

Facility Name & ID Number LAKE PARK CENTER

0027052 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	210	Intermediate (ICF)	210	76,650	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	210	TOTALS	210	76,650	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					8
9	SNF/PED					9
10	ICF	61,496	472	1,868	63,836	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	61,496	472	1,868	63,836	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.28%

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

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

NONE

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

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

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

I. On what date did you start providing long term care at this location?
Date started 02/01/81

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/81 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 0

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number

LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	255,209	15,551	18,376	289,136		289,136		289,136		1
2	Food Purchase		299,363		299,363	(8,267)	291,096	(1,951)	289,145		2
3	Housekeeping	157,601	33,588		191,189		191,189		191,189		3
4	Laundry	133,779	34,055	4,161	171,995		171,995		171,995		4
5	Heat and Other Utilities			130,756	130,756		130,756	1,144	131,900		5
6	Maintenance	34,655	25,219	24,979	84,853		84,853	3,803	88,656		6
7	Other (specify):*			20,483	20,483		20,483	355	20,838		7
8	TOTAL General Services	581,244	407,776	198,755	1,187,775	(8,267)	1,179,508	3,351	1,182,859		8
	B. Health Care and Programs										
9	Medical Director			37,200	37,200		37,200		37,200		9
10	Nursing and Medical Records	1,834,899	114,415	25,978	1,975,292		1,975,292	39,073	2,014,365		10
10a	Therapy										10a
11	Activities	92,260	1,302	9,060	102,622		102,622		102,622		11
12	Social Services	293,738		512	294,250		294,250		294,250		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* QMHP	4,879			4,879		4,879		4,879		15
16	TOTAL Health Care and Programs	2,225,776	115,717	72,750	2,414,243		2,414,243	39,073	2,453,316		16
	C. General Administration										
17	Administrative	115,075		155,000	270,075		270,075	(46,819)	223,256		17
18	Directors Fees										18
19	Professional Services			96,057	96,057		96,057	19,795	115,852		19
20	Dues, Fees, Subscriptions & Promotions			64,056	64,056		64,056	(13,702)	50,354		20
21	Clerical & General Office Expenses	189,489	26,377	43,363	259,229		259,229	87,810	347,039		21
22	Employee Benefits & Payroll Taxes			458,256	458,256	8,267	466,523		466,523		22
23	Inservice Training & Education			3,750	3,750		3,750	555	4,305		23
24	Travel and Seminar							4,915	4,915		24
25	Other Admin. Staff Transportation			3,894	3,894		3,894		3,894		25
26	Insurance-Prop.Liab.Malpractice			79,310	79,310		79,310	32,947	112,257		26
27	Other (specify):*			72,000	72,000		72,000	(37,123)	34,877		27
28	TOTAL General Administration	304,564	26,377	975,686	1,306,627	8,267	1,314,894	48,378	1,363,272		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,111,584	549,870	1,247,191	4,908,645		4,908,645	90,802	4,999,447		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	17,776
	REPAIRS & MAINTENANCE	600
		18,376
3	HOUSEKEEPING	
		0
		0
4	LAUNDRY	
	EQUIPMENT REPAIRS & MAINTENANCE	4,161
		4,161
5	HEAT & OTHER UTILITIES	
	GAS HEAT	35,380
	ELECTRICITY	47,264
	WATER	47,155
	CABLE TV - LOBBY	957
		130,756
6	MAINTENANCE	
	GROUNDS MAINTENANCE	7,480
	PAINTING & DECORATING	0
	BUILDING REPAIRS	0
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	4,048
	ELEVATOR MAINTENANCE & REPAIR	4,427
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	3,375
	FIRE SERVICE	5,649
		24,979
7	OTHER	
	SCAVENGER	19,608
	SECURITY SERVICE	875
		20,483
9	MEDICAL DIRECTOR	
	MEDICAL DIRECTOR FEES XVIII B 36-2	37,200
		37,200

