



Facility Name & ID Number Golfview Development Center

# 0042614 Report Period Beginning: 1/1/16 Ending: 12/31/16

**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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	135	Intermediate (ICF)	135	49,410	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	135	TOTALS	135	49,410	7

**B. Census-For the entire report period.**

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	47,741			47,741	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,741			47,741	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 96.62%

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

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

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

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

N/A

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

Yes

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

YES  NO

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

YES  NO

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

Date started 11/17/97

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

YES  Date 11/17/97 NO

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

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

Medicare Intermediary N/A

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Golfview Development Center # 0042614 Report Period Beginning: 1/1/16 Ending: 12/31/16

**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
	<b>A. General Services</b>										
1	Dietary	206,703	41,622	144,298	392,623		392,623		392,623		1
2	Food Purchase		289,747		289,747		289,747		289,747		2
3	Housekeeping	257,284	48,676		305,960	48,048	354,008		354,008		3
4	Laundry	20,446	12,614		33,060		33,060		33,060		4
5	Heat and Other Utilities			211,780	211,780		211,780		211,780		5
6	Maintenance	53,969	25,276	517,495	596,740		596,740	(370,347)	226,393		6
7	Other (specify):* <b>Workshop Expense</b>			2,016,567	2,016,567		2,016,567		2,016,567		7
8	<b>TOTAL General Services</b>	538,402	417,935	2,890,140	3,846,477	48,048	3,894,525	(370,347)	3,524,178		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	1,831,983	80,747	297,690	2,210,420	(48,048)	2,162,372		2,162,372		10
10a	Therapy										10a
11	Activities	94,538	12,967	2,520	110,025		110,025		110,025		11
12	Social Services			13,710	13,710		13,710		13,710		12
13	CNA Training	46,244			46,244		46,244		46,244		13
14	Program Transportation					22,188	22,188		22,188		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,972,765	93,714	328,320	2,394,799	(25,860)	2,368,939		2,368,939		16
	<b>C. General Administration</b>										
17	Administrative	219,353		462,163	681,516		681,516	(462,163)	219,353		17
18	Directors Fees										18
19	Professional Services			77,781	77,781		77,781	56,578	134,359		19
20	Dues, Fees, Subscriptions & Promotions			20,418	20,418		20,418	(3,185)	17,233		20
21	Clerical & General Office Expenses	132,550	27,690	265,970	426,210		426,210		426,210		21
22	Employee Benefits & Payroll Taxes			722,800	722,800		722,800		722,800		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,886	11,886		11,886		11,886		24
25	Other Admin. Staff Transportation			29,584	29,584	(22,188)	7,396		7,396		25
26	Insurance-Prop.Liab.Malpractice			121,843	121,843		121,843	39,970	161,813		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	351,903	27,690	1,712,445	2,092,038	(22,188)	2,069,850	(368,800)	1,701,050		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,863,070	539,339	4,930,905	8,333,314		8,333,314	(739,147)	7,594,167		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			25,920	25,920		25,920	410,336	436,256		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			15,573	15,573		15,573	199,586	215,159		32
33	Real Estate Taxes							412,377	412,377		33
34	Rent-Facility & Grounds			1,226,592	1,226,592		1,226,592	(1,226,592)			34
35	Rent-Equipment & Vehicles			68,906	68,906		68,906	(3,048)	65,858		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			1,336,991	1,336,991		1,336,991	(207,341)	1,129,650		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			477,248	477,248		477,248		477,248		42
43	Other (specify):* <a href="#">See Schedule 4a</a>			2,793	2,793		2,793	(2,793)			43
44	<b>TOTAL Special Cost Centers</b>			480,041	480,041		480,041	(2,793)	477,248		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,863,070	539,339	6,747,937	10,150,346		10,150,346	(949,281)	9,201,065		45

