

Facility Name & ID Number WATERFRONT TERRACE

0028076 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	118	Skilled (SNF)	118	43,070	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	118	TOTALS	118	43,070	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,231	297	3,280	8,808	8
9	SNF/PED					9
10	ICF	26,431	219	629	27,279	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,662	516	3,909	36,087	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.79%

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

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

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

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

NONE

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 04/01/1983

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

YES Date 14/01/1983 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 3,280

Medicare Intermediary WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 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		3,002	564,822	567,824		567,824		567,824		1
2	Food Purchase		1,432		1,432		1,432	(302)	1,130		2
3	Housekeeping		948	180,073	181,021		181,021		181,021		3
4	Laundry		11,898	122,593	134,491		134,491		134,491		4
5	Heat and Other Utilities			104,081	104,081		104,081	941	105,022		5
6	Maintenance	105,993	57,142	31,574	194,709		194,709	61,610	256,319		6
7	Other (specify):*			15,560	15,560		15,560	858	16,418		7
8	TOTAL General Services	105,993	74,422	1,018,703	1,199,118		1,199,118	63,107	1,262,225		8
	B. Health Care and Programs										
9	Medical Director			20,090	20,090		20,090		20,090		9
10	Nursing and Medical Records	1,829,187	151,507	7,847	1,988,541		1,988,541		1,988,541		10
10a	Therapy	409,378	1,087		410,465		410,465		410,465		10a
11	Activities	120,132	18,965	2,496	141,593		141,593		141,593		11
12	Social Services	58,197		3,210	61,407		61,407		61,407		12
13	CNA Training										13
14	Program Transportation			16,203	16,203		16,203		16,203		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,416,894	171,559	49,846	2,638,299		2,638,299		2,638,299		16
	C. General Administration										
17	Administrative	115,135		55,500	170,635		170,635	81,051	251,686		17
18	Directors Fees										18
19	Professional Services			120,176	120,176		120,176	(11,885)	108,291		19
20	Dues, Fees, Subscriptions & Promotions			96,861	96,861		96,861	(58,069)	38,792		20
21	Clerical & General Office Expenses	204,073	28,849	523,118	756,040		756,040	(390,054)	365,986		21
22	Employee Benefits & Payroll Taxes			600,568	600,568		600,568		600,568		22
23	Inservice Training & Education			10,954	10,954		10,954		10,954		23
24	Travel and Seminar							2,384	2,384		24
25	Other Admin. Staff Transportation			16,099	16,099		16,099	1,972	18,071		25
26	Insurance-Prop.Liab.Malpractice			134,537	134,537		134,537	8,589	143,126		26
27	Other (specify):*			179,368	179,368		179,368	(133,576)	45,792		27
28	TOTAL General Administration	319,208	28,849	1,737,181	2,085,238		2,085,238	(499,588)	1,585,650		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,842,095	274,830	2,805,730	5,922,655		5,922,655	(436,481)	5,486,174		29

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

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

V.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
1	DIETARY	
	DIETITIAN CONSULTANT XVIII B 35-2	0
	REPAIRS & MAINTENANCE	200
	CONTRACTED DIETARY SERVICE	564,622
		564,822
3	HOUSEKEEPING	
	CONTRACTED HOUSEKEEPING SERVICE	180,073
		180,073
4	LAUNDRY	
	EQUIPMENT REPAIRS & MAINTENANCE	2,371
	CONTRACTED LAUNDRY SERVICE	120,222
		122,593
5	HEAT & OTHER UTILITIES	
	GAS HEAT	32,456
	ELECTRICITY	40,046
	WATER	31,579
	CABLE TV - LOBBY	0
		104,081
6	MAINTENANCE	
	GROUNDS MAINTENANCE	6,318
	PAINTING & DECORATING	2,606
	BUILDING REPAIRS	0
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	12,216
	ELEVATOR MAINTENANCE & REPAIR	7,309
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	3,125
	FIRE SERVICE	0
		31,574
7	OTHER	
	SCAVENGER	15,560
	SECURITY SERVICE	0

LINE	SCHED REF	TOTAL
10	NURSING	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	0
	PURCHASED SERVICES	0
	PSYCHO-SOCIAL CONSULTANT XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT XVIII B 38-2	0
	MEDICAL RECORDS CONSULTANT XVIII B 37-2	0
	PHARMACY CONSULTANT XVIII B 39-2	7,847
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	PSYCHIATRIC XVIII B __-2	0
	RN CONSULTANT XVIII B 38-2	0
		7,847
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	2,496
		2,496
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	0
	SOCIAL WORKER XVIII B 45-2	3,210

			15,560
9	MEDICAL DIRECTOR		
	MEDICAL DIRECTOR FEES	XVIII B 36-2	20,090

			3,210
13	NURSE AIDE TRAINING		
	NURSE AIDE TRAINING COSTS	XIII	0

V.COST CENTER EXPENSES PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION	
	PATIENT TRANSPORTATION	16,203
		16,203
17	ADMINISTRATIVE	
	MANAGEMENT FEES XIX B	55,500
		55,500
18	DIRECTORS FEES	
	DIRECTORS FEES	0
19	PROFESSIONAL SERVICES	
	DATA PROCESSING XIX C	58,570
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	61,606
		120,176
20	FEES,SUBSCRIPTIONS,PROMOTIONS	
	ENTERTAINMENT & MARKETING VI 19 XIX F	0
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	56,867
	EMPLOYEE WANT ADS XIX F	2,331
	CONTRIBUTIONS VI 20 XIX F	0
	DUES & SUBSCRIPTIONS XIX F	20,108
	LICENSES & PERMITS XIX F	10,735
	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	3,682
	HEALTH CARE WORKER BACKGROUND CHEC XIX F	1,063
	PATIENT BACKGROUND CHECKS XIX F	2,075
		96,861
21	CLERICAL & GENERAL OFFICE EXPENSES	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	7,017
	EQUIPMENT REPAIR & MAINTENANCE	24,652
	OUTSIDE CLERICAL SERVICES	467,200
	PENALTIES / OVERDRAFT CHARGES VI 18	7,960
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	16,289

LINE	SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	216,178
	UNEMPLOYMENT COMPENSATION XIX D	77,491
	WORKERS COMPENSATION INSURANC XIX D	62,266
	HOSPITALIZATION INSURANCE XIX D	216,714
	EMPLOYEE BENEFITS - OTHER XIX D	27,919
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	0
	CHICAGO HEAD TAX XIX D	0
		600,568
23	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	10,954
		10,954
24	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	16,099
		16,099
26	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	134,537
		134,537
27	OTHER	
	BAD DEBTS VI 24	179,368
		179,368

GRAND TOTAL COLUMN 3 OTHER **2,805,730**

MESSENGER SERVICE	0	
		523,118

**WATERFRONT TERRACE
SCHEDULES
12/31/2015**

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

TOTAL FOOD PURCHASE	1,432
LESS SALES TAX	<u>(302)</u>
NET FOOD	1,130

TOTAL PATIENT CENSUS	36,087
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	108,261

ADD # EMPLOYEE MEALS/DAY	
TIMES # DAYS	<u>365</u>
TOTAL EMPLOYEE MEALS	0

PATIENT MEALS	108,261
ADD EMPLOYEE MEALS	<u>0</u>
TOTAL MEALS/YEAR	108,261

NET FOOD	1,130
DIVIDE TOTAL MEALS/YEAR	<u>108,261</u>

COST PER MEAL	0.01
TIMES EMPLOYEE MEALS	<u>0</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>0</u></u>

**WATERFRONT TERRACE
EDUCATION & SEMINAR
12/31/15**

DATE	SPONSOR	SEMINAR PURPOSE	PERSONNEL
JAN	CITY COLLEGE OF CHICAGO	TUITION	A. PICKETT
	IL CONCIL ON LONG TERM CARE	ETHICS IN THE NEWS:END-OF LIFE ISSUES AND THE RESIDENT'S RIGHT TO CHOOSE	ANGELA SCHULTZ
	IL CONCIL ON LONG TERM CARE	ETHICS IN THE NEWS:END-OF LIFE ISSUES AND THE RESIDENT'S RIGHT TO CHOOSE	H. ALTER
	PESI MAUGA	IL ELDER LAW	ERICA EDWARDS
	PESI MAUGA	IL ELDER LAW	L. PHILLIPS
FEB	HCPRO	MEDICARE BOOT CAMP	
	SUMMIT PROFESSIONAL	MEDICARE DOCUMENTATION & COMPLIANCE BOOTCAMP FOR THERAPY SERVICE	CHRIS GROULX
	SUMMIT PROFESSIONAL	MEDICARE DOCUMENTATION & COMPLIANCE BOOTCAMP FOR THERAPY SERVICE	ROCHELLE BOLTON
MAR	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	H. ALTER
	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	M.AARON
	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	L. PHILLIPS
	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	E. NEWMAN
	IL CONCIL ON LONG TERM CARE	2015MEDICARE UPDATES FOR SKILLED NURSING FACILITIES	H. ALTER
	IL CONCIL ON LONG TERM CARE	2015MEDICARE UPDATES FOR SKILLED NURSING FACILITIES	M.AARON
MAR	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	H. ALTER
	IL CONCIL ON LONG TERM CARE	IMPORTANT CHANGES TO THE STATE OPERATIONS MANUAL THAT IMPACT YOUR FACILITY	E. NEWMAN
	SUMMIT PROFESSIONAL EDUCATION	BOOTCAMP	
APRIL	HCPRO	BOOTCAMP	
MAY	IL CONCIL ON LONG TERM CARE	INNOVATIVE WAYS TO REDUCE PSYCHOTROPIC MEDICATIONS FOR RESIDENTS W/DEMENTIA/	H. ALTER
	PESI	MANAGING CHALLENGING PATIENT & FAMILY BEHAVIORS	ERICA EDWARDS
	IL CONCIL ON LONG TERM CARE	INNOVATIVE WAYS TO REDUCE PSYCHOTROPIC MEDICATIONS FOR RESIDENTS W/DEMENTIA/	E. NEWMAN
JUNE	DYNAMIC HC - PESI HC PRODUCT	ADULT PHYSICAL EXAM BOOT CAMP SEMINAR AND BOOK PACKAGE	DIANIA KUFTA
JULY	IL CONCIL ON LONG TERM CARE	INTEGRATING 5 STAR RATING AND QAPI: A 5 STAR TEAM EXPERIENCE	H. ALTER
	IL CONCIL ON LONG TERM CARE	INTEGRATING 5 STAR RATING AND QAPI: A 5 STAR TEAM EXPERIENCE	E. NEWMAN
	IL CONCIL ON LONG TERM CARE	INTEGRATING 5 STAR RATING AND QAPI: A 5 STAR TEAM EXPERIENCE	M. SIMPSON
	IL CONCIL ON LONG TERM CARE	INTEGRATING 5 STAR RATING AND QAPI: A 5 STAR TEAM EXPERIENCE	M. FOLA
AUG	CPISIT	TRAINING COURSE	
	IL CONCIL ON LONG TERM CARE	UNDERSTANDING THE PAYER SOURCES FOR LONG TERM CARE	H. ALTER
	IL CONCIL ON LONG TERM CARE	UNDERSTANDING THE PAYER SOURCES FOR LONG TERM CARE	S. GARY
	IL CONCIL ON LONG TERM CARE	UNDERSTANDING THE PAYER SOURCES FOR LONG TERM CARE	L.PHILLIPS
	IL CONCIL ON LONG TERM CARE	UNDERSTANDING THE PAYER SOURCES FOR LONG TERM CARE	K.REEVES

