FOR BHF USE

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0039230

Facility Name: OTTAWA PAVILION

Address: 704 EAST GLOVER ST (Number) OTTAWA (City) 61350 (Zip Code)

County: LASALLE

Telephone Number: (847) 679-8219 **Fax #** (847) 679-7377

HFS ID Number:

Date of Initial License for Current Owners: 12/01/1993

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: SANFORD BOKOR **Telephone Number:** (847) 675-3585
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) MARSHALL MAUER
(Title) TREASURER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) SANFORD BOKOR, PRESIDENT
(Firm Name & Address) KBKB, LTD, 8140 RIVER DRIVE, MORTON GROVE, IL 60053
(Telephone) (847) 675-3585 Fax # (847) 675-5777

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 10/1/15

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	129	Skilled (SNF)	135	47,637	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	129	TOTALS	135	47,637	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	621	3,098	10,242	13,961	8
9	SNF/PED					9
10	ICF	17,112	14,184	822	32,118	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,733	17,282	11,064	46,079	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.73%

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

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

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 [X]

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

I. On what date did you start providing long term care at this location?
Date started 12/1/1993

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/01/1993 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 135 and days of care provided 10,242

Medicare Intermediary WISCONSIN PHYSICANS SERVICE

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	245,954	23,427	9,156	278,537		278,537		278,537			1
2	Food Purchase		287,069		287,069		287,069	(3,502)	283,567			2
3	Housekeeping	234,129	44,347		278,476		278,476		278,476			3
4	Laundry	69,366	14,557	1,214	85,137		85,137		85,137			4
5	Heat and Other Utilities			169,144	169,144		169,144	1,201	170,345			5
6	Maintenance	92,625	41,878	37,077	171,580		171,580	16,953	188,533			6
7	Other (specify):*			9,117	9,117		9,117	1,096	10,213			7
8	**TOTAL General Services**	642,074	411,278	225,708	1,279,060		1,279,060	15,748	1,294,808			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,850,962	110,018	34,060	2,995,040		2,995,040		2,995,040			10
10a	Therapy	696,418	1,820		698,238		698,238		698,238			10a
11	Activities	148,196	27,827	3,060	179,083		179,083		179,083			11
12	Social Services	54,672			54,672		54,672		54,672			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,750,248	139,665	43,120	3,933,033		3,933,033		3,933,033			16
	C. General Administration											
17	Administrative	87,153		196,330	283,483		283,483	(20,764)	262,719			17
18	Directors Fees											18
19	Professional Services			118,830	118,830		118,830	16,389	135,219			19
20	Dues, Fees, Subscriptions & Promotions			93,300	93,300		93,300	(59,199)	34,101			20
21	Clerical & General Office Expenses	143,864	38,307	527,834	710,005		710,005	(362,791)	347,214			21
22	Employee Benefits & Payroll Taxes			607,789	607,789		607,789		607,789			22
23	Inservice Training & Education			6,691	6,691		6,691		6,691			23
24	Travel and Seminar							3,044	3,044			24
25	Other Admin. Staff Transportation			9,430	9,430		9,430	2,518	11,948			25
26	Insurance-Prop.Liab.Malpractice			150,424	150,424		150,424	3,550	153,974			26
27	Other (specify):*			134,211	134,211		134,211	(85,486)	48,725			27
28	**TOTAL General Administration**	231,017	38,307	1,844,839	2,114,163		2,114,163	(502,739)	1,611,424			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,623,339	589,250	2,113,667	7,326,256		7,326,256	(486,991)	6,839,265			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.

Facility Name & ID#: OTTAWA PAVILION **#0039230** **Report Period Beginning: 01/01/2015** **Ending: 12/31/2015**

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	9,156	
	REPAIRS & MAINTENANCE		0	
				9,156
3	**HOUSEKEEPING**			
			0	
				0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		1,214	
				1,214
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		9,998	
	ELECTRICITY		115,181	
	WATER		34,654	
	CABLE TV - LOBBY		9,311	
				169,144
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		4,332	
	PAINTING & DECORATING		907	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		23,025	
	ELEVATOR MAINTENANCE & REPAIR		4,172	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		4,641	
	FIRE SERVICE		0	
				37,077
7	**OTHER**			
	SCAVENGER		9,117	
	SECURITY SERVICE		0	

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2	23,870	
	LABORATORY & XRAY EXPENSE		0	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	0	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0	
	PHARMACY CONSULTANT	XVIII B 39-2	10,190	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	0	
				34,060
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES		0	
	SPEECH THERAPY SERVICES		0	
	OCCUPATIONAL THERAPY SERVICES		0	
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	0	
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	0	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	0	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	0	
				0
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	3,060	
				3,060
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	0	
	SOCIAL WORKER	XVIII B 45-2	0	

				9,117
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	6,000	6,000

				0
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number OTTAWA PAVILION **#0039230** **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		0	
				0
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	196,330	196,330
	DIRECTORS FEES			
18	DIRECTORS FEES			0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	76,757	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	42,073	
				118,830
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	58,511	
	EMPLOYEE WANT ADS	XIX F	8,456	
	CONTRIBUTIONS	VI 20 XIX F	100	
	DUES & SUBSCRIPTIONS	XIX F	11,152	
	LICENSES & PERMITS	XIX F	6,347	
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0	
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	0	
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	0	
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	3,754	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	3,170	
	PATIENT BACKGROUND CHECKS	XIX F	1,810	
				93,300
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		10,194	
	EQUIPMENT REPAIR & MAINTENANCE		24,528	
	OUTSIDE CLERICAL SERVICES		474,900	
	PENALTIES / OVERDRAFT CHARGES	VI 18	2,081	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		16,131	

