



Facility Name & ID Number WATERFRONT TERRACE INC

# 0028076 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 \_\_\_\_\_**

	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			4,985	4,985	8
9	SNF/PED					9
10	ICF	32,482	1,500		33,982	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	32,482	1,500	4,985	38,967	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.47%**

**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 4/1/83

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 4/1/83 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 4,985

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number WATERFRONT TERRACE INC # 0028076 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	226,725	35,576	14,555	276,856		276,856		276,856		1
2	Food Purchase		188,358		188,358	(20,878)	167,480	(733)	166,747		2
3	Housekeeping	126,706	29,581		156,287		156,287		156,287		3
4	Laundry	78,250	22,164	2,502	102,916		102,916		102,916		4
5	Heat and Other Utilities			150,706	150,706		150,706	1,358	152,064		5
6	Maintenance	144,697	96,248	28,852	269,797		269,797	18,036	287,833		6
7	Other (specify):*			21,518	21,518		21,518	924	22,442		7
8	<b>TOTAL General Services</b>	576,378	371,927	218,133	1,166,438	(20,878)	1,145,560	19,585	1,165,145		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,027,672	106,314	33,241	2,167,227		2,167,227		2,167,227		10
10a	Therapy	606,898	4,133		611,031		611,031		611,031		10a
11	Activities	140,010	24,039	2,552	166,601		166,601		166,601		11
12	Social Services	43,899		3,906	47,805		47,805		47,805		12
13	CNA Training										13
14	Program Transportation			750	750		750		750		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,818,479	134,486	58,449	3,011,414		3,011,414		3,011,414		16
	<b>C. General Administration</b>										
17	Administrative	117,368		18,000	135,368		135,368	204,922	340,290		17
18	Directors Fees										18
19	Professional Services			183,876	183,876		183,876	21,569	205,445		19
20	Dues, Fees, Subscriptions & Promotions			185,874	185,874		185,874	(150,962)	34,912		20
21	Clerical & General Office Expenses	194,077	39,484	650,844	884,405		884,405	(533,972)	350,433		21
22	Employee Benefits & Payroll Taxes			733,775	733,775	20,878	754,653		754,653		22
23	Inservice Training & Education			1,375	1,375		1,375		1,375		23
24	Travel and Seminar							632	632		24
25	Other Admin. Staff Transportation			17,202	17,202		17,202	1,072	18,274		25
26	Insurance-Prop.Liab.Malpractice			206,139	206,139		206,139	11,963	218,102		26
27	Other (specify):*	18,668		103,912	122,580		122,580	(29,770)	92,810		27
28	<b>TOTAL General Administration</b>	330,113	39,484	2,100,997	2,470,594	20,878	2,491,472	(474,546)	2,016,926		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,724,970	545,897	2,377,579	6,648,446		6,648,446	(454,961)	6,193,485		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	<b>DIETARY</b>		
	DIETITIAN CONSULTANT	XVIII B 35-2	14,555
	REPAIRS & MAINTENANCE		
			14,555
3	<b>HOUSEKEEPING</b>		
			0
4	<b>LAUNDRY</b>		
	EQUIPMENT REPAIRS & MAINTENANCE		2,502
			2,502
5	<b>HEAT &amp; OTHER UTILITIES</b>		
	GAS HEAT		32,996
	ELECTRICITY		41,293
	WATER		72,819
	CABLE TV - LOBBY		3,598
			150,706
6	<b>MAINTENANCE</b>		
	GROUNDS MAINTENANCE		6,301
	PAINTING & DECORATING		1,906
	BUILDING REPAIRS		
	MAINTENANCE TRAVEL		
	EQUIPMENT MAINTENANCE & REPAIR		11,163
	ELEVATOR MAINTENANCE & REPAIR		4,407
	OUTSIDE LABOR		
	EXTERMINATING SERVICE		5,075
	FIRE SERVICE		
			28,852
7	<b>OTHER</b>		
	SCAVENGER		21,518
	SECURITY SERVICE		
			21,518
9	<b>MEDICAL DIRECTOR</b>		
	MEDICAL DIRECTOR FEES	XVIII B 36-2	18,000
			18,000

LINE		SCHED REF	TOTAL
10	<b>NURSING</b>		
	CONTRACT NURSING	XVIII C 53-2	
	LABORATORY & XRAY EXPENSE		
	PURCHASED SERVICES		
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	
	PHARMACY CONSULTANT	XVIII B 39-2	14,982
	UTILIZATION REVIEW FEES	XVIII B __-2	
	PHYSICIANS	XVIII B __-2	
	PSYCHIATRIC	XVIII B __-2	
	RN CONSULTANT	XVIII B 38-2	6,759
	NURSING PROGRAM CONSULTANT		11,500
			33,241
10a	<b>THERAPY</b>		
	PHYSICAL THERAPY SERVICES		
	SPEECH THERAPY SERVICES		
	OCCUPATIONAL THERAPY SERVICES		
	REHABILITATION CONSULTANT	XVIII B __-2	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	
			0
11	<b>ACTIVITIES</b>		
	CABLE TV - PATIENT ROOMS		
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	2,552
			2,552
12	<b>SOCIAL SERVICES</b>		
	SOCIAL REHABILITATION SERVICES		
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	
	SOCIAL WORKER	XVIII B 45-2	3,906
			3,906
13	<b>NURSE AIDE TRAINING</b>		
	NURSE AIDE TRAINING COSTS	XIII	0

V.COST CENTER EXPENSES PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
14	<b>PROGRAM TRANSPORTATION</b>	
	PATIENT TRANSPORTATION	750
		750
17	<b>ADMINISTRATIVE</b>	
	MANAGEMENT FEES XIX B	18,000
	<b>DIRECTORS FEES</b>	
18	DIRECTORS FEES	0
19	<b>PROFESSIONAL SERVICES</b>	
	DATA PROCESSING XIX C	91,895
	ADMINISTRATIVE CONSULTANTS XIX C	
	PROFESSIONAL FEES XIX C	91,981
		183,876
20	<b>FEES,SUBSCRIPTIONS,PROMOTIONS</b>	
	ENTERTAINMENT & MARKETING VI 19 XIX F	
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	139,220
	EMPLOYEE RECRUITMENT/WANT ADS XIX F	8,623
	CONTRIBUTIONS VI 20 XIX F	
	DUES & SUBSCRIPTIONS XIX F	8,642
	LICENSES & PERMITS XIX F	12,200
	PUBLIC RELATIONS-PATIENT RELATED XIX F	
	ADVERTISING-YELLOW PAGES VI 28 XIX F	
	TRUST FEES / FRANCHISE TAX / ETC VI 17 XIX F	
	CONTRIBUTIONS - POLITICAL VI 20 XIX F	14,294
	HEALTH CARE WORKER BACKGROUND CHECKS XIX F	1,225
	PATIENT BACKGROUND CHECKS XIX F	1,670
		185,874
21	<b>CLERICAL &amp; GENERAL OFFICE EXPENSES</b>	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	144
	EQUIPMENT REPAIR & MAINTENANCE	23,902
	OUTSIDE CLERICAL SERVICES	602,619
	PENALTIES / OVERDRAFT CHARGES VI 18	104
	HOME OFFICE EXPENSE	
	THEFT & DAMAGE LOSS	
	TELEPHONE	24,075
	MESSENGER SERVICE	
		650,844

LINE	SCHED REF	TOTAL
22	<b>EMPLOYEE BENEFITS &amp; PAYROLL TAXES</b>	
	FICA TAXES XIX D	281,848
	UNEMPLOYMENT COMPENSATION XIX D	36,459
	WORKERS COMPENSATION INSURANC XIX D	85,234
	HOSPITALIZATION INSURANCE XIX D	281,023
	EMPLOYEE BENEFITS - OTHER XIX D	49,211
	EMPLOYEE PHYSICAL EXAMS XIX D	
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	
	PENSION/PROFIT SHARING PLANS XIX D	
		733,775
23	<b>INSERVICE TRAINING &amp; EDUCATION</b>	
	EDUCATION & SEMINARS	1,375
		1,375
24	<b>TRAVEL &amp; SEMINARS</b>	
	EDUCATION & SEMINARS XIX G	
	TRAVEL XIX G	
		0
25	<b>ADMIN. STAFF TRANSPORTATION</b>	
	TRANSPORTATION - STAFF	17,202
		17,202
26	<b>INSURANCE - PROP. LIAB &amp; MALPRACTICE</b>	
	GENERAL INSURANCE	206,139
		206,139
27	<b>OTHER</b>	
	BAD DEBTS VI 24	103,912
		103,912