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

SEE ACCOUNTANTS' PREPARATION REPORT

GOLFVIEW DEVELOPMENTAL CENTER, INC.  
Provider #042614  
December 31, 2016

Schedule 4a

Page 4 Cost Center Expenses

**Line 43 Other Expenses**

Corporate Taxes	154
Travel and Entertainment	<u>2,639</u>
<b>Total Line 43</b>	<b><u><u>2,793</u></u></b>

Facility Name & ID Number **Golfview Development Center**

# **0042614**

Report Period Beginning:

1/1/16

Ending:

12/31/16

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	108,947	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,639)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,410)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See pg. 5A	(838,743)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (734,845)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(214,436)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (214,436)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (949,281)		37

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

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

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' PREPARATION REPORT

<b>BHF USE ONLY</b>							
48		49		50		51	

Golfview Development Center

ID# 0042614

Report Period Beginning: 1/1/16

Ending: 12/31/16

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Management Fees	\$ (462,163)	17	1
2	Dues and Subscriptions	(3,185)	20	2
3	Auto Leasing	(3,048)	35	3
4	Capitalized Maintenance	(370,347)	6	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(838,743)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(370,347)	0	0	0	0	0	0	0	0	0	0	(370,347)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(370,347)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(370,347)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(462,163)	0	0	0	0	0	0	0	0	0	0	(462,163)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	56,578	0	0	0	0	0	0	0	0	0	56,578	19
20	Fees, Subscriptions & Promotions	(3,185)	0	0	0	0	0	0	0	0	0	0	(3,185)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	39,970	0	0	0	0	0	0	0	0	0	39,970	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(465,348)</b>	<b>96,548</b>	<b>0</b>	<b>(368,800)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(835,695)</b>	<b>96,548</b>	<b>0</b>	<b>(739,147)</b>	<b>29</b>								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	108,947	301,389	0	0	0	0	0	0	0	0	0	410,336	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	199,586	0	0	0	0	0	0	0	0	0	199,586	32
33	Real Estate Taxes	0	412,377	0	0	0	0	0	0	0	0	0	412,377	33
34	Rent-Facility & Grounds	0	(1,226,592)	0	0	0	0	0	0	0	0	0	(1,226,592)	34
35	Rent-Equipment & Vehicles	(3,048)	0	0	0	0	0	0	0	0	0	0	(3,048)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>105,899</b>	<b>(313,240)</b>	<b>0</b>	<b>(207,341)</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(5,049)	2,256	0	0	0	0	0	0	0	0	0	(2,793)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(5,049)</b>	<b>2,256</b>	<b>0</b>	<b>(2,793)</b>	<b>44</b>								
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(734,845)</b>	<b>(214,436)</b>	<b>0</b>	<b>(949,281)</b>	<b>45</b>								

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Anthony Miner	100			Golfview Realty	Chicago	Real Estate
				Partnership d/b/a		
				Golfview Partnership		
				Venture		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	26 Insurance	\$		100.00%	\$ 39,970	\$ 39,970	1
2	V	30 Depreciation			100.00%	301,389	301,389	2
3	V	32 Interest Expense			100.00%	200,017	200,017	3
4	V	33 Real Estate Taxes			100.00%	412,377	412,377	4
5	V	34 Rent Expense	1,226,592		100.00%		(1,226,592)	5
6	V	19 Professional Fees			100.00%	56,578	56,578	6
7	V	32 Interest Income			100.00%	(431)	(431)	7
8	V	43 Illinois Replacement Tax			100.00%	2,256	2,256	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,226,592			\$ 1,012,156	\$ * (214,436)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Golfview Development Center # 0042614 Report Period Beginning: 1/1/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Anthony Miner	President	Administrator	100.00	None	70-80	100.00	Salary	\$ 139,556	17,1	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 139,556		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending: 12/31/16

**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 \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	PR Mortgage and Inv		x	Mortgage			\$ 8,512,723	\$ 7,788,168			2.4500	\$ 195,861						
2	PR Mortgage and Inv		x	Mortgage Costs								4,156						
3	Interest Income Offset		x									(686)						
4	State of Illinois		x	Pre-Bankruptcy DPA Fees								15,828						
5																		
<b>Working Capital</b>																		
6																		
7																		
8																		
9	<b>TOTAL Facility Related</b>						\$ 8,512,723	\$ 7,788,168				\$ 215,159						
<b>B. Non-Facility Related*</b>																		
10																		
11																		
12																		
13																		
14	<b>TOTAL Non-Facility Related</b>						\$	\$				\$						
15	<b>TOTALS (line 9+line14)</b>						\$ 8,512,723	\$ 7,788,168				\$ 215,159						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 39,970      Line # 26

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

(See instructions.)

