

Facility Name & ID Number WATERFRONT TERRACE INC

0028076 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	118	Skilled (SNF)	118	43,070	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	118	TOTALS	118	43,070	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			3,488	3,488	8
9	SNF/PED					9
10	ICF	34,646	473	583	35,702	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	34,646	473	4,071	39,190	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.99%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

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

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

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

I. On what date did you start providing long term care at this location?
Date started 4/1/1983

J. Was the facility purchased or leased after January 1, 1978?
YES Date 4/1/1983 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 118 and days of care provided 3,488

Medicare Intermediary WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number **WATERFRONT TERRACE INC** # **0028076** 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	149,116	23,032	204,652	376,800	376,800		376,800			1
2	Food Purchase		137,873		137,873	137,873	(561)	137,312			2
3	Housekeeping	95,337	19,606		114,943	114,943		114,943			3
4	Laundry	50,329	24,057	44,216	118,602	118,602		118,602			4
5	Heat and Other Utilities			121,312	121,312	121,312	1,143	122,455			5
6	Maintenance	112,212	104,066	94,269	310,547	310,547	16,349	326,896			6
7	Other (specify):*			16,103	16,103	16,103	1,041	17,144			7
8	TOTAL General Services	406,994	308,634	480,552	1,196,180	1,196,180	17,972	1,214,152			8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000	18,000		18,000			9
10	Nursing and Medical Records	2,010,865	126,444	16,374	2,153,683	2,153,683		2,153,683			10
10a	Therapy	499,497	7,573		507,070	507,070		507,070			10a
11	Activities	131,074	24,048	2,512	157,634	157,634		157,634			11
12	Social Services	46,767		2,108	48,875	48,875		48,875			12
13	CNA Training										13
14	Program Transportation			11,485	11,485	11,485		11,485			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,688,203	158,065	50,479	2,896,747	2,896,747		2,896,747			16
	C. General Administration										
17	Administrative	118,373		18,000	136,373	136,373	167,685	304,058			17
18	Directors Fees										18
19	Professional Services			191,505	191,505	191,505	(4,641)	186,864			19
20	Dues, Fees, Subscriptions & Promotions			127,059	127,059	127,059	(59,772)	67,287			20
21	Clerical & General Office Expenses	205,594	37,901	591,440	834,935	834,935	(454,366)	380,569			21
22	Employee Benefits & Payroll Taxes			688,565	688,565	688,565		688,565			22
23	Inservice Training & Education			2,889	2,889	2,889		2,889			23
24	Travel and Seminar						383	383			24
25	Other Admin. Staff Transportation			17,895	17,895	17,895	3,920	21,815			25
26	Insurance-Prop.Liab.Malpractice			168,770	168,770	168,770	10,640	179,410			26
27	Other (specify):*	29,716		274,571	304,287	304,287	(208,312)	95,975			27
28	TOTAL General Administration	353,683	37,901	2,080,694	2,472,278	2,472,278	(544,463)	1,927,815			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,448,880	504,600	2,611,725	6,565,205	6,565,205	(526,491)	6,038,714			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	9,471
	REPAIRS & MAINTENANCE	0
	OUTSIDE SERVICES- DIETARY	195,181
3	HOUSEKEEPING	
		0
		0
4	LAUNDRY	
	EQUIPMENT REPAIRS & MAINTENANCE	1,918
	CONTRACTED LAUNDRY SERVICES	42,298
5	HEAT & OTHER UTILITIES	
	GAS HEAT	27,895
	ELECTRICITY	43,385
	WATER	46,468
	CABLE TV - LOBBY	3,564
		121,312
6	MAINTENANCE	
	GROUNDS MAINTENANCE	3,113
	PAINTING & DECORATING	2,643
	BUILDING REPAIRS	0
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	11,274
	ELEVATOR MAINTENANCE & REPAIR	6,198
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	7,595
	FIRE SERVICE	0
	CONTRACTED BUILDING MAINTENANCE	63,446
		94,269
7	OTHER	
	SCAVENGER	16,103
	SECURITY SERVICE	0
		16,103
9	MEDICAL DIRECTOR	
	MEDICAL DIRECTOR FEES XVIII B 36-2	18,000

LINE	SCHED REF	TOTAL
10	NURSING	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	0
	PURCHASED SERVICES	0
	PSYCHO-SOCIAL CONSULTANT XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT XVIII B 38-2	0
	MEDICAL RECORDS CONSULTANT XVIII B 37-2	0
	PHARMACY CONSULTANT XVIII B 39-2	10,170
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	PSYCHIATRIC XVIII B __-2	3,750
	RN CONSULTANT XVIII B 38-2	0
	NURSING PROGRAM CONSULTANT	2,454
		16,374
10a	THERAPY	
	PHYSICAL THERAPY SERVICES	0
	SPEECH THERAPY SERVICES	0
	OCCUPATIONAL THERAPY SERVICES	0
	REHABILITATION CONSULTANT XVIII B __-2	0
	PHYSICAL THERAPY CONSULTANT XVIII B 40-2	0
	OCCUPATIONAL THERAPY CONSULTANT XVIII B 41-2	0
	RESPIRATORY THERAPY CONSULTANT XVIII B 42-2	0
	SPEECH THERAPY CONSULTANT XVIII B 43-2	0
		0
11	ACTIVITIES	
	CABLE TV - PATIENT ROOMS	0
	ACTIVITY REHAB CONSULTANT XVIII B 44-2	2,512
		2,512
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	0
	SOCIAL WORKER XVIII B 45-2	2,108
		2,108
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	11,485
		11,485
17		
	ADMINISTRATIVE	
	MANAGEMENT FEES XIX B	18,000
	DIRECTORS FEES	
18		
	DIRECTORS FEES	0
19		
	PROFESSIONAL SERVICES	
	DATA PROCESSING XIX C	99,071
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	92,434
		191,505
20		
	FEES,SUBSCRIPTIONS,PROMOTIONS	
	ENTERTAINMENT & MARKETING VI 19 XIX F	0
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	63,889
	EMPLOYEE RECRUITMENT/WANT ADS XIX F	27,798
	CONTRIBUTIONS VI 20 XIX F	0
	DUES & SUBSCRIPTIONS XIX F	18,326
	LICENSES & PERMITS XIX F	11,972
	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	0
	HEALTH CARE WORKER BACKGROUND CHECKS XIX F	4,676
	PATIENT BACKGROUND CHECKS XIX F	398
		127,059
21		
	CLERICAL & GENERAL OFFICE EXPENSES	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	2,491
	EQUIPMENT REPAIR & MAINTENANCE	27,007
	OUTSIDE CLERICAL SERVICES	532,789
	PENALTIES / OVERDRAFT CHARGES VI 18	1,662
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	23,291
	MESSENGER SERVICE	0
	ADMINISTRATIVE & MEETING FEES	4,200
		591,440

LINE	SCHED REF	TOTAL
22		
	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	260,493
	UNEMPLOYMENT COMPENSATION XIX D	53,777
	WORKERS COMPENSATION INSURANC XIX D	71,199
	HOSPITALIZATION INSURANCE XIX D	251,964
	EMPLOYEE BENEFITS - OTHER XIX D	51,132
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	0
		688,565
23		
	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	2,889
		2,889
24		
	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25		
	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	17,895
		17,895
26		
	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	168,770
		168,770
27		
	OTHER	
	BAD DEBTS VI 24	274,571
		274,571

GRAND TOTAL COLUMN 3 OTHER

2,611,725

WATERFRONT TERRACE INC
SCHEDULES
12/31/2017

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

TOTAL FOOD PURCHASE	137,873
LESS SALES TAX	<u>(561)</u>
NET FOOD	137,312

TOTAL PATIENT CENSUS	39,190
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	117,570

ADD # EMPLOYEE MEALS/DAY	
TIMES # DAYS	<u>43,070</u>
TOTAL EMPLOYEE MEALS	0

PATIENT MEALS	117,570
ADD EMPLOYEE MEALS	<u>0</u>
TOTAL MEALS/YEAR	117,570

NET FOOD	137,312
DIVIDE TOTAL MEALS/YEAR	<u>117,570</u>

COST PER MEAL	1.17
TIMES EMPLOYEE MEALS	<u>0</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>0</u></u>

