FOR BHF USE

LL1

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.

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0045203

Facility Name: GROSSE POINTE MANOR

Address: 6601 WEST TOUHY AVENUE (Number) NILES (City) 60714 (Zip Code)

County: COOK

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

HFS ID Number:

Date of Initial License for Current Owners: 1/1/2001

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: KATHLEEN MCNAMARA **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 01/01/2018 to 12/31/2018 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) SHPRINTZA MAUER
(Title) LLC MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) KATHLEEN MCNAMARA, VICE-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 GROSSE POINTE MANOR # 0045203 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 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	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	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		132	2,451	2,583	8
9	SNF/PED					9
10	ICF	28,183	2,179		30,362	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,183	2,311	2,451	32,945	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.17%

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 [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 1/1/01

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 99 and days of care provided 2,451

Medicare Intermediary WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

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

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 GROSSE POINTE MANOR # 0045203 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	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	481,477	41,574	10,596	533,647		533,647		533,647			1
2	Food Purchase		257,466		257,466	(29,383)	228,083	(451)	227,632			2
3	Housekeeping	94,314	31,325		125,639		125,639		125,639			3
4	Laundry	58,306	14,895	3,738	76,939		76,939		76,939			4
5	Heat and Other Utilities			122,456	122,456		122,456	1,148	123,604			5
6	Maintenance	116,651	63,484	46,687	226,822		226,822	6,423	233,245			6
7	Other (specify):*			7,547	7,547		7,547	781	8,328			7
8	**TOTAL General Services**	750,748	408,744	191,024	1,350,516	(29,383)	1,321,133	7,901	1,329,034			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,134,649	116,252	31,098	2,281,999		2,281,999	(11,700)	2,270,299			10
10a	Therapy		1,730		1,730		1,730		1,730			10a
11	Activities	130,275	8,737	2,562	141,574		141,574		141,574			11
12	Social Services			2,320	2,320		2,320		2,320			12
13	CNA Training											13
14	Program Transportation			2,419	2,419		2,419		2,419			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,264,924	126,719	44,399	2,436,042		2,436,042	(11,700)	2,424,342			16
	C. General Administration											
17	Administrative	37,787		140,000	177,787		177,787	80,742	258,529			17
18	Directors Fees											18
19	Professional Services			49,950	49,950		49,950	3,561	53,511			19
20	Dues, Fees, Subscriptions & Promotions			55,987	55,987		55,987	(28,157)	27,830			20
21	Clerical & General Office Expenses	232,142	14,479	177,172	423,793		423,793	(7,398)	416,395			21
22	Employee Benefits & Payroll Taxes			566,073	566,073	29,383	595,456		595,456			22
23	Inservice Training & Education			2,925	2,925		2,925		2,925			23
24	Travel and Seminar			3,641	3,641		3,641	534	4,175			24
25	Other Admin. Staff Transportation							5,590	5,590			25
26	Insurance-Prop.Liab.Malpractice			194,316	194,316		194,316	11,378	205,694			26
27	Other (specify):*			104,341	104,341		104,341	(41,657)	62,684			27
28	**TOTAL General Administration**	269,929	14,479	1,294,405	1,578,813	29,383	1,608,196	24,593	1,632,789			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,285,601	549,942	1,529,828	5,365,371		5,365,371	20,794	5,386,165			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#: GROSSE POINTE MANOR **#0045203** **Report Period Beginning: 01/01/2018** **Ending: 12/31/2018**

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

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2		
	REPAIRS & MAINTENANCE		10,596	
				10,596
3	**HOUSEKEEPING**			
				0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE			
				0
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		25,520	
	ELECTRICITY		66,842	
	WATER		30,094	
	CABLE TV - LOBBY			
				122,456
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		7,977	
	PAINTING & DECORATING		1,418	
	BUILDING REPAIRS			
	MAINTENANCE TRAVEL			
	EQUIPMENT MAINTENANCE & REPAIR		18,459	
	ELEVATOR MAINTENANCE & REPAIR		11,864	
	OUTSIDE LABOR			
	EXTERMINATING SERVICE		6,969	
	FIRE SERVICE			
				46,687
7	**OTHER**			
	SCAVENGER		7,547	
	SECURITY SERVICE			
				7,547
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	6,000	6,000

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2		
	LABORATORY & XRAY EXPENSE			
	PURCHASED SERVICES			
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2		
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	4,418	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	24,880	
	PHARMACY CONSULTANT	XVIII B 39-2	1,800	
	UTILIZATION REVIEW FEES	XVIII B __-2		
	PHYSICIANS	XVIII B __-2		
	PSYCHIATRIC	XVIII B __-2		
	RN CONSULTANT	XVIII B 38-2		
				31,098
10a	**THERAPY**			
	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	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		1,758	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	804	
				2,562
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES			
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2		
	SOCIAL WORKER	XVIII B 45-2	2,320	
				2,320
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII		0