GRAND TOTAL COLUMN 3 OTHER

**2,377,579**

**WATERFRONT TERRACE INC**  
**SCHEDULES**  
**12/31/2018**

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

TOTAL FOOD PURCHASE	188,358
LESS SALES TAX	<u>(733)</u>
NET FOOD	187,625
TOTAL PATIENT CENSUS	38,967
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	116,901
ADD # EMPLOYEE MEALS/DAY	40
TIMES # DAYS	<u>365</u>
TOTAL EMPLOYEE MEALS	14,600
PATIENT MEALS	116,901
ADD EMPLOYEE MEALS	<u>14,600</u>
TOTAL MEALS/YEAR	131,501
NET FOOD	187,625
DIVIDE TOTAL MEALS/YEAR	<u>131,501</u>
COST PER MEAL	1.43
TIMES EMPLOYEE MEALS	<u>14,600</u>
EMPLOYEE MEAL RECLASSIFIC	<u><u>20,878</u></u>

Facility Name &amp; ID Number

WATERFRONT TERRACE INC

#0028076

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## 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			138,759	138,759		138,759	69,710	208,469			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			159,760	159,760		159,760	249,983	409,743			32
33	Real Estate Taxes							238,718	238,718			33
34	Rent-Facility & Grounds			810,000	810,000		810,000	(810,000)				34
35	Rent-Equipment & Vehicles			56,775	56,775		56,775	12,650	69,425			35
36	Other (specify):* <b>STORAGE</b>							42,828	42,828			36
37	<b>TOTAL Ownership</b>			1,165,294	1,165,294		1,165,294	(196,111)	969,183			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		147,079		147,079		147,079		147,079			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			269,674	269,674		269,674		269,674			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		147,079	269,674	416,753		416,753		416,753			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	3,724,970	692,976	3,812,547	8,230,493		8,230,493	(651,072)	7,579,421			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	1,032	30		9
10	Interest and Other Investment Income	(16,127)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(733)	2		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	(14,294)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(103,912)	27		24
25	Fund Raising, Advertising and Promotional	(139,220)	20		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 SEE PAGE 5A	(47,728)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (321,086)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(329,986)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (329,986)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (651,072)		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	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

WATERFRONT TERRACE INC

ID# 0028076

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	MARKETING SALARY	\$ (42,188)	21	1
2	MARKETING -TRAVEL	(5,540)	25	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>	(47,728)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(733)	0	0	0	0	0	0	0	0	0	0	(733)	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	1,358	0	0	0	0	0	0	0	0	1,358	5
6	Maintenance	0	0	7,597	10,439	0	0	0	0	0	0	0	18,036	6
7	Other (specify):*	0	0	924	0	0	0	0	0	0	0	0	924	7
8	<b>TOTAL General Services</b>	<b>(733)</b>	<b>0</b>	<b>9,879</b>	<b>10,439</b>	<b>0</b>	<b>19,585</b>	<b>8</b>						
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(18,000)	0	222,922	0	0	0	0	0	0	0	204,922	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	17,357	4,212	0	0	0	0	0	0	0	0	21,569	19
20	Fees, Subscriptions & Promotions	(153,514)	0	2,552	0	0	0	0	0	0	0	0	(150,962)	20
21	Clerical & General Office Expenses	(42,292)	(602,619)	99,879	11,060	0	0	0	0	0	0	0	(533,972)	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	632	0	0	0	0	0	0	0	0	632	24
25	Other Admin. Staff Transportation	(5,540)	0	6,612	0	0	0	0	0	0	0	0	1,072	25
26	Insurance-Prop.Liab.Malpractice	0	6,132	5,831	0	0	0	0	0	0	0	0	11,963	26
27	Other (specify):*	(103,912)	0	74,142	0	0	0	0	0	0	0	0	(29,770)	27
28	<b>TOTAL General Administration</b>	<b>(305,258)</b>	<b>(597,130)</b>	<b>193,860</b>	<b>233,982</b>	<b>0</b>	<b>(474,546)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(305,991)</b>	<b>(597,130)</b>	<b>203,739</b>	<b>244,421</b>	<b>0</b>	<b>(454,961)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number WATERFRONT TERRACE INC# 0028076

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	1,032	65,859	2,819	0	0	0	0	0	0	0	0	69,710	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(16,127)	263,585	2,525	0	0	0	0	0	0	0	0	249,983	32
33	Real Estate Taxes	0	233,277	5,441	0	0	0	0	0	0	0	0	238,718	33
34	Rent-Facility & Grounds	0	(810,000)	0	0	0	0	0	0	0	0	0	(810,000)	34
35	Rent-Equipment & Vehicles	0	0	12,650	0	0	0	0	0	0	0	0	12,650	35
36	Other (specify):*	0	42,828	0	0	0	0	0	0	0	0	0	42,828	36
37	<b>TOTAL Ownership</b>	<b>(15,095)</b>	<b>(204,451)</b>	<b>23,435</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>(196,111)</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 (sum of lines 29, 37 &amp; 44)</b>	<b>(321,086)</b>	<b>(801,581)</b>	<b>227,174</b>	<b>244,421</b>	<b>0</b>	<b>(651,072)</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
SEE PAGE 6 SUPP		SEE PAGE 6 SUPP				

**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	602,619	" "			(602,619)	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V	34	RENT	810,000	WATERFRONT TERRACE ASSOCIATES	100.00%		(810,000)	7
8	V	30	DEPRECIATION		" "		65,859	65,859	8
9	V	32	INTEREST		" "		263,585	263,585	9
10	V	33	REAL ESTATE TAXES		" "		233,277	233,277	10
11	V	26	INSURANCE		" "		6,132	6,132	11
12	V	19	PROFESSIONAL FEES		" "		17,357	17,357	12
13	V	36	INSURANCE-MIP		" "		42,828	42,828	13
14	Total		\$ 1,430,619				\$ 629,038	\$ * (801,581)	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%	\$ 1,358	\$ 1,358
16	V	6 REPAIR & MAINT. - SALARIES		" "		1,616	1,616
17	V	6 REPAIR & MAINT.-OTHER EXPENSE		" "		5,981	5,981
18	V	7 EMP BEN-GEN SERV		" "		924	924
19	V	19 PROFESSIONAL FEES		" "		4,212	4,212
20	V	20 DUES AND SUBSCRIPTION		" "		2,552	2,552
21	V	21 CLERICAL & GENERAL - SALARIES		" "		73,961	73,961
22	V	21 CLERICAL & GENERAL-OTHER EXPENSE		" "		25,918	25,918
23	V	24 SEMINARS AND TRAVEL		" "		632	632
24	V	25 AUTO EXPENSE		" "		6,612	6,612
25	V	26 INSURANCE		" "		5,831	5,831
26	V	27 EMP. BEN. - GEN, ADMIN.		" "		74,142	74,142
27	V	30 DEPRECIATION		" "		2,819	2,819
28	V	32 INTEREST		" "		2,525	2,525
29	V	33 REAL ESTATE TAXES		" "		5,441	5,441
30	V	35 AUTO RENTAL		" "		11,893	11,893
31	V	35 EQUIPMENT RENTAL		" "		757	757
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 227,174	\$ * 227,174