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			143,590	143,590		143,590	110,463	254,053		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			142,474	142,474		142,474	262,261	404,735		32
33	Real Estate Taxes							228,250	228,250		33
34	Rent-Facility & Grounds			780,000	780,000		780,000	(780,000)			34
35	Rent-Equipment & Vehicles			44,238	44,238		44,238	14,396	58,634		35
36	Other (specify):* STORAGE										36
37	TOTAL Ownership			1,110,302	1,110,302		1,110,302	(164,630)	945,672		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		153,330		153,330		153,330		153,330		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			278,899	278,899		278,899		278,899		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		153,330	278,899	432,229		432,229		432,229		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,448,880	657,930	4,000,926	8,107,736		8,107,736	(691,121)	7,416,615		45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	93,645	30		9
10	Interest and Other Investment Income	(9,020)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(561)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(1,662)	21		18
19	Entertainment		20		19
20	Contributions		20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers	(8,544)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(274,571)	27		24
25	Fund Raising, Advertising and Promotional	(63,889)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule SEE PG 5A	(35,065)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (299,667)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(391,454)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (391,454)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (691,121)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

WATERFRONT TERRACE INC

ID# 0028076

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	MARKETING SALARY	\$ (35,065)	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	(35,065)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number WATERFRONT TERRACE INC

0028076 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	(561)	0	0	0	0	0	0	0	0	0	0	(561)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,143	0	0	0	0	0	0	0	0	1,143	5
6	Maintenance	0	0	8,876	7,473	0	0	0	0	0	0	0	16,349	6
7	Other (specify):*	0	0	233	0	808	0	0	0	0	0	0	1,041	7
8	TOTAL General Services	(561)	0	10,252	7,473	808	0	0	0	0	0	0	17,972	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(18,000)	0	185,685	0	0	0	0	0	0	0	167,685	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,544)	2,950	953	0	0	0	0	0	0	0	0	(4,641)	19
20	Fees, Subscriptions & Promotions	(63,889)	0	4,117	0	0	0	0	0	0	0	0	(59,772)	20
21	Clerical & General Office Expenses	(36,727)	(532,789)	106,484	8,666	0	0	0	0	0	0	0	(454,366)	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	383	0	0	0	0	0	0	0	0	383	24
25	Other Admin. Staff Transportation	0	0	3,920	0	0	0	0	0	0	0	0	3,920	25
26	Insurance-Prop.Liab.Malpractice	0	6,041	4,599	0	0	0	0	0	0	0	0	10,640	26
27	Other (specify):*	(274,571)	0	16,947	0	49,312	0	0	0	0	0	0	(208,312)	27
28	TOTAL General Administration	(383,731)	(541,798)	137,403	194,351	49,312	0	0	0	0	0	0	(544,463)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(384,292)	(541,798)	147,655	201,824	50,120	0	0	0	0	0	0	(526,491)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number WATERFRONT TERRACE INC# 0028076

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	93,645	13,607	3,211	0	0	0	0	0	0	0	0	110,463	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,020)	269,315	1,966	0	0	0	0	0	0	0	0	262,261	32
33	Real Estate Taxes	0	224,679	3,571	0	0	0	0	0	0	0	0	228,250	33
34	Rent-Facility & Grounds	0	(780,000)	0	0	0	0	0	0	0	0	0	(780,000)	34
35	Rent-Equipment & Vehicles	0	0	14,396	0	0	0	0	0	0	0	0	14,396	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	84,625	(272,399)	23,144	0	0	0	0	0	0	0	0	(164,630)	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)	(299,667)	(814,197)	170,799	201,824	50,120	0	0	0	0	0	0	(691,121)	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
MARSHALL MAUER	25	SEE PAGE 6 SUPP		SEE PAGE 6 SUPP		
FRANCES MAUER	25					
MAURICE AARON	25					
SUSAN STERN	25					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 MANAGEMENT FEE	\$ 18,000	DYNAMIC HEALTH CARE CONSULTANT	100.00%	\$	\$ (18,000)	1
2	V	21 BOOKKEEPING SERVICE	532,789	" "			(532,789)	2
3	V							3
4	V							4
5	V							5
6	V							6
7	V	34 RENT	780,000	WATERFRONT TERRACE ASSOCIATES	100.00%		(780,000)	7
8	V	30 DEPRECIATION		" "		13,607	13,607	8
9	V	32 INTEREST		" "		269,315	269,315	9
10	V	33 REAL ESTATE TAXES		" "		224,679	224,679	10
11	V	26 INSURANCE		" "		6,041	6,041	11
12	V	19 ACCOUNTING FEES		" "		2,950	2,950	12
13	V							13
14	Total		\$ 1,330,789			\$ 516,592	\$ * (814,197)	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	5 UTILITIES	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 1,143	\$	1,143	15
16	V	6 REPAIR & MAINT. - SALARIES		" "		3,466		3,466	16
17	V	6 REPAIR & MAINT. - OTHER		" "		5,410		5,410	17
18	V	7 EMP BEN-GEN SERV		" "		233		233	18
19	V	19 PROFESSIONAL FEES		" "		666		666	19
20	V	20 DUES AND SUBSCRIPTION		" "		4,117		4,117	20
21	V	21 CLERICAL & GENERAL - SALARIES		" "		75,957		75,957	21
22	V	21 CLERICAL & GENERAL - OTHER		" "		30,527		30,527	22
23	V	24 SEMINARS AND TRAVEL		" "		383		383	23
24	V	25 AUTO EXPENSE		" "		3,920		3,920	24
25	V	26 INSURANCE		" "		4,599		4,599	25
26	V	27 EMP. BEN. - GEN, ADMIN.		" "		16,947		16,947	26
27	V	30 DEPRECIATION		" "		3,211		3,211	27
28	V	32 INTEREST		" "		1,966		1,966	28
29	V	33 REAL ESTATE TAXES		" "		3,571		3,571	29
30	V	19 REAL ESTATE TAX PROTEST FEES		" "		287		287	30
31	V	35 AUTO RENTAL		" "		13,805		13,805	31
32	V	35 EQUIPMENT RENTAL		" "		591		591	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 170,799	\$ *	170,799	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 MAINT COMP - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 7,473	\$	7,473	15
16	V	17 ADMIN COMP - M MAUER		" "		22,186		22,186	16
17	V	17 ADMIN COMP - M AARON		" "		25,620		25,620	17
18	V	17 ADMIN COMP - F AARON		" "		500		500	18
19	V	17 ADMIN COMP - D AARON		" "		8,726		8,726	19
20	V	17 ADMIN COMP - S GOLDSTEIN		" "					20
21	V	17 ADMIN COMP - B FREIDMAN		" "					21
22	V	17 ADMIN COMP - R AARON		" "					22
23	V	17 ADMIN COMP - S HARAMARAS		" "		23,970		23,970	23
24	V	17 ADMIN COMP - D KUFTA		" "		18,912		18,912	24
25	V	17 ADMIN COMP - HOWARD ALTER		" "		12,000		12,000	25
26	V	17 ADMIN COMP - NON OWNER - V DAVIS		" "		14,844		14,844	26
27	V	17 ADMIN COMP - NON OWNER - A CASSATA		" "					27
28	V	17 ADMIN COMP - NON OWNER - VAR		" "		32,299		32,299	28
29	V	17 ADMIN COMP - NON OWNER - CFO		" "		26,628		26,628	29
30	V	21 CLERICAL COMP - S AARON		" "		8,611		8,611	30
31	V	21 CLERICAL COMP - E MARYLES		" "		55		55	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 201,824	\$ *	201,824	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	7 EMP BEN - D NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	\$ 808	\$	808	15
16	V	27 EMP BEN - M MAUER		" "		4,177		4,177	16
17	V	27 EMP BEN - M AARON		" "		5,326		5,326	17
18	V	27 EMP BEN - F AARON		" "		8,509		8,509	18
19	V	27 EMP BEN - D AARON		" "		882		882	19
20	V	27 EMP BEN - S GOLDSTEIN		" "					20
21	V	27 EMP BEN - B FREIDMAN		" "					21
22	V	27 EMP BEN - R AARON		" "					22
23	V	27 EMP BEN - S HARAMARAS		" "		9,570		9,570	23
24	V	27 EMP BEN - D KUFTA		" "		1,471		1,471	24
25	V	27 EMP BEN - HOWARD ALTER		" "		1,095		1,095	25
26	V	27 EMP BEN - V DAVIS		" "		3,981		3,981	26
27	V	27 EMP BEN - A CASSATA		" "					27
28	V	27 EMP BEN - NON OWNER		" "		8,772		8,772	28
29	V	27 EMP BEN - NON OWNER - CFO		" "		3,077		3,077	29
30	V	27 EMP BEN - S AARON		" "		2,058		2,058	30
31	V	27 EMP BEN - E MARYLES		" "		394		394	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 50,120	\$ *	50,120	39