LINE	SCHED REF	TOTAL
10	NURSING	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	758
	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	15,855
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	815
	PSYCHIATRIC XVIII B __-2	0
	PSYCHOLOGIST XVIII B 38-2	1,350
	DENTAL	7,200
		25,978
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	9,060
		9,060
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	512
	SOCIAL WORKER XVIII B 45-2	0
		512
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	0
		0
17	ADMINISTRATIVE	
	MANAGEMENT FEES XIX B	155,000
	DIRECTORS FEES	
18	DIRECTORS FEES	0
19	PROFESSIONAL SERVICES	
	DATA PROCESSING XIX C	12,745
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	83,312
		96,057
20	FEES,SUBSCRIPTIONS,PROMOTIONS	
	ENTERTAINMENT & MARKETING VI 19 XIX F	0
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	2,534
	EMPLOYEE RECRUITMENT/WANT ADS XIX F	1,475
	CONTRIBUTIONS VI 20 XIX F	0
	DUES & SUBSCRIPTIONS XIX F	25,191
	LICENSES & PERMITS XIX F	2,695
	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	28,381
	HEALTH CARE WORKER BACKGROUND CHECKS XIX F	3,380
	PATIENT BACKGROUND CHECKS XIX F	400
		64,056
21	CLERICAL & GENERAL OFFICE EXPENSES	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	18,604
	EQUIPMENT REPAIR & MAINTENANCE	8,130
	OUTSIDE CLERICAL SERVICES	0
	PENALTIES / OVERDRAFT CHARGES VI 18	23
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	16,606
	MESSENGER SERVICE	0
		43,363

LINE	SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	231,648
	UNEMPLOYMENT COMPENSATION XIX D	11,042
	WORKERS COMPENSATION INSURANC XIX D	62,047
	HOSPITALIZATION INSURANCE XIX D	69,707
	EMPLOYEE BENEFITS - OTHER XIX D	1,050
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	82,762
		458,256
23	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	3,750
		3,750
24	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	3,894
		3,894
26	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	79,310
		79,310
27	OTHER	
	BAD DEBTS VI 24	72,000
		72,000

GRAND TOTAL COLUMN 3 OTHER

1,247,191

**LAKE PARK CENTER
SCHEDULES
12/31/2017**

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

TOTAL FOOD PURCHASE	299,363
LESS SALES TAX	<u>(1,951)</u>
NET FOOD	297,412

TOTAL PATIENT CENSUS	63,836
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	191,508

ADD # EMPLOYEE MEALS/DAY	15
TIMES # DAYS	<u>365</u>
TOTAL EMPLOYEE MEALS	5,475

PATIENT MEALS	191,508
ADD EMPLOYEE MEALS	<u>5,475</u>
TOTAL MEALS/YEAR	196,983

NET FOOD	297,412
DIVIDE TOTAL MEALS/YEAR	<u>196,983</u>

COST PER MEAL	1.51
TIMES EMPLOYEE MEALS	<u>5,475</u>
EMPLOYEE MEAL RECLASSIFICATION	<u>8,267</u>

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			34,489	34,489		34,489	315,449	349,938			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			102,873	102,873		102,873	190,335	293,208			32
33	Real Estate Taxes			(32,309)	(32,309)		(32,309)	62,719	30,410			33
34	Rent-Facility & Grounds			800,892	800,892		800,892	(800,892)				34
35	Rent-Equipment & Vehicles			19,303	19,303		19,303	10,698	30,001			35
36	Other (specify):* RENT OFFICE			10,150	10,150		10,150	36,995	47,145			36
37	TOTAL Ownership			935,398	935,398		935,398	(184,696)	750,702			37
	Ancillary Expense											
	E. Special Cost Centers											
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											42
43	Other (specify):*											43
44	TOTAL Special Cost Centers											44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,111,584	549,870	2,182,589	5,844,043		5,844,043	(93,894)	5,750,149			45