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	349,255	
	UNEMPLOYMENT COMPENSATION	XIX D	54,254	
	WORKERS COMPENSATION INSURANC	XIX D	118,197	
	HOSPITALIZATION INSURANCE	XIX D	68,737	
	EMPLOYEE BENEFITS - OTHER	XIX D	17,346	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	0	
	CHICAGO HEAD TAX	XIX D	0	
				607,789
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		6,691	
				6,691
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		9,430	
				9,430
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		150,424	
				150,424
27	**OTHER**			
	BAD DEBTS	VI 24	134,211	
				134,211

GRAND TOTAL COLUMN 3 OTHER **2,113,667**

MESSENGER SERVICE	0	
		527,834

OTTAWA PAVILION
SCHEDULES
12/31/2015

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

TOTAL FOOD PURCHASE	287,069
LESS SALES TAX	(3,502)
NET FOOD	283,567
TOTAL PATIENT CENSUS	46,079
TIMES 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	138,237
ADD # EMPLOYEE MEALS/DAY	
TIMES # DAYS	365
TOTAL EMPLOYEE MEALS	0
PATIENT MEALS	138,237
ADD EMPLOYEE MEALS	0
TOTAL MEALS/YEAR	138,237
NET FOOD	283,567
DIVIDE TOTAL MEALS/YEAR	138,237
COST PER MEAL	2.05
TIMES EMPLOYEE MEALS	0
EMPLOYEE MEAL RECLASSIFICATION	**0**

OTTAWA PAVILION
EDUCATION & SEMINAR
12/31/15

DATE	SPONSOR	SEMINAR PURPOSE	PERSONNEL	DEPT/TITLE	LOC	AMOUNT
JAN		SKIN AND WOUND MANAGEMENT COURSE	SADIE PARCHER	WOUND	IL	1,400
MAR	INHAA	10 CE HOURS FOR ADMINISTRATORS AND NURSES	MARGIE LYLE	ADMIN.	IL	145
MAR	INHAA	10 CE HOURS FOR ADMINISTRATORS AND NURSES	PEGGY THOMAS	DON	IL	145
APR	HCPRO	ON SITE BOOT CAMP			IL	1,700
	ALZHEIMER'S ASSOCIATION	24TH ANNUAL PROFESSIONAL EDUCATION CONFERENCE	CHRISTINE SIMMONS	ACTIVITY DIRECTOR	IL	135
	ALZHEIMER'S ASSOCIATION	24TH ANNUAL PROFESSIONAL EDUCATION CONFERENCE	SANDY HENSON	ACTIVITY DIRECTOR AIDS	IL	135
JUNE	PESI HEALTHCARE PRODUCT	BOOKS			IL	58
		SANITATION CLASS	DONNA FINNEY	H & L SUPERVISOR	IL	119
AUG	IL HEALTH CARE ASSOCIATIC	THREE DAY INSTRUCTOR PROGRAM	DIANA KUFTA	ADMINISTRATOR	IL	669
NOV		ASSOCIATION OF NUTRITION & FOODSERVICE PROFESSIONAL	ALEXANDER LYNETTE	DIETARY SUPERVISOR	IL	261
NOV	UND ONLINE & DISTANCE ED	TEXTBOOKS	ALEXANDER LYNETTE	DIETARY SUPERVISOR	IL	825
NOV	PATHWAY HEALTH	RESTORATIVE/REHABILITATION CERTIFICATION PROGRAM FOR LICENSED NURSES	VALERIE GARZANELLI	NURSING REHAB	IL	899
DEC	HCPRO	MEDICARE PART A ADMISSIONS: BEST PRACTICES FOR YOUR SKILLED NURSING FACILITY				199
						- - - - -
				TOTAL		**6,690**
						= = = =

OTTAWA PAVILION
TRAVEL - STAFF
12/31/15

DATE	NAME	DESCRIPTION	AMOUNT
JAN	DYNAMIC	GAS & REIM MILEAGE	282
	CHRISTINE GABEHART	GAS & REIM MILEAGE	87
	CYNTHIA CHOW & ASSOC	REIM TRAVEL	100
	PETTY CASH	GAS & REIM MILEAGE	12
	PETTY CASH	GAS & REIM MILEAGE	79
FEB	PETTY CASH	REIM MILEAGE	15
	PETTY CASH	GAS & REIM MILEAGE	8
	DYNAMIC	GAS & REIM MILEAGE	387
	DYNAMIC	GAS & REIM MILEAGE	12
	CYNTHIA CHOW & ASSOC	REIM TRAVEL	100
MAR	DYNAMIC	GAS	41
	DYNAMIC	REIM MILEAGE	366
	CYNTHIA CHOW & ASSOC	REIM TRAVEL	100
	MARGIE LYLE	GAS & REIM MILEAGE	243
	PETTY CASH	GAS & REIM MILEAGE	48
APR	DYNAMIC	GAS	278
	DYNAMIC	GAS & REIM MILEAGE	338
	DYNAMIC	GAS & REIM MILEAGE	336
	CHRISTINE GABEHART	GAS & REIM MILEAGE	13
	CYNTHIA CHOW & ASSOC	REIM TRAVEL	100
	PETTY CASH	GAS & REIM MILEAGE	20
MAY	DYNAMIC	GAS & REIM MILEAGE	410
	DYNAMIC	GAS & REIM MILEAGE	164
	CYNTHIA CHOW & ASSOC	REIM MILEAGE	100
JUN	DYNAMIC HEALTHCARE	GAS	643
	CYNTHIA CHOW & ASSOC	REIM MILEAGE	100
	SINGER NETWORKS	GAS & REIM MILEAGE	400
	DYNAMIC HEALTHCARE	GAS & REIM MILEAGE	513
JULY	DYNAMIC	GAS & REIM MILEAGE	446
	PETTY CASH	GAS & REIM MILEAGE	66
	CHRISTINE GABEHART	GAS & REIM MILEAGE	23