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

Facility Name & ID Number

WATERFRONT TERRACE INC

0028076

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	MARSHALL MAUER	SHAREHOLDER	ADMINISTRATION		SCHEDULE	4.4	8.87	SALARY	\$ 22,186	17-7	1
2	MAURICE AARON	SHAREHOLDER	ADMINISTRATION		ATTACHED	5.12	10.25	SALARY	25,620	17-7	2
3	FRED AARON		ADMINISTRATION			9		SALARY	42,000	17-1	3
4	FRED AARON		ADMINISTRATION					SALARY	500	17-7	4
5	SHARON AARON		CLERICAL			4.44	11.09	SALARY	8,611	21-7	5
6	HOWARD ALTER		ADMINISTRATOR					SALARY	12,000	17-7	6
7	HOWARD ALTER		ADMINISTRATOR			40		SALARY	118,373	17-1	7
8	ESTHER MARYLES		CLERICAL			0.31	1.11	SALARY	55	21-7	8
9	DANIEL AARON		CLERICAL			4.56	11.39	SALARY	8,726	21-7	9
10											10
11											11
12											12
13								TOTAL	\$ 238,071		13

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

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076 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 DYNAMIC HEALTH CARE CONSULTANTS
 Street Address 3359 W MAIN STREET
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	PATIENT DAYS	371,884	10	\$ 10,844	\$ 39,190	\$ 1,143	1
2	6	REPAIR & MAINT. - SALARIES	PATIENT DAYS	371,884	10	32,891	32,891	3,466	2
3	6	REPAIR & MAINT. - OTHER	PATIENT DAYS	371,884	10	51,340	39,190	5,410	3
4	7	EMP BEN-GEN SERV	PATIENT DAYS	371,884	10	2,209	39,190	233	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	371,884	10	6,316	39,190	666	5
6	20	DUES AND SUBSCRIPTION	PATIENT DAYS	371,884	10	39,064	39,190	4,117	6
7	21	CLERICAL & GENERAL - SALAR	PATIENT DAYS	371,884	10	720,780	720,780	75,957	7
8	21	CLERICAL & GENERAL - OTHER	PATIENT DAYS	371,884	10	289,675	39,190	30,527	8
9	24	SEMINARS AND TRAVEL	PATIENT DAYS	371,884	10	3,633	39,190	383	9
10	25	AUTO EXPENSE	PATIENT DAYS	371,884	10	37,201	39,190	3,920	10
11	26	INSURANCE	PATIENT DAYS	371,884	10	43,644	39,190	4,599	11
12	27	EMP. BEN. - GEN, ADMIN.	PATIENT DAYS	371,884	10	160,819	39,190	16,947	12
13	30	DEPRECIATION	PATIENT DAYS	371,884	10	30,466	39,190	3,211	13
14	32	INTEREST	PATIENT DAYS	371,884	10	18,656	39,190	1,966	14
15	33	REAL ESTATE TAXES	PATIENT DAYS	371,884	10	33,889	39,190	3,571	15
16	19	REAL ESTATE TAX PROTEST FE	PATIENT DAYS	371,884	10	2,725	39,190	287	16
17	35	AUTO RENTAL	PATIENT DAYS	371,884	10	130,997	39,190	13,805	17
18	35	EQUIPMENT RENTAL	PATIENT DAYS	371,884	10	5,607	39,190	591	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,620,756	\$ 753,671	\$ 170,799	25

Facility Name & ID Number WATERFRONT TERRACE INC

0028076 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 DYNAMIC HEALTH CARE CONSULTANTS
 Street Address 3359 W MAIN STREET
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	MAINT COMP - D NEHMER	WGHTD AVG HOURS	40	7	\$ 58,337	\$ 58,337	5	\$ 7,473	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	11	200,000	200,000	4	22,186	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	7	200,000	200,000	5	25,620	3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	5	2,500	2,500	9	500	4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	40	11	76,541	76,541	5	8,726	5
6	17	ADMIN COMP - S GOLDSTEIN	WGHTD AVG HOURS	40	2	101,000	101,000			6
7	17	ADMIN COMP - B FREIDMAN	WGHTD AVG HOURS							7
8	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	40	1	61,541	61,541			8
9	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	3	71,909	71,909	10	23,970	9
10	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	40	7	147,753	147,753	5	18,912	10
11	17	ADMIN COMP - HOWARD ALTER	WGHTD AVG HOURS	40	1	12,000	12,000	40	12,000	11
12	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	40	9	133,816	133,816	4	14,844	12
13	17	ADMIN COMP - NON OWNER - A	WGHTD AVG HOURS							13
14	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	45	7	252,333	252,333	6	32,299	14
15	17	ADMIN COMP - NON OWNER - C	WGHTD AVG HOURS	40	9	240,048	240,048	4	26,628	15
16	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	9	77,614	77,614	4	8,611	16
17	21	CLERICAL COMP - E MARYLES	WGHTD AVG HOURS	28	11	5,000	5,000	0	55	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,640,392	\$ 1,640,392		\$ 201,824	25

Facility Name & ID Number WATERFRONT TERRACE INC

0028076 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 DYNAMIC HEALTH CARE CONSULTANTS
 Street Address 3359 W MAIN STREET
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	7	EMP BEN - D NEHMER	WGHTD AVG HOURS	40	7	\$ 6,305	5	\$ 808	1
2	27	EMP BEN - M MAUER	WGHTD AVG HOURS	40	11	37,655	4	4,177	2
3	27	EMP BEN - M AARON	WGHTD AVG HOURS	40	7	41,575	5	5,326	3
4	27	EMP BEN - F AARON	WGHTD AVG HOURS	45	5	42,544	9	8,509	4
5	27	EMP BEN - D AARON	WGHTD AVG HOURS	40	11	7,737	5	882	5
6	27	EMP BEN - S GOLDSTEIN	WGHTD AVG HOURS	40	2	37,621			6
7	27	EMP BEN - B FREIDMAN	WGHTD AVG HOURS						7
8	27	EMP BEN - R AARON	WGHTD AVG HOURS	40	1	27,046			8
9	27	EMP BEN - S HARAMARAS	WGHTD AVG HOURS	30	3	28,711	10	9,570	9
10	27	EMP BEN - D KUFTA	WGHTD AVG HOURS	40	7	11,492	5	1,471	10
11	27	EMP BEN - HOWARD ALTER	WGHTD AVG HOURS	40	1	1,095	40	1,095	11
12	27	EMP BEN - V DAVIS	WGHTD AVG HOURS	40	9	35,890	4	3,981	12
13	27	EMP BEN - A CASSATA	WGHTD AVG HOURS						13
14	27	EMP BEN - NON OWNER	WGHTD AVG HOURS	45	7	68,533	6	8,772	14
15	27	EMP BEN - NON OWNER - CFO	WGHTD AVG HOURS	40	9	27,736	4	3,077	15
16	27	EMP BEN - S AARON	WGHTD AVG HOURS	40	9	18,548	4	2,058	16
17	27	EMP BEN - E MARYLES	WGHTD AVG HOURS	28	11	35,535	0	394	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 428,023	\$	\$ 50,120	25

Facility Name & ID Number

WATERFRONT TERRACE INC

0028076

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	HUD		X	MORTGAGE	\$59,711.00	3/6/14	\$ 7,155,900	\$ 6,668,162	4/1/44	4.0000	\$ 269,315	1						
2												2						
3												3						
4												4						
5												5						
Working Capital																		
6	BANK FINANCIAL		X	WORKING CAPITAL				1,222,106			61,016	6						
7	INTERCOMPANY	X		WORKING CAPITAL				2,360,335			81,458	7						
8												8						
9	TOTAL Facility Related				\$59,711.00		\$ 7,155,900	\$ 10,250,603			\$ 411,789	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 7,155,900	\$ 10,250,603			\$ 411,789	15						

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

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

** 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.	\$	193,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	209,884	2
3. Under or (over) accrual (line 2 minus line 1).	\$	16,884	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	212,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	228,884	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	171,119	8
	2013	173,434	9
	2014	176,928	10
	2015	192,025	11
	2016	209,884	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 WATERFRONT TERRACE INC

0028076 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,950 B. General Construction Type: Exterior BRICK Frame STEEL & CONCRETI Number of Stories 3

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

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

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

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

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

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

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: NURSING HOME, 37,824, 1983, \$ 100,000, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 37,824, (blank), \$ 100,000, 3.