OCT	SOCIAL WORK P. R. N.	FOR WATERFRONT SPEAKERS	
NOV	INNOVATIVE EDUCATIONAL SERVICE TRAINING		R. GORDON
NOV	IL CONCIL ON LONG TERM CARE	WHAT IS HEALTHCARE TURNAROUND AND HOW CAN YOUR FACILITY BENEFIT?	H. ALTER
DEC		FOR RN PROGRAM TUITION	A. PICKETT

TOTAL

**WATERFRONT TERRACE
TRAVEL - STAFF
12/31/15**

DEPT/TITLE	LOC	AMOUNT	DATE	NAME	DESCRIPTION	AMOUNT

RN	IL	852.00	JAN	SHELL FLEET	TRAVEL, TOLLS, MILEAGE GAS & PARKING	731
SOCIAL SERVICE DIRECTOR	IL	105.00		PETTY CASH	GAS & PARKING	20
ADMINISTRATOR	IL	105.00		CARDMEMBER SERVICES	GAS & PARKING	22
SOCIAL SERVICE DIRECTOR	IL	199.99	FEB	PETTY CASH	GAS & PARKING	54
FIANACIAL COORDINATOR	IL	199.99		SHELL FLEET	GAS	454
	NV	1,079.00		DYNAMIC HEALTHCARE	GAS & PARKING	248
ADMISSION COORDINATOR	IL	169.00		DYNAMIC HEALTHCARE	GAS & PARKING	47
OCCUPATIONAL THERAPY ASSISTAANT	IL	169.00		DYNAMIC HEALTHCARE	GAS & PARKING	70
ADMINISTRATOR	IL	105.00		DYNAMIC HEALTHCARE	GAS & PARKING	11
OPERATION DIRECTOR	IL	105.00		DYNAMIC HEALTHCARE	GAS & PARKING	136
FIANACIAL COORDINATOR	IL	105.00		CITI CARD	GAS & PARKING	3
LPN	IL	105.00		CARDMEMBER SERVICES	GAS & PARKING	30
ADMINISTRATOR	IL	210.00		CITI CARD	GAS & PARKING	26
OPERATION DIRECTOR	IL	105.00	MAR	SHELL FLEET	GAS	421
ADMINISTRATOR	IL	105.00		MOSHE CALAMARO & ASSO	GAS & PARKING	27
LPN	IL	105.00		MOSHE CALAMARO & ASSO	GAS & PARKING	27
		338.00		PETTY CASH	PARKING	80
		1,700.00		CITI CARD	GAS & PARKING	258
ADMINISTRATOR	IL	105.00	APR	SHELL FLEET	GAS	367
SOCIAL SERVICE DIRECTOR	IL	189.99		CARDMEMBER SERVICES	GAS & PARKING	20
LPN	IL	105.00		CITI CARD	GAS & PARKING	30
VICE PRESIDENT NURSING	IL	58.83		PETTY CASH	GAS & PARKING	80
ADMINISTRATOR	IL	75.00		CITI CARD	GAS & PARKING	54
LPN	IL	75.00	MAY	PETTY CASH	GAS & PARKING	50
THERAPY	IL	75.00		SHELL FLEET	GAS	127
RESTOTATIVE AID	IL	75.00		SHELL FLEET	GAS	301
	IL	242.72		SINGER NETWORK	GAS	50
ADMINISTRATOR	IL	105.00		CARDMEMBER SERVICES	GAS & PARKING	16
ADMISSION DIRECTOR	IL	105.00		CARDMEMBER SERVICES	GAS & PARKING	116
FIANACIAL COORDINATOR	IL	105.00		CARDMEMBER SERVICES	GAS & PARKING	102
LPN	IL	105.00		CITI CARDS	GAS & PARKING	30

OCCUPATIONAL THERAPY ASSISTANT ADMINISTRATOR RN	IL	957.00	JUNE	PETTY CASH	GAS & PARKING	58
	IL	179.75		SINGER NETWORK	GAS	83
	IL	105.00		SHELL FLEET	GAS	216
	IL	2,429.00		SHELL FLEET	GAS	390
		-----		DYNAMIC HEALTHCARE	GAS & PARKING	76
		10,954.27		DYNAMIC HEALTHCARE	GAS & PARKING	754
		=====		DYNAMIC HEALTHCARE	GAS & PARKING	601
				CARDMEMBER SERVICES	GAS & PARKING	4
				CITI CARDS	GAS & PARKING	30
				CITI CARDS	GAS & PARKING	67
				CARDMEMBER SERVICES	GAS & PARKING	16
				CARDMEMBER SERVICES	GAS & PARKING	71
				CARDMEMBER SERVICES	GAS & PARKING	20
			JULY	CITI CARDS	GAS & PARKING	62
				CITI CARDS	GAS & PARKING	38
				SHELL FLEET	GAS	209
				SHELL FLEET	GAS	310
				DYNAMIC HEALTHCARE	REIM GAS & MILEAGE	588
				RECLASS	GAS & PARKING	354
				SINGER NETWORK	GAS	63
				CARDMEMBER SERVICES	GAS & PARKING	66
				CARDMEMBER SERVICES	GAS & PARKING	36
				CARDMEMBER SERVICES	GAS & PARKING	16
				PETTY CASH	GAS & PARKING	70
				DYNAMIC HEALTHCARE	GAS & PARKING	520
				SHELL FLEET	GAS	186
				SHELL FLEET	GAS	260
				RODNEY	GAS	20
				CARDMEMBER SERVICE	GAS	284
				CITI CARDS	GAS & PARKING	36
				SHELL FLEET	GAS	386
				CARDMEMBER SVC	GAS & PARKING	32
				PETTY CASH	GAS	40
				DYNAMIC HEALTHCARE	GAS & PARKING	663
				CITI CARD	GAS & PARKING	52
			OCT	SHELL FLEET	GAS	424
				CARDMEMBER SERVICE	GAS & PARKING	824
				DYNAMIC HEALTHCARE	GAS & PARKING	479

	GROSSINGER AUTO	CAR REPAIR	991
	CITI CARD	GAS & PARKING	40
NOV	SHELL FLEET	GAS	386
	RODNEY GLADDEN	GAS	85
	CITI CARDS	GAS , PARKING	101
	CARDMEMBER SERVICES	GAS , PARKING	190
	DYNAMIC HEALTHCARE	GAS & PARKING	451
	SINGER NETWORK	GAS & PARKING	(50)
	PETTY CASH	GAS & PARKING	80
DEC	PETTY CASH	GAS , PARKING	92
	CARDMEMBER SERVICES	GAS , PARKING	342
	SHELL FLEET	GAS	363
	RODNEY GLADDEN	GAS & PARKING	50
	CITI CARD	GAS	53
	DYNAMIC HEALTHCARE	GAS , PARKING	517

			16,099
			=====

**WATERFRONT TERRACE INC
EQUIPMENT RENTAL
2015**

VENDOR	DESCRIPTION	AMOUNT
ECOLAB	DISH MACHINE	1,434
PODS ENTERPRISES	STORAGE	1,278
ADVACARE SYSTEMS	WOUND CONTROL UNIT	9,944
COOK COUNTY PHOTOCOPY	COPIER	1,365
PITNEY BOWES	POSTAGE METER	1,756
H-HAUL MOVING	TRUCK RENTAL	910
HOME DEPOT	TOOL EQUIPMENT RENTAL	164
SUMMIT FUNDING	CABLE EQUIPMENT	207
MEDICAL OXYGEN	OXYGEN TANKS	346
		----- 17,404 =====

Facility Name & ID Number

WATERFRONT TERRACE

#0028076

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			148,051	148,051		148,051	75,142	223,193			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			93,118	93,118		93,118	280,392	373,510			32
33	Real Estate Taxes							183,493	183,493			33
34	Rent-Facility & Grounds			780,000	780,000		780,000	(780,000)				34
35	Rent-Equipment & Vehicles			24,608	24,608		24,608	9,754	34,362			35
36	Other (specify):*											36
37	TOTAL Ownership			1,045,777	1,045,777		1,045,777	(231,219)	814,558			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		98,885		98,885		98,885		98,885			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			263,331	263,331		263,331		263,331			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		98,885	263,331	362,216		362,216		362,216			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,842,095	373,715	4,114,838	7,330,648		7,330,648	(667,700)	6,662,948			45

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	12,852	30		9
10	Interest and Other Investment Income	(1,624)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(302)	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	(7,960)	21		18
19	Entertainment		20		19
20	Contributions	(3,682)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers	(14,585)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(179,368)	27		24
25	Fund Raising, Advertising and Promotional	(56,867)	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	(4,327)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (255,863)		\$	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)	(411,837)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (411,837)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (667,700)		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.

