2014	32,277		7	4,611	4,611	6,917	14
15	Painting - 3rd floor rooms	2014	18,541		7	2,649	2,649	4,415	15
16	Lighting fixtures	2015	6,678		7	954	954	954	16
17	Garbage disposal	2015	4,576		7				17
18	3rd Floor LED lighting	2015	8,123		7	967	967	967	18
19	2nd Floor handicap bathtub	2015	11,533		7	1,373	1,373	1,373	19
20	2nd Floor handicap bathtub	2015	10,285		7	1,225	1,225	1,225	20
21	Bathroom FRP ceiling replacement	2015	11,022		7	1,181	1,181	1,181	21
22	Bathroom FRP ceiling replacement	2015	8,303		7	890	890	890	22
23	FRP installation in resident rooms	2015	6,504		7	697	697	697	23
24	FRP installation in resident rooms	2015	7,834		7	840	840	840	24
25	FRP for shower rooms	2015	14,568		7	1,387	1,387	1,387	25
26	Install FRP in resident rooms	2015	8,438		7	703	703	703	26
27	Install FRP in resident rooms	2015	9,855		7	821	821	821	27
28	2nd & 3rd Floor FRP installation	2015	8,947		7	746	746	746	28
29	Install FRp in hospital bed rooms	2015	8,476		7	605	605	605	29
30	2nd floor FRP installation	2015	15,770		7	1,126	1,126	1,126	30
31	Install new doors	2015	4,124		7	295	295	295	31
32	Install fire doors	2015	7,644		7	455	455	455	32
33	Door hinges	2015	10,118		7	361	361	361	33
34	TOTAL (lines 1 thru 33)		\$ 10,250,979	\$ 26,260		\$ 353,702	\$ 327,442	\$ 5,277,163	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Golfview Developmental Ctr

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,250,979	\$ 26,260		\$ 353,702	\$ 327,442	\$ 5,277,163	1
2	Install FRP	2015	4,335		7	103	103	103	2
3	2nd Floor room painting	2015	7,925		7	1,132	1,132	1,132	3
4	2nd Floor room painting	2015	7,238		7	431	431	431	4
5	Electrical rewiring for parking lot lights	2015	18,298		2	1,664	1,664	1,664	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,288,775	\$ 26,260		\$ 357,032	\$ 330,772	\$ 5,280,493	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,334,833	\$ 12,496	\$ 54,582	\$ 42,086	5-10 Years	\$ 1,150,439	71
72	Current Year Purchases	22,167		991	991	5-10 Years	991	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,357,000	\$ 12,496	\$ 55,573	\$ 43,077		\$ 1,151,430	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)	\$ 11,879,775	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 38,756	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 412,605	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 373,849	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,431,923	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 16,035 Description: Ice Maker \$1176; Copiers \$14307; Postage Meter \$552

(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	Administrative	2013 Acura	\$ 579.00	\$ 6,948	17
18	Resident Transport	2013 Ford	899.00	9,889	18
19	Resident Transport	2014 Ford	899.00	10,788	19
20	See Attached		#####	20,720	20
21	TOTAL		\$ #####	\$ 48,345	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.

SEE ACCOUNTANTS' COMPILATION REPORT

GOLFVIEW DEVELOPMENTAL CENTER, INC.
Provider #0042614
December 31, 2015

Schedule 14a

Page 14 - Vehicle Rental

<u>Use</u>	<u>Model Year & Make</u>	<u>Monthly Lease Payment</u>	<u>Rental Expense for this period</u>
Resident Transport	2014 Ford	899.00	9,889
Resident Transport	2015 Ford	899.00	9,889
Resident Transport	2015 Ford Daily Rental		942
		<u>1,798.00</u>	<u>20,720.00</u>

See Accountants' Compilation Report

Facility Name & ID Number Golfview Developmental Ctr # 0042614 Report Period Beginning: 1/1/15 Ending: 12/31/15
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>90</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	50	375		425
3	Classroom Wages (a)	437	4,950		5,387
4	Clinical Wages (b)		16,088		16,088
5	In-House Trainer Wages (c)	4,910	36,008		40,918
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 5,397	\$ 57,421	\$	\$ 62,818
10	SUM OF line 9, col. 1 and 2 (e)	\$ 62,818			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	15
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	2
2. From other facilities (f)	
TOTAL TRAINED	17

- (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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)		Total Units (Column 2 + 4)		Total Cost (Col. 3 + 5 + 6)					
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist		hrs	\$		\$										1
2	Licensed Speech and Language Development Therapist		hrs													2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist		hrs													4
5	Physician Care		visits													5
6	Dental Care	L39, C3	visits							13,998					13,998	6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy		# of prescripts													9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):															13
14	TOTAL			\$		\$		\$	13,998			\$	13,998			14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr

0042614

Report Period Beginning: 1/1/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 493,276	\$ 1,051,319	1
2	Cash-Patient Deposits	100,207	100,207	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	907,066	907,066	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,710	54,165	6
7	Other Prepaid Expenses	49,034	49,034	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule 17A</u>		88,830	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,570,293	\$ 2,250,621	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		234,000	13
14	Buildings, at Historical Cost		9,396,763	14
15	Leasehold Improvements, at Historical Cost	386,593	852,983	15
16	Equipment, at Historical Cost	280,158	1,357,000	16
17	Accumulated Depreciation (book methods)	(602,648)	(6,043,287)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule 17A</u>		113,612	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 64,103	\$ 5,911,071	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,634,396	\$ 8,161,692	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 15,001	\$ 15,001	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	100,207	100,207	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	237,586	237,586	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		194,729	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes		6,743	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule 17A</u>	3,462,323	3,462,323	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,815,117	\$ 4,016,589	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,107,683	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)	\$	\$ 8,107,683	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,815,117	\$ 12,124,272	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,180,721)	\$ (3,962,580)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,634,396	\$ 8,161,692	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

GOLFVIEW DEVELOPMENTAL CENTER, INC.
 Provider #0042614
 December 31, 2015

Schedule 17a

Page 17 - Balance Sheet

	<u>Operating</u>	<u>After Consolidation</u>
Line 9 - Other Current Assets		
Assets Limited as to Use, Required for Real Estate Taxes & Insurance	<u>88,830</u>	<u>88,830</u>
Line 23 - Other Long-Term Assets		
Assets Limited as to Use, Required for Replacement Reserves	18	18
Mortgage Costs, net	<u>113,594</u>	<u>113,594</u>
	<u>-</u>	<u>113,612</u>
Line 36 - Other Current Liabilities		
Provider Participation Fees Payable	181,414	181,414
Due to 3rd-Party Payor	216,425	216,425
Accrued Management Fees	<u>3,064,484</u>	<u>3,064,484</u>
	<u>3,462,323</u>	<u>3,462,323</u>

See Accountants' Compilation Report

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,250,133)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,250,133)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	69,412	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 69,412	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)	\$ (2,180,721)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 9,840,029	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,840,029	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	34,540	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)	\$ 34,540	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Bedhold early Discharge	36,361	28
28a	Miscellaneous Income See Pg. 19A	16,218	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 52,579	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,927,148	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,409,972	31
32	Health Care	2,399,126	32
33	General Administration	2,183,781	33
B. Capital Expense			
34	Ownership	1,368,814	34
C. Ancillary Expense			
35	Special Cost Centers	16,577	35
36	Provider Participation Fee	479,466	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,857,736	40
41	Income before Income Taxes (line 30 minus line 40)**	69,412	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 69,412	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

** 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.

SEE ACCOUNTANTS' COMPILATION REPORT

GOLFVIEW DEVELOPMENTAL CENTER, INC.
Provider #0042614
December 31, 2015

Schedule 19a

Page 19 - Income Statement

	<u>Operating</u>	<u>After Consolidation</u>
Line 28a - Miscellaneous Income		
Miscellaneous Income	575	575
Vending Machines	654	654
Flu Vaccines	1,912	1,912
Commissary Income	13,077	13,077
	<u>16,218</u>	<u>16,218</u>

See Accountants' Compilation Report

Facility Name & ID Number Golfview Developmental Ctr

0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	912	920	\$ 26,539	\$ 28.85	1
2	Assistant Director of Nursing	1,362	1,461	42,095	28.81	2
3	Registered Nurses					3
4	Licensed Practical Nurses	12,902	14,227	346,235	24.34	4
5	CNAs & Orderlies	1,234	1,423	11,356	7.98	5
6	CNA Trainees	1,749	1,749	14,451	8.26	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,794	2,086	34,001	16.30	9
10	Activity Assistants	7,175	7,788	70,449	9.05	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,767	2,086	46,100	22.10	14
15	Cook Helpers/Assistants	18,721	20,099	198,777	9.89	15
16	Dishwashers					16
17	Maintenance Workers	3,640	4,023	52,542	13.06	17
18	Housekeepers	32,373	34,283	270,443	7.89	18
19	Laundry	2,012	2,253	20,223	8.98	19
20	Administrator	1,808	2,086	84,760	40.63	20
21	Assistant Administrator					21
22	Other Administrative	1,911	2,185	31,085	14.23	22
23	Office Manager	1,890	2,086	58,341	27.97	23
24	Clerical	3,813	4,362	38,991	8.94	24
25	Vocational Instruction					25
26	Academic Instruction	1,751	2,086	37,913	18.17	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	10,791	12,319	185,732	15.08	28
29	Resident Services Coordinator	1,833	2,085	47,507	22.79	29
30	Habilitation Aides (DD Homes)	130,839	143,442	1,445,380	10.08	30
31	Medical Records					31
32	Other Health Care(specify)	1,658	2,086	137,243	65.79	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	241,935	265,135	\$ 3,200,163 *	\$ 12.07	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	176	\$ 9,028	L1, C3	35
36	Medical Director	48	14,400	L9, C3	36
37	Medical Records Consultant	71	3,550	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	46	3,240	L10, C3	39
40	Physical Therapy Consultant	14	2,200	L10, C3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	13	949	L10, C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	45	2,804	L11, C3	44
45	Social Service Consultant	192	13,405	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	605	\$ 49,576		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	505	9,550	L10, C3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	505	\$ 9,550		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Golfview Developmental Ctr# 0042614

Report Period Beginning:

1/1/15

Ending:

12/31/15**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. Illinois Health Care Association
- (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? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 24,144 Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 479,466
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? Yes If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ 60,659 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? _____
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes, Except Acura
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? Yes
Firm Name: Warady & Davis LLP
- (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.