\* 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%	\$ 10,439	\$	10,439	15
16	V	17 ADMIN COMP - M MAUER		" "		27,200		27,200	16
17	V	17 ADMIN COMP - M AARON		" "		34,200		34,200	17
18	V	17 ADMIN COMP - F AARON		" "		833		833	18
19	V	17 ADMIN COMP - D AARON		" "		10,741		10,741	19
20	V	17 ADMIN COMP - R AARON		" "		8,667		8,667	20
21	V	17 ADMIN COMP - S HARAMARAS		" "		34,506		34,506	21
22	V	17 ADMIN COMP - D KUFTA		" "		26,765		26,765	22
23	V	17 ADMIN COMP - H. ALTER		" "		12,000		12,000	23
24	V	17 ADMIN COMP - V DAVIS NON OWNER		" "		18,128		18,128	24
25	V	17 ADMIN COMP - VAR NON OWNER		" "		6,246		6,246	25
26	V	17 ADMIN COMP - CFO NON OWNER		" "		29,642		29,642	26
27	V	17 ADMIN COMP - CONTROLLER NON OWNER		" "		13,994		13,994	27
28	V	21 CLERICAL COMP - S AARON		" "		11,060		11,060	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 244,421	\$ *	244,421	39

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



Facility Name &amp; ID Number

WATERFRONT TERRACE INC

#

0028076

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	MARSHALL MAUER	SHAREHOLDER	ADMINISTRATIVE	25.00	SCHEDULE	5.44	13.60	SALARY	\$ 27,200	17-7	1
2	MAURICE AARON	SHAREHOLDER	ADMINISTRATIVE	25.00	ATTACHED	6.84	13.68	SALARY	34,200	17-7	2
3	FRED AARON		ADMINISTRATION			15		SALARY	42,000	17-7	3
4	FRED AARON		ADMINISTRATION					SALARY	833	17-7	4
5	SHARON AARON		CLERICAL			5.44	14.70	SALARY	11,060	21-7	5
6	HOWARD ALTER		ADMINISTRATOR			40		SALARY	117,368	17-1	6
7	HOWARD ALTER		ADMINISTRATOR					SALARY	12,000	17-7	7
8	DENNIS NEHMER		CLERICAL			6.87	17.18	SALARY	10,439	21-7	8
9	DANIEL AARON		CLERICAL			4.21	8.42	SALARY	10,741	21-7	9
10	ROBERT AARON		ADMINISTRATION					SALARY	8,667	17-7	10
11	DIANIA KUFTA		ADMINISTRATION			6.84	17.10	SALARY	26,765	17-7	11
12	SUE KOPLIN-HARAMARAS		ADMINISTRATION					SALARY	34,506	17-7	12
13								TOTAL	\$ 335,779		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: 01/01/2018

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 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	302,492	10	\$ 10,544	\$ 38,967	\$ 1,358	1	
2	6	REPAIR & MAINT. - SALARIES	PATIENT DAYS	302,492	10	12,541	12,541	38,967	1,616	2
3	6	REPAIR & MAINT.-OTHER EXPE	PATIENT DAYS	302,492	10	46,430	38,967	5,981	3	
4	7	EMP BEN-GEN SERV	PATIENT DAYS	302,492	10	7,174	38,967	924	4	
5	19	PROFESSIONAL FEES	PATIENT DAYS	302,492	10	32,693	38,967	4,212	5	
6	20	DUES AND SUBSCRIPTION	PATIENT DAYS	302,492	10	19,807	38,967	2,552	6	
7	21	CLERICAL & GENERAL - SALAR	PATIENT DAYS	302,492	10	574,139	574,139	38,967	73,961	7
8	21	CLERICAL & GENERAL-OTHER	PATIENT DAYS	302,492	10	201,196	38,967	25,918	8	
9	24	SEMINARS AND TRAVEL	PATIENT DAYS	302,492	10	4,903	38,967	632	9	
10	25	AUTO EXPENSE	PATIENT DAYS	302,492	10	51,327	38,967	6,612	10	
11	26	INSURANCE	PATIENT DAYS	302,492	10	45,267	38,967	5,831	11	
12	27	EMP. BEN. - GEN. ADMIN.	PATIENT DAYS	302,492	10	575,549	38,967	74,142	12	
13	30	DEPRECIATION	PATIENT DAYS	302,492	10	21,903	38,967	2,819	13	
14	32	INTEREST	PATIENT DAYS	302,492	10	19,599	38,967	2,525	14	
15	33	REAL ESTATE TAXES	PATIENT DAYS	302,492	10	42,234	38,967	5,441	15	
16	19	AUTO RENTAL	PATIENT DAYS	302,492	10	92,319	38,967	11,893	16	
17	35	EQUIPMENT RENTAL	PATIENT DAYS	302,492	10	5,875	38,967	757	17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 1,763,500	\$ 586,680	\$ 227,174	25	

Facility Name & ID Number WATERFRONT TERRACE INC

# 0028076 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 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	\$ 60,778	\$ 60,778	7	\$ 10,439	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	10	200,000	200,000	5	27,200	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	7	200,000	200,000	7	34,200	3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	5	2,500	2,500	15	833	4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	30	10	76,541	76,541	4	10,741	5
6	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	30	5	26,000	26,000	10	8,667	6
7	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	3	69,011	69,011	15	34,506	7
8	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	40	7	156,522	156,522	7	26,765	8
9	17	ADMIN COMP - H. ALTER	WGHTD AVG HOURS	40	1	12,000	12,000	40	12,000	9
10	17	ADMIN COMP - V DAVIS NON OW	WGHTD AVG HOURS	40	9	132,083	132,083	5	18,128	10
11	17	ADMIN COMP - VAR NON OWNE	WGHTD AVG HOURS	45	7	36,458	36,458	8	6,246	11
12	17	ADMIN COMP - CFO NON OWNE	WGHTD AVG HOURS	40	9	215,972	215,972	5	29,642	12
13	17	ADMIN COMP - CONTROLLER N	WGHTD AVG HOURS	40	9	101,958	101,958	5	13,994	13
14	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	9	80,583	80,583	5	11,060	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,370,406	\$ 1,370,406		\$ 244,421	25

Facility Name &amp; ID Number

WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	<b>A. Directly Facility Related</b>																	
	<b>Long-Term</b>																	
1	HUD		X	MORTGAGE	\$59,711.00	3/6/14	\$ 7,155,900	\$ 6,522,272	4/1/44	4.0000	\$ 263,585	1						
2												2						
3												3						
4												4						
5												5						
	<b>Working Capital</b>																	
6	BANK FINANCIAL		X	WORKING CAPITAL				1,134,567			159,760	6						
7	INTERCOMPANY	X		WORKING CAPITAL				2,740,334				7						
8												8						
9	<b>TOTAL Facility Related</b>				\$59,711.00		\$ 7,155,900	\$ 10,397,173			\$ 423,345	9						
	<b>B. Non-Facility Related*</b>																	
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 7,155,900	\$ 10,397,173			\$ 423,345	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 42,828 Line # 36

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

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2017 report.	\$	<b>211,000</b>	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.)	\$	<b>222,139</b>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<b>11,139</b>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<b>222,139</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<b>233,278</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<b>173,434</b>	8
	2014	<b>176,928</b>	9
	2015	<b>192,025</b>	10
	2016	<b>209,884</b>	11
	2017	<b>222,139</b>	12

**FOR BHF USE ONLY**

13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.**

# 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME WATERFRONT TERRACE INC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0028076

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

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>21-30-412-045-0000</u>	<u>NURSING HOME</u>	\$ <u>219,194.15</u>	\$ <u>219,194.15</u>
2.	<u>21-30-412-038-0000</u>	<u>NURSING HOME</u>	\$ <u>2,944.47</u>	\$ <u>2,944.47</u>
3.	<u>21-30-412-033-0000</u>	<u>PARKING LOT</u>	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>222,138.62</u></u>	\$ <u><u>222,138.62</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES   X   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number WATERFRONT TERRACE INC

# 0028076 Report Period Beginning:

01/01/2018 Ending:

12/31/2018

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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

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

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

N/A

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

If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>NURSING HOME</u>	<u>37,824</u>	<u>1983</u>	<u>\$ 100,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>37,824</b>		<b>\$ 100,000</b>	<b>3</b>