		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

WATERFRONT TERRACE

ID# 0028076

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MARKETING SALARY	\$ (4,327)	21	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
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		(4,327)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number WATERFRONT TERRACE# 0028076

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	(302)	0	0	0	0	0	0	0	0	0	0	(302)	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	941	0	0	0	0	0	0	0	0	941	5
6	Maintenance	0	48,332	6,970	6,308	0	0	0	0	0	0	0	61,610	6
7	Other (specify):*	0	0	203	0	655	0	0	0	0	0	0	858	7
8	TOTAL General Services	(302)	48,332	8,114	6,308	655	0	0	0	0	0	0	63,107	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(55,500)	0	136,551	0	0	0	0	0	0	0	81,051	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,585)	0	2,700	0	0	0	0	0	0	0	0	(11,885)	19
20	Fees, Subscriptions & Promotions	(60,549)	0	2,480	0	0	0	0	0	0	0	0	(58,069)	20
21	Clerical & General Office Expenses	(12,287)	(467,200)	81,014	8,419	0	0	0	0	0	0	0	(390,054)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,384	0	0	0	0	0	0	0	0	2,384	24
25	Other Admin. Staff Transportation	0	0	1,972	0	0	0	0	0	0	0	0	1,972	25
26	Insurance-Prop.Liab.Malpractice	0	5,809	2,780	0	0	0	0	0	0	0	0	8,589	26
27	Other (specify):*	(179,368)	0	12,304	0	33,488	0	0	0	0	0	0	(133,576)	27
28	TOTAL General Administration	(266,789)	(516,891)	105,634	144,970	33,488	0	0	0	0	0	0	(499,588)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(267,091)	(468,559)	113,748	151,278	34,143	0	0	0	0	0	0	(436,481)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	12,852	60,003	2,287	0	0	0	0	0	0	0	0	75,142	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,624)	280,111	1,905	0	0	0	0	0	0	0	0	280,392	32
33	Real Estate Taxes	0	179,928	3,565	0	0	0	0	0	0	0	0	183,493	33
34	Rent-Facility & Grounds	0	(780,000)	0	0	0	0	0	0	0	0	0	(780,000)	34
35	Rent-Equipment & Vehicles	0	0	9,754	0	0	0	0	0	0	0	0	9,754	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	11,228	(259,958)	17,511	0	0	0	0	0	0	0	0	(231,219)	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)	(255,863)	(728,517)	131,259	151,278	34,143	0	0	0	0	0	0	(667,700)	45

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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
MARSHALL MAUER	25	SEE PAGE 6 SUPP		SEE PAGE 6 SUPP		
FRANCES MAUER	25					
MAURICE AARON	25					
SUSAN STERN	25					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 MANAGEMENT FEE	\$ 55,500	DYNAMIC HEALTH CARE CONSULTANT	100.00%	\$	\$ (55,500)	1
2	V	21 BOOKKEEPING SERVICE	467,200	" "			(467,200)	2
3	V							3
4	V							4
5	V							5
6	V							6
7	V	34 RENT	780,000	WATERFRONT TERRACE ASSOCIATES	100.00%		(780,000)	7
8	V	30 DEPRECIATION		" "		60,003	60,003	8
9	V	32 INTEREST		" "		280,111	280,111	9
10	V	33 REAL ESTATE TAXES		" "		179,928	179,928	10
11	V	6 REPAIRS & MAINTENANCE		" "		48,332	48,332	11
12	V	26 INSURANCE		" "		5,809	5,809	12
13	V							13
14	Total		\$ 1,302,700			\$ 574,183	\$ * (728,517)	14

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 941	\$ 941	15
16	V	6 REPAIR & MAINT.		" "		6,970	6,970	16
17	V	7 EMP BEN-GEN SERV		" "		203	203	17
18	V	19 PROFESSIONAL FEES		" "		2,700	2,700	18
19	V	20 DUES AND SUBSCRIPTION		" "		2,480	2,480	19
20	V	21 CLERICAL & GENERAL		" "		81,014	81,014	20
21	V	24 SEMINARS AND TRAVEL		" "		2,384	2,384	21
22	V	25 AUTO EXPENSE		" "		1,972	1,972	22
23	V	26 INSURANCE		" "		2,780	2,780	23
24	V	27 EMP. BEN. - GEN, ADMIN.		" "		12,304	12,304	24
25	V	30 DEPRECIATION		" "		2,287	2,287	25
26	V	32 INTEREST		" "		1,905	1,905	26
27	V	33 REAL ESTATE TAXES		" "		3,565	3,565	27
28	V	19 REAL ESTATE TAX PROTEST FEES		" "				28
29	V	35 AUTO RENTAL		" "		9,686	9,686	29
30	V	35 EQUIPMENT RENTAL		" "		68	68	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		\$			\$ 131,259	\$ * 131,259	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	4	5	6	7	8		
Schedule V	Line	Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 MAINT COMP - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 6,308	\$	6,308	15
16	V	17 ADMIN COMP - M MAUER		" "		18,649		18,649	16
17	V	17 ADMIN COMP - M AARON		" "		21,248		21,248	17
18	V	17 ADMIN COMP - F AARON		" "		1,100		1,100	18
19	V	17 ADMIN COMP - D AARON		" "					19
20	V	17 ADMIN COMP - S GOLDSTEIN		" "					20
21	V	17 ADMIN COMP - B FREIDMAN		" "					21
22	V	17 ADMIN COMP - R AARON		" "					22
23	V	17 ADMIN COMP - S HARAMARAS		" "		25,089		25,089	23
24	V	17 ADMIN COMP - D KUFTA		" "		15,660		15,660	24
25	V	17 ADMIN COMP - HOWARD ALTER		" "		12,000		12,000	25
26	V	17 ADMIN COMP - NON OWNER - V DAVIS		" "		10,704		10,704	26
27	V	17 ADMIN COMP - NON OWNER - A CASSATA		" "					27
28	V	17 ADMIN COMP - NON OWNER - VAR		" "		13,915		13,915	28
29	V	17 ADMIN COMP - NON OWNER - CFO		" "		18,186		18,186	29
30	V	21 CLERICAL COMP - S AARON		" "		7,817		7,817	30
31	V	21 CLERICAL COMP - E MARYLES		" "		602		602	31
32	V			" "					32
33	V			" "					33
34	V			" "					34
35	V			" "					35
36	V			" "					36
37	V			" "					37
38	V			" "					38
39	Total		\$			\$ 151,278	\$ *	151,278	39

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	7 EMP BEN - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 655	\$ 655	15
16	V	27 EMP BEN - M MAUER		" "		1,074	1,074	16
17	V	27 EMP BEN - M AARON		" "		1,502	1,502	17
18	V	27 EMP BEN - F AARON		" "		7,852	7,852	18
19	V	27 EMP BEN - D AARON		" "				19
20	V	27 EMP BEN - S GOLDSTEIN		" "				20
21	V	27 EMP BEN - B FREIDMAN		" "				21
22	V	27 EMP BEN - R AARON		" "				22
23	V	27 EMP BEN - S HARAMARAS		" "		9,015	9,015	23
24	V	27 EMP BEN - D KUFTA		" "		1,115	1,115	24
25	V	27 EMP BEN - HOWARD ALTER		" "		1,078	1,078	25
26	V	27 EMP BEN - V DAVIS		" "		2,991	2,991	26
27	V	27 EMP BEN - A CASSATA		" "				27
28	V	27 EMP BEN - NON OWNER		" "		4,591	4,591	28
29	V	27 EMP BEN - NON OWNER - CFO		" "		2,311	2,311	29
30	V	27 EMP BEN - S AARON		" "		1,609	1,609	30
31	V	27 EMP BEN - E MARYLES		" "		350	350	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 34,143	\$ * 34,143	39

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

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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			BRADLEY	BRADLEY	WATERFRONT TERRACE ASSOCIATES		BUILDING CO	1
2			BRIDGEVIEW HEALTH CARE CENTER	BRIDGEVIEW	DYNAMIC HEALTH	SKOKIE	BOOKKEEPING/C	2
3			GROSS POINTE MANOR LLC	NILES	SEASONS HOSPICE	PARK RIDGE	HOSPICE	3
4			OTTAWA PAVILION LTD	OTTAWA				4
5			PARK RIDGE CARE CENTER LTD	PARK RIDGE				5
6			STERLING PAVILION LTD	STERLING				6
7			WARREN PARK HEALTH AND LIVING CEN	CHICAGO				7
8			WINDMILL NURSING PAVILION LTD	SOUTH HOLLAND				8
9			WOODBIDGE NURSING PAVILION LTD	CHICAGO				9
10			WOODBIDGE SUPPORTING LIVING RESID	GALESBURG				10
11			WOODBIDGE SUPPORTING LIVING RESID	GENESEO				11
12			WOODBIDGE SUPPORTIVE LIVING RESID	PONTIAC				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: 01/01/2015 Ending: 12/31/2015