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	118	1983		\$ 1,508,000	\$	35	\$ 43,086	\$ 43,086	\$ 1,497,239	4
5										5
6										6
7	RELATED PARTY			46,748		35	1,336	1,336	32,500	7
8										8
	Improvement Type**									
9	ROOF	1983		21,787		10			21,787	9
10	LEASEHOLD IMPROVEMENT	1985		950		15			950	10
11	LEASEHOLD IMPROVEMENT	1986		3,800		10			3,800	11
12	LEASEHOLD IMPROVEMENT	1986		1,005		15			1,005	12
13	ROOF	1990		13,634		10			13,634	13
14	SUSPENDED CEILING	1990		20,776		15			20,776	14
15	LEASEHOLD IMPROVEMENT	1991		7,956		10			7,956	15
16	LEASEHOLD IMPROVEMENT	1991		1,491		15			1,438	16
17	LEASEHOLD IMPROVEMENT	1992		18,033		10			18,033	17
18	LEASEHOLD IMPROVEMENT	1992		1,097		15			1,097	18
19	LEASEHOLD IMPROVEMENT	1993		7,742		31.5	246	246	6,078	19
20	LEASEHOLD IMPROVEMENT	1993		3,426		39	88	88	2,152	20
21	LEASEHOLD IMPROVEMENT	1994		25,007		39	642	642	15,059	21
22	ELEVATOR REPAIR	1995		1,500		39	38	38	872	22
23	SPRINKLER REPAIR	1995		4,154		39	107	107	2,438	23
24	BOILER REPAIR, WATER PUMP, ALARM	1996		6,033		39	154	154	3,344	24
25	FENCING	1996		756		15			756	25
26	NURSE STATION	1996		5,300		39	136	136	2,873	26
27	HANDRAILS	1996		3,735		39	96	96	2,020	27
28	PARKING LOT REPAVING	1997		11,968		15			11,968	28
29	TUCKPOINTING, ROOF REPAIR	1997		25,814		39	662	662	13,488	29
30	DRAPERY	1997		14,754		39	378	378	7,694	30
31	DOORS & SIGNS	1997		8,428		39	216	216	4,401	31
32	AIR HANDLER REPAIR & PUMPS	1997		17,005		39	436	436	8,884	32
33	REMODELING	1997		59,133		39	1,517	1,517	31,067	33
34	NURSE STATION	1997		5,106		39	131	131	2,669	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	FLOOR TILES, HANDRAILS, BUMPERGUARDS	1998	\$ 44,786	\$	39	\$ 1,148	\$ 1,148	\$ 22,328	37
38	RESIDENT ROOM SIGNS, DOORHOLDERS, DOOR MAGNET	1998	6,419		39	165	165	3,213	38
39	SPRINKLER WORK, ALARMS, SECURITY DOOR	1998	3,636		39	93	93	1,814	39
40	CUBICLE CURTAINS, WINDOW TREATMENTS	1998	8,000		39	205	205	3,989	40
41	BEAUTY SALON STATION	1998	2,042		39	52	52	1,004	41
42	REMODELING	1998	21,934		39	562	562	10,912	42
43	FENCING, LANDSCAPING	1998	5,089		15			5,089	43
44	GENERATOR, ELEVATOR REPAIR	1998	3,825		39	98	98	1,909	44
45	TUCKPOINTING, ROOF REPAIR	1998	21,000		39	539	539	10,468	45
46	ANTENNA & INSTALLATION	1998			39				46
47	LIGHT FIXTURES, ARTWORK	1998	4,791		39	34	34	4,791	47
48	FIRE ALARM	1999	10,286		39	264	264	4,936	48
49	BATHROOMS REMODELING	1999	35,657		39	914	914	17,042	49
50	BOILER WORK	1999	7,345		39	189	189	3,525	50
51	CABLE WORK	1999	433		39	11	11	207	51
52	CARPET	1999	18,828		39	483	483	8,980	52
53	ELEVATOR WORK	1999	2,017		39	52	52	971	53
54	AIR CONDITIONING	1999	7,350		39	189	189	3,553	54
55	LIGHT AND MIRRORS	1999	9,093		39	233	233	4,308	55
56	ROOF WORK	1999	2,187		39	56	56	1,038	56
57	ROOMS IMPROVEMENTS	1999	59,493		39	1,523	1,523	27,958	57
58	WINDOWS	1999	5,513		39	142	142	2,636	58
59	RELATED PARTY - NURSE CALL SYSTEM	1999	32,456		39	832	832	15,362	59
60	RELATED PARTY - NURSE STATION	1999	19,656		39	505	505	9,314	60
61	RELATED PARTY - DRYWALL, PAINT, FLOORING	1999	176,452		39	4,524	4,524	83,509	61
62	RELATED PARTY - FIRE SYSTEM DAMPERS	1999	22,000		39	564	564	10,412	62
63	NURSE CALL SYSTEM	2000	2,778		27.5	101	101	1,774	63
64	BATHROOM REMODELING	2000	10,080		27.5	367	367	6,466	64
65	FIRE ALARM REPAIR	2000	3,170		27.5	115	115	2,031	65
66	WALL TILES/FLOORING/KICKPLATES/BASEBOARD	2000	10,242		27.5	373	373	6,563	66
67	DRYWALL & CEILING REPAIR	2000	79,500		27.5	2,891	2,891	50,863	67
68	1ST FLOOR REMODEL	2000	2,698		27.5	98	98	4,509	68
69	DOOR/DOORBELL INTERCOM/PAGER	2000	2,640		27.5	96	96	1,682	69
70	TOTAL (lines 4 thru 69)		\$ 2,486,534	\$		\$ 66,687	\$ 66,687	\$ 2,069,134	70