Facility Name & ID Number GROSSE POINTE MANOR **#0045203** **Report Period Beginning: 01/01/2018** **Ending: 12/31/2018**

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

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		2,419	
				2,419
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	140,000	140,000
	DIRECTORS FEES			
18	DIRECTORS FEES			0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	17,006	
	ADMINISTRATIVE CONSULTANTS	XIX C		
	PROFESSIONAL FEES	XIX C	32,944	
				49,950
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F		
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	29,614	
	EMPLOYEE RECRUITMENT/WANT ADS	XIX F	12,057	
	CONTRIBUTIONS	VI 20 XIX F	200	
	DUES & SUBSCRIPTIONS	XIX F	2,715	
	LICENSES & PERMITS	XIX F	9,420	
	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	500	
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	71	
	PATIENT BACKGROUND CHECKS	XIX F	1,410	
				55,987
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		5,411	
	EQUIPMENT REPAIR & MAINTENANCE		49,347	
	OUTSIDE CLERICAL SERVICES		96,000	
	PENALTIES / OVERDRAFT CHARGES	VI 18	1,563	
	HOME OFFICE EXPENSE			
	THEFT & DAMAGE LOSS			
	TELEPHONE		24,851	
	MESSENGER SERVICE			
				177,172

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	251,856	
	UNEMPLOYMENT COMPENSATION	XIX D	19,564	
	WORKERS COMPENSATION INSURANC	XIX D	72,590	
	HOSPITALIZATION INSURANCE	XIX D	217,800	
	EMPLOYEE BENEFITS - OTHER	XIX D	4,263	
	EMPLOYEE PHYSICAL EXAMS	XIX D		
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D		
	PENSION/PROFIT SHARING PLANS	XIX D		
				566,073
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		2,925	
				2,925
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G		
	TRAVEL	XIX G	3,641	
				3,641
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF			
				0
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		194,316	
				194,316
27	**OTHER**			
	BAD DEBTS	VI 24	104,341	
				104,341

GRAND TOTAL COLUMN 3 OTHER **1,526,090**

GROSSE POINTE MANOR
SCHEDULES
12/31/2018

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

TOTAL FOOD PURCHASE	257,466
LESS SALES TAX	(451)
NET FOOD	257,015
TOTAL PATIENT CENSUS	32,945
TIMES 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	98,835
ADD # EMPLOYEE MEALS/DAY	35
TIMES # DAYS	365
TOTAL EMPLOYEE MEALS	12,775
PATIENT MEALS	98,835
ADD EMPLOYEE MEALS	12,775
TOTAL MEALS/YEAR	111,610
NET FOOD	257,015
DIVIDE TOTAL MEALS/YEAR	111,610
COST PER MEAL	2.30
TIMES EMPLOYEE MEALS	12,775
EMPLOYEE MEAL RECLASSIFIC	**29,383**

Facility Name & ID Number GROSSE POINTE MANOR #0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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			56,035	56,035		56,035	149,166	205,201			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							134,604	134,604			32
33	Real Estate Taxes							311,425	311,425			33
34	Rent-Facility & Grounds			651,000	651,000		651,000	(651,000)				34
35	Rent-Equipment & Vehicles			53,530	53,530		53,530	10,695	64,225			35
36	Other (specify):* MIP INSURANCE							22,965	22,965			36
37	TOTAL Ownership			760,565	760,565		760,565	(22,145)	738,420			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		60,960	380,372	441,332		441,332		441,332			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			238,500	238,500		238,500		238,500			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		60,960	618,872	679,832		679,832		679,832			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,285,601	610,902	2,909,265	6,805,768		6,805,768	(1,351)	6,804,417			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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	(20,293)	30		9
10	Interest and Other Investment Income	(7,810)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(451)	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				18
19	Entertainment				19
20	Contributions	(700)	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	(104,341)	27		24
25	Fund Raising, Advertising and Promotional	(29,614)	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 5A	(31,871)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (195,080)		$	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)	193,729		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 193,729		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,351)		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