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	ADMINISTRATION		SCHEDULE	3.73	7.46	SALARY	\$ 18,649	17-7	1
2	MAURICE AARON	SHAREHOLDER	ADMINISTRATION		ATTACHED	4.25	8.50	SALARY	21,248	17-7	2
3	FRED AARON	SHAREHOLDER	ADMINISTRATION			9		SALARY	35,000	17-1	3
4	FRED AARON	SHAREHOLDER	ADMINISTRATION					SALARY	1,100	17-7	4
5	SHARON AARON	SHAREHOLDER	CLERICAL			3.73	9.32	SALARY	7,817	21-7	5
6	HOWARD ALTER	SHAREHOLDER	ADMINISTRATOR			40		SALARY	115,331	17-1	6
7	HOWARD ALTER	SHAREHOLDER	ADMINISTRATOR					SALARY	12,000	17-7	7
8	ESTHER MARYLES	SHAREHOLDER	CLERICAL			0.26	0.93	SALARY	602	21-7	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 211,747		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: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	PATIENT DAYS	407,367	13	\$ 10,618	\$ 36,087	\$ 941	1
2	6	REPAIR & MAINT.	PATIENT DAYS	407,367	13	78,675	35,168	6,970	2
3	7	EMP BEN-GEN SERV	PATIENT DAYS	407,367	13	2,289	36,087	203	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	407,367	13	30,482	36,087	2,700	4
5	20	DUES AND SUBSCRIPTION	PATIENT DAYS	407,367	13	27,992	36,087	2,480	5
6	21	CLERICAL & GENERAL	PATIENT DAYS	407,367	13	914,524	670,657	81,014	6
7	24	SEMINARS AND TRAVEL	PATIENT DAYS	407,367	13	26,915	36,087	2,384	7
8	25	AUTO EXPENSE	PATIENT DAYS	407,367	13	22,263	36,087	1,972	8
9	26	INSURANCE	PATIENT DAYS	407,367	13	31,386	36,087	2,780	9
10	27	EMP. BEN. - GEN, ADMIN.	PATIENT DAYS	407,367	13	138,888	36,087	12,304	10
11	30	DEPRECIATION	PATIENT DAYS	407,367	13	25,822	36,087	2,287	11
12	32	INTEREST	PATIENT DAYS	407,367	13	21,500	36,087	1,905	12
13	33	REAL ESTATE TAXES	PATIENT DAYS	407,367	13	40,240	36,087	3,565	13
14	19	REAL ESTATE TAX PROTEST FE	PATIENT DAYS	407,367	13		36,087	0	14
15	35	AUTO RENTAL	PATIENT DAYS	407,367	13	109,345	36,087	9,686	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	407,367	13	770	36,087	68	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,481,709	\$ 705,825	\$ 131,259	25

Facility Name & ID Number WATERFRONT TERRACE

0028076 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	MAINT COMP - D NEHMER	40	9	\$ 59,373	\$ 59,373	4	\$ 6,308	1
2	17	ADMIN COMP - M MAUER	40	11	200,000	200,000	4	18,649	2
3	17	ADMIN COMP - M AARON	40	9	200,000	200,000	4	21,248	3
4	17	ADMIN COMP - F AARON	45	5	5,500	5,500	9	1,100	4
5	17	ADMIN COMP - D AARON	40	3	64,041	64,041			5
6	17	ADMIN COMP - S GOLDSTEIN	40	2	133,279	133,279			6
7	17	ADMIN COMP - B FREIDMAN	40	1	200,000	200,000			7
8	17	ADMIN COMP - R AARON	40	1	15,271	15,271			8
9	17	ADMIN COMP - S HARAMARAS	30	3	75,266	75,266	10	25,089	9
10	17	ADMIN COMP - D KUFTA	50	8	147,459	147,459	5	15,660	10
11	17	ADMIN COMP - HOWARD ALTER	40	1	12,000	12,000		12,000	11
12	17	ADMIN COMP - NON OWNER - V	40	10	114,789	114,789	4	10,704	12
13	17	ADMIN COMP - NON OWNER - A	40	1	68,028	68,028			13
14	17	ADMIN COMP - NON OWNER - VA	45	8	130,998	130,998	5	13,915	14
15	17	ADMIN COMP - NON OWNER - CH	40	10	195,028	195,028	4	18,186	15
16	21	CLERICAL COMP - S AARON	40	10	83,832	83,832	4	7,817	16
17	21	CLERICAL COMP - E MARYLES	28	11	64,541	64,541	0	602	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,769,405	\$ 1,769,405		\$ 151,278	25

Facility Name & ID Number WATERFRONT TERRACE

0028076 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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 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

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	7	EMP BEN - D NEHMER	40	9	\$ 6,168	\$	4	\$ 655	1
2	27	EMP BEN - M MAUER	40	11	11,514		4	1,074	2
3	27	EMP BEN - M AARON	40	9	14,139		4	1,502	3
4	27	EMP BEN - F AARON	45	5	39,260		9	7,852	4
5	27	EMP BEN - D AARON	40	3	5,167				5
6	27	EMP BEN - S GOLDSTEIN	40	2	35,129				6
7	27	EMP BEN - B FREIDMAN	40	1	10,844				7
8	27	EMP BEN - R AARON	40	1	1,340				8
9	27	EMP BEN - S HARAMARAS	30	3	27,046		10	9,015	9
10	27	EMP BEN - D KUFTA	50	8	10,501		5	1,115	10
11	27	EMP BEN - HOWARD ALTER	40	1	1,078			1,078	11
12	27	EMP BEN - V DAVIS	40	10	32,072		4	2,991	12
13	27	EMP BEN - A CASSATA	40	1	5,480				13
14	27	EMP BEN - NON OWNER	45	8	43,223		5	4,591	14
15	27	EMP BEN - NON OWNER - CFO	40	10	24,786		4	2,311	15
16	27	EMP BEN - S AARON	40	10	17,251		4	1,609	16
17	27	EMP BEN - E MARYLES	28	11	37,525		0	350	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 322,523	\$		\$ 34,143	25

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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										
										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		X	MORTGAGE			\$	\$ 6,943,031		\$ 280,111	1									
2										2									
3										3									
4										4									
5										5									
Working Capital																			
6		X	WORKING CAPITAL				470,629		38,326	6									
7	X		WORKING CAPITAL				1,460,334		54,792	7									
8										8									
9			TOTAL Facility Related			\$	\$ 8,873,994		\$ 373,229	9									
B. Non-Facility Related*																			
10										10									
11										11									
12										12									
13										13									
14			TOTAL Non-Facility Related			\$	\$		\$	14									
15			TOTALS (line 9+line14)			\$	\$ 8,873,994		\$ 373,229	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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 2014 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	177,000	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.)		\$	176,928			2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(72)			3	
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	180,000			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.		\$	179,928			7	
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:	2010	<u>108,146</u>	8	FOR BHF USE ONLY			
	2011	<u>107,696</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
	2012	<u>171,119</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2013	<u>173,434</u>	11	15	LESS REFUND FROM LINE 6	\$	15
	2014	<u>176,928</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL							
THE PAYMENT ON LINE 2 APPLIES TO THE 2014 TAX BILL.							

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME WATERFRONT TERRACE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0028076

CONTACT PERSON REGARDING THIS REPORT SANFORD BOKOR

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>21-30-412-038-0000</u>	<u>NURSING HOME</u>	\$ <u>1,701.18</u>	\$ <u>1,701.18</u>
2. <u>21-30-412-045-0000</u>	<u>NURSING HOME</u>	\$ <u>175,226.96</u>	\$ <u>175,226.96</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>176,928.14</u></u>	\$ <u><u>176,928.14</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.

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,824 B. General Construction Type: Exterior BRICK Frame STEEL & CONCRET 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

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	\$ 38,667	35	\$ 43,086	\$ 4,419	\$ 1,411,067	4
5											5
6											6
7	RELATED PARTY				39,297	1,008	35	1,123	115	25,075	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	433	10		(433)	13,634	13
14	SUSPENDED CEILING		1990		20,776	660	15		(660)	20,776	14
15	LEASEHOLD IMPROVEMENT		1991		7,956	253	10		(253)	7,956	15
16	LEASEHOLD IMPROVEMENT		1991		1,491	47	15		(47)	1,438	16
17	LEASEHOLD IMPROVEMENT		1992		18,033	572	10		(572)	18,033	17
18	LEASEHOLD IMPROVEMENT		1992		1,097	35	15		(35)	1,097	18
19	LEASEHOLD IMPROVEMENT		1993		7,742	246	31.5	246		5,586	19
20	LEASEHOLD IMPROVEMENT		1993		3,426	88	39	88		1,976	20
21	LEASEHOLD IMPROVEMENT		1994		25,007	642	39	642		13,775	21
22	ELEVATOR REPAIR		1995		1,500	38	39	38		796	22
23	SPRINKLER REPAIR		1995		4,154	107	39	107		2,224	23
24	BOILER REPAIR, WATER PUMP, ALARM		1996		6,033	154	39	154		3,036	24
25	FENCING		1996		756		15			756	25
26	NURSE STATION		1996		5,300	136	39	136		2,601	26
27	HANDRAILS		1996		3,735	96	39	96		1,828	27
28	PARKING LOT REPAVING		1997		14,968		15			14,968	28
29	TUCKPOINTING, ROOF REPAIR		1997		25,814	662	39	662		12,164	29
30	DRAPERY		1997		14,754	378	39	378		6,938	30
31	DOORS & SIGNS		1997		8,428	216	39	216		3,969	31
32	AIR HANDLER REPAIR & PUMPS		1997		17,005	436	39	436		8,012	32
33	REMODELING		1997		59,133	1,517	39	1,517		28,033	33
34	NURSE STATION		1997		5,106	131	39	131		2,407	34
35											35
36											36