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

LAKE PARK CENTER

ID# 0027052

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MARKETING SALARIES	\$ (2,154)	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	(2,154)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,951)	0	0	0	0	0	0	0	0	0	0	(1,951)	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	592	0	552	0	0	0	0	0	0	0	1,144	5
6	Maintenance	0	1,616	0	2,187	0	0	0	0	0	0	0	3,803	6
7	Other (specify):*	0	0	0	355	0	0	0	0	0	0	0	355	7
8	TOTAL General Services	(1,951)	2,208	0	3,094	0	3,351	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	39,073	0	0	0	0	0	0	0	39,073	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	39,073	0	39,073	16						
	C. General Administration													
17	Administrative	0	0	(25,125)	(21,694)	0	0	0	0	0	0	0	(46,819)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	50	14,033	5,712	0	0	0	0	0	0	0	19,795	19
20	Fees, Subscriptions & Promotions	(30,915)	0	250	16,963	0	0	0	0	0	0	0	(13,702)	20
21	Clerical & General Office Expenses	(2,177)	15	0	89,972	0	0	0	0	0	0	0	87,810	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	555	0	0	0	0	0	0	0	555	23
24	Travel and Seminar	0	0	0	4,915	0	0	0	0	0	0	0	4,915	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	149	30,741	2,057	0	0	0	0	0	0	0	32,947	26
27	Other (specify):*	(72,000)	0	7,392	27,485	0	0	0	0	0	0	0	(37,123)	27
28	TOTAL General Administration	(105,092)	214	27,291	125,965	0	48,378	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(107,043)	2,422	27,291	168,132	0	90,802	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(8,019)	1,136	313,107	9,225	0	0	0	0	0	0	0	315,449	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(74,812)	1,121	224,630	39,396	0	0	0	0	0	0	0	190,335	32
33	Real Estate Taxes	0	1,359	60,913	447	0	0	0	0	0	0	0	62,719	33
34	Rent-Facility & Grounds	0	0	(800,892)	0	0	0	0	0	0	0	0	(800,892)	34
35	Rent-Equipment & Vehicles	0	5,732	0	4,966	0	0	0	0	0	0	0	10,698	35
36	Other (specify):*	0	(10,150)	46,368	777	0	0	0	0	0	0	0	36,995	36
37	TOTAL Ownership	(82,831)	(802)	(155,874)	54,811	0	(184,696)	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)	(189,874)	1,620	(128,583)	222,943	0	(93,894)	45						

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	36 OFFICE RENT	\$ 10,150	IME REALTY CORP.		\$	\$ (10,150)	1
2	V							2
3	V	5 UTILITIES				592	592	3
4	V	6 MAINTENANCE & REPAIRS				1,213	1,213	4
5	V	6 ALARM SERVICE				403	403	5
6	V	19 ACCOUNTING FEES				50	50	6
7	V	21 OFFICE EXPENSE				15	15	7
8	V	26 INSURANCE				149	149	8
9	V	30 DEPRECIATION (SL)				1,136	1,136	9
10	V	32 INTEREST				1,121	1,121	10
11	V	33 RE TAX				1,359	1,359	11
12	V	35 RENT EXPENSE				5,732	5,732	12
13	V							13
14	Total		\$ 10,150			\$ 11,770	\$ * 1,620	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 120,000	DA WESTMONT		\$	(120,000)
16	V	17 OFFICER SALARIES-A. WEINFELD				23,719	23,719
17	V	17 OFFICER SALARIES-D. WEISS				23,719	23,719
18	V	17 OTHER SALARIES				47,437	47,437
19	V	19 ACCOUNTING FEES				1,333	1,333
20	V	27 PAYROLL TAXES				7,392	7,392
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V	34 RENT	800,892	WAUKEGAN TERRACE PROPERTIES LLC			(800,892)
28	V	33 REAL ESTATE TAX				60,913	60,913
29	V	30 DEPRECIATION (SL)				313,107	313,107
30	V	32 INTEREST				219,194	219,194
31	V	32 AMORT LOAN COSTS				5,436	5,436
32	V	26 INSURANCE				30,741	30,741
33	V	36 MIP INSURANCE				46,368	46,368
34	V	19 PROFESSIONAL FEES				12,700	12,700
35	V	20 LICENSES & PERMITS				250	250
36	V						
37	V						
38	V						
39	Total		\$ 920,892			\$ 792,309	\$ * (128,583)

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

Facility Name & ID Number

LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 35,000	BRIA HEALTH SERVICES		\$	\$(35,000)
16	V	17 CFO SALARY-A.WEINFELD				13,306	13,306
17	V	10 SALARIES-MEDICARE/NURSING				38,192	38,192
18	V	21 SALARIES-PURCHASING D.SEGAL					
19	V	21 SALARIES-CLERICAL RELATED PARTIES				2,600	2,600
20	V	21 SALARIES-CLERICAL				63,695	63,695
21	V	5 UTILITIES				552	552
22	V	6 MAINTENANCE				2,187	2,187
23	V	7 SCAVENGER				355	355
24	V	10 NURSING CONSULTANT				881	881
25	V	19 PROFESSIONAL FEES				5,712	5,712
26	V	20 DUES,FEES,SUBSCRIPTIONS				16,963	16,963
27	V	21 OFFICE EXPENSE				23,677	23,677
28	V	23 SEMINARS				555	555
29	V	24 TRAVEL				4,915	4,915
30	V	26 INSURANCE				2,057	2,057
31	V	27 EMPLOYEE BENEFITS				27,485	27,485
32	V	30 DEPRECIATION				9,225	9,225
33	V	32 INTEREST				39,396	39,396
34	V	33 RE TAX				447	447
35	V	36 OFFICE RENT-HINSDALE MGMT				777	777
36	V	35 STORAGE FEES				2,172	2,172
37	V	35 AUTO LEASE				1,406	1,406
38	V	35 EQUIPMENT RENTAL				1,388	1,388
39	Total		\$ 35,000			\$ 257,943	\$ * 222,943