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

**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	\$ 10,761	\$ 10,761	\$ 1,508,000	4
5											5
6											6
7	RELATED PARTY				56,468		35	1,613	1,613	34,113	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	6,324	19
20	LEASEHOLD IMPROVEMENT		1993		3,426		39	88	88	2,240	20
21	LEASEHOLD IMPROVEMENT		1994		25,007		39	642	642	15,701	21
22	ELEVATOR REPAIR		1995		1,500		39	38	38	910	22
23	SPRINKLER REPAIR		1995		4,154		39	107	107	2,545	23
24	BOILER REPAIR, WATER PUMP, ALARM		1996		6,033		39	154	154	3,498	24
25	FENCING		1996		756		15			756	25
26	NURSE STATION		1996		5,300		39	136	136	3,009	26
27	HANDRAILS		1996		3,735		39	96	96	2,116	27
28	PARKING LOT REPAVING		1997		11,968		15			11,968	28
29	TUCKPOINTING, ROOF REPAIR		1997		25,814		39	662	662	14,150	29
30	DRAPERY		1997		14,754		39	378	378	8,072	30
31	DOORS & SIGNS		1997		8,428		39	216	216	4,617	31
32	AIR HANDLER REPAIR & PUMPS		1997		17,005		39	436	436	9,320	32
33	REMODELING		1997		59,133		39	1,517	1,517	32,584	33
34	NURSE STATION		1997		5,106		39	131	131	2,800	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 &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## 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	\$ 23,476	37
38	RESIDENT ROOM SIGNS, DOORHOLDERS, DOOR MAGNET	1998	6,419		39	165	165	3,378	38
39	SPRINKLER WORK, ALARMS, SECURITY DOOR	1998	3,636		39	93	93	1,907	39
40	CUBICLE CURTAINS, WINDOW TREATMENTS	1998	8,000		39	205	205	4,194	40
41	BEAUTY SALON STATION	1998	2,042		39	52	52	1,056	41
42	REMODELING	1998	21,934		39	562	562	11,474	42
43	FENCING, LANDSCAPING	1998	5,089		15			5,089	43
44	GENERATOR, ELEVATOR REPAIR	1998	3,825		39	98	98	2,007	44
45	TUCKPOINTING, ROOF REPAIR	1998	21,000		39	539	539	11,007	45
46	ANTENNA & INSTALLATION	1998							46
47	LIGHT FIXTURES, ARTWORK	1998	4,791		39			4,791	47
48	FIRE ALARM	1999	10,286		39	264	264	5,200	48
49	BATHROOMS REMODELING	1999	35,657		39	914	914	17,956	49
50	BOILER WORK	1999	7,345		39	189	189	3,714	50
51	CABLE WORK	1999	433		39	11	11	218	51
52	CARPET	1999	18,828		39	483	483	9,463	52
53	ELEVATOR WORK	1999	2,017		39	52	52	1,023	53
54	AIR CONDITIONING	1999	7,350		39	189	189	3,742	54
55	LIGHT AND MIRRORS	1999	9,093		39	233	233	4,541	55
56	ROOF WORK	1999	2,187		39	56	56	1,094	56
57	ROOMS IMPROVEMENTS	1999	59,493		39	1,523	1,523	29,481	57
58	WINDOWS	1999	5,513		39	142	142	2,778	58
59	RELATED PARTY - NURSE CALL SYSTEM	1999	32,456		39	832	832	16,194	59
60	RELATED PARTY - NURSE STATION	1999	19,656		39	505	505	9,819	60
61	RELATED PARTY - DRYWALL, PAINT, FLOORING	1999	176,452		39	4,524	4,524	88,033	61
62	RELATED PARTY - FIRE SYSTEM DAMPERS	1999	22,000		39	564	564	10,976	62
63	NURSE CALL SYSTEM	2000	2,778		27.5	101	101	1,875	63
64	BATHROOM REMODELING	2000	10,080		27.5	367	367	6,833	64
65	FIRE ALARM REPAIR	2000	3,170		27.5	115	115	2,146	65
66	WALL TILES/FLOORING/KICKPLATES/BASEBOARD	2000	10,242		27.5	373	373	6,936	66
67	DRYWALL & CEILING REPAIR	2000	79,500		27.5	2,891	2,891	53,754	67
68	1ST FLOOR REMODEL	2000	2,698		27.5	98	98	4,607	68
69	DOOR/DOORBELL INTERCOM/PAGER	2000	2,640		27.5	96	96	1,778	69
70	TOTAL (lines 4 thru 69)		\$ 2,496,254	\$		\$ 34,605	\$ 34,605	\$ 2,103,739	70