SEE ACCOUNTANTS' PREPARATION REPORT

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

(See instructions.)



## 2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Golfview Development Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042614

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

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

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>09-15-100-013-0000</u>	<u>9555 Golf Road, Desp Plaines, IL 606</u>	\$ <u>362,164.00</u>	\$ _____
2. <u>09-15-100-012-0000</u>	<u>9555 Golf Road, Desp Plaines, IL 606</u>	\$ <u>38,850.00</u>	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>401,014.00</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

Nature of Costs:

(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	<u>Residential Care</u>	<u>117,000</u>	<u>1977</u>	<u>\$ 234,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>117,000</b>		<b>\$ 234,000</b>	<b>3</b>

SEE ACCOUNTANTS' PREPARATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	128		1997	1997	\$ 8,641,370	\$	40	\$ 216,035	\$ 216,035	\$ 4,122,706	4
5			1997		(580,616)		39	(14,888)	(14,888)	(276,190)	5
6			1998		40,292		40	1,007	1,007	18,636	6
7	7		1999	1999	52,495		40	1,312	1,312	22,966	7
8											8
	<b>Improvement Type**</b>										
9		Fencing	1997		1,200		10			1,200	9
10		Lobby Notice Board	1998		3,380		15			3,380	10
11		Parking Lot	1998		139,900		15			139,900	11
12		Exhaust System	1999		2,801		10			2,707	12
13		Compressor	1999		11,972		10			11,971	13
14		Fencing	1999		1,800		10			1,800	14
15		Fire Vents	1999		1,806		10			1,808	15
16		Elevator	1999		932		10			931	16
17		Security System	1999		970		10			970	17
18		Heating Unit	2000		715		10			694	18
19		Security System	2000		2,017		10			1,968	19
20		Telephone Line	2000		7,234		10			7,232	20
21		Security System	2000		2,087		10			2,085	21
22		Specialty Wiring and Oxygen Lines	2001		567,060		10			567,060	22
23		Security System	2001		4,803		10			4,803	23
24		Security System	2001		17,731		10			17,731	24
25		Fire Alarm System	2001		7,583		10			7,583	25
26		Security System	2002		4,402		10			4,402	26
27		hot water Tanks	2002		3,142		10			3,142	27
28		hot Water Pipes	2003		9,150		10			9,150	28
29		Tile and Wall Covering	2003		4,190		10			4,190	29
30		Door	2003		3,624		10			3,623	30
31		Resident Room Repair	2003		5,314		10			5,312	31
32		2 New Faucets	2003		2,308		10			2,308	32
33		Floor Repair and Replace	2004		5,966		10			5,966	33
34		Drywall	2004		6,749		10			6,749	34
35		Remove Sound Walls	2004		15,133		10			15,131	35
36		Dishwasher	2004		2,850		10			2,850	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Golfview Development Center# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Piping repairs and replace	2004	\$ 3,458	\$	10	\$	\$	\$ 3,458	37
38	Entry system	2005	3,700		10			3,700	38
39	Fire damper access hatches	2005	20,122		10			20,122	39
40	Floor repair and replace	2005	2,290		10			2,290	40
41	Stairwell construction repairs	2006	120,795	2,016	10	2,016		120,795	41
42	Kitchen improvements	2006	12,735	318	10	318		12,735	42
43	New dock door	2006	5,982	150	10	150		5,981	43
44	Kitchen improvements	2006	6,000	500	10	500		6,000	44
45	Gauges	2006	2,768	139	10	139		2,768	45
46	Kitchen improvements	2006	5,320	345	10	345		5,320	46
47	Interior painting	2007	17,755		5			17,755	47
48	Kitchen improvements	2007	18,996	1,899	10	1,899		17,740	48
49	New door installation	2007	30,313	3,031	10	3,031		29,551	49
50	New fencing	2007	8,076	808	10	808		7,420	50
51	Interior painting	2008	77,681		9	8,631	8,631	73,364	51
52	Elevator pump repairs	2008	11,875		9	1,319	1,319	11,212	52