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

Facility Name & ID Number

LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	ALLOCATION FROM DA WESTMONT:								\$		1
2					SEE						2
3	AVRUM WEINFELD		CFO	45.24	ATTACHED	15	12.09	SALARIES	24,825	17-7	3
4	DANIEL WEISS		ADMINISTR.	45.24	SCHEDULE	10	9.52	SALARIES	24,825	17-7	4
5											5
6	ALLOCATION FROM BRIA HEALTH SERVICES:										6
7	AVRUM WEINFELD		CFO	45.24		15	12.09	SALARIES	13,306	17-7	7
8											8
9	ALLOCATION FROM WEISS MANAGEMENT GROUP:										9
10	DANIEL WEISS		ADMINISTR.	45.24		10	9.52	SALARIES	13,336	17-7	10
11											11
12											12
13								TOTAL	\$ 76,292		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 LAKE PARK CENTER

0027052 Report Period Beginning: 01/01/2017 Ending: 2/31/2017

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 IME REALTY CORP.
 Street Address 5151 CHURCH STREET
 City / State / Zip Code SKOKIE, IL 60077
 Phone Number (847) 675-5795
 Fax Number (847) 674-5794

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	INCOME	121,050	6	\$ 7,060	\$ 10,150	\$ 592	1
2	6	MAINTENANCE & REPAIRS	INCOME	121,050	6	14,466	10,150	1,213	2
3	6	ALARM SERVICE	INCOME	121,050	6	4,809	10,150	403	3
4	19	ACCOUNTING FEES	INCOME	121,050	6	593	10,150	50	4
5	21	OFFICE EXPENSE	INCOME	121,050	6	177	10,150	15	5
6	26	INSURANCE	INCOME	121,050	6	1,781	10,150	149	6
7	30	DEPRECIATION (SL)	INCOME	121,050	6	13,548	10,150	1,136	7
8	32	INTEREST	INCOME	121,050	6	13,370	10,150	1,121	8
9	33	RE TAX	INCOME	121,050	6	16,204	10,150	1,359	9
10	35	RENT EXPENSE	INCOME	121,050	6	68,357	10,150	5,732	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 140,365	\$	\$ 11,770	25

Facility Name & ID Number LAKE PARK CENTER

0027052 Report Period Beginning: 01/01/2017 Ending: 2/31/2017

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 DA WESTMONT
 Street Address 5151 CHURCH STREET
 City / State / Zip Code SKOKIE, IL 60077
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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	17	OFFICER SALARIES-A. WEINFEL	CENSUS DAYS	161,482	3	\$ 60,000	\$ 60,000	63,836	\$ 23,719	1
2	17	OFFICER SALARIES-D. WEISS	CENSUS DAYS	161,482	3	60,000	60,000	63,836	23,719	2
3	17	OTHER SALARIES	CENSUS DAYS	161,482	3	120,000	120,000	63,836	47,437	3
4	19	ACCOUNTING FEES	CENSUS DAYS	161,482	3	3,372		63,836	1,333	4
5	27	PAYROLL TAXES	CENSUS DAYS	161,482	3	18,700		63,836	7,392	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 262,072	\$ 240,000		\$ 103,600	25

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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 BRIA HEALTH SERVICES LLC
 Street Address 5151 CHURCH STREET
 City / State / Zip Code SKOKIE, IL 60077
 Phone Number (847) 674-5795
 Fax Number (847) 674-5794