GROSSE POINTE MANOR

ID# 0045203

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2	Bank Charges	(5,411)	21	2
3	NONALLOWABLE MARKETING SALARY	(11,700)	10	3
4				4
5				5
6	BUILDING CO - LEGAL & ACCOUNTING	(14,760)	19	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**	(31,871)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(451)	0	0	0	0	0	0	0	0	0	0	(451)	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	1,148	0	0	0	0	0	0	0	0	1,148	5
6	Maintenance	0	0	6,423	0	0	0	0	0	0	0	0	6,423	6
7	Other (specify):*	0	0	781	0	0	0	0	0	0	0	0	781	7
8	**TOTAL General Services**	(451)	0	8,352	0	0	0	0	0	0	0	0	7,901	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	(11,700)	0	0	0	0	0	0	0	0	0	0	(11,700)	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**	(11,700)	0	0	0	0	0	0	0	0	0	0	(11,700)	16
	C. General Administration													
17	Administrative	0	0	0	80,742	0	0	0	0	0	0	0	80,742	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,760)	14,760	3,561	0	0	0	0	0	0	0	0	3,561	19
20	Fees, Subscriptions & Promotions	(30,314)	0	2,157	0	0	0	0	0	0	0	0	(28,157)	20
21	Clerical & General Office Expenses	(5,411)	0	(11,556)	9,569	0	0	0	0	0	0	0	(7,398)	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	534	0	0	0	0	0	0	0	0	534	24
25	Other Admin. Staff Transportation	0	0	5,590	0	0	0	0	0	0	0	0	5,590	25
26	Insurance-Prop.Liab.Malpractice	0	6,448	4,930	0	0	0	0	0	0	0	0	11,378	26
27	Other (specify):*	(104,341)	0	62,684	0	0	0	0	0	0	0	0	(41,657)	27
28	**TOTAL General Administration**	(154,826)	21,208	67,900	90,311	0	0	0	0	0	0	0	24,593	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(166,977)	21,208	76,252	90,311	0	0	0	0	0	0	0	20,794	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 D. Ownership	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)	
30	Depreciation	(20,293)	167,074	2,385	0	0	0	0	0	0	0	0	149,166	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,810)	140,279	2,135	0	0	0	0	0	0	0	0	134,604	32
33	Real Estate Taxes	0	306,825	4,600	0	0	0	0	0	0	0	0	311,425	33
34	Rent-Facility & Grounds	0	(651,000)	0	0	0	0	0	0	0	0	0	(651,000)	34
35	Rent-Equipment & Vehicles	0	0	10,695	0	0	0	0	0	0	0	0	10,695	35
36	Other (specify):*	0	22,965	0	0	0	0	0	0	0	0	0	22,965	36
37	**TOTAL Ownership**	(28,103)	(13,857)	19,815	0	0	0	0	0	0	0	0	(22,145)	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)**	(195,080)	7,351	96,067	90,311	0	0	0	0	0	0	0	(1,351)	45

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	34	RENT	$ 651,000	Grosse Pointe Manor Realty LLC		$	$ (651,000)	1
2	V								2
3	V	30	DEPRECIATION		Grosse Pointe Manor Realty LLC		167,074	167,074	3
4	V	32	INTEREST		Grosse Pointe Manor Realty LLC		140,279	140,279	4
5	V	33	REAL ESTATE TAXES		Grosse Pointe Manor Realty LLC		306,825	306,825	5
6	V	19	LEGAL & ACCOUNTING		Grosse Pointe Manor Realty LLC		14,760	14,760	6
7	V	26	INSURANCE		Grosse Pointe Manor Realty LLC		6,448	6,448	7
8	V	36	INSURANCE-MIP		Grosse Pointe Manor Realty LLC		22,965	22,965	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 651,000			$ 658,351	$ * 7,351	14

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 HEALTHCARE CONSULTANTS	100.00%	$ 1,148	$ 1,148	15
16	V	6	REPAIR & MAINT. - SALARIES		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	1,366	1,366	16
17	V	6	REPAIR & MAINT.-OTHER EXPENSE		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	5,057	5,057	17
18	V	7	EMP BEN-GEN SERV		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	781	781	18
19	V	19	PROFESSIONAL FEES		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	3,561	3,561	19
20	V	20	DUES AND SUBSCRIPTION		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	2,157	2,157	20
21	V	21	CLERICAL & GENERAL - SALARIES		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	62,531	62,531	21
22	V	21	CLERICAL & GENERAL-OTHER EXPENSE		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	21,913	21,913	22
23	V	24	SEMINARS AND TRAVEL		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	534	534	23
24	V	25	AUTO EXPENSE		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	5,590	5,590	24
25	V	26	INSURANCE		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	4,930	4,930	25
26	V	27	EMP. BEN. - GEN, ADMIN.		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	62,684	62,684	26
27	V	30	DEPRECIATION		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	2,385	2,385	27
28	V	32	INTEREST		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	2,135	2,135	28
29	V	33	REAL ESTATE TAXES		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	4,600	4,600	29
30	V	35	AUTO RENTAL		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	10,055	10,055	30
31	V	35	EQUIPMENT RENTAL		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	640	640	31
32	V								32
33	V	21	BOOKKEEPING SERVICE	96,000	DYNAMIC HEALTHCARE CONSULTANTS			(96,000)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 96,000			$ 192,067	$ * 96,067	39