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12A, Carried Forward		\$ 2,486,534	\$		\$ 66,687	\$ 66,687	\$ 2,069,134	1
2	EXHAUST FAN	2000	890		27.5	32	32	569	2
3	HOT WATER HEATER	2000	1,100		27.5	40	40	707	3
4	OVERBED LIGHTS	2000	3,093		27.5	112	112	1,980	4
5	WINDOW TREATMENTS/CUBICLE CURTAINS	2000	11,247		7			11,247	5
6	ROOF REPAIRS	2001	7,445		27.5	271	271	4,546	6
7	LOCKS, DOORS, NURSE STATION MONITOR	2001	6,180		27.5	225	225	3,752	7
8	OUTLETS, TRANSFERSWICH	2001	5,686		27.5	207	207	3,449	8
9	VALVES, BASEMENT REPAIR	2001	6,136		27.5	223	223	3,720	9
10	LIGHT FIXTURES	2001	2,450		27.5	89	89	1,482	10
11	AC UNIT	2001	786		27.5	28	28	464	11
12	BOILER/WATER TOWER REPAIR	2002	5,055		27.5	184	184	3,174	12
13	ELEVATOR REPAIR	2002	6,244		27.5	227	227	3,174	13
14	FIRE SAFETY EQUIPMENT	2003	2,468		27.5	90	90	1,301	14
15	ELEVATOR REPAIR	2003	3,980		27.5	145	145	2,096	15
16	HEATING REPAIRS	2003	1,930		27.5	70	70	1,013	16
17	GENERATOR REPAIRS	2003	71,609		27.5	1,125	1,125	21,380	17
18	DECK & FENCE	2004	10,197		15	680	680	9,180	18
19	A/C REPAIR	2004	2,200		27.5	80	80	1,076	19
20	SMOKE DETECTORS & FIRELITE MODULES	2004	4,484		27.5	163	163	2,194	20
21	WATER HEATER	2004	6,937		27.5	252	252	3,392	21
22	NURSE CALL STATION	2004	585		27.5	21	21	283	22
23	GENERATOR REPAIRS	2004	1,250		27.5	46	46	618	23
24	FIRE ALARM REPAIR, FACP DOORS	2005	29,943		27.5	1,370	1,370	17,068	24
25	BOILER, PLUMBING & PIPING	2005	16,751		27.5	609	609	7,587	25
26	NURSE CALL SYSTEM	2005	19,432		27.5	707	707	8,808	26
27	AIR CONDITIONER 10,000 BTU	2005	12,907		27.5	469	469	5,843	27
28	ROOF REPAIRS	2005	726		27.5	26	26	324	28
29	ELECTRIC WIRING	2005	4,400		27.5	160	160	1,993	29
30	CUBICLE CURTAINS	2005	1,020		27.5	37	37	461	30
31	ROOF REPAIRS	2006	8,575		27.5	312	312	3,575	31
32	SHOWER ROOM RENOVATION	2006	3,100		27.5	113	113	1,295	32
33	FLOORING/CARPETING	2006	32,977		27.5	1,199	1,199	13,739	33
34	TOTAL (lines 1 thru 33)		\$ 2,778,317	\$		\$ 75,999	\$ 75,999	\$ 2,210,624	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12B, Carried Forward		\$ 2,778,317	\$		\$ 75,999	\$ 75,999	\$ 2,210,624	1
2	CIRCULATION PUMP	2006	2,045		27.5	74	74	848	2
3	FIRE SPRINKLER SYSTEM REPAIRS	2006	7,102		27.5	258	258	2,956	3
4	WALLCOVERINGS/BLINDS	2006	67,180		27.5	2,443	2,443	27,993	4
5	DOORS	2006	15,104		27.5	549	549	6,291	5
6	MONITORING CAMERAS	2006	5,530		27.5	201	201	2,303	6
7	DIESEL GENERATOR	2006	72,592		27.5	2,640	2,640	30,250	7
8	EXIT SIGNS/FRONT SIGN	2006	3,726		27.5	135	135	1,547	8
9	PLUMBING PIPING VALVES	2006	1,643		27.5	60	60	687	9
10	AIR CONDITIONERS	2006	2,480		27.5	90	90	1,031	10
11	SINK/IRON RAILING	2006	1,483		27.5	54	54	619	11
12	WALL/GATE MACHINE ROOM	2006	2,960		27.5	108	108	1,237	12
13	ALARM SYSTEM REPAIRS	2006	2,985		27.5	109	109	1,249	13
14	PUMPS & CONTROL PANEL	2007	12,904		27.5	552	552	5,773	14
15	WALLCOVERING & VINYL	2007	22,847		27.5	883	883	9,235	15
16	AIR CONDITIONERS	2007	13,918		27.5	506	506	5,292	16
17	FIRE ALARM SYSTEM & SECURITY CAMERAS	2007	29,535		27.5			29,535	17
18	ELEVATOR WORK	2007	77,074		27.5	2,803	2,803	29,315	18
19	DOORS & FRAMES	2007	18,896		27.5	687	687	7,185	19
20	SIGNAGE	2007			27.5	87	87	910	20
21	BOILER WORK	2007			27.5	67	67	700	21
22	BASEMENT & THERAPY-WALLPAPER,PAINT,FLOORING	2007	18,025		27.5	844	844	8,827	22
23	ELECTRICAL WORK	2007	2,950		27.5	172	172	1,799	23
24	PLUMBING WORK	2007			27.5	100	100	1,046	24
25	CABLING OF BUILDING	2007	9,497		27.5	691	691	7,226	25
26	DOORS & FRAMES	2008	11,285		27.5	410	410	3,878	26
27	FIRE ALARM SYSTEM	2008	59,313		27.5	2,157	2,157	20,402	27
28	AIR CONDITIONERS	2008	8,615		27.5	313	313	2,960	28
29	SMOKE DETECTORS-RESIDENT ROOMS	2008	10,115		27.5	368	368	3,481	29
30	ELECTRICAL WORK	2008	23,305		27.5	848	848	8,020	30
31	SECURITY SYSTEM REPAIRS	2008	3,965		27.5	144	144	1,362	31
32	PLASTER & PAINT RESIDENT BATHROOMS	2008	5,200		27.5	189	189	1,788	32
33	PLUMBING REPAIRS	2008	10,426		27.5	379	379	3,585	33
34	TOTAL (lines 1 thru 33)		\$ 3,301,017	\$		\$ 94,920	\$ 94,920	\$ 2,439,954	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12C, Carried Forward		\$ 3,301,017	\$		\$ 94,920	\$ 94,920	\$ 2,439,954	1
2	REFRIGERATOR REPAIRS	2008	1,721		27.5	63	63	596	2
3	ARTWORK CORRIDOR & DINING ROOM	2008	1,521		27.5	55	55	520	3
4	RFIRE ALARM SYSTEM REPAIRS	2009	10,970		27.5	469	469	3,967	4
5	ELECTRICAL WORK	2009	53,455		27.5	1,944	1,944	16,443	5
6	ELEVATOR REPAIRS	2009	23,314		27.5	847	847	7,165	6
7	CARPET, TILE & VINYL	2009	5,857		27.5	213	213	1,802	7
8	AIR CONDITIONERS & SLEEVES	2009	6,183		27.5	225	225	1,903	8
9	DOORS	2009	3,967		27.5	144	144	1,218	9
10	PLUMBING REPAIRS	2009	15,124		27.5	550	550	4,652	10
11	DISH NETWORK EQUIPMENT	2009			27.5				11
12	EMERGENCY ALARM CONTROL PANEL	2009			27.5				12
13	DOORS AND ACCESSORIES, DOOR ALARM & KEY PAD	2010	17,232		27.5	627	627	4,676	13
14	REPLACE WATER TUBES AND GASKET	2010			27.5				14
15	AIR CONDITIONERS, REPLACE AIR HANDLER MOTOR	2010	13,721		27.5	499	499	3,722	15
16	ROOF REPAIR	2010	4,135		27.5	150	150	1,119	16
17	CEILING PIPING REPAIRS- FRONT OFFICE	2010	4,850		27.5	176	176	1,313	17
18	INSTALL FIRE DAMPERS,FIRE,CIRCULATING,BRONZ PUM	2010	5,689		27.5	207	207	1,544	18
19	BASEMENT REPAIRS	2010	2,600		27.5	95	95	708	19
20	REPLACE PRIMARY PUMP IN BASEMENT	2010	2,400		27.5	87	87	649	20
21	2ND FLOOR PATIENTS BATHROOMS AND ROOMS:	2010	54,081		27.5	1,967	1,967	14,670	21
22	INSTALL NEW WALLS, CERAMIC TILE,CALL LIGHT								22
23	LIGHTING ACCESSORIES, FIXTURES, LAMPS	2010	12,135		27.5	441	441	3,289	23
24	UTILITY ROOM SINK, REPAIR SPRINKLER SYSTEM	2010	3,299		27.5	120	120	895	24
25	WALL PROTECTION HANDRAILS	2010	9,634		27.5	350	350	2,611	25
26	BUMBERS AROUND GARBAGE AREA	2010	4,766		27.5	173	173	1,290	26
27	WALLCOVERING, CUBICLE CURTAINS	2010	5,711		27.5	208	208	1,551	27
28	INSTALL STAIN & RAMP RAILINGS, SECURITY SYSTEM	2010	3,175		27.5	115	115	858	28
29	REPLACE ELECTRIC FOR TV ABOVE CEILING	2010	2,700		27.5	98	98	731	29
30	3RD FLOOR-REPLACE LIGHTS, INSTALL WATT FIXTURE	2010	3,328		27.5	121	121	902	30
31	NORTH SIDE EAST END-PERLACE BUILDING LIGHTS	2010	3,052		27.5	111	111	828	31
32	INSTALL OUTDOOR LIGHTING	2010	7,250		27.5	264	264	1,969	32
33	PATIO ROOMS-NEW DOOR, TILE, FLOOR, LIGHTING	2010	13,417		27.5	488	488	3,640	33
34	TOTAL (lines 1 thru 33)		\$ 3,596,304	\$		\$ 105,727	\$ 105,727	\$ 2,525,185	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12D, Carried Forward		\$ 3,596,304	\$		\$ 105,727	\$ 105,727	\$ 2,525,185	1
2	AIR COMPRESSOR COIL REPAIR	2010			27.5	68	68	507	2
3	RECEPTION DESK/CABINETS	2011	4,802		27.5	592	592	3,823	3
4	WALLCOVERING/WINDOW TREATMENTS/ARTWORK/CO.	2011	29,370		27.5	1,298	1,298	8,383	4
5	FLOORING/WINDOW TREATMENTS	2011	96,290		27.5	3,501	3,501	22,611	5
6	DOORS/KICK PLATES	2011	22,647		27.5	824	824	5,321	6
7	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	57,913		27.5	2,106	2,106	13,601	7
8	SEE PAGE 12 F LINES 3-5								8
9	WINDOWS	2011	42,760		27.5	2,624	2,624	16,947	9
10	ROOD REPAIRS/AIR HANDLER	2011	9,686		27.5	403	403	2,603	10
11	STAIRWELL CRASH RAILS	2011	5,242		27.5	191	191	1,233	11
12	LOBBY HEAT/COOL/FLOORING	2011	29,666		27.5	1,079	1,079	6,968	12
13	SEE PAGE 12 F LINES 7-13								13
14	CAPRET, CORNER GUARDS-OFFICE, RECEPTION	2011	5,247		27.5	191	191	1,233	14
15	DOORS - RESIDENT RMS,TUB ROOM FRONT LOBBY	2011	3,370		27.5	122	122	788	15
16	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	109,505		27.5	5,437	5,437	35,116	16
17	SEE PAGE 12 F LINES 15-22								17
18	HOT WATER HEATERS/PLUMBING WORK	2011	18,765		27.5	682	682	4,405	18