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

See Page 12A, Line 70 for total

**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:

01/01/2015

Ending:

12/31/2015

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	\$ 1,148	39	\$ 1,148	\$	\$ 20,032	37
38	RESIDENT ROOM SIGNS, DOORHOLDERS, DOOR MAGNET	1998	6,419	165	39	165		2,883	38
39	SPRINKLER WORK, ALARMS, SECURITY DOOR	1998	3,636	93	39	93		1,628	39
40	CUBICLE CURTAINS, WINDOW TREATMENTS	1998	8,000	205	39	205		3,579	40
41	BEAUTY SALON STATION	1998	2,042	52	39	52		900	41
42	REMODELING	1998	21,934	562	39	562		9,788	42
43	FENCING, LANDSCAPING	1998	5,089	339	15	339		5,932	43
44	GENERATOR, ELEVATOR REPAIR	1998	3,825	98	39	98		1,713	44
45	TUCKPOINTING, ROOF REPAIR	1998	21,000	539	39	539		9,390	45
46	ANTENNA & INSTALLATION	1998	17,323	444	39	444		7,735	46
47	LIGHT FIXTURES, ARTWORK	1998	10,050	258	39	258		4,499	47
48	FIRE ALARM	1999	10,286	264	39	264		4,408	48
49	BATHROOMS REMODELING	1999	35,657	914	39	914		15,214	49
50	BOILER WORK	1999	7,345	189	39	189		3,147	50
51	CABLE WORK	1999	433	11	39	11		185	51
52	CARPET	1999	18,828	483	39	483		8,014	52
53	ELEVATOR WORK	1999	2,017	52	39	52		867	53
54	AIR CONDITIONING	1999	7,350	189	39	189		3,175	54
55	LIGHT AND MIRRORS	1999	9,093	233	39	233		3,842	55
56	ROOF WORK	1999	2,187	56	39	56		926	56
57	ROOMS IMPROVEMENTS	1999	59,493	1,523	39	1,523		24,912	57
58	WINDOWS	1999	5,513	142	39	142		2,352	58
59	RELATED PARTY - NURSE CALL SYSTEM	1999	32,456	832	39	832		13,698	59
60	RELATED PARTY - NURSE STATION	1999	19,656	505	39	505		8,304	60
61	RELATED PARTY - DRYWALL, PAINT, FLOORING	1999	176,452	4,524	39	4,524		74,461	61
62	RELATED PARTY - FIRE SYSTEM DAMPERS	1999	22,000	564	39	564		9,284	62
63	NURSE CALL SYSTEM	2000	2,778	101	27.5	101		1,572	63
64	BATHROOM REMODELING	2000	10,080	367	27.5	367		5,732	64
65	FIRE ALARM REPAIR	2000	3,170	115	27.5	115		1,801	65
66	WALL TILES/FLOORING/KICKPLATES/BASEBOARD	2000	10,242	373	27.5	373		5,817	66
67	DRYWALL & CEILING REPAIR	2000	79,500	2,891	27.5	2,891		45,081	67
68	1ST FLOOR REMODEL	2000	2,698	98	27.5	98		4,313	68
69	DOOR/DOORBELL INTERCOM/PAGER	2000	2,640	96	27.5	96		1,490	69
70	TOTAL (lines 4 thru 69)		\$ 2,504,665	\$ 64,947		\$ 67,481	\$ 2,534	\$ 1,942,361	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:

01/01/2015

Ending:

12/31/2015

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 12A, Carried Forward		\$ 2,504,665	\$ 64,947		\$ 67,481	\$ 2,534	\$ 1,942,361	1
2	EXHAUST FAN	2000	890	32	27.5	32		505	2
3	HOT WATER HEATER	2000	1,100	40	27.5	40		627	3
4	OVERBED LIGHTS	2000	3,093	112	27.5	112		1,756	4
5	WINDOW TREATMENTS/CUBICLE CURTAINS	2000	11,247		7			11,247	5
6	ROOF REPAIRS	2001	7,445	271	27.5	271		4,004	6
7	LOCKS, DOORS, NURSE STATION MONITOR	2001	6,180	225	27.5	225		3,302	7
8	OUTLETS, TRANSFERSWICH	2001	5,686	207	27.5	207		3,035	8
9	VALVES, BASEMENT REPAIR	2001	6,136	223	27.5	223		3,274	9
10	LIGHT FIXTURES	2001	2,450	89	27.5	89		1,304	10
11	AC UNIT	2001	786	28	27.5	28		408	11
12	BOILER/WATER TOWER REPAIR	2002	5,055	184	27.5	184		2,806	12
13	ELEVATOR REPAIR	2002	6,244	227	27.5	227		2,720	13
14	FIRE SAFETY EQUIPMENT	2003	2,468	90	27.5	90		1,121	14
15	ELEVATOR REPAIR	2003	3,980	145	27.5	145		1,806	15
16	HEATING REPAIRS	2003	1,930	70	27.5	70		873	16
17	GENERATOR REPAIRS	2003	30,936	1,125	27.5	1,125		19,130	17
18	DECK & FENCE	2004	10,197	680	15	680		7,820	18
19	A/C REPAIR	2004	2,200	80	27.5	80		916	19
20	SMOKE DETECTORS & FIRELITE MODULES	2004	4,484	163	27.5	163		1,868	20
21	WATER HEATER	2004	6,937	252	27.5	252		2,888	21
22	NURSE CALL STATION	2004	585	21	27.5	21		241	22
23	GENERATOR REPAIRS	2004	1,250	46	27.5	46		526	23
24	FIRE ALARM REPAIR, FACP DOORS	2005	37,659	1,370	27.5	1,370		14,328	24
25	BOILER, PLUMBING & PIPING	2005	16,751	609	27.5	609		6,369	25
26	NURSE CALL SYSTEM	2005	19,432	707	27.5	707		7,394	26
27	AIR CONDITIONER 10,000 BTU	2005	12,907	469	27.5	469		4,905	27
28	ROOF REPAIRS	2005	726	26	27.5	26		272	28
29	ELECTRIC WIRING	2005	4,400	160	27.5	160		1,673	29
30	CUBICLE CURTAINS	2005	1,020	37	27.5	37		387	30
31	ROOF REPAIRS	2006	8,575	312	27.5	312		2,951	31
32	SHOWER ROOM RENOVATION	2006	3,100	113	27.5	113		1,069	32
33	FLOORING/CARPETING	2006	32,977	1,199	27.5	1,199		11,341	33
34	TOTAL (lines 1 thru 33)		\$ 2,763,491	\$ 74,259		\$ 76,793	\$ 2,534	\$ 2,065,227	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:

01/01/2015

Ending:

12/31/2015

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,763,491	\$ 74,259		\$ 76,793	\$ 2,534	\$ 2,065,227	1
2	CIRCULATION PUMP	2006	2,045	74	27.5	74		700	2
3	FIRE SPRINKLER SYSTEM REPAIRS	2006	7,102	258	27.5	258		2,440	3
4	WALLCOVERINGS/BLINDS	2006	67,180	2,443	27.5	2,443		23,107	4
5	DOORS	2006	15,104	549	27.5	549		5,193	5
6	MONITORING CAMERAS	2006	5,530	201	27.5	201		1,901	6
7	DIESEL GENERATOR	2006	72,592	2,640	27.5	2,640		24,970	7
8	EXIT SIGNS/FRONT SIGN	2006	3,726	135	27.5	135		1,277	8
9	PLUMBING PIPING VALVES	2006	1,643	60	27.5	60		567	9
10	AIR CONDITIONERS	2006	2,480	90	27.5	90		851	10
11	SINK/IRON RAILING	2006	1,483	54	27.5	54		511	11
12	WALL/GATE MACHINE ROOM	2006	2,960	108	27.5	108		1,021	12
13	ALARM SYSTEM REPAIRS	2006	2,985	109	27.5	109		1,031	13
14	PUMPS & CONTROL PANEL	2007	15,172	552	27.5	552		4,669	14
15	WALLCOVERING & VINYL	2007	24,279	883	27.5	883		7,469	15
16	AIR CONDITIONERS	2007	13,918	506	27.5	506		4,280	16
17	FIRE ALARM SYSTEM & SECURITY CAMERAS	2007	97,529	3,547	27.5	3,547		30,002	17
18	ELEVATOR WORK	2007	77,074	2,803	27.5	2,803		23,709	18
19	DOORS & FRAMES	2007	18,896	687	27.5	687		5,811	19
20	SIGNAGE	2007	2,403	87	27.5	87		736	20
21	BOILER WORK	2007	1,835	67	27.5	67		566	21
22	BASEMENT & THERAPY-WALLPAPER,PAINT,FLOORING	2007	23,221	844	27.5	844		7,139	22
23	ELECTRICAL WORK	2007	4,730	172	27.5	172		1,455	23
24	PLUMBING WORK	2007	2,752	100	27.5	100		846	24
25	CABLING OF BUILDING	2007	19,000	691	27.5	691		5,844	25
26	DOORS & FRAMES	2008	11,285	410	27.5	410		3,058	26
27	FIRE ALARM SYSTEM	2008	59,313	2,157	27.5	2,157		16,088	27
28	AIR CONDITIONERS	2008	8,615	313	27.5	313		2,334	28
29	SMOKE DETECTORS-RESIDENT ROOMS	2008	10,115	368	27.5	368		2,745	29
30	ELECTRICAL WORK	2008	23,305	848	27.5	848		6,324	30
31	SECURITY SYSTEM REPAIRS	2008	3,965	144	27.5	144		1,074	31
32	PLASTER & PAINT RESIDENT BATHROOMS	2008	5,200	189	27.5	189		1,410	32
33	PLUMBING REPAIRS	2008	10,426	379	27.5	379		2,827	33
34	TOTAL (lines 1 thru 33)		\$ 3,381,354	\$ 96,727		\$ 99,261	\$ 2,534	\$ 2,257,182	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:

01/01/2015

Ending:

12/31/2015

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		\$ 3,381,354	\$ 96,727		\$ 99,261	\$ 2,534	\$ 2,257,182	1
2	REFRIGERATOR REPAIRS	2008	1,721	63	27.5	63		470	2
3	ARTWORK CORRIDOR & DINING ROOM	2008	1,521	55	27.5	55		410	3
4	RFIRE ALARM SYSTEM REPAIRS	2009	12,907	469	27.5	469		3,029	4
5	ELECTRICAL WORK	2009	53,455	1,944	27.5	1,944		12,555	5
6	ELEVATOR REPAIRS	2009	23,314	847	27.5	847		5,471	6
7	CARPET, TILE & VINYL	2009	5,857	213	27.5	213		1,376	7
8	AIR CONDITIONERS & SLEEVES	2009	6,183	225	27.5	225		1,453	8
9	DOORS	2009	3,967	144	27.5	144		930	9
10	PLUMBING REPAIRS	2009	15,124	550	27.5	550		3,552	10
11	DISH NETWORK EQUIPMENT	2009	1,575	58	27.5	58		374	11
12	EMERGENCY ALARM CONTROL PANEL	2009	1,175	43	27.5	43		277	12
13	DOORS AND ACCESSORIES, DOOR ALARM & KEY PAD	2010	17,232	627	27.5	627		3,422	13
14	REPLACE WATER TUBES AND GASKET	2010	1,992	72	27.5	72		393	14
15	AIR CONDITIONERS, REPLACE AIR HANDLER MOTOR	2010	13,721	499	27.5	499		2,724	15
16	ROOF REPAIR	2010	4,135	150	27.5	150		819	16
17	CEILING PIPING REPAIRS- FRONT OFFICE	2010	4,850	176	27.5	176		961	17
18	INSTALL FIRE DAMPERS,FIRE,CIRCULATING,BRONZ PUM	2010	5,689	207	27.5	207		1,130	18
19	BASEMENT REPAIRS	2010	2,600	95	27.5	95		518	19
20	REPLACE PRIMARY PUMP IN BASEMENT	2010	2,400	87	27.5	87		475	20
21	2ND FLOOR PATIENTS BATHROOMS AND ROOMS:	2010	54,081	1,967	27.5	1,967		10,736	21
22	INSTALL NEW WALLS, CERAMIC TILE,CALL LIGHT								22
23	LIGHTING ACCESSORIES, FIXTURES, LAMPS	2010	12,135	441	27.5	441		2,407	23
24	UTILITYU ROOM SINK, REPAIR SPRINKLER SYSTEM	2010	3,299	120	27.5	120		655	24
25	WALL PROTECTION HANDRAILS	2010	9,634	350	27.5	350		1,911	25
26	BUMBERS AROUND GARBAGE AREA	2010	4,766	173	27.5	173		944	26
27	WALLCOVERING, CUBICLE CURTAINS	2010	5,711	208	27.5	208		1,135	27
28	INSTALL STAIN & RAMP RAILINGS, SECURITY SYSTEM	2010	3,175	115	27.5	115		628	28
29	REPLACE ELECTRIC FOR TV ABOVE CEILING	2010	2,700	98	27.5	98		535	29
30	3RD FLOOR-REPLACE LIGHTS, INSTALL WATT FIXTURE	2010	3,328	121	27.5	121		660	30
31	NORTH SIDE EAST END-PERLACE BUILDING LIGHTS	2010	3,052	111	27.5	111		606	31
32	INSTALL OUTDOOR LIGHTING	2010	7,250	264	27.5	264		1,441	32
33	PATIO ROOMS-NEW DOOR, TILE, FLOOR, LIGHTING	2010	13,417	488	27.5	488		2,664	33
34	TOTAL (lines 1 thru 33)		\$ 3,683,320	\$ 107,707		\$ 110,241	\$ 2,534	\$ 2,321,843	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:

01/01/2015

Ending:

12/31/2015

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,683,320	\$ 107,707		\$ 110,241	\$ 2,534	\$ 2,321,843	1
2	AIR COMPRESSOR COIL REPAIR	2010	1,850	68	27.5	68		371	2
3	RECEPTION DESK/CABINETS	2011	16,284	592	27.5	592		2,639	3
4	WALLCOVERING/WINDOW TREATMENTS/ARTWORK/COI	2011	35,692	1,298	27.5	1,298		5,787	4
5	FLOORING/WINDOW TREATMENTS	2011	96,290	3,501	27.5	3,501		15,609	5
6	DOORS/KICK PLATES	2011	22,647	824	27.5	824		3,673	6
7	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	57,913	2,106	27.5	2,106		9,389	7
8	SEE PAGE 12 F LINES 3-5								8
9	WINDOWS	2011	72,160	2,624	27.5	2,624		11,699	9
10	ROOD REPAIRS/AIR HANDLER	2011	11,093	403	27.5	403		1,797	10
11	STAIRWELL CRASH RAILS	2011	5,242	191	27.5	191		851	11
12	LOBBY HEAT/COOL/FLOORING	2011	29,666	1,079	27.5	1,079		4,810	12
13	SEE PAGE 12 F LINES 7-13								13
14	CAPRET, CORNER GUARDS-OFFICE, RECEPTION	2011	5,247	191	27.5	191		851	14
15	DOORS - RESIDENT RMS,TUB ROOM FRONT LOBBY	2011	3,370	122	27.5	122		544	15
16	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	149,510	5,437	27.5	5,437		24,242	16
17	SEE PAGE 12 F LINES 15-22								17
18	HOT WATER HEATERS/PLUMBING WORK	2011	18,765	682	27.5	682		3,041	18
19	RECEPTION DESK	2011	21,772	792	27.5	792		3,531	19
20	ROOF REPAIR	2011	2,310	84	27.5	84		374	20
21	SECURITY/FIRE SYSTEM REPAIR	2011	19,325	703	27.5	703		3,134	21
22	HEATERS/AC UNIT	2011	17,028	619	27.5	619		2,760	22
23	SCANNERS/COMPUTER CABLING	2011	35,424	1,288	27.5	1,288		5,742	23
24	SEE PAGE 12 F LINES 24-27								24
25	SECURITY/FIRE SYSTEM REPAIR	2012	12,807	467	27.5	467		1,615	25
26	HEATING & AIR CONDITIONING	2012	7,695	255	27.5	255		893	26
27	LAUNDRY ROOM PIPING & REPAIR	2012	27,596	976	27.5	976		3,389	27
28	WINDOW TRTMTS, CABINETS, PICTURES-OFFICE,NURSES	2012	7,820	297	27.5	297		1,022	28
29	ELEVATOR REPAIR	2012	10,300	382	27.5	382		1,318	29
30	DOORS, TILE - TUB, RESIDENT, MEDICATION RM	2012	4,215	170	27.5	170		580	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,375,341	\$ 132,858		\$ 135,392	\$ 2,534	\$ 2,431,504	34

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

Facility Name & ID Number WATERFRONT TERRACE

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 12E, Carried Forward		\$ 4,375,341	\$ 132,858		\$ 135,392	\$ 2,534	\$ 2,431,504	1
2	PAGE 12 E LINE 8								2
3	PLUMBING/ELECTRIC- KITCHEN	2011	11,675	418	27.5	418		1,863	3
4	PLUMBING/ELECTRIC - BOILER/MECHANICAL ROOMS	2011	27,323	986	27.5	986		4,396	4
5	PLUMBING/ELECTRIC - BASEMENT	2011	6,944	267	27.5	267		1,191	5
6	PAGE 12 E LINE 13								6
7	CUBICLE CURTAINS - SPA AREA	2011	1,380	48	27.5	48		214	7
8	PLASTER & PAINT - BACK STAIRWAY	2011	3,227	115	27.5	115		513	8
9	PLASTER & PRIME FLOORS - BASEMENT TO 4TH FL	2011	2,750	96	27.5	96		428	9
10	WALLPAPER,PAINT,WINDOW TRTMTS OFFICES	2011	11,466	413	27.5	413		1,841	10
11	MIRRORS & LIGHT FIXTURES - BATHROOM	2011	1,615	58	27.5	58		258	11
12	LIGHT FIXTURES INTSL - DINING ROOM	2011	3,600	135	27.5	135		601	12
13	WINDOW TRTMTS & LIGHTING - RESIDENT ROOMS	2011	2,387	96	27.5	96		429	13
14	PAGE 12 E LINE 17								14
15	ELECTRIC REPAIR/REPLACE - ELEVATOR ROOM	2011	1,860	60	27.5	60		267	15
16	ELECTRIC REPAIR/REPLACE - BATHROOMS	2011	8,200	298	27.5	298		1,329	16
17	ELECTRIC REPAIR/REPLACE - FIRE ALARMS 1,2,3 FLOOR	2011	4,800	179	27.5	179		798	17
18	ELECTRIC REPAIR/REPLACE - OXYGEN ROOM	2011	2,080	80	27.5	80		356	18
19	ELECTRIC REPAIR/REPLACE - NURSE CALL	2011	630	20	27.5	20		89	19
20	ELECTRIC REPAIR/REPLACE - KITCHEN & OFFICE	2011	19,471	716	27.5	716		3,192	20
21	ELECTRIC REPAIR/REPLACE - 2 & 3 FLOOR	2011	13,725	497	27.5	497		2,216	21
22	ELECTRIC REPAIR/REPLACE - TV ROOMS	2011	3,900	138	27.5	138		616	22
23	PAGE 12 E LINE 24								23
24	PLUMBING/ELECTRIC WORK - NURSE STATION	2012	1,040	42	27.5	42		141	24
25	PLUMBING/ELECTRIC WORK - TUB ROOM	2012	9,020	339	27.5	339		1,164	25
26	PLUMBING/ELECTRIC WORK - KITCHEN, HALL, RESIDEN	2012	27,757	1,018	27.5	1,018		3,509	26
27	PLUMBING/ELECTRIC WORK - LAUNDRY, BOILER ROOM	2012	8,416	297	27.5	297		1,046	27
28									28
29	LABEL & LOCK ELECTRIC PANELS-1SR,2ND,3RD FL, KITC	2013	11,225	408	27.5	408		1,010	29
30	EXTERIOR DOORS, CLOSERS & CLOSED CIRCUIT TV'S	2013	8,103	295	27.5	295		722	30
31	PLUMBING-MEN'S RM, BOILER RM,	2013	5,500	200	27.5	200		484	31
32	DOORS, CLOSERS & CLOSED CIRCUIT CAMERAS	2013	10,681	388	27.5	388		969	32
33	BATHROOM PLUMBING & ELECTRIC WORK	2013	5,980	217	27.5	217		530	33
34	TOTAL (lines 1 thru 33)		\$ 4,590,096	\$ 140,682		\$ 143,216	\$ 2,534	\$ 2,461,676	34