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	6	MAINT COMP - D NEHMER	$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	$	$	15
16	V	17	ADMIN COMP - M MAUER		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	18,500	18,500	16
17	V	17	ADMIN COMP - M AARON		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			17
18	V	17	ADMIN COMP - F AARON		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			18
19	V	17	ADMIN COMP - D AARON		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	8,802	8,802	19
20	V	17	ADMIN COMP - S GOLDSTEIN		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			20
21	V	17	ADMIN COMP - R AARON		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			21
22	V	17	ADMIN COMP - S HARAMARAS		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			22
23	V	17	ADMIN COMP - D KUFTA		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			23
24	V	17	ADMIN COMP - HOWARD ALTER		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			24
25	V	17	ADMIN COMP - NON OWNER - V DAVIS		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	15,685	15,685	25
26	V	17	ADMIN COMP - VAR NON OWNER		DYNAMIC HEALTHCARE CONSULTANTS	100.00%			26
27	V	17	ADMIN COMP - CFO NON OWNER		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	25,647	25,647	27
28	V	17	ADMIN COMP - CONTROLLER-NON OWNER		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	12,108	12,108	28
29	V	21	CLERICAL COMP - S AARON		DYNAMIC HEALTHCARE CONSULTANTS	100.00%	9,569	9,569	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			$			$ 90,311	$ * 90,311	39

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	Chana Mauer	12.50%	Bridgeview Health Care Center	Bridgeview	Grosse Pointe Manor Realty LLC		Building Company	1
2	Esther Mauer Maryles	12.50%	Ottawa Pavillion Ltd	Ottawa	Dynamic Healthcare	Skokie	Bookkeeping/Consu	2
3	Freda Mauer	30.40%	Park Ridge Care Center Ltd	Park Ridge	Seasons Hospice	Park Ridge	Hospice	3
4	Joseph Mauer	22.30%	Sterling Pavilion Ltd	Sterling				4
5	Shprintza Mauer	22.30%	Waterfront Terrace Inc	Chicago				5
6			Willow Crest Nursing Pavilion Ltd	Sandwich				6
7			Windmill Nursing Pavilion Ltd	South Holland				7
8			Woodbridge Nursing Pavilion Ltd	Chicago				8
9			Woodbridge Supportive Living Residence of Ga	Galesberg				9
10			Woodbridge Supportive Living Residence of Ga	Galesberg				10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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									$		1
2	Marshall Mauer	Relative	Administrative		See Attached			Salary	18,500	17-07	2
3											3
4											4
5	Sherry Mauer	Owner	Administrative			35	80.00	mngmt fee	140,000	17-03	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 158,500		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 GROSSE POINTE MANOR # 0045203 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 [x]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	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						$	$		$	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	TOTALS					$	$		$	25

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 [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	302,492	10	$ 10,544	$	32,945	$ 1,148	1
2	6	REPAIR & MAINT. - SALARIES	PATIENT DAYS	302,492	10	12,541	12,541	32,945	1,366	2
3	6	REPAIR & MAINT.-OTHER EXPE	PATIENT DAYS	302,492	10	46,430		32,945	5,057	3
4	7	EMP BEN-GEN SERV	PATIENT DAYS	302,492	10	7,174		32,945	781	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	302,492	10	32,693		32,945	3,561	5
6	20	DUES AND SUBSCRIPTION	PATIENT DAYS	302,492	10	19,807		32,945	2,157	6
7	21	CLERICAL & GENERAL - SALARI	PATIENT DAYS	302,492	10	574,139	574,139	32,945	62,531	7
8	21	CLERICAL & GENERAL-OTHER I	PATIENT DAYS	302,492	10	201,196		32,945	21,913	8
9	24	SEMINARS AND TRAVEL	PATIENT DAYS	302,492	10	4,903		32,945	534	9
10	25	AUTO EXPENSE	PATIENT DAYS	302,492	10	51,327		32,945	5,590	10
11	26	INSURANCE	PATIENT DAYS	302,492	10	45,267		32,945	4,930	11
12	27	EMP. BEN. - GEN, ADMIN.	PATIENT DAYS	302,492	10	575,549		32,945	62,684	12
13	30	DEPRECIATION	PATIENT DAYS	302,492	10	21,903		32,945	2,385	13
14	32	INTEREST	PATIENT DAYS	302,492	10	19,599		32,945	2,135	14
15	33	REAL ESTATE TAXES	PATIENT DAYS	302,492	10	42,234		32,945	4,600	15
16	35	AUTO RENTAL	PATIENT DAYS	302,492	10	92,319		32,945	10,055	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	302,492	10	5,875		32,945	640	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,763,500	$ 586,680		$ 192,067	25