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,496,254	\$		\$ 34,605	\$ 34,605	\$ 2,103,739	1
2	EXHAUST FAN	2000	890		27.5	32	32	601	2
3	HOT WATER HEATER	2000	1,100		27.5	40	40	747	3
4	OVERBED LIGHTS	2000	3,093		27.5	112	112	2,092	4
5	WINDOW TREATMENTS/CUBICLE CURTAINS	2000	11,247		7			11,247	5
6	ROOF REPAIRS	2001	7,445		27.5	271	271	4,817	6
7	LOCKS, DOORS, NURSE STATION MONITOR	2001	6,180		27.5	225	225	3,977	7
8	OUTLETS, TRANSFERSWICH	2001	5,686		27.5	207	207	3,656	8
9	VALVES, BASEMENT REPAIR	2001	6,136		27.5	223	223	3,943	9
10	LIGHT FIXTURES	2001	2,450		27.5	89	89	1,571	10
11	AC UNIT	2001	786		27.5	28	28	492	11
12	BOILER/WATER TOWER REPAIR	2002	5,055		27.5	184	184	3,358	12
13	ELEVATOR REPAIR	2002	6,244		27.5	227	227	3,401	13
14	FIRE SAFETY EQUIPMENT	2003	2,468		27.5	90	90	1,391	14
15	ELEVATOR REPAIR	2003	3,980		27.5	145	145	2,241	15
16	HEATING REPAIRS	2003	1,930		27.5	70	70	1,083	16
17	GENERATOR REPAIRS	2003	71,609		27.5	1,125	1,125	22,505	17
18	DECK & FENCE	2004	10,197		15	680	680	9,860	18
19	A/C REPAIR	2004	2,200		27.5	80	80	1,156	19
20	SMOKE DETECTORS & FIRELITE MODULES	2004	4,484		27.5	163	163	2,357	20
21	WATER HEATER	2004	6,937		27.5	252	252	3,644	21
22	NURSE CALL STATION	2004	585		27.5	21	21	304	22
23	GENERATOR REPAIRS	2004	1,250		27.5	46	46	664	23
24	FIRE ALARM REPAIR, FACP DOORS	2005	29,943		27.5	1,370	1,370	18,438	24
25	BOILER, PLUMBING & PIPING	2005	16,751		27.5	609	609	8,196	25
26	NURSE CALL SYSTEM	2005	19,432		27.5	707	707	9,515	26
27	AIR CONDITIONER 10,000 BTU	2005	12,907		27.5	469	469	6,312	27
28	ROOF REPAIRS	2005	726		27.5	26	26	350	28
29	ELECTRIC WIRING	2005	4,400		27.5	160	160	2,153	29
30	CUBICLE CURTAINS	2005	1,020		27.5	37	37	498	30
31	ROOF REPAIRS	2006	8,575		27.5	312	312	3,887	31
32	SHOWER ROOM RENOVATION	2006	3,100		27.5	113	113	1,408	32
33	FLOORING/CARPETING	2006	32,977		27.5	1,199	1,199	14,938	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,788,037	\$		\$ 43,917	\$ 43,917	\$ 2,254,541	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 2,788,037	\$		\$ 43,917	\$ 43,917	\$ 2,254,541	1
2	CIRCULATION PUMP	2006	2,045		27.5	74	74	922	2
3	FIRE SPRINKLER SYSTEM REPAIRS	2006	7,102		27.5	258	258	3,214	3
4	WALLCOVERINGS/BLINDS	2006	67,180		27.5	2,443	2,443	30,436	4
5	DOORS	2006	15,104		27.5	549	549	6,840	5
6	MONITORING CAMERAS	2006	5,530		27.5	201	201	2,504	6
7	DIESEL GENERATOR	2006	72,592		27.5	2,640	2,640	32,890	7
8	EXIT SIGNS/FRONT SIGN	2006	3,726		27.5	135	135	1,682	8
9	PLUMBING PIPING VALVES	2006	1,643		27.5	60	60	747	9
10	AIR CONDITIONERS	2006	2,480		27.5	90	90	1,121	10
11	SINK/IRON RAILING	2006	1,483		27.5	54	54	673	11
12	WALL/GATE MACHINE ROOM	2006	2,960		27.5	108	108	1,345	12
13	ALARM SYSTEM REPAIRS	2006	2,985		27.5	109	109	1,358	13
14	PUMPS & CONTROL PANEL	2007	12,904		27.5	552	552	6,325	14
15	WALLCOVERING & VINYL	2007	22,847		27.5	883	883	10,118	15
16	AIR CONDITIONERS	2007	13,918		27.5	506	506	5,798	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	32,118	18
19	DOORS & FRAMES	2007	18,896		27.5	687	687	7,872	19
20	SIGNAGE	2007							20
21	BOILER WORK	2007							21
22	BASEMENT & THERAPY-WALLPAPER,PAINT,FLOORING	2007	18,025		27.5	844	844	9,671	22
23	ELECTRICAL WORK	2007	2,950		27.5	172	172	1,971	23
24	PLUMBING WORK	2007							24
25	CABLING OF BUILDING	2007	9,497		27.5	691	691	7,917	25
26	DOORS & FRAMES	2008	11,285		27.5	410	410	4,288	26
27	FIRE ALARM SYSTEM	2008	59,313		27.5	2,157	2,157	22,559	27
28	AIR CONDITIONERS	2008	8,615		27.5	313	313	3,273	28
29	SMOKE DETECTORS-RESIDENT ROOMS	2008	10,115		27.5	368	368	3,849	29
30	ELECTRICAL WORK	2008	23,305		27.5	848	848	8,868	30
31	SECURITY SYSTEM REPAIRS	2008	3,965		27.5	144	144	1,506	31
32	PLASTER & PAINT RESIDENT BATHROOMS	2008	5,200		27.5	189	189	1,977	32
33	PLUMBING REPAIRS	2008	10,426		27.5	379	379	3,964	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,310,737	\$		\$ 62,584	\$ 62,584	\$ 2,499,882	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 3,310,737	\$		\$ 62,584	\$ 62,584	\$ 2,499,882	1
2	REFRIGERATOR REPAIRS	2008	1,721		27.5	63	63	659	2
3	ARTWORK CORRIDOR & DINING ROOM	2008	1,521		27.5	55	55	575	3
4	R FIRE ALARM SYSTEM REPAIRS	2009	10,970		27.5	469	469	4,436	4
5	ELECTRICAL WORK	2009	53,455		27.5	1,944	1,944	18,387	5
6	ELEVATOR REPAIRS	2009	23,314		27.5	847	847	8,012	6
7	CARPET, TILE & VINYL	2009	5,857		27.5	213	213	2,015	7
8	AIR CONDITIONERS & SLEEVES	2009	6,183		27.5	225	225	2,128	8
9	DOORS	2009	3,967		27.5	144	144	1,362	9
10	PLUMBING REPAIRS	2009	15,124		27.5	550	550	5,202	10
11	DISH NETWORK EQUIPMENT	2009							11
12	EMERGENCY ALARM CONTROL PANEL	2009							12
13	DOORS AND ACCESSORIES, DOOR ALARM & KEY PAD	2010	17,232		27.5	627	627	5,303	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	4,221	15
16	ROOF REPAIR	2010	4,135		27.5	150	150	1,269	16
17	CEILING PIPING REPAIRS- FRONT OFFICE	2010	4,850		27.5	176	176	1,489	17
18	INSTALL FIRE DAMPERS, FIRE, CIRCULATING, BRONZ PUM	2010	5,689		27.5	207	207	1,751	18
19	BASEMENT REPAIRS	2010	2,600		27.5	95	95	803	19
20	REPLACE PRIMARY PUMP IN BASEMENT	2010	2,400		27.5	87	87	736	20
21	2ND FLOOR PATIENTS BATHROOMS AND ROOMS:	2010	54,081		27.5	1,967	1,967	16,637	21
22	INSTALL NEW WALLS, CERAMIC TILE, CALL LIGHT								22
23	LIGHTING ACCESSORIES, FIXTURES, LAMPS	2010	12,135		27.5	441	441	3,730	23
24	UTILITY ROOM SINK, REPAIR SPRINKLER SYSTEM	2010	3,299		27.5	120	120	1,015	24
25	WALL PROTECTION HANDRAILS	2010	9,634		27.5	350	350	2,961	25
26	BUMBERS AROUND GARBAGE AREA	2010	4,766		27.5	173	173	1,463	26
27	WALLCOVERING, CUBICLE CURTAINS	2010	5,711		27.5	208	208	1,759	27
28	INSTALL STAIN & RAMP RAILINGS, SECURITY SYSTEM	2010	3,175		27.5	115	115	973	28
29	REPLACE ELECTRIC FOR TV ABOVE CEILING	2010	2,700		27.5	98	98	829	29
30	3RD FLOOR-REPLACE LIGHTS, INSTALL WATT FIXTURE	2010	3,328		27.5	121	121	1,023	30
31	NORTH SIDE EAST END-PERLACE BUILDING LIGHTS	2010	3,052		27.5	111	111	939	31
32	INSTALL OUTDOOR LIGHTING	2010	7,250		27.5	264	264	2,233	32
33	PATIO ROOMS-NEW DOOR, TILE, FLOOR, LIGHTING	2010	13,417		27.5	488	488	4,128	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,606,024	\$		\$ 73,391	\$ 73,391	\$ 2,595,920	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 3,606,024	\$		\$ 73,391	\$ 73,391	\$ 2,595,920	1
2	AIR COMPRESSOR COIL REPAIR	2010							2
3	RECEPTION DESK/CABINETS	2011	4,802		27.5	592	592	4,415	3
4	WALLCOVERING/WINDOW TREATMENTS/ARTWORK/CO	2011	29,370		27.5	1,298	1,298	9,681	4
5	FLOORING/WINDOW TREATMENTS	2011	96,290		27.5	3,501	3,501	26,112	5
6	DOORS/KICK PLATES	2011	22,647		27.5	824	824	6,145	6
7	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	57,913		27.5	2,106	2,106	15,707	7
8	SEE PAGE 12 F LINES 3-5								8
9	WINDOWS	2011	42,760		27.5	2,624	2,624	19,571	9
10	ROOD REPAIRS/AIR HANDLER	2011	9,686		27.5	403	403	3,006	10
11	STAIRWELL CRASH RAILS	2011	5,242		27.5	191	191	1,424	11
12	LOBBY HEAT/COOL/FLOORING	2011	29,666		27.5	1,079	1,079	8,047	12
13	SEE PAGE 12 F LINES 7-13								13
14	CAPRET, CORNER GUARDS-OFFICE, RECEPTION	2011	5,247		27.5	191	191	1,424	14
15	DOORS - RESIDENT RMS,TUB ROOM FRONT LOBBY	2011	3,370		27.5	122	122	910	15
16	BATHROOM PLUMBING/FIXTURES/ELECTRIC	2011	109,505		27.5	5,437	5,437	40,553	16
17	SEE PAGE 12 F LINES 15-22								17
18	HOT WATER HEATERS/PLUMBING WORK	2011	18,765		27.5	682	682	5,087	18
19	RECEPTION DESK	2011	21,772		27.5	792	792	5,907	19
20	ROOF REPAIR	2011			27.5	84	84	626	20
21	SECURITY/FIRE SYSTEM REPAIR	2011	19,325		27.5	703	703	5,243	21
22	HEATERS/AC UNIT	2011	17,028		27.5	619	619	4,617	22
23	SCANNERS/COMPUTER CABLING	2011	14,594		27.5	1,288	1,288	9,606	23