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

Facility Name & ID Number WATERFRONT TERRACE

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		\$ 4,590,096	\$ 140,682		\$ 143,216	\$ 2,534	\$ 2,461,676	1
2	KITCHEN ELECTRIC & GRANITE COUNTERTOP& TRAP COVE	2013	4,750	173	27.5	173		418	2
3	HOT WATER HEATER & BOOSTER	2013	2,867	104	27.5	104		256	3
4	1ST, 2ND & 3RD FLOOR ELECTRICAL REPAIRS	2013	9,405	342	27.5	342		840	4
5	ELEVATOR UPGRADES	2013	4,900	178	27.5	178		440	5
6	CONFIGURED PHONE SETS & INTERCOM HANDLE CAP	2013	3,565	130	27.5	130		320	6
7	THRU WALL AIR CONDITIONERS	2013	5,217	190	27.5	190		464	7
8	ROOF REPAIR	2014	5,112	131	39	131		216	8
9	CEILING TILES	2014	945	24	39	24		40	9
10	7 BIRCH DOORS & DOOR CLOSERS	2014	2,998	77	39	77		127	10
11	LIGHTING MAIN LOBBY	2014	163	4	39	4		7	11
12	KEY PADS-3RD FLOOR ALARM,MAINTENANCE ROOM	2014	975	25	39	25		41	12
13	REPLACE WATER DAMAGED SMOKE DETECTOR ROOM 310	2014	1,038	27	39	27		44	13
14	WINDOW INSTALL	2014	585	15	39	15		25	14
15	INSTALL 200 AMP IN ELEVATOR ROOM	2014	1,960	50	39	50		83	15
16	REPAIR CUT WIRES ROOMS 205-211, 305, 303, 317	2014	2,500	64	39	64		106	16
17	OPEN SECTION OF CEILING & FLOOR TO REPAIR RADIATOR	2014	1,600	41	39	41		68	17
18	SWITCHES FOR NURSE STATION HALLWAY 2ND & 3RD FLOOR &				39				18
19	PIPE 4TH FLOOR FOR POWER TO MAIN COMPUTER	2014	1,870	48	39	48		79	19
20	REPLACE 15 AMP WITH 20 AMP ON 1ST & 2ND FLOOR, 2 SWITCHES ON 1ST FLOOR &				39				20
21	LIGHTS ON 1ST & 2ND FLOOR	2014	4,200	108	39	108		178	21
22	REPLACED LIGHTS BASEMENT, 2ND & 3RD FLOORS	2014	1,360	35	39	35		58	22
23	4 WEATHER PROOF LIGHT FIXTURES, REPAIR BREAKERS IN				39				23
24	LIVING ROOM	2014	1,100	28	39	28		46	24
25	HALLWAY LOUVERED SUPPLY REGISTERS	2014	1,521	39	39	39		64	25
26	ROOM 209 CALL SWITCH	2014	510	13	39	13		22	26
27	ROOM 118 REPAIR DAMAGED AC WIRING	2014	1,190	31	39	31		51	27
28	REMOVE 7 REPLACE SLOP SINKS & DRAIN PIPING JANITORS CLOSET				39				28
29	1ST, 2ND, 3RD FLOORS & BASEMENT	2014	1,100	28	39	28		46	29
30	2 CURB CAPS & STAINLESS STEEL PANS FOR GREASE	2014	1,430	37	39	37		61	30
31	PLUMBING PARTS	2014	4,753	122	39	122		201	31
32	10 THRU WALL AIR CONDITIONERS	2014	5,461	140	39	140		231	32
33	DOOR STRIKE & NEW WIRES FOR INTERCOM SYSTEM	2014	565	14	39	14		23	33
34	TOTAL (lines 1 thru 33)		\$ 4,663,736	\$ 142,900		\$ 145,434	\$ 2,534	\$ 2,466,231	34

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

Facility Name & ID Number WATERFRONT TERRACE

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		\$ 4,663,736	\$ 142,900		\$ 145,434	\$ 2,534	\$ 2,466,231	1
2	MODIFICATIONS TO KITCHEN HOOD	2014	5,987	154	39	154		254	2
3	INSTALL FIRE ALARM FOR ELEVATOR RECALL	2014	4,431	114	39	114		188	3
4	INSTALL VALVE ON COLD WATER LAUNDRY	2014	2,314	59	39	59		97	4
5	CAMERAS PATIO, 1ST FL DINING ROOM, BACK OFFICE,								5
6	NURSE STATION	2014	11,980	307	39	307		507	6
7	NURSE CALL SYSTEM	2014	20,288	520	39	520		858	7
8	GARAGE DOOR & OPENER	2014	2,765	71	39	71		117	8
9	EYE WASH STATIONS	2014	7,088	182	39	182		300	9
10	SPRINKLER HEADS	2014	12,421	318	39	318		525	10
11	AC REPAIR INSTALL	2015	8,908	114	39	114		114	11
12	WATER MAIN REPAIR	2015	3,250	42	39	42		42	12
13	DOOR CLOSER & ALARM REPAIR,	2015	850	11	39	11		11	13
14	TAMPER & SUPERVISORY SWITCHES	2015	2,819	36	39	36		36	14
15	WIRING FOR NEW NURSE STATION	2015	1,375	18	39	18		18	15
16	ELEVATOR REPAIR	2015	1,303	17	39	17		17	16
17	1ST & 2ND FLOOR CORRIDOR WALLPAPER & CORNER GU	2015	2,169	28	39	28		28	17
18	ACOUSTIC CEILING TILE	2015	1,172	15	39	15		15	18
19	SECURITY CAMERA	2015	1,150	15	39	15		15	19
20	WATER HEATER & INSTALL	2015	5,496	70	39	70		70	20
21	WTA-NEW ELEVATOR	2015	45,018	577	39	577		577	21
22	WTA- REPLACE ROOF	2015	72,975	936	39	936		936	22
23	WTA-KITCHEN FIRE SUPPRESSION SYSTEM	2015	1,600	21	39	21		21	23
24	WTA-CEILING TILES	2015	1,253	16	39	16		16	24
25	WTA-WALLCOVERING 1ST FLOOR CORRIDOR & PT ROOM	2015	7,264	93	39	93		93	25
26	WTA-7 BATHROOMS, NEW TILE & DRYWALL	2015	26,050	334	39	334		334	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,913,662	\$ 146,968		\$ 149,502	\$ 2,534	\$ 2,471,420	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:

01/01/2015

Ending:

12/31/2015

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	\$ 701,334	\$ 44,403	\$ 70,133	\$ 25,730	10 YRS	\$ 403,676	71
72	Current Year Purchases	35,588	4,237	3,558	(679)	10 YRS	4,237	72
73	Fully Depreciated Assets	855,428				10YRS	855,428	73
74	RELATED PARTY	50,559	14,733		(14,733)			74
75	TOTALS	\$ 1,642,909	\$ 63,373	\$ 73,691	\$ 10,318		\$ 1,263,341	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,656,571	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 210,341	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 223,193	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,852	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,734,761	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NA

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

If NO, see instructions. YES NO

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

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 17,404 Description: _____
(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			\$ _____	\$ <u>7,204</u>	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ <u>7,204</u>	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2016 \$ _____

13. _____/2017 \$ _____

14. _____/2018 \$ _____

* 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.

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?</p> <p><input type="checkbox"/> YES <input checked="" 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>THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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	39-3	hrs	\$										1
2	Licensed Speech and Language Development Therapist	39-3	hrs											2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39-3	hrs											4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	39-2	# of prescripts							79,779			79,779	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify):													12
13	Other (specify): SUPPLIES, RAD LAB OTHER									19,106			19,106	13
14	TOTAL			\$				\$		\$ 98,885			\$ 98,885	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.