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 [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	7	$ 60,778	$ 60,778		$	1
2	17	ADMIN COMP - M MAUER	WGHTD AVG HOURS	40	10	200,000	200,000	4	18,500	2
3	17	ADMIN COMP - M AARON	WGHTD AVG HOURS	40	7	200,000	200,000			3
4	17	ADMIN COMP - F AARON	WGHTD AVG HOURS	45	5	2,500	2,500			4
5	17	ADMIN COMP - D AARON	WGHTD AVG HOURS	30	10	76,541	76,541	3	8,802	5
6	17	ADMIN COMP - S GOLDSTEIN	WGHTD AVG HOURS	40	2	159,922	159,922			6
7	17	ADMIN COMP - R AARON	WGHTD AVG HOURS	30	5	26,000	26,000			7
8	17	ADMIN COMP - S HARAMARAS	WGHTD AVG HOURS	30	3	69,011	69,011			8
9	17	ADMIN COMP - D KUFTA	WGHTD AVG HOURS	40	7	156,522	156,522			9
10	17	ADMIN COMP - HOWARD ALTER	WGHTD AVG HOURS	40	1	12,000	12,000			10
11	17	ADMIN COMP - NON OWNER - V	WGHTD AVG HOURS	40	9	132,083	132,083	5	15,685	11
12	17	ADMIN COMP - VAR NON OWNEI	WGHTD AVG HOURS	45	7	36,458	36,458			12
13	17	ADMIN COMP - CFO NON OWNEI	WGHTD AVG HOURS	40	9	215,972	215,972	5	25,647	13
14	17	ADMIN COMP - CONTROLLER-N	WGHTD AVG HOURS	40	9	101,958	101,958	5	12,108	14
15	21	CLERICAL COMP - S AARON	WGHTD AVG HOURS	40	9	80,583	80,583	5	9,569	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,530,328	$ 1,530,328		$ 90,311	25

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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	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			$	$ 4,554,726			$ 140,279	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$ 4,554,726			$ 140,279	9
	B. Non-Facility Related*											
10	INTEREST INCOME										(7,810)	10
11	Allocated from Dynamic HC										2,135	11
12	Interest Income Bldg Co		x									12
13												13
14	TOTAL Non-Facility Related						$	$			$ (5,675)	14
15	TOTALS (line 9+line14)						$	$ 4,554,726			$ 134,604	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 22,965 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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	255,000	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.)	$	285,514	2
3. Under or (over) accrual (line 2 minus line 1).	$	30,514	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	$	280,911	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.	$	311,425	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2013	224,352	8
2014	227,834	9
2015	235,229	10
2016	249,707	11
2017	280,914	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 GROSSE POINTE MANOR COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0045203

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	10-31-205-030-0000	Long Term Care Property	$ 89,887.03	$ 89,887.00
2.	10-31-205-031-0000	Long Term Care Property	$ 191,001.61	$ 191,002.00
3.	10-23-404-059-0000	Allocated from Dynamic	$ 42,234.00	$ 4,600.00
4.	FEE		$	$ 25.00
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 323,122.64	$ 285,514.00

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 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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior Brick Frame _____ Number of Stories _____

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	Facility		2001	$ 573,648	1
2					2
3	TOTALS			$ 573,648	3

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 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	99		2001	1972	$ 4,511,328	$ 167,074	40	$ 112,783	$ (54,291)	$ 2,135,425	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2001	35,727		20	1,786	1,786	23,525	9
10	Various			2002	15,299		20	765	765	7,540	10
11	Various			2003	5,998		20	300	300	2,785	11
12	Various			2004	10,101		20	505	505	4,401	12
13	Various			2005	11,312		20	566	566	4,606	13
14	Various			2006	51,277		20	2,564	2,564	40,930	14
15	Various			2007	13,696		20	685	685	14,045	15
16	Various			2008	17,400		20	870	870	9,189	16
17	Various			2011	9,085		20	454	454	1,956	17
18	Various			2012	9,229		20	461	461	4,220	18
19	Various			2013	12,520		20	626	626	4,608	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

*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 GROSSE POINTE MANOR # 0045203 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 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	Financial Statement Depreciation			56,035			(56,035)		69
70	TOTAL (lines 4 thru 69)		$ 4,702,972	$ 223,109		$ 122,365	$ (100,744)	$ 2,253,230	70