19	RECEPTION DESK	2011	21,772		27.5	792	792	5,115	19
20	ROOF REPAIR	2011			27.5	84	84	542	20
21	SECURITY/FIRE SYSTEM REPAIR	2011	19,325		27.5	703	703	4,540	21
22	HEATERS/AC UNIT	2011	17,028		27.5	619	619	3,998	22
23	SCANNERS/COMPUTER CABLING	2011	14,594		27.5	1,288	1,288	8,318	23
24	SEE PAGE 12 F LINES 24-27								24
25	SECURITY/FIRE SYSTEM REPAIR	2012	12,807		27.5	467	467	2,549	25
26	HEATING & AIR CONDITIONING	2012	7,695		27.5	255	255	1,403	26
27	LAUNDRY ROOM PIPING & REPAIR	2012	27,596		27.5	976	976	5,341	27
28	WINDOW TRTMTS, CABINETS, PICTURES-OFFICE,NURSES	2012	7,820		27.5	297	297	1,616	28
29	ELEVATOR REPAIR	2012	10,300		27.5	382	382	2,082	29
30	DOORS, TILE - TUB, RESIDENT, MEDICATION RM	2012	4,215		27.5	170	170	920	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,174,719	\$		\$ 130,878	\$ 130,878	\$ 2,685,148	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12E, Carried Forward		\$ 4,174,719	\$		\$ 130,878	\$ 130,878	\$ 2,685,148	1
2	PAGE 12 E LINE 8								2
3	PLUMBING/ELECTRIC- KITCHEN	2011	11,675		27.5	418	418	2,699	3
4	PLUMBING/ELECTRIC - BOILER/MECHANICAL ROOMS	2011	27,323		27.5	986	986	6,368	4
5	PLUMBING/ELECTRIC - BASEMENT	2011	6,944		27.5	267	267	1,725	5
6	PAGE 12 E LINE 13								6
7	CUBICLE CURTAINS - SPA AREA	2011			27.5	48	48	310	7
8	PLASTER & PAINT - BACK STAIRWAY	2011	3,227		27.5	115	115	743	8
9	PLASTER & PRIME FLOORS - BASEMENT TO 4TH FL	2011	2,750		27.5	96	96	620	9
10	WALLPAPER,PAINT,WINDOW TRTMTS OFFICES	2011	11,466		27.5	413	413	2,667	10
11	MIRRORS & LIGHT FIXTURES - BATHROOM	2011			27.5	58	58	374	11
12	LIGHT FIXTURES INTSL - DINING ROOM	2011	3,600		27.5	135	135	871	12
13	WINDOW TRTMTS & LIGHTING - RESIDENT ROOMS	2011			27.5	96	96	621	13
14	PAGE 12 E LINE 17								14
15	ELECTRIC REPAIR/REPLACE - ELEVATOR ROOM	2011	1,860		27.5	60	60	387	15
16	ELECTRIC REPAIR/REPLACE - BATHROOMS	2011	8,200		27.5	298	298	1,925	16
17	ELECTRIC REPAIR/REPLACE - FIRE ALARMS 1,2,3 FLOOR	2011	4,800		27.5	179	179	1,156	17
18	ELECTRIC REPAIR/REPLACE - OXYGEN ROOM	2011	2,080		27.5	80	80	516	18
19	ELECTRIC REPAIR/REPLACE - NURSE CALL	2011	630		27.5	20	20	129	19
20	ELECTRIC REPAIR/REPLACE - KITCHEN & OFFICE	2011	19,471		27.5	716	716	4,624	20
21	ELECTRIC REPAIR/REPLACE - 2 & 3 FLOOR	2011	13,725		27.5	497	497	3,210	21
22	ELECTRIC REPAIR/REPLACE - TV ROOMS	2011	3,900		27.5	138	138	892	22
23	PAGE 12 E LINE 24								23
24	PLUMBING/ELECTRIC WORK - NURSE STATION	2012	1,040		27.5	42	42	225	24
25	PLUMBING/ELECTRIC WORK - TUB ROOM	2012	9,020		27.5	339	339	1,842	25
26	PLUMBING/ELECTRIC WORK - KITCHEN, HALL, RESIDEN	2012	27,757		27.5	1,018	1,018	5,545	26
27	PLUMBING/ELECTRIC WORK - LAUNDRY, BOILER ROOM	2012	8,416		27.5	297	297	1,640	27
28									28
29	LABEL & LOCK ELECTRIC PANELS-1SR,2ND,3RD FL, KITC	2013	11,225		27.5	408	408	1,826	29
30	EXTERIOR DOORS, CLOSERS & CLOSED CIRCUIT TV'S	2013	8,103		27.5	295	295	1,312	30
31	PLUMBING-MEN'S RM, BOILER RM,	2013	5,500		27.5	200	200	884	31
32	DOORS, CLOSERS & CLOSED CIRCUIT CAMERAS	2013	10,681		27.5	388	388	1,745	32
33	BATHROOM PLUMBING & ELECTRIC WORK	2013	5,980		27.5	217	217	964	33
34	TOTAL (lines 1 thru 33)		\$ 4,384,092	\$		\$ 138,702	\$ 138,702	\$ 2,730,968	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12F, Carried Forward		\$ 4,384,092	\$		\$ 138,702	\$ 138,702	\$ 2,730,968	1
2	KITCHEN ELECTRIC & GRANITE COUNTERTOP& TRAP COVE	2013	4,750		27.5	173	173	764	2
3	HOT WATER HEATER & BOOSTER	2013	2,867		27.5	104	104	464	3
4	1ST, 2ND & 3RD FLOOR ELECTRICAL REPAIRS	2013	9,405		27.5	342	342	1,524	4
5	ELEVATOR UPGRADES	2013	4,900		27.5	178	178	796	5
6	CONFIGURED PHONE SETS & INTERCOM HANDLE CAP	2013	3,565		27.5	130	130	580	6
7	THRU WALL AIR CONDITIONERS	2013	5,217		27.5	190	190	844	7
8	ROOF REPAIR	2014	5,112		39	131	131	478	8
9	CEILING TILES	2014	945		39	24	24	88	9
10	7 BIRCH DOORS & DOOR CLOSERS	2014	2,998		39	77	77	281	10
11	LIGHTING MAIN LOBBY	2014	163		39	4	4	15	11
12	KEY PADS-3RD FLOOR ALARM,MAINTENANCE ROOM	2014	975		39	25	25	91	12
13	REPLACE WATER DAMAGED SMOKE DETECTOR ROOM 310	2014	1,038		39	27	27	98	13
14	WINDOW INSTALL	2014	585		39	15	15	55	14
15	INSTALL 200 AMP IN ELEVATOR ROOM	2014	1,960		39	50	50	183	15
16	REPAIR CUT WIRES ROOMS 205-211, 305, 303, 317	2014	2,500		39	64	64	234	16
17	OPEN SECTION OF CEILING & FLOOR TO REPAIR RADIATOR	2014	1,600		39	41	41	150	17
18	SWITCHES FOR NURSE STATION HALLWAY 2ND & 3RD FLOOR &				39				18
19	PIPE 4TH FLOOR FOR POWER TO MAIN COMPUTER	2014	1,870		39	48	48	175	19
20	REPLACE 15 AMP WITH 20 AMP ON 1ST & 2ND FLOOR, 2 SWITCHES ON 1ST FLOOR &				39				20
21	LIGHTS ON 1ST & 2ND FLOOR	2014	4,200		39	108	108	394	21
22	REPLACED LIGHTS BASEMENT, 2ND & 3RD FLOORS	2014	1,360		39	35	35	128	22
23	4 WEATHER PROOF LIGHT FIXTURES, REPAIR BREAKERS IN				39				23
24	LIVING ROOM	2014	1,100		39	28	28	102	24
25	HALLWAY LOUVERED SUPPLY REGISTERS	2014	1,521		39	39	39	142	25
26	ROOM 209 CALL SWITCH	2014	510		39	13	13	48	26
27	ROOM 118 REPAIR DAMAGED AC WIRING	2014	1,190		39	31	31	113	27
28	REMOVE 7 REPLACE SLOP SINKS & DRAIN PIPING JANITORS CLOSET				39				28
29	1ST, 2ND, 3RD FLOORS & BASEMENT	2014	1,100		39	28	28	102	29
30	2 CURB CAPS & STAINLESS STEEL PANS FOR GREASE	2014	1,430		39	37	37	135	30
31	PLUMBING PARTS	2014	4,753		39	122	122	445	31
32	10 THRU WALL AIR CONDITIONERS	2014	5,461		39	140	140	511	32
33	DOOR STRIKE & NEW WIRES FOR INTERCOM SYSTEM	2014	565		39	14	14	51	33
34	TOTAL (lines 1 thru 33)		\$ 4,457,732	\$		\$ 140,920	\$ 140,920	\$ 2,739,959	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12G, Carried Forward		\$ 4,457,732	\$		\$ 140,920	\$ 140,920	\$ 2,739,959	1
2	MODIFICATIONS TO KITCHEN HOOD	2014	5,987		39	154	154	562	2
3	INSTALL FIRE ALARM FOR ELEVATOR RECALL	2014	4,431		39	114	114	416	3
4	INSTALL VALVE ON COLD WATER LAUNDRY	2014	2,314		39	59	59	215	4
5	CAMERAS PATIO, 1ST FL DINING ROOM, BACK OFFICE,								5
6	NURSE STATION	2014	11,980		39	307	307	1,121	6
7	NURSE CALL SYSTEM	2014	20,288		39	520	520	1,898	7
8	GARAGE DOOR & OPENER	2014	2,765		39	71	71	259	8
9	EYE WASH STATIONS	2014	7,088		39	182	182	664	9
10	SPRINKLER HEADS	2014	12,421		39	318	318	1,161	10
11	AC REPAIR INSTALL	2015	8,908		39	142	142	398	11
12	WATER MAIN REPAIR	2015	3,250		39	52	52	146	12
13	DOOR CLOSER & ALARM REPAIR,	2015	850		39	14	14	39	13
14	TAMPER & SUPERVISORY SWITCHES	2015	2,819		39	45	45	126	14
15	WIRING FOR NEW NURSE STATION	2015	1,375		39	22	22	62	15
16	ELEVATOR REPAIR	2015	1,303		39	21	21	59	16
17	1ST & 2ND FLOOR CORRIDOR WALLPAPER & CORNER GU	2015	2,169		39	35	35	98	17
18	ACOUSTIC CEILING TILE	2015	1,172		39	19	19	53	18
19	SECURITY CAMERA	2015	1,150		39	18	18	51	19
20	WATER HEATER & INSTALL	2015	5,496		39	87	87	244	20
21	WTA-NEW ELEVATOR	2015	45,018		39	1,154	1,154	2,885	21
22	WTA- REPLACE ROOF	2015	72,975		39	1,871	1,871	4,678	22
23	WTA-KITCHEN FIRE SUPPRESSION SYSTEM	2015	1,600		39	41	41	103	23
24	WTA-CEILING TILES	2015	1,253		39	32	32	80	24
25	WTA-WALLCOVERING 1ST FLOOR CORRIDOR & PT ROO	2015	7,264		39	186	186	465	25
26	WTA-7 BATHROOMS, NEW TILE & DRYWALL	2015	26,050		39	669	669	1,672	26
27	7 BATHROOMS NEW TILE & DRYWALL	2014	28,093		39	447	447	894	27
28	2ND FLOOR CORRIDOR WALLPAPER & BUMPER GUARDS	2014	6,110		39	97	97	194	28
29	ELECTRIC WORK RESIDENT ROOMS	2015	10,106		39	161	161	322	29
30	REMOVE AND INSTALL WALLPAPER & CORNER GUARDS 1ST FLOOR CORRIDOR AND DINING ROOM				39				30
31		2015	36,735		39	584	584	1,168	31
32	7760 PARKING LOT AND LANDSCAPING	2015	62,768		15	4,185	4,185	8,370	32
33	NEW BOILERS	2015	48,657		39	774	774	1,548	33
34	TOTAL (lines 1 thru 33)		\$ 4,900,127	\$		\$ 153,301	\$ 153,301	\$ 2,769,910	34