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	17	CFO SALARY-A.WEINFELD	wghtd avr hours	9	\$ 96,690	\$ 96,690		\$ 13,306	1
2	10	SALARIES-MEDICARE/NURSING	CENSUS DAYS	9	312,297	312,297	63,836	38,192	2
3	21	SALARIES-PURCHASING D.SEGA	wghtd avr hours	9	164,360	164,360			3
4	21	SALARIES-CLERICAL RELATED	wghtd avr hours	9	135,820	135,820		2,600	4
5	21	SALARIES-CLERICAL	CENSUS DAYS	9	520,839	520,839		63,695	5
6	5	UTILITIES	CENSUS DAYS	9	4,514		63,836	552	6
7	6	MAINTENANCE	CENSUS DAYS	9	17,882		63,836	2,187	7
8	7	SCAVENGER	CENSUS DAYS	9	2,899		63,836	355	8
9	10	NURSING CONSULTANT	CENSUS DAYS	9	7,200		63,836	881	9
10	19	PROFESSIONAL FEES	CENSUS DAYS	9	46,709		63,836	5,712	10
11	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	9	138,710		63,836	16,963	11
12	21	OFFICE EXPENSE	CENSUS DAYS	9	193,606		63,836	23,677	12
13	23	SEMINARS	CENSUS DAYS	9	4,537		63,836	555	13
14	24	TRAVEL	CENSUS DAYS	9	40,190		63,836	4,915	14
15	26	INSURANCE	CENSUS DAYS	9	16,818		63,836	2,057	15
16	27	EMPLOYEE BENEFITS	CENSUS DAYS	9	224,745		63,836	27,485	16
17	30	DEPRECIATION	CENSUS DAYS	9	75,436		63,836	9,225	17
18	32	INTEREST	CENSUS DAYS	9	322,149		63,836	39,396	18
19	33	RE TAX	CENSUS DAYS	9	3,652		63,836	447	19
20	36	OFFICE RENT-HINSDALE MGMT	CENSUS DAYS	9	6,350		63,836	777	20
21	35	STORAGE FEES	CENSUS DAYS	9	17,757		63,836	2,172	21
22	35	AUTO LEASE	CENSUS DAYS	9	11,494		63,836	1,406	22
23	35	EQUIPMENT RENTAL	CENSUS DAYS	9	11,352		63,836	1,388	23
24									24
25	TOTALS				\$ 2,376,006	\$ 1,230,006		\$ 257,943	25

Facility Name & ID Number

LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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			
A. Directly Facility Related																		
Long-Term																		
1	RELATED PARTY: WAUKEGAN TERRACE PROPERTIES, LLC						\$	\$			\$	1						
2	CAPITAL ONE FINANCE	X		MORTGAGE	\$64,511.91	11/29/12	9,657,100	8,301,865	05/01/39	2.6000	219,194	2						
3	LOAN COSTS	X		LOAN COSTS	W/O OVER LOAN		308,376	114,923			5,436	3						
4												4						
5												5						
Working Capital																		
6	THE PRIVATE BANK	X		WORKING CAPITAL	DEMAND	01/08	1,215,000	553,000		PRIME+	42,256	6						
7		X		INSURANCE FINANCE							35	7						
8	RELATED PARTY ALLOCATION										40,517	8						
9	TOTAL Facility Related				\$64,511.91		\$ 11,180,476	\$ 8,969,788			\$ 307,438	9						
B. Non-Facility Related*																		
10	THE PRIVATE BANK		X	LOAN	\$22,500.00	01/15/08	5,155,000	1,416,911		PRIME+	60,582	10						
11	M. ESFORMES		X	LOAN	\$5,750.00	07/01/10	1,000,000	819,179	01/01/34	4.5000		11						
12												12						
13	M. ESFORMES		X	LOAN	\$6,000.00	03/01/13	1,500,000	1,390,573	11/01/45	3.0019		13						
14	TOTAL Non-Facility Related				\$34,250.00		\$ 7,655,000	\$ 3,626,663			\$ 60,582	14						
15	TOTALS (line 9+line14)						\$ 18,835,476	\$ 12,596,451			\$ 368,020	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,368 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

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2016 report.		\$	146,140	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.)		\$	103,011	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(43,129)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	104,042	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>32,309</u> For <u> </u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(32,309)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	28,604	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	173,364	8
	2013	139,359	9
	2014	145,026	10
	2015	144,696	11
	2016	103,011	12

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 2016 TAX BILL.

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,175 B. General Construction Type: Exterior BRICK Frame CONCRETE Number of Stories

C. Does the Operating Entity? [X] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [] (b) Rent equipment from a Related Organization. [X] (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 [X] 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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and an index column. Row 1: NURSING HOME, 2003, \$1,050,000. Row 2: (blank). Row 3: TOTALS, \$1,050,000.