53	Ceiling valves	2008	2,130	213	10	213		1,703	53
54	Painting	2009	57,865		8	7,233	7,233	54,248	54
55	Parking lot	2009	12,183		8	1,523	1,523	11,549	55
56	Lobby repairs	2009	12,485		8	1,561	1,561	11,837	56
57	Bathroom repairs	2009	42,802		8	5,350	5,350	38,342	57
58	Door repairs	2009	3,438		8	430	430	3,010	58
59	Freezer repairs	2009	8,666		8	1,083	1,083	7,852	59
60	Fire pump	2009	6,496		8	812	812	6,158	60
61	Fuses	2009	2,772	278	10	278		2,171	61
62	Door hinges	2009	6,408	638	10	638		4,592	62
63	Boiler	2009	4,300	430	10	430		3,046	63
64	FRP installation	2010	3,821		7	546	546	3,321	64
65	Floor and ceiling tile replacement	2010	8,306		7	1,186	1,186	7,218	65
66	Roof repairs	2010	3,085		7	441	441	2,683	66
67	Repair/Replace sink & Pipe	2010	16,822		7	2,402	2,402	15,016	67
68	Repair refrigerator	2010	3,224		7	461	461	2,920	68
69	Door repairs	2010	3,367		7	481	481	3,327	69
70	TOTAL (lines 4 thru 69)		\$ 9,536,396	\$ 10,765		\$ 247,690	\$ 236,925	\$ 5,243,968	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Golfview Development Center# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,536,396	\$ 10,765		\$ 247,690	\$ 236,925	\$ 5,243,968	1
2	Radiator	2010	3,896		7	557	557	3,712	2
3	Sidewalk	2010	5,508		15	367	367	2,416	3
4	Fire pump	2010	3,463		7	495	495	3,300	4
5	New carpeting	2010	5,370	537	10	537		3,446	5
6	Replace bathroom stalls	2010	10,633	1,064	10	1,064		6,826	6
7	Keycard system	2010	9,065		3			9,066	7
8	Water heater	2011	33,995		6	5,666	5,666	31,635	8
9	New lighting fixtures	2011	25,294		6	4,216	4,216	21,431	9
10	FRP installation & painting	2011	54,329		6	9,055	9,055	51,311	10
11	Roof repairs	2011	36,623		6	6,104	6,104	31,537	11
12	Bathroom stalls and tiling	2011	41,224		6	6,871	6,871	37,790	12
13	Exterior painting	2011	11,023		6	1,837	1,837	9,491	13
14	Dining room painting	2011	7,176		6	1,196	1,196	6,049	14
15	Kitchen Vacuum	2011	4,487	448	7	448		2,586	15
16	Lighting fixtures - patient rooms	2012	4,194		15	281	281	1,378	16
17	Fire panel	2012	7,451		15	497	497	2,360	17
18	Control board	2012	3,080		7	440	440	2,054	18
19	Kitchen exhaust system	2012	4,861		10	486	486	2,147	19
20	Kitchen compresor	2012	3,580		10	358	358	1,552	20
21	Hot water pump	2012	4,254		10	426	426	1,773	21
22	Wall and door painting - patient rooms	2012	8,731		5	1,745	1,745	7,127	22
23	Roofing repairs	2013	3,545		15	236	236	866	23
24	Painting - 3rd floor resident rooms	2013	6,500		7	929	929	2,787	24
25	New walls and flooring - 2nd floor resident rooms	2013	5,489		7	784	784	3,137	25
26	New walls and flooring 3rd floor - resident rooms	2013	5,426		7	775	775	3,036	26
27	Tile flooring - 2nd floor bathroom	2013	9,098		7	1,300	1,300	5,091	27
28	Walls and baseboards - 2nd floor resident rooms	2013	18,062		7	2,580	2,580	9,891	28
29	Boiler repairs	2013	3,357		7	480	480	1,800	29
30	2nd floor mens bathroom renovation	2013	22,697		7	3,242	3,242	12,159	30
31	Baseboarding - 3rd floor resident rooms	2013	8,079		7	1,154	1,154	3,847	31
32	Weather stripping	2013	12,174		10	1,218	1,218	4,059	32
33	FRP wall covering - 3rd floor resident rooms	2013	13,984		10	1,398	1,398	4,661	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,933,044	\$ 12,814		\$ 304,432	\$ 291,618	\$ 5,534,289	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Golfview Development Center# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,933,044	\$ 12,814		\$ 304,432	\$ 291,618	\$ 5,534,289	1
2	HVAC control panel	2013	14,500		10	1,450	1,450	4,954	2
3	Exhaust system	2013	4,435		7	634	634	2,060	3
4	Exit lighting system	2013	4,366		7	624	624	1,924	4
5	Room 227 - New bathroom walls, plumbing and fixtures	2014	9,679		7	1,383	1,383	3,688	5