OTTAWA PAVILION
EQUIPMENT RENTAL
2015

VENDOR	DESCRIPTION
ECOLAB	DISHWASHER
ACCELERATED CARE PLUS	PRINTER LEASE
RENTAL PRO	TABLE/CHAIRS
INDEPENDENT FOR LIFE	OXYGEN TANK RENTAL
GOLDEN RULE LUMBER	TOOL RENTAL
AIRGAS	OXYGEN CYLINDERS
COOK COUNTY COPIER	COPIER
SHEFFIELD FINANCIAL	LAWNMOWER
RETIREMENT HOME TV CORP	TV

	CYNTHIA CHOW & ASSOC	REIM TRAVEL	100
	SINGER NETWORKS	REIM MILEAGE	125
	CYNTHIA CHOW & ASSO	REIM TRAVEL	100
	PETTY CASH	GAS & REIM MILEAGE	149
	DYNAMIC	GAS	408
	CHRISTINE GABEHART	GAS	38
SEP	DYNAMIC	GAS	316
	DYNAMIC	GAS	258
	CHRISTINE GABEHART	GAS	8
	PETTY CASH	GAS	149
	CYNTHIA CHOW & ASSOC	REIM MILEAGE	100
OCT	DYNAMIC	GAS	429
	CYNTHIA CHOW & ASSOC	REIM MILEAGE	100
	PETTY CASH	GAS & REIM MILEAGE	25
	MARGIE	GAS & REIM MILEAGE	76
NOV	DYNAMIC	GAS	296
	PEGGY THOMAS	REIM TRAVEL	375
	CYNTHIA CHOW & ASSOC	REIM MILEAGE	100
DEC	DYNAMIC	GAS	331
	PETTY CASH	GAS	16
	CYNTHIA CHOW & ASSOC	GAS & REIM MILEAGE	100
			- - - - - -
		TOTAL	**9,430**
			= = = = =

AMOUNT
****
1,948
15,600
58
300
493
3,012
2,235
1,567
4,539

29,752
=========

Facility Name & ID Number OTTAWA PAVILION #0039230 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			38,470	38,470		38,470	560,679	599,149			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			93,066	93,066		93,066	709,059	802,125			32
33	Real Estate Taxes							211,887	211,887			33
34	Rent-Facility & Grounds			1,500,000	1,500,000		1,500,000	(1,500,000)				34
35	Rent-Equipment & Vehicles			41,812	41,812		41,812	12,368	54,180			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,673,348	1,673,348		1,673,348	(6,007)	1,667,341			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		271,926		271,926		271,926		271,926			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			289,462	289,462		289,462		289,462			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		271,926	289,462	561,388		561,388		561,388			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,623,339	861,176	4,076,477	9,560,992		9,560,992	(492,998)	9,067,994			45

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(158,498)	30		9
10	Interest and Other Investment Income	(42,371)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,502)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(2,081)	21		18
19	Entertainment		20		19
20	Contributions	(3,854)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers	(5,088)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(134,211)	27		24
25	Fund Raising, Advertising and Promotional	(58,511)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (408,116)		$	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 Amount	2 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)	(84,882)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (84,882)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (492,998)		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 Yes	2 No	3 Amount	4 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	**TOTAL (C): (sum of lines 38-46)**			$		47

OTTAWA PAVILION

ID# 0039230

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number OTTAWA PAVILION # 0039230 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,502)	0	0	0	0	0	0	0	0	0	0	(3,502)	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	1,201	0	0	0	0	0	0	0	0	1,201	5
6	Maintenance	0	0	8,899	8,054	0	0	0	0	0	0	0	16,953	6
7	Other (specify):*	0	0	259	0	837	0	0	0	0	0	0	1,096	7
8	**TOTAL General Services**	(3,502)	0	10,359	8,054	837	0	0	0	0	0	0	15,748	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(196,330)	0	175,566	0	0	0	0	0	0	0	(20,764)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,088)	18,029	3,448	0	0	0	0	0	0	0	0	16,389	19
20	Fees, Subscriptions & Promotions	(62,365)	0	3,166	0	0	0	0	0	0	0	0	(59,199)	20
21	Clerical & General Office Expenses	(2,081)	(474,900)	103,446	10,744	0	0	0	0	0	0	0	(362,791)	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	3,044	0	0	0	0	0	0	0	0	3,044	24
25	Other Admin. Staff Transportation	0	0	2,518	0	0	0	0	0	0	0	0	2,518	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,550	0	0	0	0	0	0	0	0	3,550	26
27	Other (specify):*	(134,211)	0	15,710	0	33,015	0	0	0	0	0	0	(85,486)	27
28	**TOTAL General Administration**	(203,745)	(653,201)	134,882	186,310	33,015	0	0	0	0	0	0	(502,739)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(207,247)	(653,201)	145,241	194,364	33,852	0	0	0	0	0	0	(486,991)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number OTTAWA PAVILION # 0039230 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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)	
	D. Ownership													
30	Depreciation	(158,498)	716,256	2,921	0	0	0	0	0	0	0	0	560,679	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(42,371)	748,998	2,432	0	0	0	0	0	0	0	0	709,059	32
33	Real Estate Taxes	0	207,335	4,552	0	0	0	0	0	0	0	0	211,887	33
34	Rent-Facility & Grounds	0	(1,500,000)	0	0	0	0	0	0	0	0	0	(1,500,000)	34
35	Rent-Equipment & Vehicles	0	0	12,368	0	0	0	0	0	0	0	0	12,368	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(200,869)	172,589	22,273	0	0	0	0	0	0	0	0	(6,007)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(408,116)	(480,612)	167,514	194,364	33,852	0	0	0	0	0	0	(492,998)	45