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,702,972	$ 223,109		$ 122,365	$ (100,744)	$ 2,253,230	1
2	Electrical	2014	2,596		20	130	130	393	2
3	Electrical	2014	2,818		20	141	141	397	3
4	Security system	2014	2,730		20	137	137	1,535	4
5	Gaskets and bolts	2014	5,055		20	253	253	3,539	5
6	Fire alarm equipment	2014	6,759		20	338	338	4,731	6
7	Window Treatements	2014	2,807		20	140	140	1,964	7
8	Window Treatements	2014	10,815		20	541	541	7,391	8
9	New stair modefications	2014	15,400		20	770	770	2,004	9
10	Electrical repair	2015	10,570		20	529	529	1,234	10
11	Furnish/install new solid state starter on elevator	2015	3,895		20	195	195	436	11
12	Amp transfer switch for emergency lighting	2015	3,958		20	198	198	443	12
13	Elevator work	2016	4,350		20	218	218	456	13
14	Fire alarm work	2016	2,719		20	136	136	1,133	14
15	Smoke detectors	2016	3,882		20	194	194	1,617	15
16	Elevator work	2016	4,350		20	218	218	446	16
17	Install new power unit/keyswitch on elevator 1	2017	36,805		20	1,840	1,840	2,892	17
18	Fire alarm system - replace simplex mapnet board	2017	3,153		20	158	158	218	18
19	Repiping - rooms 205/207, boiler and radiator service	2017	4,632		20	232	232	331	19
20	Emergency fire panel circuit - core drilling 1st 2nd floor	2017	2,632		20	132	132	182	20
21	16 position annunciator panel - 2nd floor nurses station	2017	4,372		20	219	219	281	21
22	Replace dock doors, install wiring, electric strikes	2017	17,772		20	889	889	1,143	22
23	Wall repair in kithcen behind stove	2017	3,311		20	1,656	1,656	1,751	23
24	Domestic hot water system pump repair	2017	4,032		20	202	202	404	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,862,385	$ 223,109		$ 131,831	$ (91,278)	$ 2,288,151	34

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 4,862,385	$ 223,109		$ 131,831	$ (91,278)	$ 2,288,151	1
2	Building Company								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Hvac system pipes	2008	13,550		20	678	678	6,779	9
10	Carpeting	2009	2,657		20	133	133	1,330	10
11	Security camera	2009	3,128		20	156	156	1,561	11
12	Sprinkler heads	2009	7,930		20	397	397	3,969	12
13	Acrylic shower heads	2010	27,144		20	1,357	1,357	12,213	13
14	Phone system	2010	3,764		20	188	188	1,692	14
15	Hot water exchange	2010	15,356		20	768	768	6,912	15
16	Smoke detectors/dampners	2010	4,237		20	212	212	1,908	16
17	Hot water line	2010	33,945		20	1,697	1,697	15,273	17
18	Walk in cooler	2011	115,337		20	5,767	5,767	46,136	18
19	Delay egress alarm syatem	2011	70,878		20	3,544	3,544	28,352	19
20	Delay egress alarm syatem	2011	4,850		20	243	243	1,944	20
21	Vinyl floors	2011	4,151		20	208	208	2,036	21
22	Compressor for ac system	2011	29,584		20	1,479	1,479	11,832	22
23	2 doors/frames for medication rooms	2011	4,690		20	235	235	1,880	23
24	porcelain flooring in 1st floor lobby	2011	22,991		20	1,150	1,150	6,316	24
25	Wooden baseboards in 1st floor lobby	2013	2,577		20	129	129	774	25
26	2 exterior building signs (affixed in the building)	2013	19,413		20	971	971	5,208	26
27	Vinyl flooring in 6 resident rooms	2013	3,081		20	172	172	1,032	27
28	Quarry tile flooring in the dishwashing area of kitchen	2013	2,993		20	150	150	900	28
29	Fire sprinklers	2013	12,359		20	618	618	3,209	29
30	Exterior lights on building	2013	3,370		20	169	169	979	30
31	Ac coolong tower	2013	39,123		20	1,956	1,956	9,822	31
32	Parking lot	2013	5,502		20	275	275	1,558	32
33	Therapy roon install new cove base, vct, sheet vinyl, pvt	2016	18,890		20	944	944	2,832	33
34	TOTAL (lines 1 thru 33)		$ 5,333,885	$ 223,109		$ 155,427	$ (67,682)	$ 2,464,598	34