6	plumbing repairs	2014	2,711		7	387	387	968	6
7	New fencing	2014	4,475		15	298	298	721	7
8	Room 351 new ceiling, walls and flooring	2014	10,235		7	1,462	1,462	3,411	8
9	Shower in Q room - new plumbing and fixtures	2014	5,461		7	780	780	1,755	9
10	Lobby wall repairs and painting	2014	7,306		7	1,044	1,044	2,436	10
11	Shower room, plumbing repairs, new walls and fixtures	2014	17,776		7	2,539	2,539	5,501	11
12	Painting - dining room	2014	7,801		7	1,114	1,114	2,692	12
13	Painting - 1st floor	2014	15,574		7	2,225	2,225	5,192	13
14	Painting - 2nd floor rooms	2014	32,277		7	4,611	4,611	11,528	14
15	Painting - 3rd floor rooms	2014	18,541		7	2,649	2,649	7,064	15
16	Lighting fixtures	2015	6,678		7	954	954	1,908	16
17	Garbage disposal	2015	4,576		7	654	654	654	17
18	3rd Floor LED lighting	2015	8,123		7	1,160	1,160	2,127	18
19	2nd Floor handicap bathtub	2015	11,533		7	1,648	1,648	3,021	19
20	2nd Floor handicap bathtub	2015	10,285		7	1,469	1,469	2,694	20
21	Bathroom FRP ceiling replacement	2015	11,022		7	1,575	1,575	2,756	21
22	Bathroom FRP ceiling replacement	2015	8,303		7	1,186	1,186	2,076	22
23	FRP installation in resident rooms	2015	6,504		7	929	929	1,626	23
24	FRP installation in resident rooms	2015	7,834		7	1,119	1,119	1,959	24
25	FRP for shower rooms	2015	14,568		7	2,081	2,081	3,468	25
26	Install FRP in resident rooms	2015	8,438		7	1,205	1,205	1,908	26
27	Install FRP in resident rooms	2015	9,855		7	1,408	1,408	2,229	27
28	2nd & 3rd Floor FRP installation	2015	8,947		7	1,278	1,278	2,024	28
29	Install FRP in hospital bed rooms	2015	8,476		7	1,211	1,211	1,816	29
30	2nd floor FRP installation	2015	15,770		7	2,253	2,253	3,379	30
31	Install new doors	2015	4,124		7	589	589	884	31
32	Install fire doors	2015	7,644		7	1,092	1,092	1,547	32
33	Door hinges	2015	10,118		7	1,445	1,445	1,806	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,250,979	\$ 12,814		\$ 348,888	\$ 336,074	\$ 5,626,065	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 10,250,979	\$ 12,814		\$ 348,888	\$ 336,074	\$ 5,626,065	1
2	Install FRP	2015	4,335		7	619	619	722	2
3	2nd Floor room painting	2015	7,925		7	1,132	1,132	2,264	3
4	2nd Floor room painting	2015	7,238		7	1,034	1,034	1,465	4
5	Electrical rewiring for parking lot lights	2015	18,298		2	9,981	9,981	11,645	5
6	LED Lights	2016	8,829	515	10	515		515	6
7	Shower repairs	2016	12,984		7	1,391	1,391	1,391	7
8	3rd floor shower repairs	2016	19,345		7	461	461	461	8
9	Painting - common room, hallways and doors	2016	21,114		7	2,765	2,765	2,765	9
10	Painting - common area	2016	40,104		7	1,910	1,910	1,910	10
11	FRP installation	2016	65,831		7	2,351	2,351	2,351	11
12	Roofing repairs	2016	6,646		15	443	443	443	12
13	First floord door repairs and painting	2016	29,714		7	3,537	3,537	3,537	13
14	Outside repairs, parking lot, sidewalk and landscape	2016	47,797		15	1,593	1,593	1,593	14
15	HVAC and electrical repairs	2016	16,898		7	1,811	1,811	1,811	15
16	Boiler room repairs	2016	24,443		15	815	815	815	16
17	Water fountain repairs	2016	2,582		7	184	184	184	17
18	Booster pump installation	2016	16,012		15	445	445	445	18
19	Outdoor handrail repair	2016	13,911		15	309	309	309	19
20	Kitchen floor drain repair	2016	47,056		7				20
21	3rd floor activity room cabinets	2016	5,910		7	493	493	493	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,667,951	\$ 13,329		\$ 380,677	\$ 367,348	\$ 5,661,184	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,357,001	\$ 11,382	\$ 54,370	\$ 42,988	5-10 years	\$ 1,205,860	71
72	Current Year Purchases	17,023	1,209	1,209		5-10 years	1,209	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,374,024	\$ 12,591	\$ 55,579	\$ 42,988		\$ 1,207,069	75