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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	210		2003	1967	\$ 8,144,786	\$ 296,174	27.5	\$ 296,174	\$	\$ 3,911,965	4
5											5
6											6
7											7
8		RELATED PARTY ALLOCATION				2,111		2,111			8
		Improvement Type**									
9		PAINTING		1986	15,680		15			15,680	9
10		ASHALT PAVING		1987	8,180	260	31.5		(260)	8,180	10
11		AVAC UNITS		1988	45,000	1,429	31.5		(1,429)	45,000	11
12		ROOFING		1989	56,815	1,804	31.5	1,804		49,009	12
13		CUBICLE CURTAIN & TILE		1991	20,473	650	31.5	650		16,548	13
14		PARKING LOTS		1993	19,440		15			19,440	14
15		CUBICLE CURTAINS		1993	1,796	46	31.5	46		1,156	15
16		NURSE STATION		1993	7,800	200	31.5	200		5,022	16
17		ELEVATOR		1994	22,300	572	39	572		12,846	17
18		CUBICLE CURTAINS		1994	843	22	39	22		501	18
19		PARKING LOTS LIGHTS		1995	8,677		15			8,677	19
20		REPAIR STONE FASCIA		1995	9,750	250	39	250		5,365	20
21		INSULATE SUPPLY/DUCT WORK		1995	7,190	185	39	185		3,915	21
22		TILE		1996	20,387	522	39	522		10,594	22
23		WEATHER-ROOFTOP		1997	6,408	164	39	164		3,123	23
24		METAL DOORS & AIR CONDITION		1998	11,993	308	39	308		5,813	24
25		TWO SHOWERS		1998	2,720	70	39	70		1,315	25
26		NEW ROOFING SYSTEM ABOVE KITCHEN		1998	9,800	251	39	251		4,633	26
27		CABINERY-ADM., BOOKKEPING, DON		1998	33,000	846	39	846		15,475	27
28		WATER HEATER		1998	4,639	119	39	119		2,157	28
29		INSTALLED SMOKE AND DUST DETECTORS		1999	4,572	117	39	117		2,053	29
30		FURNISH AND INSTALL FIRE DAMPERS		1999	25,971	666	39	666		11,572	30
31		FOUR DOORS GIBS, RESTRICTORS, ACCESS DOOR FIRE		1999	18,547	476	39	476		8,112	31
32		WATER HEATER, HEAT EXCHANGER, HOT WATER TANK		1999	8,640	222	39	222		3,802	32
33		FIRE DAMPERS		2000	8,070	293	20	293		4,847	33
34		FENCE		2000	6,810		15			6,810	34
35		CUBICLE CURTAINS		2001	14,018		20	701	701	11,216	35
36				2001	6,950	253	27.5	253		4,048	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	PAINT ALL INTERIOR WALLS	2001	\$ 2,800	\$ 102	27.5	\$ 102	\$	\$ 1,632	37
38	IN GROUP PISTON SEALS FOR ELEVATOR	2001	44,895		20	2,245	2,245	35,920	38
39	DRYWALL & SEAL WALLS ROOF	2001	28,812	1,048	27.5	1,048		16,768	39
40	ROOF TOP UNITS	2001	12,900	469	27.5	469		7,504	40
41	INSTALLATION OF FOUR ROOFTOP UNITS	2002	35,152	1,278	27.5	1,278		18,052	41
42	INSTALL DUTCH DOORS & DOOR MAGNETS	2005	23,803	866	27.5	866		9,562	42
43	INSTALL STEEL ROLLING DOOR	2006	2,878	105	27.5	105		1,142	43
44	REPLACE HOT WATER HEATER	2006	8,476	308	27.5	308		3,273	44
45	INSTALL SWING GATES WITH POSTS	2006	1,825	122	15	122		1,342	45
46	SEAL COATING PARKING LOT & NEW SIDEWALKS	2006	14,875	992	15	992		10,912	46
47	INSTALL DOORS	2006	171,211	6,226	27.5	6,226		62,519	47
48									48
49									49
50	WAUKEGAN TERRACE PROPERTIES,LLC								50
51	INSTALL DOORS - FIRST FLOOR HALLWAY,CORIDOR	2007	62,358	2,268	27.5	2,268		21,074	51
52	INSTALL NEW DURO-LAST ROOF SYSTEM	2007	121,800	4,429	27.5	4,429		42,126	52
53	INSTALLATION OF AIR CLEANING EQUIPMENT	2007	8,736	318	27.5	318		3,114	53
54	AGGREGATE PANELS,FASCIA,SOFFIT-REPAIRS	2007	24,910	906	27.5	906		8,720	54
55	INSTALLATION OF AN ANSUL KITCHEN SYSTEM	2007	8,012	291	27.5	291		2,728	55
56	INSTALL TWO NEW 10 TON ROOFTOP UNITS	2007	23,380	850	27.5	850		7,685	56
57	REPLACE TRANE HEAT EXCHANGER FOR ROOFTOP UNIT	2008	3,925	143	27.5	143		1,162	57
58	FURNISH AND INSTALLED FOUR DAMPERS	2009	5,340	194	27.5	194		1,479	58
59	MOUNTING 18 CLOSERS, INSTALL NEW DOOR STOP	2009	4,700	171	27.5	171		1,326	59
60	INSTALL DOORS & HARDWARE IN WINGS 500,600,700,800	2010	9,015	328	27.5	328		2,069	60
61	ELEVATOR-INSTALL 4 NEW GUIDE SHOE ASSEMBLIES	2010	3,900	142	27.5	142		882	61
62	REPLACE DEFECTIVE CIRCUIT BREAKERS	2010	6,800	247	27.5	247		1,533	62
63	INSTALL FIRE/SMOKE DAMPERS	2011	2,790	101	27.5	101		585	63
64	INSTALL NEW HYDRAUTIC ELEVATOR SOFT START	2011	2,200	80	27.5	80		450	64
65	SEALCOAT APPR 44,716 SQUARE FEET; ASPHALT 8 AREAS	2012	6,300	229	27.5	229		983	65
66	REPLACEMENT OF ROOF TOP UNITS & HEAT EXCHYANG	2012	25,630	1,143	7	1,143		9,728	66
67	REPLACE HEAT EXCHANGER 2ND FLOOR ROTUNDA	2013	3,295	120	27.5	120		595	67
68	CLOSERS FOR FIRE DOORS, FRONT DOOR, BATHROOM								68
69	AND CLOSET SPRING HINGES	2013	6,580	239	27.5	239		1,125	69
70	TOTAL (lines 4 thru 69)		\$ 9,228,553	\$ 331,725		\$ 332,982	\$ 1,257	\$ 4,474,864	70