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 5,333,885	$ 223,109		$ 155,427	$ (67,682)	$ 2,464,598	1
2	Lighting Signage, evac, signs, new drywall in resident rooms	2016	11,238		20	562	562	1,686	2
3	Vestibule and lobby lighting, elevator flooring, wallcovering, lighti	2016	242,696		20	12,135	12,135	36,405	3
4	1st floor corridor and seating, wallcovering, signage, corner guards								4
5	2nd floor corridor, resident rooms, cove base, flooring, handrails								5
6	2nd floor corridor, resident bathroom flooring, roller shades, cove bases								6
7	plumbing tile, millwork, grab bars, towel bars, wall mount sink								7
8	3rd floor corridor, resident bathrooms, carpet, tile, millwork								8
9	handrails, bumperguards, upholstered cornice, cove base								9
10	wallcovering and paint 1st, 2nd, 3rd floors/corridors/resident rooms								10
11	chiller	2018	99,830		39	853	853	853	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,687,649	$ 223,109		$ 168,977	$ (54,132)	$ 2,503,542	34

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 5,687,649	$ 223,109		$ 168,977	$ (54,132)	$ 2,503,542	1
2									2
3									3
4	Related Party								4
5	Buildings:								5
6	Allocated from dynamic healthcare consulting	1993	47,741	1,224	35	1,364	140	34,555	6
7									7
8									8
9									9
10									10
11	Leasehold improvements:								11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,735,390	$ 224,333		$ 170,341	$ (53,992)	$ 2,538,097	34

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	$ 313,239	$	$ 30,984	$ 30,984	10	$ 252,622	71
72	Current Year Purchases	36,933		1,847	1,847	10	1,847	72
73	Fully Depreciated Assets	138,887		28	28	10	138,829	73
74	RELATED PARTY	28,793	800	661	(139)			74
75	TOTALS	$ 517,852	$ 800	$ 33,520	$ 32,720		$ 393,298	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		2005 Toyota Rav 4	2006	$ 18,500	$	$	$		$ 18,500	76
77		Allocated from Dynamic Healthcare		31,125	361	1,340	979		26,706	77
78										78
79										79
80	TOTALS			$ 49,625	$ 361	$ 1,340	$ 979		$ 45,206	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)	$ 6,876,515	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 225,494	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 205,201	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (20,293)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,976,601	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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

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

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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 37,919 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	FACILITY		$	$ 4,916	17
18	MGMT CO ALLOC			10,695	18
19					19
20					20
21	TOTAL		$	$ 15,611	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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	39-03	hrs	$		$ 169,407	$		$ 169,407	1
2	Licensed Speech and Language Development Therapist	39-03	hrs			25,326			25,326	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-03	hrs			185,639			185,639	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-02	# of prescrpts				43,429		43,429	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/LAB/RADIOLOGY Other (specify):	39-.02					17,531		17,531	13
14	TOTAL			$		$ 380,372	$ 60,960		$ 441,332	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 GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,134,714	$ 1,151,123	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 312,190)	1,283,076	1,283,076	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	118,567	138,938	6
7	Other Prepaid Expenses	7,518	7,518	7
8	Accounts Receivable (owners or related parties)	10,000	20,000	8
9	Other(specify): due fr others, escrows	35,000	256,383	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,588,875	$ 2,857,038	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		573,648	13
14	Buildings, at Historical Cost		3,862,200	14
15	Leasehold Improvements, at Historical Cost	478,611	1,214,529	15
16	Equipment, at Historical Cost	381,371	969,233	16
17	Accumulated Depreciation (book methods)	(492,857)	(3,026,148)	17
18	Deferred Charges		135,849	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 sec deposit	19,580	19,580	22
23	Other(specify): dep on fixed assets	53,761	295,742	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 440,466	$ 4,044,633	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,029,341	$ 6,901,671	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 296,576	$ 350,337	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,210	11,210	28
29	Short-Term Notes Payable		99,707	29
30	Accrued Salaries Payable	371,582	371,582	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,940	14,940	31
32	Accrued Real Estate Taxes(Sch.IX-B)		280,911	32
33	Accrued Interest Payable		11,577	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 694,308	$ 1,140,264	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,455,019	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)**	$	$ 4,455,019	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 694,308	$ 5,595,283	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,324,338	$ 1,306,388	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,018,646	$ 6,901,671	48

*(See instructions.)