D. Vehicle Costs. (See instructions.)\*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,275,975	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 25,920	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 436,256	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 410,336	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,868,253	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning: 1/1/16

Ending: 12/31/16

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 16,018 Description: Ice Maker \$1,176; Copiers \$14,290; Postage Meter \$552

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrative	2013 Acura	\$ 579.00	\$ 4,632	17
18	Administrative	2016 Acura	591.00	2,955	18
19	Resident Transport	2013 Ford	899.00	9,889	19
20	See Attached		#####	32,364	20
21	<b>TOTAL</b>		\$ #####	\$ 49,840	21

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

**GOLFVIEW DEVELOPMENTAL CENTER, INC.**

**Provider #042614**

**December 31, 2016**

**Schedule 14a**

**Page 14 - Vehicle Rental**

<u>Use</u>	<u>Model Year &amp; Make</u>	<u>Monthly Lease Payment</u>	<u>Rental Expense for this period</u>
Resident Transport	2014 Ford	899.00	10,788
Resident Transport	2014 Ford	899.00	10,788
Resident Transport	2015 Ford	899.00	10,788
		<hr/>	<hr/>
		2,697.00	32,364.00
		<hr/>	<hr/>

**See Accountants' Compilation Report**

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	50	375		425
3	Classroom Wages (a)	237	2,310		2,547
4	Clinical Wages (b)		3,698		3,698
5	In-House Trainer Wages (c)	4,742	34,832		39,574
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$ 5,029	\$ 41,215	\$	\$ 46,244
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$ 46,244			

**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	7
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	5
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>12</b>