STATE OF ILLINOIS

Page 17

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$	\$ 70,135	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 210,000)	594,188	594,188	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	87,285	103,816	6
7	Other Prepaid Expenses	8,763	8,763	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROWS		246,177	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 690,236	\$ 1,023,079	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	2,938,828	3,343,552	15
16	Equipment, at Historical Cost	1,592,350	1,619,209	16
17	Accumulated Depreciation (book methods)	(2,225,128)	(3,763,362)	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 (spec LOAN COSTS NET)		136,662	22
23	Other(specify): DEPOSITS	467,994	467,994	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,774,044	\$ 3,412,055	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,464,280	\$ 4,435,134	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 902,458	\$ 911,645	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	470,629	605,320	29
30	Accrued Salaries Payable	168,604	168,604	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,823	22,823	31
32	Accrued Real Estate Taxes(Sch.IX-B)		180,000	32
33	Accrued Interest Payable	12,978	36,121	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	INTERCOMPANY PAYABLE	1,460,334	1,349,999	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,037,826	\$ 3,274,512	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,808,340	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)	\$	\$ 6,808,340	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,037,826	\$ 10,082,852	46
47	TOTAL EQUITY(page 18, line 24)	\$ 426,454	\$ (5,647,718)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,464,280	\$ 4,435,134	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,023,696	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,023,696	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(537,242)	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	(60,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (597,242)	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)	\$ 426,454	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **WATERFRONT TERRACE**

0028076

Report Period Beginning: **01/01/2015**

Ending: **12/31/2015**

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	\$ 6,777,876	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,777,876	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	184,017	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 184,017	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***	1,624	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,624	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,963,517	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,199,118	31
32	Health Care	2,638,299	32
33	General Administration	2,085,238	33
B. Capital Expense			
34	Ownership	1,045,777	34
C. Ancillary Expense			
35	Special Cost Centers	98,885	35
36	Provider Participation Fee	263,331	36
D. Other Expenses (specify):			
37	PRIOR PERIOD ADJ	170,111	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,500,759	40
41	Income before Income Taxes (line 30 minus line 40)**	(537,242)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (537,242)	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) HOSPICE/INSURANCE/ETC		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

****TAX RETURN PREPARED ON CASH BASIS**

* 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.

Facility Name & ID Number WATERFRONT TERRACE

0028076

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	2,296	\$ 89,917	\$ 39.16	1
2	Assistant Director of Nursing	2,270	2,662	87,899	33.02	2
3	Registered Nurses	3,974	4,486	168,996	37.67	3
4	Licensed Practical Nurses	30,835	34,757	896,215	25.79	4
5	CNAs & Orderlies	53,977	57,874	586,160	10.13	5
6	CNA Trainees					6
7	Licensed Therapist	9,281	10,164	409,378	40.28	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,937	2,033	29,180	14.35	9
10	Activity Assistants	7,674	8,386	90,952	10.85	10
11	Social Service Workers	10,190	2,612	58,197	22.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	4,696	5,088	105,993	20.83	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,984	2,160	115,135	53.30	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,818	8,234	204,073	24.78	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)					33
34	TOTAL (lines 1 - 33)	136,660	140,752	\$ 2,842,095 *	\$ 20.19	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	M	\$ 0	1-3	35
36	Medical Director	O	20,090	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	7,847	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	2,496	11-3	44
45	Social Service Consultant	E	3,210	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 33,643		49

C. CONTRACT NURSES

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

XIX-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	NA	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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. ICTLC \$8,590
- (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. \$ 12,428 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. \$ 263,331
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. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 5%
 - d. Have vehicle usage logs been maintained? NO
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
 - g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees.

**WATERFRONT TERRACE
PROFESSIONAL SERVICES
2015 COST REPORT**

**WATERFRONT TERRACE
LEGAL FEES
12/31/15**

VENDOR / PAYEE	DESCRIPTION	AMOUNT
HEALTH DATA SYSTEMS	DATA PROCESSING	6,812
NTT SOLUTION	DATA PROCESSING	18,992
E-HEALTH DATA SOLUTIONS	DATA PROCESSING	4,137
NATIONAL DATACARE	DATA PROCESSING	2,573
POINT CLICKCARE ABILITY	DATA PROCESSING	11,878
LEAPFROG	DATA PROCESSING	138
CERNER	DATA PROCESSING	624
CASAMBA	DATA PROCESSING	9,815
KRUPNICK BOKOR	ACCOUNTING	3,600
MARCUM	ACCOUNTING	18,530
SEE ATTACHED	LEGAL	5,513
STERLING VALUATION OF IL. PERSONNEL PLANNERS	REAL ESTATE APPRAISAL	28,956
LEGAT ARCHITECTS	UC CONSULTANT	2,750
PROSPECT RESOURCES	ARCHITECT CONSULTANT	2,607
	UTILITY PROCUREMENT FEE	2,813
		438
	TOTAL	120,176

DATE	NAME
1/31/2015	MUCH SHELIST
1/31/2015	MUCH SHELIST
2/28/2015	MUCH SHELIST
3/1/2015	MUCH SHELIST
4/28/2015	MUCH SHELIST
5/1/2015	MUCH SHELIST
5/1/2015	MUCH SHELIST
6/1/2015	MUCH SHELIST
6/21/2015	MUCH SHELIST
7/1/2015	MUCH SHELIST
8/1/2015	MUCH SHELIST
10/1/2015	MUCH SHELIST
11/1/2015	MUCH SHELIST
12/28/2015	MUCH SHELIST
12/31/2015	MUCH SHELIST
1/30/2015	STONE POGRUND & KIREY
2/27/2015	STONE POGRUND & KIREY
4/30/2015	STONE POGRUND & KIREY
6/1/2015	STONE POGRUND & KIREY
6/30/2015	STONE POGRUND & KIREY
7/31/2015	STONE POGRUND & KIREY
9/1/2015	STONE POGRUND & KIREY
10/1/2015	STONE POGRUND & KIREY
11/2/2015	STONE POGRUND & KIREY
12/1/2015	STONE POGRUND & KIREY
12/31/2015	STONE POGRUND & KIREY
1/31/2015	SIDNEY R. BERGER
7/31/2015	SIMANDL LAW GROUP

8/31/2015 SIMANDL LAW GROUP
8/31/2015 SIMANDL LAW GROUP
11/30/2015 SIMANDL LAW GROUP
9/30/2015 SIMANDL LAW GROUP
10/31/2015 SIMANDL LAW GROUP
11/30/2015 SIMANDL LAW GROUP
11/30/2015 SIMANDL LAW GROUP

3/31/2015 HAMLIN & BURTON
2/28/2015 HAMLIN & BURTON
5/11/2015 HAMLIN & BURTON
3/31/2015 HAMLIN & BURTON
5/11/2015 HAMLIN & BURTON
5/11/2015 HAMLIN & BURTON
6/17/2015 HAMLIN & BURTON
4/26/2016 HAMLIN & BURTON
7/10/2015 HAMLIN & BURTON
7/10/2015 HAMLIN & BURTON
6/3/2015 HAMLIN & BURTON
4/30/2015 HAMLIN & BURTON
5/31/2015 HAMLIN & BURTON
7/1/2015 HAMLIN & BURTON
9/10/2015 HAMLIN & BURTON
8/10/2015 HAMLIN & BURTON
12/12/2015 HAMLIN & BURTON
12/12/2015 HAMLIN & BURTON
12/31/2015 HAMLIN & BURTON
10/31/2015 HAMLIN & BURTON
11/30/2015 HAMLIN & BURTON
12/31/2015 HAMLIN & BURTON

DESCRIPTION	AMOUNT
GENERAL COUNSELING	1,022
GENERAL COUNSELING	752
GENERAL COUNSELING	4,789
GENERAL COUNSELING	92
GENERAL COUNSELING	250
GENERAL COUNSELING	344
GENERAL COUNSELING	1,497
GENERAL COUNSELING	899
GENERAL COUNSELING	250
GENERAL COUNSELING	256
GENERAL COUNSELING	111
GENERAL COUNSELING	73
GENERAL COUNSELING	110
GENERAL COUNSELING	350
GENERAL COUNSELING	73
GENERAL LITIGATION & COLLECTIONS	200
GENERAL LITIGATION & COLLECTIONS	90
GENERAL LITIGATION & COLLECTIONS	610
GENERAL LITIGATION & COLLECTIONS	50
GENERAL LITIGATION & COLLECTIONS	305
GENERAL LITIGATION & COLLECTIONS	163
GENERAL LITIGATION & COLLECTIONS	225
GENERAL LITIGATION & COLLECTIONS	118
GENERAL LITIGATION & COLLECTIONS	225
GENERAL LITIGATION & COLLECTIONS	50
GENERAL LITIGATION & COLLECTIONS	453
PROFESSIONAL SERVICE	171
EMPLOYEE HANDBOOK	725

EMPLOYEE HANDBOOK	258
EMPLOYEE HANDBOOK	81
LABOR AND EMPLOYMENT	106
LABOR AND EMPLOYMENT	401
EMPLOYEE HANDBOOK	305
LABOR AND EMPLOYMENT	1,206
LABOR AND EMPLOYMENT	252
CORRINE BOOTH V. WATERFRONT	402
CORRINE BOOTH V. WATERFRONT	2,916
CLAIM AND LITIGATION	123
CARESURANCE MATTER	1,460
CLAIM AND LITIGATION	121
CLAIM AND LITIGATION	379
CLAIM AND LITIGATION	269
CLAIM AND LITIGATION	56
CLAIM AND LITIGATION	14
CLAIM AND LITIGATION	84
CLAIM AND LITIGATION	56
GILL,GEORGE II V. WATERFRONT TERRACE	287
GILL,GEORGE II V. WATERFRONT TERRACE	954
CLAIM AND LITIGATION	563
CLAIM AND LITIGATION	227
CLAIM AND LITIGATION	222
CLAIM AND LITIGATION	34
CLAIM AND LITIGATION	76
CLAIM AND LITIGATION	765
GILL,GEORGE II V. WATERFRONT TERRACE	2,632
GILL,GEORGE II V. WATERFRONT TERRACE	425
GILL,GEORGE II V. WATERFRONT TERRACE	34
	<u>28,956</u>