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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		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. [X] 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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	MANAGEMENT FEES	$ 196,330	DYNAMIC HEALTH CARE CONSULTANTS		$	$ (196,330)	1
2	V	21	BOOKKEEPING SERVICES	474,900	" "			(474,900)	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V	34	RENT	1,500,000	800 E. CENTER ST			(1,500,000)	7
8	V	30	DEPRECIATION		" "		716,256	716,256	8
9	V	32	INTEREST		" "		748,998	748,998	9
10	V	33	REAL ESTATE TAXES		" "		207,335	207,335	10
11	V	19	LEGAL & ACCOUNTING		" "		18,029	18,029	11
12	V								12
13	V								13
14	Total			$ 2,171,230			$ 1,690,618	$ * (480,612)	14

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [X] 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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	DYNAMIC HEALTH CARE CONSULTANTS	100.00%	$ 1,201	$ 1,201	15
16	V	6	REPAIR & MAINT.		" "	100.00%	8,899	8,899	16
17	V	7	EMP BEN-GEN SERV		" "	100.00%	259	259	17
18	V	19	PROFESSIONAL FEES		" "	100.00%	3,448	3,448	18
19	V	20	DUES AND SUBSCRIPTION		" "	100.00%	3,166	3,166	19
20	V	21	CLERICAL & GENERAL		" "	100.00%	103,446	103,446	20
21	V	24	SEMINARS AND TRAVEL		" "	100.00%	3,044	3,044	21
22	V	25	AUTO EXPENSE		" "	100.00%	2,518	2,518	22
23	V	26	INSURANCE		" "	100.00%	3,550	3,550	23
24	V	27	EMP. BEN. - GEN, ADMIN.		" "	100.00%	15,710	15,710	24
25	V	30	DEPRECIATION		" "	100.00%	2,921	2,921	25
26	V	32	INTEREST		" "	100.00%	2,432	2,432	26
27	V	33	REAL ESTATE TAXES		" "	100.00%	4,552	4,552	27
28	V	19	REAL ESTATE TAX PROTEST FEES		" "	100.00%			28
29	V	35	AUTO RENTAL		" "	100.00%	12,368	12,368	29
30	V	35	EQUIPMENT RENTAL		" "	100.00%			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			$			$ 167,514	$ * 167,514	39

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [X] 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 HEALTH CARE CONSULTANTS	100.00%	$ 8,054	$ 8,054	15
16	V	17	ADMIN COMP - M MAUER		" "	100.00%	23,812	23,812	16
17	V	17	ADMIN COMP - M AARON		" "	100.00%	27,132	27,132	17
18	V	17	ADMIN COMP - F AARON		" "	100.00%			18
19	V	17	ADMIN COMP - D AARON		" "	100.00%			19
20	V	17	ADMIN COMP - S GOLDSTEIN		" "	100.00%	49,980	49,980	20
21	V	17	ADMIN COMP - B FREIDMAN		" "	100.00%			21
22	V	17	ADMIN COMP - R AARON		" "	100.00%			22
23	V	17	ADMIN COMP - S HARAMARAS		" "	100.00%			23
24	V	17	ADMIN COMP - D KUFTA		" "	100.00%	19,995	19,995	24
25	V	17	ADMIN COMP - HOWARD ALTER		" "	100.00%			25
26	V	17	ADMIN COMP - NON OWNER - V DAVIS		" "	100.00%	13,668	13,668	26
27	V	17	ADMIN COMP - NON OWNER - CASSATA		" "	100.00%			27
28	V	17	ADMIN COMP - NON OWNER - VAR		" "	100.00%	17,757	17,757	28
29	V	17	ADMIN COMP - NON OWNER - CFO			100.00%	23,222	23,222	29
30	V	21	CLERICAL COMP - S AARON			100.00%	9,976	9,976	30
31	V	21	CLERICAL COMP - E MARYLES			100.00%	768	768	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 194,364	$ * 194,364	39

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [X] 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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	7	EMP BEN - D NEHMER	$	DYNAMIC HEALTH CARE CONSULTANTS	100.00%	$ 837	$ 837	15
16	V	27	EMP BEN - M MAUER		" "	100.00%	1,371	1,371	16
17	V	27	EMP BEN - M AARON		" "	100.00%	1,918	1,918	17
18	V	27	EMP BEN - F AARON		" "	100.00%			18
19	V	27	EMP BEN - D AARON		" "	100.00%			19
20	V	27	EMP BEN - S GOLDSTEIN		" "	100.00%	13,173	13,173	20
21	V	27	EMP BEN - B FREIDMAN		" "	100.00%			21
22	V	27	EMP BEN - R AARON		" "	100.00%			22
23	V	27	EMP BEN - S HARAMARAS		" "	100.00%			23
24	V	27	EMP BEN - D KUFTA		" "	100.00%	1,424	1,424	24
25	V	27	EMP BEN - HOWARD ALTER		" "	100.00%			25
26	V	27	EMP BEN - V DAVIS		" "	100.00%	3,819	3,819	26
27	V	27	EMP BEN - A CASSATA		" "	100.00%			27
28	V	27	EMP BEN - NON OWNER		" "	100.00%	5,859	5,859	28
29	V	27	EMP BEN - NON OWNER - CFO		" "	100.00%	2,951	2,951	29
30	V	27	EMP BEN - S AARON		" "	100.00%	2,053	2,053	30
31	V	27	EMP BEN - E MARYLES		" "	100.00%	447	447	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 33,852	$ * 33,852	39