**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	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		\$ 9,228,553	\$ 331,725		\$ 332,982	\$ 1,257	\$ 4,474,864	1
2	REPLACE TWO OLD RHEEM MODEL WATER HEATER	2014	26,875	977	27.5	977		3,623	2
3	INSTALLED NEW DURO-LAST ROOF SYSTEM	2014	27,352	995	27.5	995		3,690	3
4	REPLACEMENT FIRE DOORS	2014	7,865	286	27.5	286		1,037	4
5	MASONRY AND CONCRETE REPAIR & RESTORATION:								5
6	PATCH UT TO 55 SQUARE FEET OF AGGREGATE PATCHING								6
7	AT VARIOUS LOCATIONS AROUND THE FACADE	2014	19,250	700	27.5	700		2,246	7
8	PASSENGER ELEVATOR: INSTALL NEW GFI OUTLET;								8
9	NEW LADDER, DOOR INFRA-RED DETECTOR	2015	9,300	338	27.5	338		915	9
10	1ST AND 2ND FLOOR CORRIDORS, DINING ROOM:								10
11	INSTALL NEW COVE BASE, CHAIR RAILINGS, PAINTING	2015	39,545	1,438	27.5	1,438		3,176	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	TOTAL (lines 1 thru 33)		\$ 9,358,740	\$ 336,459		\$ 337,716	\$ 1,257	\$ 4,489,551	34

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

Facility Name & ID Number LAKE PARK CENTER

0027052

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 31,593	\$ 3,493	\$ 3,159	\$ (334)	3-10	\$ 10,405	71
72	Current Year Purchases	16,257	9,755	813	(8,942)	10	813	72
73	Fully Depreciated Assets	678,803					678,803	73
74	RELATED PARTY SL DEPRECIATION		8,250	8,250				74
75	TOTALS	\$ 726,653	\$ 21,498	\$ 12,222	\$ (9,276)		\$ 690,021	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,135,393	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 357,957	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 349,938	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,019)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,179,572	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A-RELATED PARTY

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

If NO, see instructions. YES NO

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

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. _____ \$ _____
 13. _____ \$ _____
 14. _____ \$ _____

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: \$ 8,837 Description: COPY MACHINE-\$5,213 AND STORAGE-\$3,624

(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>FACILITY</u>	<u>2009 FORD XL VAN</u>	\$ <u>690.00</u>	\$ <u>5,520</u>	17
18	<u>FACILITY</u>	<u>2017 FORD</u>	<u>749.28</u>	<u>4,946</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>10,466</u>	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.