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

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12/31/16**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 212,191	\$ 464,660	1
2	Cash-Patient Deposits	97,856	97,856	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,055,953	1,055,953	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,150	51,722	6
7	Other Prepaid Expenses	53,748	53,748	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See attached schedule 17a</b>		51,291	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,438,898	\$ 1,775,230	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		234,000	13
14	Buildings, at Historical Cost		9,396,761	14
15	Leasehold Improvements, at Historical Cost	395,121	1,230,597	15
16	Equipment, at Historical Cost	297,180	1,374,022	16
17	Accumulated Depreciation (book methods)	(628,568)	(6,370,596)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>See attached schedule 17a</b>		94,408	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 63,733	\$ 5,959,192	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,502,631	\$ 7,734,422	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 202,255	\$ 202,255	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	97,856	97,856	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	250,349	250,349	30
31	Accrued Taxes Payable (excluding real estate taxes)		200,507	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes		2,256	35
	<b>Other Current Liabilities(specify):</b>			
36	<b>See attached schedule 17a</b>	3,348,591	3,322,346	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,899,051	\$ 4,075,569	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,788,168	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 7,788,168	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,899,051	\$ 11,863,737	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (2,396,420)	\$ (4,129,315)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,502,631	\$ 7,734,422	48

SEE ACCOUNTANTS' PREPARATION REPORT

\*(See instructions.)

GOLFVIEW DEVELOPMENTAL CENTER, INC.  
Provider #042614  
December 31, 2016

Schedule 17a

Page 17 - Balance Sheet

	<u>Operating</u>	<u>After Consolidation</u>
<b>Line 9 - Other Current Assets</b>		
Assets Limited as to Use, Required for Real Estate Taxes & Insurance	-	51,291
	<u>-</u>	<u>51,291</u>
<b>Line 23 - Other Long-Term Assets</b>		
Assets Limited as to Use, Required for Replacement Reserves	-	94,408
	<u>-</u>	<u>94,408</u>
<b>Line 36 - Other Current Liabilities</b>		
Due to Affiliate	26,245	-
Provider Participation Fees Payable	172,305	172,305
Due to 3rd-Party Payor	205,557	205,557
Accrued Management Fees	2,944,484	2,944,484
	<u>3,348,591</u>	<u>3,322,346</u>

See Accountants' Compilation Report

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(2,180,721)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(2,180,721)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(115,699)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(100,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(215,699)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(2,396,420)</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number **Golfview Development Center**

# **0042614**

Report Period Beginning: **1/1/16**

Ending: **12/31/16**

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,964,355	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,964,355	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	14,252	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	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 14,252	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Bedhold early discharge</u>	43,378	28
28a	<u>Miscellaneous income</u>	12,662	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 56,040	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,034,647	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	3,846,477	31
32	Health Care	2,394,799	32
33	General Administration	2,092,038	33
<b>B. Capital Expense</b>			
34	Ownership	1,336,991	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	480,041	35
36	Provider Participation Fee		36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,150,346	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(115,699)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (115,699)	43

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

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

**GOLFVIEW DEVELOPMENTAL CENTER, INC.**  
**Provider #042614**  
**December 31, 2016**

**Schedule 19a**

**Page 19 - Income Statement**

	<u>Operating</u>	<u>After Consolidation</u>
<b>Line 28a - Miscellaneous Income</b>		
Miscellaneous Income	38	38
Vending Machines	513	513
Flu Vaccines	2,415	2,415
Commissary Income	9,696	9,696
	<u>12,662</u>	<u>12,662</u>