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	MAURICE AARON	26.04	BRADLEY		800 E CENTER STREET		BUILDING CO	1
2	MARSHALL MAUER	14.70	BRIDGEVIEW HEALTH CARE CENTER LTD		DYNAMIC HEALTH CARE		BOOKKEEPING/C	2
3	SHIMON GOLDSTEIN	.84	GROSS POINTE MANOR LLC		SEASONS HOSPICE		HOSPICE	3
4	FRED AARON	13.03	PARK RIDGE CARE CENTER LTD					4
5	SUSIE ALTER	1.04	STERLING PAVILION LTD					5
6	SUSAN KOPLIN HARAMARAS	.53	WARREN PARK HEALTH AND LIVING CENTER LLC					6
7	DENNIS NEHMER	.53	WATERFRONT TERRACE INC					7
8	SHARON AARON	.53	WINDMILL NURSING PAVILION LTD					8
9	DIANA KUFTA	.53	WOODBRIDGE NURSING PAVILION LTD					9
10	SYLVIA AARON	.21	WOODRIDGE SUPPORTING LIVING RESIDENCE OF GALESBURG					10
11	CHANA MAUER-RAY	5.67	WOODRIDGE SUPPORTING LIVING RESIDENCE OF GENESEO					11
12	ESTHER MAUER MARYLES	5.67	WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF PPONTIAC					12
13	FRANCES MAUER	7.56						13
14	ABRAHAM STERN	15.54						14
15	DEVORA GOLDSTEIN	7.56						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 OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MAURY AARON	SHAREHOLDER	ADMINISTRATIVE			5.43	10.85	SALARY	$ 27,132	17-7	1
2	MARSHALL MAUER	SHAREHOLDER	ADMINISTRATIVE		SCHEDULE	4.76	9.53	SALARY	23,812	17-7	2
3	SHARON AARON	SHAREHOLDER	CLERICAL		ATTACHED	4.76	11.91	SALARY	9,976	21-7	3
4	DENNIS NEHMER	SHAREHOLDER	MAINTENANCE			5.43	13.57	SALARY	8,054	6-7	4
5	DIANA KUFTA	SHAREHOLDER	ADMINISTRATIVE			6.78	13.57	SALARY	19,995	17-7	5
6	S GOLDSTEIN	SHAREHOLDER	ADMINISTRATIVE			15		SALARY	49,980	17-7	6
7	ESTHER MARYLES	SHAREHOLDER	CLERICAL			0.33	1.19	SALARY	768	21-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 139,717		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 OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	PATIENT DAYS	407,367	13	$ 10,618	$	46,079	$ 1,201	1
2	6	REPAIR & MAINT.	PATIENT DAYS	407,367	13	78,675	35,168	46,079	8,899	2
3	7	EMP BEN-GEN SERV	PATIENT DAYS	407,367	13	2,289		46,079	259	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	407,367	13	30,482		46,079	3,448	4
5	20	DUES AND SUBSCRIPTION	PATIENT DAYS	407,367	13	27,992		46,079	3,166	5
6	21	CLERICAL & GENERAL	PATIENT DAYS	407,367	13	914,524	670,657	46,079	103,446	6
7	24	SEMINARS AND TRAVEL	PATIENT DAYS	407,367	13	26,915		46,079	3,044	7
8	25	AUTO EXPENSE	PATIENT DAYS	407,367	13	22,263		46,079	2,518	8
9	26	INSURANCE	PATIENT DAYS	407,367	13	31,386		46,079	3,550	9
10	27	EMP. BEN. - GEN, ADMIN.	PATIENT DAYS	407,367	13	138,888		46,079	15,710	10
11	30	DEPRECIATION	PATIENT DAYS	407,367	13	25,822		46,079	2,921	11
12	32	INTEREST	PATIENT DAYS	407,367	13	21,500		46,079	2,432	12
13	33	REAL ESTATE TAXES	PATIENT DAYS	407,367	13	40,240		46,079	4,552	13
14	19	REAL ESTATE TAX PROTEST FEI	PATIENT DAYS	407,367	13			46,079	0	14
15	35	AUTO RENTAL	PATIENT DAYS	407,367	13	109,345		46,079	12,368	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	407,367	13	770		46,079	87	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,481,709	$ 705,825		$ 167,601	25

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	MAINT COMP - D NEHMER	WGHTD AVG HOURS	40	9	$ 59,373	$ 59,373	5	$ 8,054	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	11	200,000	200,000	5	23,812	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	9	200,000	200,000	5	27,132	3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	5	5,500	5,500			4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	40	3	64,041	64,041			5
6	17	ADMIN COMP - S GOLDSTEIN	WGHTD AVG HOURS	40	2	133,279	133,279	15	49,980	6
7	17	ADMIN COMP - B FREIDMAN	WGHTD AVG HOURS	40	1	200,000	200,000			7
8	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	40	1	15,271	15,271			8
9	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	3	75,266	75,266			9
10	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	50	8	147,459	147,459	7	19,995	10
11	17	ADMIN COMP - HOWARD ALTER	WGHTD AVG HOURS	40	1	12,000	12,000			11
12	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	40	10	114,789	114,789	5	13,668	12
13	17	ADMIN COMP - NON OWNER - A	WGHTD AVG HOURS	40	1	68,028	68,028			13
14	17	ADMIN COMP - NON OWNER - VA	WGHTD AVG HOURS	45	8	130,998	130,998	6	17,757	14
15	17	ADMIN COMP - NON OWNER - CF	WGHTD AVG HOURS	40	10	195,028	195,028	5	23,222	15
16	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	10	83,832	83,832	5	9,976	16
17	21	CLERICAL COMP - E MARYLES	WGHTD AVG HOURS	28	11	64,541	64,541	0	768	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,769,405	$ 1,769,405		$ 194,364	25