24	SEE PAGE 12 F LINES 24-27								24
25	SECURITY/FIRE SYSTEM REPAIR	2012	12,807		27.5	467	467	3,016	25
26	HEATING & AIR CONDITIONING	2012	7,695		27.5	255	255	1,658	26
27	LAUNDRY ROOM PIPING & REPAIR	2012	27,596		27.5	976	976	6,317	27
28	WINDOW TRTMTS, CABINETS, PICTURES-OFFICE,NURSES	2012	7,820		27.5	297	297	1,913	28
29	ELEVATOR REPAIR	2012	10,300		27.5	382	382	2,464	29
30	DOORS, TILE - TUB, RESIDENT, MEDICATION RM	2012	4,215		27.5	170	170	1,090	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,184,439	\$		\$ 98,474	\$ 98,474	\$ 2,780,459	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 4,184,439	\$		\$ 98,474	\$ 98,474	\$ 2,780,459	1
2	<b>PAGE 12 E LINE 8</b>								2
3	<b>PLUMBING/ELECTRIC- KITCHEN</b>	2011	11,675		27.5	418	418	3,117	3
4	<b>PLUMBING/ELECTRIC - BOILER/MECHANICAL ROOMS</b>	2011	27,323		27.5	986	986	7,354	4
5	<b>PLUMBING/ELECTRIC - BASEMENT</b>	2011	6,944		27.5	267	267	1,992	5
6	<b>PAGE 12 E LINE 13</b>								6
7	<b>CUBICLE CURTAINS - SPA AREA</b>	2011							7
8	<b>PLASTER &amp; PAINT - BACK STAIRWAY</b>	2011	3,227		27.5	115	115	858	8
9	<b>PLASTER &amp; PRIME FLOORS - BASEMENT TO 4TH FL</b>	2011	2,750		27.5	96	96	716	9
10	<b>WALLPAPER,PAINT,WINDOW TRTMTS OFFICES</b>	2011	11,466		27.5	413	413	3,080	10
11	<b>MIRRORS &amp; LIGHT FIXTURES - BATHROOM</b>	2011			27.5	58	58	432	11
12	<b>LIGHT FIXTURES INTSL - DINING ROOM</b>	2011	3,600		27.5	135	135	1,006	12
13	<b>WINDOW TRTMTS &amp; LIGHTING - RESIDENT ROOMS</b>	2011							13
14	<b>PAGE 12 E LINE 17</b>								14
15	<b>ELECTRIC REPAIR/REPLACE - ELEVATOR ROOM</b>	2011	1,860		27.5	60	60	447	15
16	<b>ELECTRIC REPAIR/REPLACE - BATHROOMS</b>	2011	8,200		27.5	298	298	2,223	16
17	<b>ELECTRIC REPAIR/REPLACE - FIRE ALARMS 1,2,3 FLOOR</b>	2011	4,800		27.5	179	179	1,335	17
18	<b>ELECTRIC REPAIR/REPLACE - OXYGEN ROOM</b>	2011	2,080		27.5	80	80	596	18
19	<b>ELECTRIC REPAIR/REPLACE - NURSE CALL</b>	2011	630		27.5	20	20	149	19
20	<b>ELECTRIC REPAIR/REPLACE - KITCHEN &amp; OFFICE</b>	2011	19,471		27.5	716	716	5,340	20
21	<b>ELECTRIC REPAIR/REPLACE - 2 &amp; 3 FLOOR</b>	2011	13,725		27.5	497	497	3,707	21
22	<b>ELECTRIC REPAIR/REPLACE - TV ROOMS</b>	2011	3,900		27.5	138	138	1,030	22
23	<b>PAGE 12 E LINE 24</b>								23
24	<b>PLUMBING/ELECTRIC WORK - NURSE STATION</b>	2012	1,040		27.5	42	42	267	24
25	<b>PLUMBING/ELECTRIC WORK - TUB ROOM</b>	2012	9,020		27.5	339	339	2,181	25
26	<b>PLUMBING/ELECTRIC WORK - KITCHEN, HALL, RESIDEN</b>	2012	27,757		27.5	1,018	1,018	6,563	26
27	<b>PLUMBING/ELECTRIC WORK - LAUNDRY, BOILER ROOM</b>	2012	8,416		27.5	297	297	1,937	27
28									28
29	<b>LABEL &amp; LOCK ELECTRIC PANELS-1SR,2ND,3RD FL, KITC</b>	2013	11,225		27.5	408	408	2,234	29
30	<b>EXTERIOR DOORS, CLOSERS &amp; CLOSED CIRCUIT TV'S</b>	2013	8,103		27.5	295	295	1,607	30
31	<b>PLUMBING-MEN'S RM, BOILER RM,</b>	2013	5,500		27.5	200	200	1,084	31
32	<b>DOORS, CLOSERS &amp; CLOSED CIRCUIT CAMERAS</b>	2013	10,681		27.5	388	388	2,133	32
33	<b>BATHROOM PLUMBING &amp; ELECTRIC WORK</b>	2013	5,980		27.5	217	217	1,181	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,393,812	\$		\$ 106,154	\$ 106,154	\$ 2,833,028	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 4,393,812	\$		\$ 106,154	\$ 106,154	\$ 2,833,028	1
2	KITCHEN ELECTRIC & GRANITE COUNTERTOP& TRAP COVE	2013	4,750		27.5	173	173	937	2
3	HOT WATER HEATER & BOOSTER	2013	2,867		27.5	104	104	568	3
4	1ST, 2ND & 3RD FLOOR ELECTRICAL REPAIRS	2013	9,405		27.5	342	342	1,866	4
5	ELEVATOR UPGRADES	2013	4,900		27.5	178	178	974	5
6	CONFIGURED PHONE SETS & INTERCOM HANDLE CAP	2013	3,565		27.5	130	130	710	6
7	THRU WALL AIR CONDITIONERS	2013	5,217		27.5	190	190	1,034	7
8	ROOF REPAIR	2014	5,112		39	131	131	609	8
9	CEILING TILES	2014	945		39	24	24	112	9
10	7 BIRCH DOORS & DOOR CLOSERS	2014	2,998		39	77	77	358	10
11	LIGHTING MAIN LOBBY	2014	163		39	4	4	19	11
12	KEY PADS-3RD FLOOR ALARM,MAINTENANCE ROOM	2014	975		39	25	25	116	12
13	REPLACE WATER DAMAGED SMOKE DETECTOR ROOM 310	2014	1,038		39	27	27	125	13
14	WINDOW INSTALL	2014	585		39	15	15	70	14
15	INSTALL 200 AMP IN ELEVATOR ROOM	2014	1,960		39	50	50	233	15
16	REPAIR CUT WIRES ROOMS 205-211, 305, 303, 317	2014	2,500		39	64	64	298	16
17	OPEN SECTION OF CEILING & FLOOR TO REPAIR RADIATOR	2014	1,600		39	41	41	191	17
18	SWITCHES FOR NURSE STATION HALLWAY 2ND & 3RD FLOOR &								18
19	PIPE 4TH FLOOR FOR POWER TO MAIN COMPUTER	2014	1,870		39	48	48	223	19
20	REPLACE 15 AMP WITH 20 AMP ON 1ST & 2ND FLOOR, 2 SWITCHES ON 1ST FLOOR &								20
21	LIGHTS ON 1ST & 2ND FLOOR	2014	4,200		39	108	108	502	21
22	REPLACED LIGHTS BASEMENT, 2ND & 3RD FLOORS	2014	1,360		39	35	35	163	22
23	4 WEATHER PROOF LIGHT FIXTURES, REPAIR BREAKERS IN								23
24	LIVING ROOM	2014	1,100		39	28	28	130	24
25	HALLWAY LOUVERED SUPPLY REGISTERS	2014	1,521		39	39	39	181	25
26	ROOM 209 CALL SWITCH	2014	510		39	13	13	61	26
27	ROOM 118 REPAIR DAMAGED AC WIRING	2014	1,190		39	31	31	144	27
28	REMOVE 7 REPLACE SLOP SINKS & DRAIN PIPING JANITORS CLOSET								28
29	1ST, 2ND, 3RD FLOORS & BASEMENT	2014	1,100		39	28	28	130	29
30	2 CURB CAPS & STAINLESS STEEL PANS FOR GREASE	2014	1,430		39	37	37	172	30
31	PLUMBING PARTS	2014	4,753		39	122	122	567	31
32	10 THRU WALL AIR CONDITIONERS	2014	5,461		39	140	140	651	32
33	DOOR STRIKE & NEW WIRES FOR INTERCOM SYSTEM	2014	565		39	14	14	65	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,467,452	\$		\$ 108,372	\$ 108,372	\$ 2,844,237	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 4,467,452	\$		\$ 108,372	\$ 108,372	\$ 2,844,237	1
2	MODIFICATIONS TO KITCHEN HOOD	2014	5,987		39	154	154	716	2
3	INSTALL FIRE ALARM FOR ELEVATOR RECALL	2014	4,431		39	114	114	530	3
4	INSTALL VALVE ON COLD WATER LAUNDRY	2014	2,314		39	59	59	274	4
5	CAMERAS PATIO, 1ST FL DINING ROOM, BACK OFFICE,								5
6	NURSE STATION	2014	11,980		39	307	307	1,428	6
7	NURSE CALL SYSTEM	2014	20,288		39	520	520	2,418	7
8	GARAGE DOOR & OPENER	2014	2,765		39	71	71	330	8
9	EYE WASH STATIONS	2014	7,088		39	182	182	846	9
10	SPRINKLER HEADS	2014	12,421		39	318	318	1,479	10
11	AC REPAIR INSTALL	2015	8,908		39	142	142	540	11
12	WATER MAIN REPAIR	2015	3,250		39	52	52	198	12
13	DOOR CLOSER & ALARM REPAIR,	2015	850		39	14	14	53	13
14	TAMPER & SUPERVISORY SWITCHES	2015	2,819		39	45	45	171	14
15	WIRING FOR NEW NURSE STATION	2015	1,375		39	22	22	84	15
16	ELEVATOR REPAIR	2015	1,303		39	21	21	80	16
17	1ST & 2ND FLOOR CORRIDOR WALLPAPER & CORNER GU	2015	2,169		39	35	35	133	17
18	ACOUSTIC CEILING TILE	2015	1,172		39	19	19	72	18
19	SECURITY CAMERA	2015	1,150		39	18	18	69	19
20	WATER HEATER & INSTALL	2015	5,496		39	87	87	331	20
21	WTA-NEW ELEVATOR	2015	45,018		39	1,154	1,154	4,039	21
22	WTA- REPLACE ROOF	2015	72,975		39	1,871	1,871	6,549	22
23	WTA-KITCHEN FIRE SUPPRESSION SYSTEM	2015	1,600		39	41	41	144	23
24	WTA-CEILING TILES	2015	1,253		39	32	32	112	24
25	WTA-WALLCOVERING 1ST FLOOR CORRIDOR & PT ROO	2015	7,264		39	186	186	651	25
26	WTA-7 BATHROOMS, NEW TILE & DRYWALL	2015	26,050		39	669	669	2,341	26
27	7 BATHROOMS NEW TILE & DRYWALL	2014	28,093		39	447	447	1,341	27
28	2ND FLOOR CORRIDOR WALLPAPER & BUMPER GUARDS	2014	6,110		39	97	97	291	28
29	ELECTRIC WORK RESIDENT ROOMS	2015	10,106		39	161	161	483	29
30	REMOVE AND INSTALL WALLPAPER & CORNER GUARDS 1ST FLOOR CORRIDOR AND DINING ROOM								30
31		2015	36,735		39	584	584	1,752	31
32	7760 PARKING LOT AND LANDSCAPING	2015	62,768		15	4,185	4,185	12,555	32
33	NEW BOILERS	2015	48,657		39	774	774	2,322	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,909,847	\$		\$ 120,753	\$ 120,753	\$ 2,886,569	34