**See Accountants' Compilation Report**

Facility Name & ID Number Golfview Development Center

# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16

**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				1
2	Assistant Director of Nursing	1,886	2,091	58,714	28.08
3	Registered Nurses				3
4	Licensed Practical Nurses	12,969	14,027	348,708	24.86
5	CNAs & Orderlies				5
6	CNA Trainees	809	809	6,670	8.24
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	1,731	2,091	28,177	13.48
10	Activity Assistants	6,601	7,673	66,361	8.65
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor	1,844	2,131	47,082	22.09
14	Head Cook				14
15	Cook Helpers/Assistants	15,034	16,484	159,621	9.68
16	Dishwashers				16
17	Maintenance Workers	3,652	4,033	53,969	13.38
18	Housekeepers	31,661	34,097	305,332	8.95
19	Laundry	2,132	2,369	20,446	8.63
20	Administrator	1,818	2,091	79,797	38.16
21	Assistant Administrator				21
22	Other Administrative	2,005	2,204	32,534	14.76
23	Office Manager	1,854	2,091	54,085	25.87
24	Clerical	4,338	4,712	45,931	9.75
25	Vocational Instruction				25
26	Academic Instruction	1,828	2,092	39,574	18.92
27	Medical Director				27
28	Qualified MR Prof. (QMRP)	8,635	9,533	130,486	13.69
29	Resident Services Coordinator	1,406	1,981	40,257	20.32
30	Habilitation Aides (DD Homes)	113,802	124,161	1,203,769	9.70
31	Medical Records	242	242	2,001	8.27
32	Other Health Care(specify)				32
33	Other(specify)	1,731	2,091	139,556	66.74
34	TOTAL (lines 1 - 33)	215,978	237,003	\$ 2,863,070 *	\$ 12.08

\* 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	157	\$ 8,484	L1, C3
36	Medical Director	48	14,400	L9, C3
37	Medical Records Consultant	31	1,640	L10, C3
38	Nurse Consultant			
39	Pharmacist Consultant	48	3,240	L10, C3
40	Physical Therapy Consultant	18	2,000	L10, C3
41	Occupational Therapy Consultant			
42	Respiratory Therapy Consultant	47	4,446	L10, C3
43	Speech Therapy Consultant			
44	Activity Consultant	36	2,520	L11, C3
45	Social Service Consultant	200	13,710	L12, C3
46	Other(specify) <u>Contract Labor</u>	5,273	135,814	L1, C3
47				
48				
49	TOTAL (lines 35 - 48)	5,858	\$ 186,254	

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$	50
51	Licensed Practical Nurses	2,108	50,591	L10, C3
52	Certified Nurse Assistants/Aides	9,728	235,773	L10, C3
53	TOTAL (lines 50 - 52)	11,836	\$ 286,364	

SEE ACCOUNTANTS' PREPARATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Antony Miner	Administrator	100	\$ 139,556	Workers' Compensation Insurance	\$ 50,228	IDPH License Fee	\$	
Theodise Harris	Assistant Administrator		79,797	Unemployment Compensation Insurance	10,500	Advertising: Employee Recruitment	2,119	
				FICA Taxes	212,402	Health Care Worker Background Check	920	
				Employee Health Insurance	218,294	(Indicate # of checks performed _____)		
				Employee Meals		Illinois Health Care Association	5,666	
				Illinois Municipal Retirement Fund (IMRF)*		Cook County	1,204	
				Union Health and Welfare	115,405	Illinois Secretary of State	155	
				Other Employee Benefits	115,971	Miscellaneous Licenses & Fees	7,169	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 219,353					
B. Administrative - Other						Less: Public Relations Expense	( )	
Description			Amount			Non-allowable advertising	( )	
			\$			Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 722,800	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,233	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Description	Amount	
MPRO	Legal		\$ 4,195			Out-of-State Travel	\$	
Personnel Planners	Human Resources		2,350					
Polsinelli Shugart	Legal		56,136			In-State Travel		
Warady & Davis LLP	Accounting		15,100					
						Seminar Expense	11,886	
						Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 77,781	TOTAL	\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 11,886	

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' PREPARATION REPORT

\*\*See instructions.

Facility Name & ID Number Golfview Development Center# 0042614

Report Period Beginning:

1/1/16

Ending:

12/31/16**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Health Care Association, \$8,100
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? \_\_\_\_\_
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 27,356 Line 10
- (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. \$ 477,248  
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. \$ 53,051 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0  
c. What percent of all travel expense relates to transportation of nurses and patients? 100  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes, except Acura  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: Compilation: Warady & Davis LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees

**SEE ACCOUNTANTS' PREPARATION REPORT**