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	7	EMP BEN - D NEHMER	WGHTD AVG HOURS	40	9	$ 6,168	$	5	$ 837	1
2	27	EMP BEN - M MAUER	WGHTD AVG HOURS	40	11	11,514		5	1,371	2
3	27	EMP BEN - M AARON	WGHTD AVG HOURS	40	9	14,139		5	1,918	3
4	27	EMP BEN - F AARON	WGHTD AVG HOURS	45	5	39,260				4
5	27	EMP BEN - D AARON	WGHTD AVG HOURS	40	3	5,167				5
6	27	EMP BEN - S GOLDSTEIN	WGHTD AVG HOURS	40	2	35,129		15	13,173	6
7	27	EMP BEN - B FREIDMAN	WGHTD AVG HOURS	40	1	10,844				7
8	27	EMP BEN - R AARON	WGHTD AVG HOURS	40	1	1,340				8
9	27	EMP BEN - S HARAMARAS	WGHTD AVG HOURS	30	3	27,046				9
10	27	EMP BEN - D KUFTA	WGHTD AVG HOURS	50	8	10,501		7	1,424	10
11	27	EMP BEN - HOWARD ALTER	WGHTD AVG HOURS	40	1	1,078				11
12	27	EMP BEN - NON OWNER - V DAVI	WGHTD AVG HOURS	40	10	32,072		5	3,819	12
13	27	EMP BEN - NON OWNER - A CASS	WGHTD AVG HOURS	40	1	5,480				13
14	27	EMP BEN - NON OWNER	WGHTD AVG HOURS	45	8	43,223		6	5,859	14
15	27	EMP BEN - NON OWNER - CFO	WGHTD AVG HOURS	40	10	24,786		5	2,951	15
16	27	EMP BEN - S AARON	WGHTD AVG HOURS	40	10	17,251		5	2,053	16
17	27	EMP BEN - E MARYLES	WGHTD AVG HOURS	28	11	37,525		0	447	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 322,523	$		$ 33,852	25

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	CAMBRIDGE		X	MORTGAGE	$82,849.05	11/1/2010	$ 16,102,900	$ 15,757,771	10/1/2052	5.4500	$ 748,998	1
2												2
3												3
4												4
5	RELATED PARTY										2,432	5
	Working Capital											
6	MB FINANCIAL		X	WORKING CAPITAL				802,900			38,700	6
7	SHAREHOLDERS	X		WORKING CAPITAL				175,000			4,462	7
8	RELATED PARTY	X		WORKING CAPITAL				927,500			49,904	8
9	TOTAL Facility Related				$82,849.05		$ 16,102,900	$ 17,663,171			$ 844,496	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 16,102,900	$ 17,663,171			$ 844,496	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A 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.)**

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 127,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 165,335	2
3. Under or (over) accrual (line 2 minus line 1).		$ 38,335	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 169,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 207,335	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	36,798	8
	2011	37,736	9
	2012	83,592	10
	2013	124,901	11
	2014	165,335	12

THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL THE PAYMENT ON LINE 2 APPLIES TO THE 2014 TAX BILL.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	$	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.**

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME OTTAWA PAVILION COUNTY LASALLE

FACILITY IDPH LICENSE NUMBER 0039230

CONTACT PERSON REGARDING THIS REPORT SANFORD BOKOR

TELEPHONE (847) 675-3585 FAX #: (847) 675-5777

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

Enter the tax index number and real estate tax assessed for 2014 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 2014.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	22-13-111-001	NURSING HOME	$ 165,334.82	$ 165,334.82
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 165,334.82	$ 165,334.82

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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,354 B. General Construction Type: Exterior MASONRY Frame CONCRETE Number of Stories 1+BASEMENT

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

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

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

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME	254,390	1998	$ 1,806,939	1
2					2
3	TOTALS	254,390		$ 1,806,939	3

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	17		1998		$ 550,000	$	39	$ 14,106	$ 14,106	$ 322,311	4
5	118			2012	15,864,469	412,070	39	412,070		1,331,610	5
6											6
7											7
8					50,177	1,287	35	1,434	147	32,018	8
	Improvement Type**										
9	ROOF			2005	30,875	791	39	791		1,133,300	9
10	POSIFLEX PERSONA URU SCANNER			2011	18,819	482	39	482		2,853	10
11	SIGN			2012	4,243	283	15	283		991	11
12	ELECTRICAL, PUMP			2012	2,823	72	39	72		331	12
13	SPRINKLER/FIRE ALARM WORK			2012	4,881	125	39	125		559	13
14	CORNER GUARDS, LIGHTING, CURTAINS			2012	6,915	178	39	178		793	14
15	MIXING VALVE& FAN MOTORS			2013	9,973	256	39	256		588	15
16	CORNER GUARDS			2013	1,837	47	39	47		107	16
17	PLUMBING WORK & SINKS			2013	3,352	85	39	85		197	17
18	ANTENNAS FOR PHONES			2013	1,675	43	39	43		97	18
19	SMOKE DETECTOR			2013	1,005	26	39	26		62	19
20	HEAT PUMP, AC REPAIR, BOOSTER PUMP			2015	14,715	189	39	189		189	20
21	WALK IN COOLER REPAIR			2015	4,083	52	39	52		52	21
22	SIGNAGE			2015	2,479	32	39	32		32	22
23	LED HDTV, JUMBO BUTTON REMOTE CONTROLS			2015	1,047	13	39	13		13	23
24	DISPOSER			2015	2,574	33	39	33		33	24
25	PARKING LOT SEAL & STRIPE			2015	2,617	34	39	34		34	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
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									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 16,578,559	$ 416,098		$ 430,351	$ 14,253	$ 2,826,170	70

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$ 136,227	$ 29,565	$ 13,623	$ (15,942)	10 YRS	$ 85,432	71
72	Current Year Purchases	30,818	6,164	3,082	(3,082)	10 YRS	3,082	72
73	Fully Depreciated Assets							73
74	RELATED PARTY	1,520,927	305,820	152,093	(153,727)	10 YRS		74
75	TOTALS	$ 1,687,972	$ 341,549	$ 168,798	$ (172,751)		$ 88,514	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)	$ 20,073,470	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 757,647	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 599,149	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (158,498)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,914,684	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.