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 4,909,847	\$		\$ 120,753	\$ 120,753	\$ 2,886,569	1
2	BASEMENT WINDOWS, PAINTING	2015	17,251		39	274	274	822	2
3	1ST FLOOR RESIDENT ROOMS, DRYWALL, PAINTING, FLO	2015	160,383		39	2,551	2,551	7,653	3
4	THERAPY ROOM PAINTING FLOORING	2015	10,624		39	169	169	507	4
5	BASEMENT WINDOWS, PAINTING,FLOORING,DOORS	2016	78,304		39	1,246	1,246	3,738	5
6	THERAPY ROOM FLOORING	2016	4,376		39	70	70	210	6
7	ELECTRIC WORK BASEMENT	2016	7,820		39	124	124	372	7
8	7760 PARKING LOT ARCHITECT/HANDICAP INTERCOM	2016	1,795		39	29	29	87	8
9	PLUMBING WORK	2016	6,166		39	98	98	294	9
10	WALL AC UNITS	2016	4,794		39	76	76	228	10
11	BEAUTY SHOP-ARTWORK	2016	842		39	13	13	39	11
12	KITCHEN DRAIN PIPE	2016	4,500		39	72	72	216	12
13	ELECTRICAL WORK	2016	3,843		39	61	61	183	13
14	METALWORK, ELEVATOR DOORS, RADIATOR COVERS	2016	11,935		39	190	190	570	14
15	THERAPY/REHAB RM LIGHTING, FLOORING & LABOR	2016	22,183		39	353	353	1,059	15
16	BASEMENT WALLPAPER,FLOORING, ELECTRIC,ARTWOR	2016	21,092		39	336	336	1,008	16
17	VIDEO MONITORING EQUIPMENT	2016	3,302		39	53	53	159	17
18	HEAT BOILER & SENSOR	2016	3,178		39	51	51	153	18
19	WALLPAPER 4TH FLOOR CONFERENCE ROOM	2016	7,064		39	112	112	336	19
20	RADIATOR COVERS 2ND FL RESIDENT ROOMS,3RD FL HA	2017	13,127		39	337	337	674	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	206	22
23	4TH FLOOR WINDOW TREATMENTS	2017	3,711		39	95	95	190	23
24	PLUMBING SUPPLIES	2017	1,895		39	49	49	98	24
25	THROUGH WALL HEAT & AC	2017	3,002		39	77	77	154	25
26	INSTALL SUPPORTS ON PUMP LINE	2017	3,200		39	82	82	164	26
27	2ND FLOOR WOOD FLOORING	2017	14,216		39	365	365	730	27
28	WALLPAPER IN BASEMENT, 2ND FLOOR FIX WALLPAPER, INSTALL CERAMIC TILE AROUND FOUNTAIN								28
29		2017	2,965		39	76	76	152	29
30	WINDOWS & INSTALL	2017	2,400		39	62	62	124	30
31	REMODELING FLOORS 1&2,BM,KITCHEN	2018	1,680		39	43	43	43	31
32	FRIDGE UNIT-WALK IN COOLER	2018	6,256		39	160	160	160	32
33	INSTALLED OVERBED LIGHT	2018	2,635		39	68	68	68	33
34	TOTAL (lines 1 thru 33)		\$ 5,338,422	\$		\$ 128,147	\$ 128,147	\$ 2,906,965	34

