



Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & Rehab Center

# 0045815 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 231

	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	231	Skilled (SNF)	231	84,315	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	231	TOTALS	231	84,315	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	67,668	2,270	6,475	76,413	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,668	2,270	6,475	76,413	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.63%

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)

N/A

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 11/01/2001

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 11/01/2001 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 38 and days of care provided 3,096

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number **BM of Chicago Ridge, LLC d/b/a Chicago Ridge** # **0045815** Report Period Beginning: **01/01/2018** Ending: **12/31/2018**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	330,038	16,269	10,257	356,564		356,564		356,564		1
2	Food Purchase		372,681		372,681		372,681	206	372,887		2
3	Housekeeping	405,894	33,132		439,026		439,026		439,026		3
4	Laundry	114,512	8,565		123,077		123,077		123,077		4
5	Heat and Other Utilities			263,559	263,559		263,559	3,658	267,217		5
6	Maintenance		44,422	44,158	88,580		88,580	11,221	99,801		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>850,444</b>	<b>475,069</b>	<b>317,974</b>	<b>1,643,487</b>		<b>1,643,487</b>	<b>15,085</b>	<b>1,658,572</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	2,604,823	179,979	68,609	2,853,411		2,853,411		2,853,411		10
10a	Therapy										10a
11	Activities										11
12	Social Services			7,366	7,366		7,366		7,366		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>2,604,823</b>	<b>179,979</b>	<b>75,975</b>	<b>2,860,777</b>		<b>2,860,777</b>		<b>2,860,777</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	57,468		1,248,357	1,305,825		1,305,825	(563,590)	742,235		17
18	Directors Fees										18
19	Professional Services			144,073	144,073		144,073	32,370	176,443		19
20	Dues, Fees, Subscriptions & Promotions			9,429	9,429		9,429	8,774	18,203		20
21	Clerical & General Office Expenses	919,872		497,929	1,417,801		1,417,801	13,249	1,431,050		21
22	Employee Benefits & Payroll Taxes			620,679	620,679		620,679	34,889	655,568		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,674	3,674		3,674	881	4,555		24
25	Other Admin. Staff Transportation			715	715		715	263	978		25
26	Insurance-Prop.Liab.Malpractice			33,480	33,480		33,480	593,485	626,965		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>977,340</b>		<b>2,558,336</b>	<b>3,535,676</b>		<b>3,535,676</b>	<b>120,321</b>	<b>3,655,997</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>4,432,607</b>	<b>655,048</b>	<b>2,952,285</b>	<b>8,039,940</b>		<b>8,039,940</b>	<b>135,406</b>	<b>8,175,346</b>		<b>29</b>

\*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 (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			24,756	24,756		24,756	284,166	308,922			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							386,965	386,965			32
33	Real Estate Taxes							649,617	649,617			33
34	Rent-Facility & Grounds			2,264,856	2,264,856		2,264,856	(2,264,856)				34
35	Rent-Equipment & Vehicles			1,691	1,691		1,691	302	1,993			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,291,303	2,291,303		2,291,303	(943,806)	1,347,497			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			276,283	276,283		276,283		276,283			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			570,535	570,535		570,535		570,535			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			846,818	846,818		846,818		846,818			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,432,607	655,048	6,090,406	11,178,061		11,178,061	(808,400)	10,369,661			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	1,481	30		9
10	Interest and Other Investment Income	(28,544)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(104)	21		18
19	Entertainment				19
20	Contributions	(1,900)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(457,191)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(206)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (486,464)		\$	30

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

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(369,608)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (369,608)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (856,072)		37

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

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

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

BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & Rehab Center

ID# 0045815

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Sales Taxes (Management Company)	\$ (206)	21	1
2	Real Estate Tax under accrual	47,672	33	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	<b>Total</b>	47,466		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & I

# 0045815

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	206	0	0	0	0	0	0	0	0	206	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	3,658	0	0	0	0	0	0	0	0	0	3,658	5
6	Maintenance	0	2,295	8,926	0	0	0	0	0	0	0	0	11,221	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	5,953	9,132	0	0	0	0	0	0	0	0	15,085	8
<b>B. Health Care and Programs</b>														
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	0	0	0	0	0	0	0	0	0	0	0	0	16
<b>C. General Administration</b>														
17	Administrative	0	0	(563,590)	0	0	0	0	0	0	0	0	(563,590)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,733	9,127	18,510	0	0	0	0	0	0	0	32,370	19
20	Fees, Subscriptions & Promotions	0	8,526	248	0	0	0	0	0	0	0	0	8,774	20
21	Clerical & General Office Expenses	(459,401)	2,941	468,926	783	0	0	0	0	0	0	0	13,249	21
22	Employee Benefits & Payroll Taxes	0	0	34,889	0	0	0	0	0	0	0	0	34,889	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	881	0	0	0	0	0	0	0	0	881	24
25	Other Admin. Staff Transportation	0	263	0	0	0	0	0	0	0	0	0	263	25
26	Insurance-Prop.Liab.Malpractice	0	1,562	0	591,923	0	0	0	0	0	0	0	593,485	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	(459,401)	18,025	(49,519)	611,216	0	0	0	0	0	0	0	120,321	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(459,401)	23,978	(40,387)	611,216	0	0	0	0	0	0	0	135,406	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & I # 0045815 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	1,481	1,423	5,669	275,593	0	0	0	0	0	0	0	284,166	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(28,544)	0	0	415,509	0	0	0	0	0	0	0	386,965	32
33	Real Estate Taxes	47,672	0	7,774	594,171	0	0	0	0	0	0	0	649,617	33
34	Rent-Facility & Grounds	0	0	0	(2,264,856)	0	0	0	0	0	0	0	(2,264,856)	34
35	Rent-Equipment & Vehicles	0	302	0	0	0	0	0	0	0	0	0	302	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>20,609</b>	<b>1,725</b>	<b>13,443</b>	<b>(979,583)</b>	<b>0</b>	<b>(943,806)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(438,792)</b>	<b>25,703</b>	<b>(26,944)</b>	<b>(368,367)</b>	<b>0</b>	<b>(808,400)</b>	<b>45</b>						

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Marvin Mermelstein	50.00	RREM, Inc. d/b/a Winston Manor Nursing Home	Chicago	Nivram Mgmt, Inc.	Lincolnwood	Management
Joseph Mermelstein	5.20	Balmoral Home	Chicago	BM of Chicago Ridge	Lincolnwood	Lessor
Barry Taerbaum	25.00	Central Home	Chicago			
Joseph Mermelstein Family Trust	19.80					

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	20 Advertising	\$	Nivram Management, Inc.	100.00%	\$ 7,404	\$ 7,404	1	
2	V	25 Auto Expense		Nivram Management, Inc.	100.00%	263	263	2	
3	V	21 Bank Charges		Nivram Management, Inc.	100.00%	4	4	3	
4	V	5 Utilities		Nivram Management, Inc.	100.00%	3,658	3,658	4	
5	V	6 Repairs and Maintenance		Nivram Management, Inc.	100.00%	2,295	2,295	5	
6	V	19 Professional Fees		Nivram Management, Inc.	100.00%	4,733	4,733	6	
7	V	30 Depreciation		Nivram Management, Inc.	100.00%	1,423	1,423	7	
8	V	21 Contributions		Nivram Management, Inc.	100.00%	80	80	8	
9	V	20 Dues and Subscriptions		Nivram Management, Inc.	100.00%	1,122	1,122	9	
10	V	35 Equipment Rental		Nivram Management, Inc.	100.00%	302	302	10	
11	V	21 Miscellaneous		Nivram Management, Inc.	100.00%	2,350	2,350	11	
12	V	21 Furnishing Supplies		Nivram Management, Inc.	100.00%	507	507	12	
13	V	26 Insurance		Nivram Management, Inc.	100.00%	1,562	1,562	13	
14	Total		\$			\$ 25,703	\$ *	25,703	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	22 Health Insurance	\$	Nivram Management, Inc.	100.00%	\$ 4,746	\$ 4,746
16	V	19 Legal Fees		Nivram Management, Inc.	100.00%	7,934	7,934
17	V	20 Licenses and Permits		Nivram Management, Inc.	100.00%	248	248
18	V	21 Office Expense		Nivram Management, Inc.	100.00%	8,653	8,653
19	V	21 Postage		Nivram Management, Inc.	100.00%	863	863
20	V	34 Rent Expense		Nivram Management, Inc.	100.00%	15,949	15,949
21	V	2 Sales Tax		Nivram Management, Inc.	100.00%	206	206
22	V	24 Travel & Seminars		Nivram Management, Inc.	100.00%	881	881
23	V	22 Payroll Taxes		Nivram Management, Inc.	100.00%	30,143	30,143
24	V	21 Telephone		Nivram Management, Inc.	100.00%	1,416	1,416
25	V	17 Management Fees	601,986	Nivram Management, Inc.	100.00%		(601,986)
26	V	6 Plant Supervisor Salary		Nivram Management, Inc.	100.00%	8,926	8,926
27	V	17 Asst. Supervisor Salary		Nivram Management, Inc.	100.00%	13,390	13,390
28	V	21 Office Manager Salary		Nivram Management, Inc.	100.00%	3,640	3,640
29	V	17 Administrative Salary		Nivram Management, Inc.	100.00%		
30	V	1 Food Service Supervisor		Nivram Management, Inc.	100.00%		
31	V	17 Administrator Salary		Nivram Management, Inc.	100.00%	25,006	25,006
32	V	21 Clerical Salary		Nivram Management, Inc.	100.00%	454,280	454,280
33	V						
34	V	34 Rental Income	15,949	Hamlin & Arthur Partnership	100.00%		(15,949)
35	V	19 Legal Fees		Hamlin & Arthur Partnership	100.00%	1,193	1,193
36	V	21 Bank Fees		Hamlin & Arthur Partnership	100.00%	74	74
37	V	30 Depreciation Expense		Hamlin & Arthur Partnership	100.00%	5,669	5,669
38	V	33 Real Estate Taxes		Hamlin & Arthur Partnership	100.00%	7,774	7,774
39	Total		\$ 617,935			\$ 590,991	\$ * (26,944)

\* 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	34 Rental Income	\$ 2,264,856	BM of Chicago Ridge Real Estate, LLC	100.00%	\$	\$ (2,264,856)
16	V	32 Interest Income	342	BM of Chicago Ridge Real Estate, LLC	100.00%		(342)
17	V	19 Legal Fees		BM of Chicago Ridge Real Estate, LLC	100.00%	11,760	11,760
18	V	19 Accounting Fees		BM of Chicago Ridge Real Estate, LLC	100.00%	6,750	6,750
19	V	21 Bank Fees		BM of Chicago Ridge Real Estate, LLC	100.00%	708	708
20	V	33 Real Estate Tax		BM of Chicago Ridge Real Estate, LLC	100.00%	594,171	594,171
21	V	26 Insurance Expense		BM of Chicago Ridge Real Estate, LLC	100.00%	591,923	591,923
22	V	21 Other Taxes		BM of Chicago Ridge Real Estate, LLC	100.00%	75	75
23	V	32 Interest Expense		BM of Chicago Ridge Real Estate, LLC	100.00%	415,851	415,851
24	V	30 Depreciation Expense		BM of Chicago Ridge Real Estate, LLC	100.00%	275,593	275,593
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,265,198			\$ 1,896,831	\$ * (368,367)

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

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								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

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ri # 0045815 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

## 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	Marvin Mermelstein	Plant Supervisor	Support	50.00	24,652	5	26.58	Salary	\$ 8,926	6-7	1
2	Doreen Mermelstein	Office Manager	Administrator	0.00	10,920	10	25.00	Salary	3,640	12-7	2
3	Marvin Mermelstein	Asst. Administrator	Administrator	See above	36,977	7	26.58	Salary	13,390	17-7	3
4	Joseph Mermelstein	Owner	Administrator	5.20	0	0	0.00	N/A	0	17-7	4
5	Barry Taerbaum	Administrator	Administrator	25.00	254,186	10	25.00	Salary	25,006	17-7	5
6	Joseph Mermelstein Family Tr	Owner	N/A	19.80	0	0	0.00	N/A	0		6
7	Joel Mermelstein	IT Manager	Support	0.00	13,113	10.6	26.58	Salary	4,748	21-7	7
8	Jeffrey Mermelstein	Clerical	Support	0.00	3,965	1.8	26.58	Salary	1,435	21-7	8
9	Joshua Mermelstein	Clerical	Support	0.00	9,251	4.3	26.58	Salary	3,349	21-7	9
10	Marvin Mermelstein	Partner	Other	See above				Guaranteed Payn	465,398	17-3	10
11	Barry Taerbaum	Partner	Other	See above				Guaranteed Payn	155,973	17-3	11
12	Jacob Mermelstein	Consultant	Other	0.00				Consultant Fee	25,000	17-3	12
13								TOTAL	\$ 706,865		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 BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & # 0045815 Report Period Beginning: 01/01/2018 Ending: 2/31/2018

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 Nivram Management Inc.  
 Street Address 6500 N Hamlin Ave  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-7484  
 Fax Number ( 847) 679-7494

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	20	Advertising	Resident Beds	869	4	\$ 27,853	\$ 231	\$ 7,404	1
2	25	Auto Expense	Resident Beds	869	4	990	231	263	2
3	21	Bank Charges	Resident Beds	869	4	16	231	4	3
4	5	Utilities	Resident Beds	869	4	13,759	231	3,657	4
5	6	Repairs and Maintenance	Resident Beds	869	4	8,634	231	2,295	5
6	19	Professional Fees	Resident Beds	869	4	17,807	231	4,734	6
7	30	Depreciation	Resident Beds	869	4	5,353	231	1,423	7
8	21	Contributions	Resident Beds	869	4	300	231	80	8
9	20	Dues and Subscriptions	Resident Beds	869	4	4,222	231	1,122	9
10	35	Equipment Rental	Resident Beds	869	4	1,137	231	302	10
11	21	Miscellaneous	Resident Beds	869	4	8,842	231	2,350	11
12	21	Furnishing Supplies	Resident Beds	869	4	1,909	231	507	12
13	26	Insurance	Resident Beds	869	4	5,876	231	1,562	13
14	22	Health Insurance	Resident Beds	869	4	17,852	231	4,745	14
15	19	Legal Fees	Resident Beds	869	4	29,846	231	7,934	15
16	20	Licenses and Permits	Resident Beds	869	4	933	231	248	16
17	21	Office Expense	Resident Beds	869	4	31,672	231	8,419	17
18	21	Postage	Resident Beds	869	4	3,248	231	863	18
19	34	Rent Expense	Resident Beds	869	4	60,000	231	15,949	19
20	2	Sales Tax	Resident Beds	869	4	774	231	206	20
21	7	Scavenger	Resident Beds	869	4	878	231	233	21
22	24	Travel & Seminars	Resident Beds	869	4	3,315	231	881	22
23	22	Payroll Taxes	Resident Beds	869	4	113,396	231	30,143	23
24	21	Telephone	Resident Beds	869	4	5,327	231	1,416	24
25	TOTALS					\$ 363,939	\$	\$ 96,740	25

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & # 0045815 Report Period Beginning: 01/01/2018 Ending: 2/31/2018

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 Nivram Management Inc.  
 Street Address 6500 N Hamlin Ave  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 679-7484  
 Fax Number ( 847) 679-7494

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	Plant Supervisor Salary	Direct Cost	1	\$ 8,926	\$ 8,926	1	\$ 8,926	1
2	17	Asst. Supervisor Salary	Direct Cost	1	13,390	13,390	1	13,390	2
3	21	Office Manager Salary	Direct Cost	1	3,640	3,640	1	3,640	3
4	17	Administrative Salary	Direct Cost	1			1		4
5	1	Food Service Supervisor	Direct Cost	1			1		5
6	17	Administrator Salary	Direct Cost	1	25,006	25,006	1	25,006	6
7	21	Clerical Salary	Direct Cost	1	454,280	454,280	1	454,280	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				\$ 505,242	\$ 505,242		\$ 505,242	25

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Berkley Point Capital LLC		X	Mortgage	\$178,767.00	2012	\$ 13,345,000	\$ 11,908,220	5/22/2047	3.4300	\$ 415,851	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6												6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>				\$178,767.00		\$ 13,345,000	\$ 11,908,220			\$ 415,851	9								
<b>B. Non-Facility Related*</b>																				
10	Chicago RE Int. Inc.	X									(343)	10								
11	Hamlin Int. Inc.	X										11								
12	Home Int. Inc.		X								(28,544)	12								
13	Home Int. Exp.		X									13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (28,887)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 13,345,000	\$ 11,908,220			\$ 386,964	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,791 Line # 26

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

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





X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 87,480 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3 + Basement

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

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

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

N/A

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

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 6 columns: Line Item, Use, Square Feet, Year Acquired, Cost, and another column. Row 1: Nursing Home, 73,980, 7/31/2007, \$435,000, 1. Row 2: (blank), (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 73,980, (blank), \$435,000, 3.

**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	231		2007		\$ 9,678,293	\$ 249,034	20-40	\$ 249,034	\$	\$ 2,904,030	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Carpet	2002		2,240	82	27.5	81	(1)	1,310	9
10		Washer & Dryer	2002		29,304		27.5			29,304	10
11		Phone System	2002		10,667	388	27.5	388		8,747	11
12		A/C System	2002		11,200	407	27.5	407		9,183	12
13		Electrical Improvements	2002		3,000	109	27.5	109		2,460	13
14		Light Fixtures	2002		10,192	371	27.5	371		8,361	14
15		Water Heater	2003		16,500		5			16,500	15
16		Bathroom Improvement	2005		634	23	27.5	23		422	16
17		Fire Smoke Dampers	2005		3,475	127	27.5	126	(1)	2,420	17
18		Boiler	2005		11,960		5			11,960	18
19		AC Chiller Unit	2006		81,000	2,945	27.5	2,945		51,403	19
20		Locks	2006		4,374	159	27.5	159		2,585	20
21		Fire Alarm System	2006		98,711	3,589	27.5	3,589		58,367	21
22		Furnace	2007		13,500	491	27.5	491		7,852	22
23		Temp Reset Control for Boiler	2007		2,750	100	27.5	100		1,586	23
24		Electrical Disconnect for Chiller Unit	2007		8,000	291	27.5	291		4,614	24
25		Add'l amount for '06 AC Chiller Unit	2007		8,000	291	27.5	291		4,576	25
26		Hot Water Storage Unit	2007		22,000	800	27.5	800		12,372	26
27		Control System for New Chiller	2007		1,191	43	27.5	43		678	27
28		Grab Bars	2007		4,941	180	27.5	180		2,779	28
29		Boiler Rin Change-Over Values	2007		8,380	305	27.5	305		4,674	29
30		Water Cooler, Attached to Building	2007		1,087	40	27.5	40		628	30
31		Carpeting	2007		3,138	114	27.5	114		1,673	31
32		Exhaust Fans	2009		7,098	258	27.5	258		3,138	32
33		Sprinkler System	2010		239,314	5,983	27.5	8,702	2,719	43,329	33
34		Boiler	2010		47,900	1,198	27.5	1,742	544	8,354	34
35		Electrical Breakers	2010		7,000	175	27.5	255	80	1,267	35
36		Fire Alarm	2011		8,982	225	27.5	327	102	1,929	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

**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	Therapy Room - Flooring, Cabinets, Countertops	2011	\$ 2,635	\$ 96	27.5	\$ 96	\$	\$ 858	37
38	Water Heater	2011	8,170	817	10	817		6,536	38
39	Sprinkler System	2011	4,000	100	27.5	145	45	798	39
40	Sprinkler System	2012	6,370	159	27.5	232	73	1,200	40
41	Laminate Flooring	2012	4,768	174	27.5	173	(1)	1,257	41
42	Stairway Exit Doors	2012	9,097	331	27.5	331		2,015	42
43	Water Pump	2013	2,625	95	27.5	95		581	43
44	Power Conditioner	2013	5,600	140	27.5	204	64	933	44
45	Elevator	2013	147,995	3,700	27.5	5,382	1,682	24,331	45
46	Roof Replacement	2013	152,325	3,808	27.5	5,539	1,731	23,771	46
47	Parking Lot Repavement	2013	7,100	178	27.5	258	80	1,094	47
48	Smoking Shelter	2013	4,053	101	27.5	147	46	614	48
49	Wiring Upgrade	2014	6,378	232	27.5	232		1,082	49
50	Water Pump	2014	4,100	149	27.5	149		497	50
51	Water Heater	2014	8,373	837	27.5	304	(533)	1,775	51
52	Wiring and Hardware Installation for Cameras	2015	5,000	182	27.5	182		576	52
53	Corner Guards, Droor Coverings, Resurfacing, Panels, & installation of nursing station	2015	119,999	3,000	27.5	4,364	1,364	14,728	53
54									54
55	1-3 Floor Nursing Stations; 2nd Floor Hallways/Lunch Room	2016	47,000	1,175	27.5	1,709	534	4,201	55
56	New Generator	2016	12,250	306	27.5	445	139	445	56
57	Main Sewer - Section Replacement	2016	5,247	131	27.5	191	60	191	57
58	Flooring - 1st Floor Hallways, Lunch Room, Elevators	2016	29,000	725	27.5	1,055	330	2,290	58
59	Flooring - Smoke Room	2016	6,100	153	27.5	222	69	222	59
60	2nd Floor Loft Elevations & Cove Bases	2017	33,650	841	27.5	1,224	383	2,448	60
61	Hot Water Valve	2017	5,800	145	27.5	211	66	422	61
62	Sewer Pipe Work	2018	5,135	59	27.5	187	128	187	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 10,987,601	\$ 285,362		\$ 295,065	\$ 9,703	\$ 3,299,553	70

\*\*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	\$ 83,802	\$ 13,253	\$ 13,276	\$ 23		\$ 57,794	71
72	Current Year Purchases	2,906	145	581	436		581	72
73	Fully Depreciated Assets	165,799					165,799	73
74	<u>Management &amp; Real Estate Co.</u>	<u>1,753,416</u>						74
75	TOTALS	\$ 2,005,923	\$ 13,398	\$ 13,857	\$ 459		\$ 224,174	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)	\$ 13,428,524	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 298,760	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 308,922	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 10,162	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,523,727	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: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 09/01/2008

Ending 12/31/2041

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

Fiscal Year Ending                      Annual Rent

12.	<u>12/31/2019</u>	\$ <u>1,860,000</u>
13.	<u>12/31/2020</u>	\$ <u>1,860,000</u>
14.	<u>12/31/2021</u>	\$ <u>1,860,000</u>

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: \$ 1,993 Description: Copier - \$1,691; Management Company - \$302

(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			\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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>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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

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

## 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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			276,283			276,283	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$		\$ 276,283	\$		\$ 276,283	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.

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & # 0045815 Report Period Beginning: 01/01/2018 Ending: 12/31/2018  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2018 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 797,044	\$ 846,502	1
2	Cash-Patient Deposits	98,082	98,082	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	727,233	727,233	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,150	8,150	6
7	Other Prepaid Expenses		309,993	7
8	Accounts Receivable (owners or related parties)	45,797		8
9	Other(specify):		1,048,434	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,676,306	\$ 3,038,394	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		718,076	13
14	Buildings, at Historical Cost		10,292,695	14
15	Leasehold Improvements, at Historical Cost	374,317	374,317	15
16	Equipment, at Historical Cost	287,003	2,120,437	16
17	Accumulated Depreciation (book methods)	(415,201)	(5,166,400)	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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 246,119	\$ 8,339,125	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,922,425	\$ 11,377,519	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 97,102	\$ 106,505	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	82,597	82,597	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	186,126	186,126	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		578,114	32
33	Accrued Interest Payable		34,038	33
34	Deferred Compensation		5,484	34
35	Federal and State Income Taxes	5,484		35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	6,308,133	6,308,133	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,679,442	\$ 7,300,997	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,908,220	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 11,908,220	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,679,442	\$ 19,209,217	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (4,757,017)	\$ (7,831,698)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,922,425	\$ 11,377,519	48

\*(See instructions.)

## XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,169,369)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,169,369)	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	1,612,352	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	(2,200,000)	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)	\$ (587,648)	17
	<b>B. Transfers (Itemize):</b>		
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)	\$ (4,757,017)	24 *

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

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nu # 0045815 Report Period Beginning: 01/01/2018Ending: 12/31/2018**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,444,990	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,444,990	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	281,232	6
7	Oxygen	33,987	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 315,219	8
<b>C. Other Operating Revenue</b>			
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	4,306	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 4,306	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	28,544	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 28,544	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Vending Income</u>	1,200	28
28a	<u>Miscellaneous Income</u>	14,938	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 16,138	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,809,197	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,643,487	31
32	Health Care	2,860,777	32
33	General Administration	3,535,676	33
<b>B. Capital Expense</b>			
34	Ownership	2,291,303	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	276,283	35
36	Provider Participation Fee	570,535	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,178,061	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,631,136	41
42	<b>Income Taxes</b>	(18,784)	42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,612,352	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$	49

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

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

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

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

Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & # 0045815

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

12/31/2018

**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	2,495	2,655	\$ 112,571	\$ 42.40	1
2	Assistant Director of Nursing					2
3	Registered Nurses	43,749	44,669	1,453,205	32.53	3
4	Licensed Practical Nurses	9,842	10,117	272,840	26.97	4
5	CNAs & Orderlies	63,591	64,928	878,346	13.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,151	4,553	111,659	24.52	8
9	Activity Director	2,043	2,227	37,731	16.94	9
10	Activity Assistants	7,379	7,993	91,573	11.46	10
11	Social Service Workers	7,349	7,469	123,664	16.56	11
12	Dietician	1,654	1,729	34,573	20.00	12
13	Food Service Supervisor	1,869	1,869	38,507	20.60	13
14	Head Cook					14
15	Cook Helpers/Assistants	29,910	31,259	330,038	10.56	15
16	Dishwashers					16
17	Maintenance Workers	3,319	3,398	40,755	11.99	17
18	Housekeepers	34,979	36,309	405,894	11.18	18
19	Laundry	9,805	10,416	114,512	10.99	19
20	Administrator	2,080	2,104	57,468	27.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,356	6,508	90,754	13.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	53,995	25.96	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,893	2,069	24,531	11.86	31
32	Other Health Care(specify)	4,391	4,510	159,991	35.47	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	238,935	246,862	\$ 4,432,607 *	\$ 17.96	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	\$ 10,257	1-3	35
36	Medical Director	O			36
37	Medical Records Consultant	N			37
38	Nurse Consultant	T			38
39	Pharmacist Consultant	H			39
40	Physical Therapy Consultant	L			40
41	Occupational Therapy Consultant	Y			41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	F			43
44	Activity Consultant	E			44
45	Social Service Consultant	E	7,366	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 17,623		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	427	\$ 13,883	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	427	\$ 13,883		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		
Yehudah Weiman	Asst. Administrator	0	\$ 57,468	Workers' Compensation Insurance	\$ 36,544	IDPH License Fee	\$ 0		
				Unemployment Compensation Insurance	30,969	Advertising: Employee Recruitment	0		
				FICA Taxes	330,657	Health Care Worker Background Check (Indicate # of checks performed <u>24</u> )	1,084		
				Employee Health Insurance	222,509	Patient Background Checks <u>108</u>	1,080		
				Employee Meals	0	Dues & Subscriptions	1,506		
				Illinois Municipal Retirement Fund (IMRF)*	0	Licenses & Permits	5,759		
				Allocation from Management Company	34,889	Allocation from Management Company	8,774		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 57,468			Less: Public Relations Expense	( )		
B. Administrative - Other						Non-allowable advertising	( )		
Description			Amount			Yellow page advertising	( )		
Management Fees			\$ 1,248,367			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 18,203		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,248,367						
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
See attached Schedule			\$ 144,073				Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	3,674	
							Allocation from Management Company	881	
							Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 144,073	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,555	

\* Attach copy of IMRF notifications

\*\*See instructions.