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NA

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

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

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: *

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.	/2016	$
13.	/2017	$
14.	/2018	$

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: $ 29,752 Description:
(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			$	$ 12,060	17
18					18
19					19
20					20
21	TOTAL		$	$ 12,060	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.

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
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 prescrpts				242,894		242,894	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): SUPPLIES, XRAY, LAB						29,032		29,032	12
13	Other (specify):									13
14	TOTAL			$		$	$ 271,926		$ 271,926	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 OTTAWA PAVILION **#** 0039230 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2015 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 24,054	$ 103,132	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 95,000)	1,668,143	1,668,143	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	110,330	184,218	6
7	Other Prepaid Expenses	12,219	12,219	7
8	Accounts Receivable (owners or related parties)	1,613,894	1,613,894	8
9	Other(specify): ESCROWS		723,976	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,428,640	$ 4,305,582	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,806,939	13
14	Buildings, at Historical Cost		15,864,469	14
15	Leasehold Improvements, at Historical Cost	113,918	113,918	15
16	Equipment, at Historical Cost	180,608	1,701,535	16
17	Accumulated Depreciation (book methods)	(121,047)	(2,439,769)	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 (spe CLOSING COSTS NET		123,050	22
23	Other(specify): SECURITY DEPOSIT	24,892	24,892	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 198,371	$ 17,195,034	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,627,011	$ 21,500,616	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 592,717	$ 592,717	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	802,900	802,900	29
30	Accrued Salaries Payable	344,577	344,577	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,546	23,546	31
32	Accrued Real Estate Taxes(Sch.IX-B)		169,000	32
33	Accrued Interest Payable	9,461	68,420	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	INTERCOMPANY PAYABLE		1,792,572	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,773,201	$ 3,793,732	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		16,992,607	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 16,992,607	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,773,201	$ 20,786,339	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,853,810	$ 714,277	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,627,011	$ 21,500,616	48

***(See instructions.)**

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,352,635	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,352,635	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	901,175	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	(400,000)	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)**	$ 501,175	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,853,810	24 *

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

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,352,391	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,352,391	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	219,078	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 219,078	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	3,393	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$ 3,393	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	42,371	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 42,371	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	OTHER SVC	14,081	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 14,081	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,631,314	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,279,060	31
32	Health Care	3,933,033	32
33	General Administration	2,114,163	33
	B. Capital Expense		
34	Ownership	1,673,348	34
	C. Ancillary Expense		
35	Special Cost Centers	271,926	35
36	Provider Participation Fee	289,462	36
	D. Other Expenses (specify):		
37	PRIOR PERIOD ADJ	169,147	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,730,139	40
41	**Income before Income Taxes (line 30 minus line 40)****	901,175	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 901,175	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,528,872	44
45	Private Pay - Net Inpatient Revenue	3,107,721	45
46	Medicare - Net Inpatient Revenue	4,581,620	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	134,178	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,352,391	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? YES 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 OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,862	2,166	$ 77,155	$ 35.62	1
2	Assistant Director of Nursing	279	301	11,147	37.03	2
3	Registered Nurses	23,243	24,816	658,711	26.54	3
4	Licensed Practical Nurses	25,029	26,416	614,556	23.26	4
5	CNAs & Orderlies	112,713	120,140	1,489,393	12.40	5
6	CNA Trainees					6
7	Licensed Therapist	17,475	18,876	696,418	36.89	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,150	2,292	33,759	14.73	9
10	Activity Assistants	10,325	10,950	114,437	10.45	10
11	Social Service Workers	3,433	3,760	54,672	14.54	11
12	Dietician					12
13	Food Service Supervisor	2,008	2,120	33,097	15.61	13
14	Head Cook	6,075	6,714	85,306	12.71	14
15	Cook Helpers/Assistants	12,145	12,780	127,551	9.98	15
16	Dishwashers					16
17	Maintenance Workers	5,455	5,704	92,625	16.24	17
18	Housekeepers	20,795	22,440	234,129	10.43	18
19	Laundry	5,871	6,574	69,366	10.55	19
20	Administrator	1,881	2,262	87,153	38.53	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,954	11,770	143,864	12.22	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	261,693	280,081	$ 4,623,339 *	$ 16.51	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	M	$ 9,156	1-3	35
36	Medical Director	O	6,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	10,190	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	3,060	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)		$ 28,406		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	263	$ 12,655	10-3	50
51	Licensed Practical Nurses	271	11,215	10-3	51
52	Certified Nurse Assistants/Aides		0	10-3	52
53	TOTAL (lines 50 - 52)	534	$ 23,870		53

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
MARGIE LYLE	ADMINISTRATOR	0	$ 87,153
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 87,153

B. Administrative - Other

Description	Amount
MANAGEMENT FEES	$ 196,330
TOTAL (agree to Schedule V, line 17, col. 3)	$ 196,330
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
SEE SCHEDULE ATTACHED		118,830
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 118,830

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 118,197
Unemployment Compensation Insurance	54,254
FICA Taxes	349,255
Employee Health Insurance	68,737
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	17,346
TOTAL (agree to Schedule V, line 22, col.8)	$ 607,789

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	8,456
Health Care Worker Background Check	3,170
(Indicate # of checks performed 317)	
Patient Background Checks 181	1,810
TRUST/FRANCHISE/CONTRIB/ETC	3,854
MARKETING/ADV/PROMO	58,511
LICENSES/DUES/SUBSCRIPTIONS	15,509
MGMT CO ALLOC	3,166
TRUST/FRANCHISE/CONTRIB/ETC	(3,854)
Less: Public Relations Expense	(0)
Non-allowable advertising	(58,511)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 34,101

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	0
MGMT CO ALLOC	3,044
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,044

**See instructions.

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	NA		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 $8,758**

(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? **YES** If YES, what is the capacity? **135**

(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. $ **20,154** 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. $ **289,462**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **N/A** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **5%**
d. Have vehicle usage logs been maintained? **NO**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **NO**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **YES**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name:

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **YES**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

OTTAWA PAVILION LTD
PROFESSIONAL FEES
2015

VENDOR	DESCRIPTION	AMOUNT
KRUPNICK,BOKOR	ACCOUNTING	17,675
FROST RUTTENBERG & ROTHBLATT	ACCOUNTING	212
MARCUM	ACCOUNTING	274
SEE ATTACHED	LEGAL	22,432
PROSPECT RESOURCES	UTILITY PROCUREMENT FEE	500
PERSONNEL PLANNERS	UNEMPLOYMENT CONSULTANT	1,355
HEALTH DATA SYS	DATA PROCESSING	6,987
E-HEALTH DATA SOLUTION	DATA PROCESSING	1,733
WESCOM SOLUTIONS	DATA PROCESSING	37,404
POINTE CLICK CARE	DATA PROCESSING	5,222
CANON SOLUTIONS	DATA PROCESSING	2,299
LEAPFROG TECHNOLOGIES	DATA PROCESSING	624
NATIONAL DATACARE	DATA PROCESSING	4,216
NTT SOLUTION	DATA PROCESSING	10,359
CASAMBA	DATA PROCESSING	3,900
PCC	DATA PROCESSING	411
CERNER	DATA PROCESSING	2,878
SPECTRIO	DATA PROCESSING	348

	TOTAL	118,830
		========

OTTAWA PAVILION
LEGAL FEES
12/31/15

DATE	NAME
1/31/2015	MUCH SHELIST
1/31/2015	MUCH SHELIST
3/1/2015	MUCH SHELIST
4/30/2015	MUCH SHELIST
5/31/2015	MUCH SHELIST
6/30/2015	MUCH SHELIST
7/31/2015	MUCH SHELIST
10/26/2015	MUCH SHELIST
1/31/2015	SIMANDL LAW GROUP
1/31/2015	SIMANDL LAW GROUP
2/28/2015	SIMANDL LAW GROUP
3/31/2015	SIMANDL LAW GROUP
3/31/2015	SIMANDL LAW GROUP
4/30/2015	SIMANDL LAW GROUP
7/31/2015	SIMANDL LAW GROUP
2/28/2015	SIMANDL LAW GROUP
7/31/2015	SIMANDL LAW GROUP
8/31/2015	SIMANDL LAW GROUP
8/31/2015	SIMANDL LAW GROUP
9/30/2015	SIMANDL LAW GROUP
9/30/2015	SIMANDL LAW GROUP
9/30/2015	SIMANDL LAW GROUP
10/31/2015	SIMANDL LAW GROUP
10/31/2015	SIMANDL LAW GROUP
11/30/2015	SIMANDL LAW GROUP
12/31/2015	SIMANDL LAW GROUP
10/7/2015	FIELD AND GOLDBERG
12/31/2015	POLSINELLI
1/9/2015	APLINGTON,KAUFMAN,MCCLINTOCK,STEELE & BARRY
8/28/2015	APLINGTON,KAUFMAN,MCCLINTOCK,STEELE & BARRY

6/30/2015	STONE POGRUND & KIREY
6/30/2015	STONE POGRUND & KIREY
7/31/2015	STONE POGRUND & KIREY
7/31/2015	STONE POGRUND & KIREY
9/1/2015	STONE POGRUND & KIREY
9/21/2015	STONE POGRUND & KIREY
10/31/2015	STONE POGRUND & KIREY
11/30/2015	STONE POGRUND & KIREY
12/31/2015	STONE POGRUND & KIREY

DESCRIPTION	AMOUNT
GENERAL COUNSELING	511
GENERAL COUNSELING	752
GENERAL COUNSELING	92
GENERAL COUNSELING	73
GENERAL COUNSELING	1,629
GENERAL COUNSELING	365
GENERAL COUNSELING	73
GENERAL COUNSELING	350
GENERAL LITIGATION	528
WAGE AND HOUR MATTER	1,338
WAGE AND HOUR MATTER	588
WAGE AND HOUR MATTER	4,977
LABOR AND EMPLOYMENT	168
WAGE AND HOUR MATTER	252
LABOR AND EMPLOYMENT	1,073
LABOR AND EMPLOYMENT	130
LABOR AND EMPLOYMENT	725
LABOR AND EMPLOYMENT	258
LABOR AND EMPLOYMENT	81
LABOR AND EMPLOYMENT	401
2014 NEGOTIATIONS	159
LABOR AND EMPLOYMENT	133
LABOR AND EMPLOYMENT	305
LABOR AND EMPLOYMENT	168
LABOR AND EMPLOYMENT	252
LABOR AND EMPLOYMENT	56
GENERAL	383
CERTIFICATE OF NEED	1,531
	(5)
FILING FEE FOR ESTATE CLAIM	40
SERVICE FEE FOR RULE TO SHOW CAUSE	100

GENERAL LITIGATION & COLLECTIONS	68
GENERAL LITIGATION & COLLECTIONS	270
GENERAL LITIGATION & COLLECTIONS	204
GENERAL LITIGATION & COLLECTIONS	249
GENERAL LITIGATION & COLLECTIONS	248
GENERAL LITIGATION & COLLECTIONS	68
GENERAL LITIGATION & COLLECTIONS	670
GENERAL LITIGATION & COLLECTIONS	1,255
GENERAL LITIGATION & COLLECTIONS	1,918
	22,432