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

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**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	\$ 750,504	\$	\$ 73,266	\$ 73,266	10	\$ 457,403	71
72	Current Year Purchases	20,768		1,038	1,038	10	1,038	72
73	Fully Depreciated Assets	995,829					995,829	73
74	RELATED PARTY	34,057		782	782			74
75	TOTALS	\$ 1,801,158	\$	\$ 75,086	\$ 75,086		\$ 1,454,270	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	RELATED PARTY			36,814		1,585	1,585			77
78										78
79										79
80	TOTALS			\$ 36,814	\$	\$ 1,585	\$ 1,585		\$	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)	\$ 7,276,394	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 207,437	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 208,469	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 1,032	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,364,886	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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

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

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 38,040 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>FACILITY</u>	<u>2017 BUICK ENCLAVE</u>	\$ <u>830.25</u>	\$ <u>9,963</u>	17
18	<u>FACILITY</u>	<u>2017 FORD STARCRAFT</u>	<u>731.00</u>	<u>8,772</u>	18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>18,735</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			
		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	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				85,471		85,471	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): <b>RENTALS</b>	39-2					61,608		61,608	13
14	<b>TOTAL</b>			\$		\$	147,079		\$ 147,079	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 **12/31/2018**

(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	\$ 43	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>559,531</u> )	1,973,094		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	127,535		6
7	Other Prepaid Expenses	7,131		7
8	Accounts Receivable (owners or related parties)	292,085		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,399,888	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,510,154		15
16	Equipment, at Historical Cost	1,770,439		16
17	Accumulated Depreciation (book methods)	(2,651,234)		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): <u>DEPOSITS</u>	27,769		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,657,128	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,057,016	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 475,208	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,263,720		29
30	Accrued Salaries Payable	310,351		30
31	Accrued Taxes Payable (excluding real estate taxes)	16,045		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,258		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>INTERCOMPANY PAYABLE</u>	2,740,334		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,810,916	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			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>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,810,916	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 246,100	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,057,016	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(185,289)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(185,289)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>606,579</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>OUT OF PERIOD EXPENSES</b>	<b>(175,190)</b>	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>431,389</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>246,100</b>	<b>24</b> *

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

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning: 01/01/2018

Ending: 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		2	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,569,812	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,569,812	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	251,133	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 251,133	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		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>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	16,127	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 16,127	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,837,072	30

2		3	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,166,438	31
32	Health Care	3,011,414	32
33	General Administration	2,470,594	33
<b>B. Capital Expense</b>			
34	Ownership	1,165,294	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	147,079	35
36	Provider Participation Fee	269,674	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,230,493	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	606,579	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 606,579	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 5,518,462	44
45	Private Pay - Net Inpatient Revenue	224,917	45
46	Medicare - Net Inpatient Revenue	2,875,805	46
47	Other-(specify) <u>HOSPICE/INSURANCE/ETC</u>		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 8,619,184	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: 01/01/2018

Ending: 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	2,160	2,048	\$ 93,346	\$ 45.58	1
2	Assistant Director of Nursing					2
3	Registered Nurses	6,111	5,625	207,329	36.86	3
4	Licensed Practical Nurses	33,692	30,588	953,286	31.17	4
5	CNAs & Orderlies	58,393	54,386	754,278	13.87	5
6	CNA Trainees					6
7	Licensed Therapist	14,175	13,537	577,578	42.67	7
8	Rehab/Therapy Aides	2,180	1,948	29,320	15.05	8
9	Activity Director	2,051	1,891	31,280	16.54	9
10	Activity Assistants	8,562	7,942	108,730	13.69	10
11	Social Service Workers	1,914	1,796	43,899	24.44	11
12	Dietician					12
13	Food Service Supervisor	2,288	2,000	41,821	20.91	13
14	Head Cook	2,855	2,607	36,642	14.06	14
15	Cook Helpers/Assistants	12,020	11,356	148,262	13.06	15
16	Dishwashers					16
17	Maintenance Workers	6,927	6,370	144,697	22.72	17
18	Housekeepers	10,233	9,565	126,706	13.25	18
19	Laundry	5,890	5,488	78,250	14.26	19
20	Administrator	2,080	2,048	117,368	57.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,287	2,199	49,333	22.43	23
24	Clerical	4,943	4,655	144,744	31.09	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	109	109	2,725	25.00	31
32	Other Health C: Care Plan Coord	520	496	16,708	33.69	32
33	Other(specify) <u>ADMITTING</u>	664	656	18,668	28.46	33
34	TOTAL (lines 1 - 33)	180,054	167,310	\$ 3,724,970 *	\$ 22.26	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	\$ 14,555	1-3	35
36	Medical Director	O	18,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	6,759	10-3	38
39	Pharmacist Consultant	H	14,982	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	2,552	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 56,848		49

**C. CONTRACT NURSES**

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

**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		\$ 117,368	Workers' Compensation Insurance	\$ 85,234	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	36,459	Advertising: Employee Recruitment	8,623	
				FICA Taxes	281,848	Health Care Worker Background Check	1,225	
				Employee Health Insurance	281,023	(Indicate # of checks performed <u>35</u> )		
				Employee Meals	20,878	Patient Background Checks	166	
				Illinois Municipal Retirement Fund (IMRF)*		TRUST/FRANCHISE/CONTRIB/ETC	14,294	
				EMPLOYEE BENEFITS - OTHER	49,211	MARKETING/ADV/PROMO	139,220	
					0	LICENSES/DUES/SUBSCRIPTIONS	18,852	
					0	MGMT CO ALLOC	2,552	
					0	TRUST/FRANCHISE/CONTRIB/ETC	(14,294)	
					0	Less: Public Relations Expense	( 0 )	
					0	Non-allowable advertising	(139,220)	
					0	Yellow page advertising	( 0 )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 117,368	TOTAL (agree to Schedule V, line 22, col.8)	\$ 754,653	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 34,912	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
MANAGEMENT FEES			\$ 18,000				Out-of-State Travel	\$
							In-State Travel	0
							MGMT CO ALLOC	632
							Seminar Expense	0
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 18,000	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	\$ 632
C. Professional Services								
Vendor/Payee	Type		Amount					
			\$					
SEE ATTACHED			183,876					
SEE LEGAL SCHEDULE ATTACHED								
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 183,876					

\* Attach copy of IMRF notifications

\*\*See instructions.

WATERFRONT TERRACE INC  
LEGAL EXPENSES  
12/31/2018

DATE	FIRM	PURPOSE	COST
1/31/2018	HAMLIN & BURTON LIABILITY MANAGEMENT	Corrine Booth Settlement	3,883.32
2/1/2018	MUCH SHELIST, P.C.	General Counseling	1,983.00
2/20/2018	BYRON L. MASON	Guardianship	1,595.00
2/21/2018	PECK RITCHEY, LLC	Guardianship	1,697.50
3/1/2018	MUCH SHELIST, P.C.	General Counseling	2,730.00
2/28/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,650.91
3/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,272.74
4/1/2018	MUCH SHELIST, P.C.	General Counseling	429.00
4/23/2018	MUCH SHELIST, P.C.	General Counseling	250.00
4/30/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	2,749.02
5/1/2018	MUCH SHELIST, P.C.	General Counseling	1,143.93
5/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	739.50
6/1/2018	MUCH SHELIST, P.C.	General Counseling	468.00
6/30/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	533.50
6/25/2018	MUCH SHELIST, P.C.	General Counseling	250.00
7/1/2018	MUCH SHELIST, P.C.	General Counseling	390.00
7/16/2018	VON BRIESEN & ROPER, S.C.	Labor & Employment	134.00
2/1/2018	MUCH SHELIST, P.C.	General Counseling	1,170.00
8/1/2018	MUCH SHELIST, P.C.	General Counseling	351.00
1/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	634.81
7/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,975.60
8/30/2018	BYRON L. MASON	Guardianship	3,175.00
8/30/2018	LAW OFFICES OF ELLEN E. DOUGLASS	Guardianship	1,550.00
8/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,275.00
9/1/2018	MUCH SHELIST, P.C.	General Counseling	310.86
9/30/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	601.46
10/1/2018	MUCH SHELIST, P.C.	General Counseling	624.00
9/1/2018	BANK FINANCIAL	Line of Credit Renewal	872.00
11/1/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,468.92
11/1/2018	MUCH SHELIST, P.C.	General Counseling	273.00
11/30/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	717.50
12/26/2018	MUCH SHELIST, P.C.	General Counseling	350.00
12/31/2018	STONE POGRUND & KOREY LLC	General Litigation & Collections	1,101.70
1/1/2019	MUCH SHELIST, P.C.	General Counseling	117.00
		<b>TOTAL</b>	<b>38,467.27</b>

Facility Name &amp; ID Number WATERFRONT TERRACE INC

# 0028076

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 10 YR
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,160 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. \$ 269,674  
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. \$ 20,878 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