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

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(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	\$ 125,254	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (72,000))	1,567,605		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	101,539		6
7	Other Prepaid Expenses	4,381		7
8	Accounts Receivable (owners or related parties)	149,174		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,947,953	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	754,096		15
16	Equipment, at Historical Cost	730,531		16
17	Accumulated Depreciation (book methods)	(1,200,834)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 283,793	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,231,746	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,965	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	603,000		29
30	Accrued Salaries Payable	74,557		30
31	Accrued Taxes Payable (excluding real estate taxes)	45,939		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			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 857,461	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,952,081		39
40	Mortgage Payable			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)	\$ 2,952,081	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,809,542	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,577,796)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,231,746	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,305,811)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,305,811)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	656,816	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES	71,199	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 728,015	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)	\$ (1,577,796)	24 *

* This must agree with page 17, line 47.

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,486,629	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,486,629	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		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***	14,230	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,230	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)	\$ 6,500,859	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,187,775	31
32	Health Care	2,414,243	32
33	General Administration	1,306,627	33
B. Capital Expense			
34	Ownership	935,398	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,844,043	40
41	Income before Income Taxes (line 30 minus line 40)**	656,816	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 656,816	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,209,799	44
45	Private Pay - Net Inpatient Revenue	56,640	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) HOSPICE/INSURANCE/ETC		47
48	Other-(specify) VETERAN	220,190	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,486,629	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 LAKE PARK CENTER

0027052

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	2,130	2,242	\$ 82,271	\$ 36.70	1
2	Assistant Director of Nursing					2
3	Registered Nurses	15,288	16,620	507,556	30.54	3
4	Licensed Practical Nurses	12,601	13,553	346,446	25.56	4
5	CNAs & Orderlies	60,631	64,888	898,626	13.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,457	8,038	92,260	11.48	10
11	Social Service Workers	19,618	20,867	293,738	14.08	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,234	21,741	255,209	11.74	15
16	Dishwashers					16
17	Maintenance Workers	1,922	2,106	34,655	16.46	17
18	Housekeepers	13,074	13,928	157,601	11.32	18
19	Laundry	11,575	12,190	133,779	10.97	19
20	Administrator	1,968	2,080	115,075	55.32	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,301	15,334	189,489	12.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	350	350	4,879	13.94	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)	181,149	193,937	\$ 3,111,584 *	\$ 16.04	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	\$ 17,776	1-3	35
36	Medical Director	O	37,200	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	1,350	10-3	38
39	Pharmacist Consultant	H	15,855	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	9,060	11-3	44
45	Social Service Consultant	E	512	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 81,753		49

C. CONTRACT NURSES

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

LAKE PARK CENTER
SCHEDULE-LEGAL
12/31/2017

DATE	FIRM NAME	DESCRIPTION OF SERVICES	AMOUNT
1/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,091
2/28/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	3,120
3/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,290
4/30/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,116
5/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	979
6/30/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,016
7/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
8/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
9/30/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
10/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
11/30/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
12/31/2017	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	700
2/1/2017	LOIS KULINSKY & ASSOCIATES	GUARDIANSHIP	1,327
4/1/2017	LOIS KULINSKY & ASSOCIATES	GUARDIANSHIP	952
5/11/2017	SEYFARTH SHAW	LOAN MODIFICATION	3,538
9/30/2017	SEYFARTH SHAW	LOAN MODIFICATION	6,355
6/28/2017	EMPLOYEE	SETTLEMENT	3,500
7/8/2017	CHUBB GROUP	SETTLEMENT	3,030
9/30/2017	CHUBB GROUP	SETTLEMENT	3,149
4/5/2017	IRA I. SILVERSTEIN	RESIDENT ESTATE	1,645
12/6/2017	DRINKERBIDDLE & REATH	HIPAA CPMPLIANCE	550
7/11/2017	SKIDELSKY & ASSOCIATES	2016 REAL ESTATE ASSESSMENT	20,825
12/4/2017	MCCABE KIRSHNER P.C.	ENGAGEMENT OF WTW	1,250
12/31/2017	SB2 INC	BRIA-002 MONTHLY PROJECT	500
12/31/2017	SB2 INC	MPIL-BRIA	672
12/1/2017	GARY A. WEINTRAUB, P.C.	DEMAND LETTER	1,268
TOTAL			<u>61,372</u>