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	
1	Totals from Page 12H, Carried Forward		\$ 4,900,127	\$		\$ 153,301	\$ 153,301	\$ 2,769,910	1
2	BASEMENT WINDOWS, PAINTING	2015	17,251		39	274	274	548	2
3	1ST FLOOR RESIDENT ROOMS, DRYWALL, PAINTING, FLO	2015	160,383		39	2,551	2,551	5,102	3
4	THERAPY ROOM PAINTING FLOORING	2015	10,624		39	169	169	338	4
5	BASEMENT WINDOWS, PAINTING,FLOORING,DOORS	2016	78,304		39	1,246	1,246	2,492	5
6	THERAPY ROOM FLOORING	2016	4,376		39	70	70	140	6
7	ELECTRIC WORK BASEMENT	2016	7,820		39	124	124	248	7
8	7760 PARKING LOT ARCHITECT/HANDICAP INTERCOM	2016	1,795		39	29	29	58	8
9	PLUMBING WORK	2016	6,166		39	98	98	196	9
10	WALL AC UNITS	2016	4,794		39	76	76	152	10
11	BEAUTY SHOP-ARTWORK	2016	842		39	13	13	26	11
12	KITCHEN DRAIN PIPE	2016	4,500		39	72	72	144	12
13	ELECTRICAL WORK	2016	3,843		39	61	61	122	13
14	METAL WORK, ELEVATOR DOORS, RADIATOR COVERS	2016	11,935		39	190	190	380	14
15	THERAPY/REHAB RM LIGHTING, FLOORING & LABOR	2016	22,183		39	353	353	706	15
16	BASEMENT WALLPAPER,FLOORING, ELECTRIC,ARTWOR	2016	21,092		39	336	336	672	16
17	VIDEO MONITORING EQUIPMENT	2016	3,302		39	53	53	106	17
18	HEAT BOILER & SENSOR	2016	3,178		39	51	51	102	18
19	WALLPAPER 4TH FLOOR CONFERENCE ROOM	2016	7,064		39	112	112	224	19
20	COVERS	2017	13,127		39	337	337	337	20
21	4TH FLOOR WALLPAPER IN CONFERENCE RM & ENTRY CORRIDOR, PLASTER, PRIME, PAINT OFFICE, PRIME & SPRAY 3 DOOR FRAME								21
22		2017	4,035		39	103	103	103	22
23	4TH FLOOR WINDOW TREATMENTS	2017	3,711		39	95	95	95	23
24	PLUMBING SUPPLIES	2017	1,895		39	49	49	49	24
25	THROUGH WALL HEAT & AC	2017	3,002		39	77	77	77	25
26	INSTALL SUPPORTS ON PUMP LINE	2017	3,200		39	82	82	82	26
27	2ND FLOOR WOOD FLOORING	2017	14,216		39	365	365	365	27
28	WALLPAPER IN BASEMENT, 2ND FLOOR FIX WALLPAPER, INSTALL CERAMIC TILE AROUND FOUNTAIN								28
29		2017	2,965		39	76	76	76	29
30	WINDOWS & INSTALL	2017	2,400		39	62	62	62	30
31									31
32				143,590			(143,590)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,318,131	\$ 143,590		\$ 160,424	\$ 16,834	\$ 2,782,912	34