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,804,963	1
2	Restatements (describe):		2
3	rounding	(1)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,804,962	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,019,376	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	(500,000)	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)**	$ 519,376	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)**	$ 2,324,338	24 *

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,596,727	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,596,727	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	225,677	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 225,677	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	7,810	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 7,810	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,830,214	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,350,516	31
32	Health Care	2,436,042	32
33	General Administration	1,578,813	33
	B. Capital Expense		
34	Ownership	760,565	34
	C. Ancillary Expense		
35	Special Cost Centers	441,332	35
36	Provider Participation Fee	238,500	36
	D. Other Expenses (specify):		
37	PRIOR YEAR	(150)	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,805,618	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,024,596	41
42	**Income Taxes**	(5,220)	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,019,376	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,613,033	44
45	Private Pay - Net Inpatient Revenue	485,886	45
46	Medicare - Net Inpatient Revenue	1,497,808	46
47	Other-(specify) HOSPICE/INSURANCE/ETC		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,596,727	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 GROSSE POINTE MANOR # 0045203 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,058	2,603	$ 116,996	$ 44.95	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,677	12,948	380,480	29.39	3
4	Licensed Practical Nurses	17,827	19,559	567,443	29.01	4
5	CNAs & Orderlies	65,947	70,994	1,069,730	15.07	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,108	7,676	130,275	16.97	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	6,811	7,572	120,195	15.87	14
15	Cook Helpers/Assistants	18,607	20,207	256,829	12.71	15
16	Dishwashers	7,958	8,508	104,453	12.28	16
17	Maintenance Workers	6,020	6,541	116,651	17.83	17
18	Housekeepers	6,458	7,522	94,314	12.54	18
19	Laundry	3,435	3,974	58,306	14.67	19
20	Administrator	1,528	1,528	37,787	24.73	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,982	10,211	232,142	22.73	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)	164,416	179,843	$ 3,285,601 *	$ 18.27	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	$ 0	1-3	35
36	Medical Director	O	6,000	9-3	36
37	Medical Records Consultant	N	2,099	10-3	37
38	Nurse Consultant	T	4,418	10-3	38
39	Pharmacist Consultant	H	1,800	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	804	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify)	S			46
47	MDS CONSULTING		22,781	10-3	47
48					48
49	TOTAL (lines 35 - 48)		$ 37,902		49

C. CONTRACT NURSES

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

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
JONATHAN BURSTON	ADMINISTRATOR		$ 37,787
			0
			0
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 37,787

B. Administrative - Other

Description	Amount
SHERRY MAUER	$ 140,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 140,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ABILITY	DATA PROCESSING	$ 7,672
E SOLUTIONS	DATA PROCESSING	300
HDSI	DATA PROCESSING	9,034
MARCUM, LP	ACCOUNTING	16,570
PERSONNEL PLANNERS	UNEMPLOY TAX CONS	1,215
LIFE SAFETY RESOURCES	LIFE SAFETY SURVEY	4,101
DAVID LIFSICS	VARIANCE RESEARCH	549
ELY WEIZ	CONSULTING	2,700
SEE ATTACHED	LEGAL	7,809
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 49,950

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 72,590
Unemployment Compensation Insurance	19,564
FICA Taxes	251,856
Employee Health Insurance	217,800
Employee Meals	29,383
Illinois Municipal Retirement Fund (IMRF)*	
Employee Benefits Other	4,263
	0
	0
	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 595,456

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	12,057
Health Care Worker Background Check	71
(Indicate # of checks performed 2)	
Patient Background Checks 141	1,410
TRUST/FRANCHISE/CONTRIB/ETC	700
MARKETING/ADV/PROMO	29,614
LICENSES/DUES/SUBSCRIPTIONS	12,135
MGMT CO ALLOC	2,157
TRUST/FRANCHISE/CONTRIB/ETC	(700)
Less: Public Relations Expense	(0)
Non-allowable advertising	(29,614)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 27,830

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,641
Seminar Expense	0
Allocated from Dynamic Healthcare	534
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,175

* Attach copy of IMRF notifications

**See instructions.

GROSSE POINTE MANOR
LEGAL EXPENSES
12/31/2018

DATE	FIRM	INVOICE #	PURPOSE	COST
4/11/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	569.25
3/31/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	828.00
4/30/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	776.25
5/31/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	103.50
7/31/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	1,732.50
8/31/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	1,103.40
12/31/2018	NEAL GERBER & EISENBERG		GENERAL LABOR & EMPLOYMENT MATTERS	1,345.50
4/16/2018	MEYER MAGENCE		CONF RE DISCHARGE & ADMISSION	600.00
5/19/2018	LARRY A CHAMBERS , LTD		ATTEMPTED PURCHASE	500.00
10/22/2018	MUCH SHELIST		ILLINOIS LLC ANNUAL REPORT	250.00
			TOTAL LEGAL FEES	7,808.40

Facility Name & ID Number GROSSE POINTE MANOR # 0045203 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? **NO**
If YES, give association name and amount.

(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. $ Line **10**

(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. **NO**

(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. $ **238,500**
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. $ **29,383** 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