**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	\$ 770,557	\$	\$ 74,310	\$ 74,310	10	\$ 437,365	71
72	Current Year Purchases	34,921		1,746	1,746	10	1,746	72
73	Fully Depreciated Assets	940,855					940,855	73
74	RELATED PARTY	28,194		755	755		26,900	74
75	TOTALS	\$ 1,774,527	\$	\$ 76,811	\$ 76,811		\$ 1,406,866	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,192,658	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 143,590	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 237,235	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 93,645	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,189,778	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

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. _____ /2018 \$ _____

13. _____ /2019 \$ _____

14. _____ /2020 \$ _____

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: \$ 25,998 Description: SCHEDULE ATTACHED

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ <u>731.00</u>	\$ <u>8,277</u>	17
18		<u>2017 BUICK ENCLAVE</u>	<u>830.25</u>	<u>9,963</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>18,240</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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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				98,169		98,169	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): Med Supplies	39-2					55,161		55,161	13
14	TOTAL			\$		\$	153,330		\$ 153,330	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	\$	\$ 87,488	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (380,000))	1,272,818	1,272,818	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	110,844	126,841	6
7	Other Prepaid Expenses	11,314	11,314	7
8	Accounts Receivable (owners or related parties)	168,110	168,110	8
9	Other(specify): ESCROWS		399,910	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,563,086	\$ 2,066,481	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		1,508,000	14
15	Leasehold Improvements, at Historical Cost	3,490,960	3,930,019	15
16	Equipment, at Historical Cost	1,746,336	1,773,195	16
17	Accumulated Depreciation (book methods)	(2,512,475)	(4,171,059)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		145,557	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(21,509)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): DEPOSITS	28,969	28,969	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,753,790	\$ 3,293,172	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,316,876	\$ 5,359,653	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 630,102	\$ 639,289	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,222,106	1,222,106	29
30	Accrued Salaries Payable	270,532	270,532	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,299	14,299	31
32	Accrued Real Estate Taxes(Sch.IX-B)		211,000	32
33	Accrued Interest Payable	4,791	27,018	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	INTERCOMPANY PAYABLE	2,360,335	2,250,000	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,502,165	\$ 4,634,244	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,668,161	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,668,161	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,502,165	\$ 11,302,405	46
47	TOTAL EQUITY(page 18, line 24)	\$ (185,289)	\$ (5,942,752)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,316,876	\$ 5,359,653	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 169,968	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 169,968	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(355,257)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (355,257)	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)	\$ (185,289)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,820,367	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,820,367	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	177,934	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 177,934	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***	9,020	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,020	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)	\$ 8,007,321	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,196,180	31
32	Health Care	2,896,747	32
33	General Administration	2,472,278	33
B. Capital Expense			
34	Ownership	1,110,302	34
C. Ancillary Expense			
35	Special Cost Centers	153,330	35
36	Provider Participation Fee	278,899	36
D. Other Expenses (specify):			
37	PRIOR EXPENSE ADJUSTMENT	254,842	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,362,578	40
41	Income before Income Taxes (line 30 minus line 40)**	(355,257)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (355,257)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,637,175	44
45	Private Pay - Net Inpatient Revenue	80,411	45
46	Medicare - Net Inpatient Revenue	2,084,786	46
47	Other-(specify) INSURANCE	17,995	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,820,367	49

**TAX RETURN PREPARED ON CASH BASIS

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

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

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

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

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

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	2,190	2,156	\$ 90,194	\$ 41.83	1
2	Assistant Director of Nursing	1,562	1,394	53,747	38.56	2
3	Registered Nurses	4,013	3,846	154,736	40.23	3
4	Licensed Practical Nurses	37,053	32,688	1,001,502	30.64	4
5	CNAs & Orderlies	58,228	54,076	686,153	12.69	5
6	CNA Trainees					6
7	Licensed Therapist	11,049	10,285	464,589	45.17	7
8	Rehab/Therapy Aides	2,762	2,557	34,908	13.65	8
9	Activity Director	2,150	1,986	31,586	15.90	9
10	Activity Assistants	8,825	8,239	99,488	12.08	10
11	Social Service Workers	1,937	1,791	46,767	26.11	11
12	Dietician					12
13	Food Service Supervisor	1,460	1,417	27,494	19.40	13
14	Head Cook	3,183	3,052	40,641	13.32	14
15	Cook Helpers/Assistants	6,949	6,745	80,981	12.01	15
16	Dishwashers					16
17	Maintenance Workers	5,578	5,318	112,212	21.10	17
18	Housekeepers	7,819	7,624	95,337	12.50	18
19	Laundry	4,137	4,008	50,329	12.56	19
20	Administrator	2,237	2,194	118,373	53.95	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,769	2,575	54,992	21.36	23
24	Clerical	5,211	4,781	150,602	31.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	103	95	1,641	17.27	31
32	Other Health C: CARE PLAN	610	601	22,892	38.09	32
33	Other(specify) <u>admitting, social sv</u>	1,410	1,363	29,716	21.80	33
34	TOTAL (lines 1 - 33)	171,235	158,791	\$ 3,448,880 *	\$ 21.72	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	180	\$ 9,471	1-3	35
36	Medical Director	96	18,000	9-3	36
37	Medical Records Consultant		0	10-3	37
38	Nurse Consultant		0	10-3	38
39	Pharmacist Consultant	1,276	10,170	10-3	39
40	Physical Therapy Consultant		0	10a-3	40
41	Occupational Therapy Consultant		0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant		0	10a-3	43
44	Activity Consultant	48	2,512	11-3	44
45	Social Service Consultant		0	12-3	45
46	Other(specify) <u>Social Worker</u>	34	2,108	12-3	46
47	<u>Psychiatric</u>		3,750	10-3	47
48	<u>Nurse Program Consultant</u>	152	2,454	10-3	48
49	TOTAL (lines 35 - 48)	1,786	\$ 48,465		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
HOWARD J ALTER	ADMINISTRATOR		\$ 118,373	Workers' Compensation Insurance	\$ 71,199	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	53,777	Advertising: Employee Recruitment	27,798	
				FICA Taxes	260,493	Health Care Worker Background Check	4,676	
				Employee Health Insurance	251,964	(Indicate # of checks performed)		
				Employee Meals	0	Patient Background Checks	398	
				Illinois Municipal Retirement Fund (IMRF)*		TRUST/FRANCHISE/CONTRIB/ETC	0	
				EMPLOYEE BENEFITS - OTHER	51,132	MARKETING/ADV/PROMO	63,889	
						LICENSES/DUES/SUBSCRIPTIONS	28,308	
						MGMT CO ALLOC	4,117	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 118,373			TRUST/FRANCHISE/CONTRIB/ETC	0	
(List each licensed administrator separately.)						Less: Public Relations Expense	(0)	
						Non-allowable advertising	(63,889)	
						Yellow page advertising	(0)	
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 67,287	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)				
					\$ 688,565			
Description			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
MANAGEMENT FEES			\$ 18,000	Description	Line #	Amount	G. Schedule of Travel and Seminar**	
							Description	Amount
							Out-of-State Travel	\$
							In-State Travel	0
							MGMT CO ALLOC	383
							Seminar Expense	0
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 18,000	TOTAL			\$	383
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
			\$					
SEE ATTACHED			191,505					
SEE LEGAL SCHEDULE ATTACHED								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 191,505					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

WATERFRONT TERRACE INC
Legal Fee Schedule

DATE	NAME	DESCRIPTION
3/1/2017	MUCH SHELIST	GENERAL COUNSELING
4/1/2017	MUCH SHELIST	GENERAL COUNSELING
4/24/2017	MUCH SHELIST	GENERAL COUNSELING
5/1/2017	MUCH SHELIST	GENERAL COUNSELING
6/26/2017	MUCH SHELIST	GENERAL COUNSELING
7/1/2017	MUCH SHELIST	GENERAL COUNSELING
8/1/2017	MUCH SHELIST	GENERAL COUNSELING
9/1/2017	MUCH SHELIST	GENERAL COUNSELING
10/1/2017	MUCH SHELIST	GENERAL COUNSELING
11/1/2017	MUCH SHELIST	GENERAL COUNSELING
12/1/2017	MUCH SHELIST	GENERAL COUNSELING
12/26/2017	MUCH SHELIST	GENERAL COUNSELING
1/1/2017	MUCH SHELIST	GENERAL COUNSELING
1/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
2/28/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
3/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
4/30/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
5/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
6/30/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
7/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
8/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
9/30/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
10/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
11/30/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
12/31/2017	STONE POGRUND & KIREY	GENERAL LITIGATION & COLLECTIONS
2/28/2017	SIMANDL LAW GROUP	FACILITY AUDITS
2/22/2017	JOHNSON & BELL	LITIGATION
3/23/2017	JOHNSON & BELL	LITIGATION
9/14/2017	VON BRIESEN & ROPER	LABOR & EMPLOYMENT
10/17/2018	VON BRIESEN & ROPER	LABOR & EMPLOYMENT

AMOUNT

385.00
1,809.50
250.00
1,463.00
250.00
479.61
231.00
281.41
788.17
308.00
462.00
350.00
3,602.49

240.80
973.90
470.40
398.18
650.26
329.93
686.31
357.20
862.40
1,882.53
918.80
772.90

31.92

1,310.50
879.00

938.00
536.00

22,899.21

Facility Name & ID Number WATERFRONT TERRACE INC

0028076

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? YES
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. ICLTC \$12,248
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YR
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 4,252 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 278,899
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 5%
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees