FOR BHF USE

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0052837

Facility Name: The Estates of Hyde Park

Address: 4505 S Drexel Blvd (Number) Chicago (City) 60653 (Zip Code)

County: Cook

Telephone Number: (773) 285-0550 **Fax #** (773) 285-5618

HFS ID Number:

Date of Initial License for Current Owners: 6/30/2014

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: Steven N. Lavenda **Telephone Number:** (847) 282-6300
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 01/01/16 to 12/31/16 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)
(Title)

Paid Preparer
(Signed) * (Date)
** Subject to the attached Accountants Consulting Report*
(Print Name and Title)
(Firm Name & Address) Marcum, LLP, 111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 N/A

	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	155	Skilled (SNF)	155	56,730	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	155	TOTALS	155	56,730	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	35,312	2,354	5,293	42,959	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,312	2,354	5,293	42,959	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.73%

D. How many bed-hold days during this year were paid by the Department?
None (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)
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 06/30/14

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/30/14 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 155 and days of care provided 3,164

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	256,028	54,121	15,608	325,757		325,757	8,616	334,373			1
2	Food Purchase		244,806		244,806		244,806	(1,825)	242,981			2
3	Housekeeping	181,269	21,000		202,269		202,269	993	203,262			3
4	Laundry	76,462	19,300	636	96,398		96,398		96,398			4
5	Heat and Other Utilities			155,302	155,302		155,302	1,374	156,676			5
6	Maintenance	163,221		280,811	444,032		444,032	(39,851)	404,181			6
7	Other (specify):*							3,255	3,255			7
8	**TOTAL General Services**	676,980	339,227	452,357	1,468,564		1,468,564	(27,438)	1,441,126			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,393,955	251,032	12,190	2,657,177		2,657,177	34,997	2,692,174			10
10a	Therapy	134,252		104	134,356		134,356		134,356			10a
11	Activities	107,649	27,091		134,740		134,740		134,740			11
12	Social Services	180,543	45		180,588		180,588	20,471	201,059			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							7,687	7,687			15
16	**TOTAL Health Care and Programs**	2,816,399	278,168	30,294	3,124,861		3,124,861	63,155	3,188,016			16
	C. General Administration											
17	Administrative	112,988			112,988		112,988	85,986	198,974			17
18	Directors Fees											18
19	Professional Services			517,319	517,319	(13,448)	503,871	(357,567)	146,304			19
20	Dues, Fees, Subscriptions & Promotions			51,490	51,490		51,490	(15,882)	35,608			20
21	Clerical & General Office Expenses	111,265	9,629	842,402	963,296		963,296	(685,142)	278,154			21
22	Employee Benefits & Payroll Taxes			654,716	654,716		654,716	(9,390)	645,326			22
23	Inservice Training & Education											23
24	Travel and Seminar			622	622		622	776	1,398			24
25	Other Admin. Staff Transportation			2,316	2,316		2,316	904	3,220			25
26	Insurance-Prop.Liab.Malpractice			182,922	182,922		182,922	2,100	185,022			26
27	Other (specify):*							34,865	34,865			27
28	**TOTAL General Administration**	224,253	9,629	2,251,787	2,485,669	(13,448)	2,472,221	(943,351)	1,528,871			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,717,632	627,024	2,734,438	7,079,094	(13,448)	7,065,646	(907,633)	6,158,013			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 Number The Estates of Hyde Park #0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			51,692	51,692		51,692	106,346	158,038			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,820	44,820		44,820	4,152	48,972			32
33	Real Estate Taxes			217,015	217,015	13,448	230,463	4,041	234,504			33
34	Rent-Facility & Grounds			749,639	749,639		749,639	(749,580)	59			34
35	Rent-Equipment & Vehicles			27,975	27,975		27,975	854	28,829			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,091,141	1,091,141	13,448	1,104,589	(634,187)	470,402			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		117,162	472,960	590,122		590,122		590,122			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			326,706	326,706		326,706		326,706			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		117,162	799,666	916,828		916,828		916,828			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,717,632	744,186	4,625,245	9,087,063		9,087,063	(1,541,820)	7,545,243			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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	30,427	30		9
10	Interest and Other Investment Income	(3,601)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(133)	02		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	(2,030)	21		18
19	Entertainment				19
20	Contributions	(750)	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	(790,589)	21		24
25	Fund Raising, Advertising and Promotional	(12,352)	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	(114,395)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (893,423)		$	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)	(648,398)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (648,398)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,541,821)		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

The Estates of Hyde Park

ID# 0052837

Report Period Beginning: 01/01/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Capitalized R&M	$ (44,667)	06	1
2	Vending Income	(2,041)	02	2
3	Rental Income - Parking	(5,850)	06	3
4	Theft Loss	(528)	21	4
5	Collection Expense	(4,303)	21	5
6	PAC Dues	(4,600)	20	6
7	Building Company - Management Fee	(1,938)	17	7
8	Building Company - Accounting Fee	(1,650)	19	8
9	Building Company - Operation Expense	(16,775)	21	9
10	Building Company - Bank Service Charges	(451)	21	10
11	Building Company - Filing Fee	(250)	21	11
12	Additional R&M	3	06	12
13	Non-allowable Legal	(31,345)	19	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**	(114,395)		49

The Estates of Hyde Park

ID# 0052837

Report Period Beginning: 01/01/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
50		$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32
82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98	Total			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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			162		8,454							8,616	1
2	Food Purchase	(2,174)		349									(1,825)	2
3	Housekeeping			896		97							993	3
4	Laundry													4
5	Heat and Other Utilities			1,250		124							1,374	5
6	Maintenance	(50,514)		2,611	7,823	229							(39,851)	6
7	Other (specify):*				2,087	1,168							3,255	7
8	**TOTAL General Services**	(52,688)		5,268	9,910	10,072							(27,438)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records					35,172		(175)					34,997	10
10a	Therapy													10a
11	Activities													11
12	Social Services					20,471							20,471	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					7,687							7,687	15
16	**TOTAL Health Care and Programs**					63,330		(175)					63,155	16
	C. General Administration													
17	Administrative	(1,938)	1,938	2,613	14,877	68,495							85,986	17
18	Directors Fees													18
19	Professional Services	(32,995)	1,650	(243,840)		(82,382)							(357,567)	19
20	Fees, Subscriptions & Promotions	(17,702)		848		972							(15,882)	20
21	Clerical & General Office Expenses	(814,926)	17,476	5,265	90,153	16,890							(685,142)	21
22	Employee Benefits & Payroll Taxes				(9,390)								(9,390)	22
23	Inservice Training & Education													23
24	Travel and Seminar			133		643							776	24
25	Other Admin. Staff Transportation			904									904	25
26	Insurance-Prop.Liab.Malpractice			1,565		535							2,100	26
27	Other (specify):*				23,418	11,447							34,865	27
28	**TOTAL General Administration**	(867,561)	21,064	(232,512)	119,058	16,600							(943,351)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(920,249)	21,064	(227,244)	128,968	90,002		(175)					(907,633)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Estates of Hyde Park # 0052837 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	30,427	73,204	2,086		629							106,346	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(3,601)		7,572		181							4,152	32
33	Real Estate Taxes			3,647		394							4,041	33
34	Rent-Facility & Grounds		(749,580)										(749,580)	34
35	Rent-Equipment & Vehicles			854									854	35
36	Other (specify):*													36
37	**TOTAL Ownership**	26,826	(676,376)	14,159		1,204							(634,187)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	**TOTAL Special Cost Centers**													44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(893,423)	(655,312)	(213,085)	128,968	91,206		(175)					(1,541,820)	45

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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	Rental Income	$ 749,580	Avenue Associates	100.00%	$	$ (749,580)	1
2	V	17	Management Fee		Avenue Associates	100.00%	1,938	1,938	2
3	V	19	Accounting Fee		Avenue Associates	100.00%	1,650	1,650	3
4	V	21	Operations Expense		Avenue Associates	100.00%	16,775	16,775	4
5	V	21	Bank Service Charges		Avenue Associates	100.00%	451	451	5
6	V	21	Filing Fee		Avenue Associates	100.00%	250	250	6
7	V	30	Depreciation Expense		Avenue Associates	100.00%	73,204	73,204	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 749,580			$ 94,268	$ * (655,312)	14

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	01	Dietary	$	Extended Care Consulting, LLC	100.00%	$ 162	$ 162	15
16	V	02	Food		Extended Care Consulting, LLC	100.00%	349	349	16
17	V	03	Housekeeping		Extended Care Consulting, LLC	100.00%	896	896	17
18	V	05	Utilities		Extended Care Consulting, LLC	100.00%	1,250	1,250	18
19	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	2,611	2,611	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	2,613	2,613	20
21	V	19	Professional Fees	249,057	Extended Care Consulting, LLC	100.00%	5,217	(243,840)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	848	848	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	5,265	5,265	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	133	133	24
25	V	25	Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	904	904	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	1,565	1,565	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	2,086	2,086	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	7,572	7,572	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	3,647	3,647	29
30	V	35	Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	854	854	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			$ 249,057			$ 35,972	$ * (213,085)	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	06	Maintenance (Pooled)		Extended Care Consulting, LLC	100.00%	7,823	$ 7,823	15
16	V	06	Maintenance (Direct)	13,867	Extended Care Consulting, LLC	100.00%	13,867		16
17	V	07	Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	733	733	17
18	V	07	Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	1,354	1,354	18
19	V								19
20	V								20
21	V	17	Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	14,877	14,877	21
22	V	21	Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	90,153	90,153	22
23	V	21	Office and Clerical (Direct)	17,432	Extended Care Consulting, LLC	100.00%	17,432		23
24	V	27	Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	19,210	19,210	24
25	V	27	Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	4,208	4,208	25
26	V	22	Employee Benefits	9,390	Extended Care Consulting, LLC	100.00%		(9,390)	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 40,689			$ 169,657	$ * 128,968	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	03	Housekeeping	$	Extended Care Clinical, LLC	100.00%	$ 97	$ 97	15
16	V	05	Utilities		Extended Care Clinical, LLC	100.00%	124	124	16
17	V	06	Maintenance		Extended Care Clinical, LLC	100.00%	229	229	17
18	V	19	Professional Fees	83,019	Extended Care Clinical, LLC	100.00%	637	(82,382)	18
19	V	20	Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	972	972	19
20	V	21	Office & Clerical		Extended Care Clinical, LLC	100.00%	2,527	2,527	20
21	V	24	Travel and Seminar		Extended Care Clinical, LLC	100.00%	643	643	21
22	V	26	Insurance		Extended Care Clinical, LLC	100.00%	535	535	22
23	V	30	Depreciation		Extended Care Clinical, LLC	100.00%	629	629	23
24	V	32	Interest		Extended Care Clinical, LLC	100.00%	181	181	24
25	V	33	Real Estate Taxes		Extended Care Clinical, LLC	100.00%	394	394	25
26	V	01	Dietary Salary		Extended Care Clinical, LLC	100.00%	8,454	8,454	26
27	V	07	Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	1,168	1,168	27
28	V	10	Nursing Salary		Extended Care Clinical, LLC	100.00%	35,172	35,172	28
29	V	12	Social Service Salary		Extended Care Clinical, LLC	100.00%	20,471	20,471	29
30	V	15	Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	7,687	7,687	30
31	V	17	Administration Salary		Extended Care Clinical, LLC	100.00%	68,495	68,495	31
32	V	21	Office Salary		Extended Care Clinical, LLC	100.00%	14,363	14,363	32
33	V	27	Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	11,447	11,447	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 83,019			$ 174,225	$ * 91,206	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	22	Employee Health Insurance	$	CCS Employee Benefits Group	100.00%	$ 82,163	$ 82,163	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	82,163	CCS Employee Benefits Group	100.00%		(82,163)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 82,163			$ 82,163	$ *	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	10	Various Equipment	3,000	Vent Lease LLC	100.00%	2,825	$ (175)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 3,000			$ 2,825	$ * (175)	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 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			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 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			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 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			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	ATIED ASSOCIATES	100.00%	BEECHER MANOR NURSING AND REHABILITATION CENTER, LLC	BEECHER	AVENUE ASSOCIATES		BUILDING COMPANY	1
2			BRIAR PLACE LTD.	INDIAN HEAD PARK	EXTENDED CARE CONSULTING	EVANSTON	MGMT/BOOKKEEPING	2
3			CHATEAU NURSING AND REHABILITATION CENTER, L.L.C.	WILLOWBROOK	EXTENDED CARE CLINICAL	EVANSTON	CLINICAL	3
4			COUNTRYSIDE NURSING AND REHABILITATION CENTER, LLC	DOLTON	CARE CENTERS BUILDING	EVANSTON	BUILDING COMPANY	4
5			GRASMERE PLACE, LLC	CHICAGO	VENT LEASE LLC	EVANSTON	NURSING EQUIPMENT	5
6			LAKEWOOD NURSING & REHABILITATION CENTER, L.L.C.	PLAINFIELD	C.C.S. VEBA	EVANSTON	HEALTH INSURANCE	6
7			LEMONT NURSING AND REHABILITATION CENTER, L.L.C.	LEMONT	MAC RX	DES PLAINES	PHARMACY	7
8			MAJOR HOSPITAL DYER	DYER, IN	RELIABLE MEDICAL SUPPLY	DES PLAINES	MEDICAL SUPPLIES	8
9			MAJOR HOSPITAL LAKE COUNTY	EAST CHICAGO, IN				9
10			MAJOR HOSPITAL LINCOLNSHIRE	MERRIVILLE, IN				10
11			MAJOR HOSPITAL MUNSTER	MUNSTER, IN				11
12			MAJOR HOSPITAL SEBOS	HOBART, IN				12
13			MCKINLEY HEALTH CARE CENTER	CANTON, OH				13
14			PARK HOUSE NURSING AND REHABILITATION CENTER,LLC	CHICAGO				14
15			PRAIRIE MANOR NURSING & REHABILITATION CENTER, L.L.C.	CHICAGO HEIGHTS				15
16			PRAIRIE VILLAGE HEALTHCARE CENTER, INC.	JACKSONVILLE				16
17			RAINBOW BEACH QOC, L.L.C.	CHICAGO				17
18			SHEFFIELD MANOR	DYER, IN				18
19			SHERIDAN SHORES CARE & REHABILITATION CENTER, INC.	CHICAGO				19
20			SOUTH SUBURBAN REHABILITATION CENTER, LLC	HOMEWOOD				20
21			SPRING CREEK NURSING & REHAB CENTER	JOLIET				21
22			ST. JAMES WELLNESS REHAB VILLAS	CRETE				22
23			THE ESTATES OF HYDE PARK	CHICAGO				23
24			THE PARC AT JOLIET	JOLIET				24
25			TIMBER POINT HEALTHCARE CENTER, INC.	CAMP POINT				25
26			TRI-STATE NURSING & REHABILITATION CENTER, INC.	LANSING				26
27			WHEATON CARE CENTER	WHEATON				27
28								28
29								29
30								30

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Adam Vales	Relative	Clerical	0%	See Attached	0.42	1.04%	Alloc. Salary	$ 766	22-7	1
2	Mark Steinberg	Relative	Administrative	0%	See Attached	2.48	4.51%	Mgmt Fee/ Salary	8,982	17-7	2
3	Kimberly Rudolph	Relative	Clerical	0%	See Attached	0.24	3.11%	Alloc. Salary	73	22-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	$ 9,821		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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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: Extended Care Consulting, LLC
Street Address: 2201 West Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905-3000
Fax Number: (847) 905-3030

	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	01	Dietary	Patient Days	1,380,761	34	$ 5,206	$	42,959	$ 162	1
2	02	Food	Patient Days	1,380,761	34	11,203		42,959	349	2
3	03	Housekeeping	Patient Days	1,380,761	34	28,798		42,959	896	3
4	05	Utilities	Patient Days	1,380,761	34	40,168		42,959	1,250	4
5	06	Maintenance	Patient Days	1,380,761	34	83,922		42,959	2,611	5
6	17	Administrative	Patient Days	1,380,761	34	84,000		42,959	2,613	6
7	19	Professional Fees	Patient Days	1,380,761	34	167,697		42,959	5,217	7
8	20	Dues and Subscriptions	Patient Days	1,380,761	34	27,266		42,959	848	8
9	21	Office and Clerical	Patient Days	1,380,761	34	169,235		42,959	5,265	9
10	24	Seminar and Travel	Patient Days	1,380,761	34	4,279		42,959	133	10
11	25	Other Staff Admin. Trans.	Patient Days	1,380,761	34	29,053		42,959	904	11
12	26	Insurance	Patient Days	1,380,761	34	50,289		42,959	1,565	12
13	30	Depreciation	Patient Days	1,380,761	34	67,038		42,959	2,086	13
14	32	Interest	Patient Days	1,380,761	34	243,379		42,959	7,572	14
15	33	Real Estate Taxes	Patient Days	1,380,761	34	117,233		42,959	3,647	15
16	35	Rent - Equipment & Auto	Patient Days	1,380,761	34	27,451		42,959	854	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,156,218	$		$ 35,972	25

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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: Extended Care Consulting, LLC
Street Address: 2201 West Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905-3000
Fax Number: (847) 905-3030

	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	06	Maintenance (Pooled)	Patient Days	1,380,761	34	251,431	251,431	42,959	7,823	1
2	06	Maintenance (Direct)	Direct		20	373,682	373,682		13,867	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,380,761	34	23,565		42,959	733	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		20	46,748			1,354	4
5										5
6										6
7	17	Administrative (Pooled)	Patient Days	1,380,761	34	478,172	478,172	42,959	14,877	7
8	21	Office and Clerical (Pooled)	Patient Days	1,380,761	34	2,897,656	2,897,656	42,959	90,153	8
9	21	Office and Clerical (Direct)	Direct		24	460,382	460,382		17,432	9
10	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,380,761	34	617,434		42,959	19,210	10
11	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		24	73,413			4,208	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					$ 5,222,483	$ 4,461,323		$ 169,657	25

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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: Extended Care Clinical, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905-3000
Fax Number: (847) 905-3030

	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	03	Housekeeping	Patient Days	818,091	19	$ 1,844	$	42,959	$ 97	1
2	05	Utilities	Patient Days	818,091	19	2,355		42,959	124	2
3	06	Maintenance	Patient Days	818,091	19	4,352		42,959	229	3
4	19	Professional Fees	Patient Days	818,091	19	12,122		42,959	637	4
5	20	Dues and Subscriptions	Patient Days	818,091	19	18,512		42,959	972	5
6	21	Office & Clerical	Patient Days	818,091	19	48,124		42,959	2,527	6
7	24	Travel and Seminar	Patient Days	818,091	19	12,239		42,959	643	7
8	26	Insurance	Patient Days	818,091	19	10,196		42,959	535	8
9	30	Depreciation	Patient Days	818,091	19	11,978		42,959	629	9
10	32	Interest	Patient Days	818,091	19	3,446		42,959	181	10
11	33	Real Estate Taxes	Patient Days	818,091	19	7,506		42,959	394	11
12	01	Dietary Salary	Patient Days	818,091	19	160,997	160,997	42,959	8,454	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	818,091	19	22,241		42,959	1,168	13
14	10	Nursing Salary	Patient Days	818,091	19	669,803	669,803	42,959	35,172	14
15	12	Social Service Salary	Patient Days	818,091	19	389,842	389,842	42,959	20,471	15
16	15	Emp. Ben. - Healthcare	Patient Days	818,091	19	146,386		42,959	7,687	16
17	17	Administration Salary	Patient Days	818,091	19	1,304,395	1,304,395	42,959	68,495	17
18	21	Office Salary	Patient Days	818,091	19	273,525	273,525	42,959	14,363	18
19	27	Emp. Ben. - Gen. Admin.	Patient Days	818,091	19	217,984		42,959	11,447	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,317,844	$ 2,798,561		$ 174,225	25

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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: CCS Employee Benefits Group, Inc.
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847)905-4000
Fax Number: (847)905-4040

	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	22	Employee Health Insurance	Direct Allocation			$	$		$ 82,163	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					$	$		$ 82,163	25

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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: Vent Lease, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 674-1180
Fax Number: (847) 673-7741

	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	10	Various Equipment	Direct Allocation						2,825	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					$	$		$ 2,825	25

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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
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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

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

Name of Related Organization
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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

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

Name of Related Organization
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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

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

Name of Related Organization
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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Note Payable		X	Furniture and Equipment			$	$ 13,500			$	1
2												2
3												3
4												4
5					-							5
	Working Capital											
6	The Private Bank		X	Line of Credit				950,000			44,820	6
7												7
8					-							8
9	TOTAL Facility Related						$	$ 963,500			$ 44,820	9
	B. Non-Facility Related*											
10	Interest Income		X								(3,601)	10
11	Allocated - Consulting, LLC	X									7,572	11
12	Allocated - Clinical, LLC	X									181	12
13					-							13
14	TOTAL Non-Facility Related						$	$			$ 4,152	14
15	TOTALS (line 9+line14)						$	$ 963,500			$ 48,972	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

*** 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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8							$	$			$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

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

SEE ACCOUNTANTS' COMPILATION REPORT

** 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 The Estates of Hyde Park # 0052837 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 213,883	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.)		$ 214,235	2
3. Under or (over) accrual (line 2 minus line 1).		$ 352	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 220,704	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.)**		$ 13,448	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.		$ 234,504	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011		8
2012		9
2013	199,676	10
2014	203,698	11
2015	210,194	12

2016 Accrual = $210,194 x 1.05 = $220,704

Allocated - Extended Care Consulting, LLC - $3,647

Allocated - Extended Care Clinical, LLC - $394

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.**

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Estates of Hyde Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052837

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	20-02-312-001-0000	Long Term Care Property	$ 210,193.86	$ 210,193.86
2.	See Attached	Allocated - Extended Care Consulting	$ 167,518.13	$ 3,647.44
3.	See Attached	Allocated - Extended Care Clincial	$ 167,518.13	$ 394.16
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 545,230.12	$ 214,235.46

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Estates of Hyde Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052837

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 43,293 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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	51,415		$ 100,000	1
2	Allocated - Consulting Care Centers Building, LLC			19,783	2
3	TOTALS	51,415		$ 119,783	3

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	155		2014	1970	$ 3,624,349	$ 73,204	35	$ 103,553	$ 30,349	$ 310,659	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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

*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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		93,925	1,307		1,307		63,286	68
69	Financial Statement Depreciation			51,692			(51,692)		69
70	TOTAL (lines 4 thru 69)		$ 3,718,274	$ 126,203		$ 104,860	$ (21,343)	$ 373,945	70

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 3,718,274	$ 126,203		$ 104,860	$ (21,343)	$ 373,945	1
2	Remove & Replace Entire Parking Lot	2014	68,000		20	4,533	4,533	10,956	2
3	Tv Cabling & Power Outlets In Patient Rooms	2014	3,510		20	176	176	410	3
4	Asphalt In Grass Area	2014	9,000		20	600	600	1,400	4
5	Sewer Work In Basement	2014	4,175		20	209	209	435	5
6	Demolition Of Elevator Mechanical Room	2015	4,550		20	227	227	417	6
7	Lbs Installed Power Outlets And Tv Outlets	2015	3,440		20	688	688	1,261	7
8	Everest Elevator: Door Operator And New Doors.	2015	26,128		20	1,306	1,306	2,286	8
9	618 Ft Custom Baseboard Covers	2015	25,656		20	5,131	5,131	6,414	9
10	3-Phase Feeder For Passenger Elevator Provided By Amc Electric	2015	11,000		20	550	550	688	10
11	Installed Vinyl Flooring In 25 Resident Rooms	2015	12,279		20	614	614	972	11
12	Installed Floor Tile, Wall Tile, & Cove Base In 8 Resident Rooms	2015	31,420		20	1,571	1,571	2,487	12
13	2232 Sq Ft Of Resident Room Flooring	2015	6,311		20	316	316	447	13
14	8 Vanity Lights & 4 Sink Quartz Tops In Resident Bathrooms	2015	3,521		20	176	176	249	14
15	Changed Soffits In 1St Floor Corridor & Renderings	2015	4,506		20	225	225	319	15
16	2 New Door Frames	2015	8,320		20	416	416	589	16
17	Installed 16 Light Fixtures, Tile, Wall Covering In Lobby	2015	8,187		20	409	409	580	17
18	24 Sq Yd Of Carpet And 60 Sq Yd Wall Covering In Reservation I	2015	3,078		20	154	154	218	18
19	Therapy Room - Fire Rated Tile, Light Fixtures, Wall Covering, C	2015	11,073		20	554	554	784	19
20	1St Floor Corridor - Light Fixtures, Flooring & Wall Covering	2015	35,416		20	1,771	1,771	2,509	20
21	Private Dining Room - Flooring, Wall Covering & Hardware	2015	4,831		20	242	242	342	21
22	10 Curtains & Corner Guards For Resident Rooms	2015	7,593		20	380	380	538	22
23	Office Conversion - Wall Tile, Faucet, Fixtures, Resident Rm Floo	2015	9,848		20	492	492	698	23
24	Replace & Retrofit Mechanical Governor Assembly For Generato	2015	5,549		20	277	277	370	24
25	Install New Motor & Pump Unit For Passenger Elevator	2015	6,000		20	300	300	400	25
26	Install New 12 Circuit Circuit Breaker Load Center Connected To	2015	3,500		20	175	175	190	26
27	Two Offices - Carpet, Ceiling Tile, Outlet Covers & Paint	2015	10,000		20	500	500	583	27
28	Entry Doors - Install 2 Frames & Glass Doors	2015	3,255		20	163	163	176	28
29	Furnish & Install 18 Single Doors	2016	13,716		20	686	686	686	29
30	Seal Coating On Parking Lot	2016	13,050		20	435	435	435	30
31	Install Heavy Duty Fusible Disconnect Switch For Service Elevato	2016	2,500		20	125	125	125	31
32	Boiler Repairs - #8 Gas Valve, #10 Pilot Assembly, #14 Aquastat	2016	2,750		20	138	138	138	32
33	Repacked Fire Pump	2016	2,600		20	130	130	130	33
34	TOTAL (lines 1 thru 33)		$ 4,083,037	$ 126,203		$ 128,528	$ 2,325	$ 412,177	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 4,083,037	$ 126,203		$ 128,528	$ 2,325	$ 412,177	1
2	Passenger Elevator - Replaced Lv & Ld Triacs, Stop Switch,	2016			20				2
3	Board Relay And Reverse Phase Relay	2016	4,254		20	213	213	213	3
4	Hot Water Re-Piping In Four Bathrooms	2016	3,500		20	175	175	175	4
5	Remove Cinder Block - Install Copper Pipes, New Utility Faucet &	2016	3,500		20	175	175	175	5
6	Dishwasher Room - Installed New Pipes & Recement Flooring	2016	6,500		20	325	325	325	6
7	Replaced Broken Pipes In Main Sink Line	2016	5,000		20	250	250	250	7
8	Replace Broken Pipes In Kitchen	2016	6,600		20	330	330	330	8
9	Installed 2 Upright Sprinkler Heads - Equipment Room	2016	2,883		20	144	144	144	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	TOTAL (lines 1 thru 33)		$ 4,115,274	$ 126,203		$ 130,140	$ 3,937	$ 413,789	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 4,115,274	$ 126,203		$ 130,140	$ 3,937	$ 413,789	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
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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)		$ 4,115,274	$ 126,203		$ 130,140	$ 3,937	$ 413,789	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 4,115,274	$ 126,203		$ 130,140	$ 3,937	$ 413,789	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
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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)		$ 4,115,274	$ 126,203		$ 130,140	$ 3,937	$ 413,789	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Building Company		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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
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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)		$	$		$	$	$	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 12F, Carried Forward		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Allocated - Extended Care Consulting	2007	7,467	165	39	165		1,571	3
4	Allocated - Consulting Care Centers Building, LLC	2002	24,604	631	39	631		9,016	4
5	Allocated - Extended Care Clinical, LLC	2002	2,659	68	39	68		974	5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10	Allocated - Extended Care Consulting	2007	143	7	20	7		72	10
11	Allocated - Extended Care Consulting	2009	86	4	20	4		34	11
12	Allocated - Extended Care Consulting	2010	839	42	20	42		294	12
13	Allocated - Extended Care Consulting	2011	302	15	20	15		91	13
14	Allocated - Extended Care Consulting	2012	100	5	20	5		25	14
15	Allocated - Extended Care Consulting	2014	1,380	69	20	69		207	15
16	Allocated - Extended Care Consulting	2016	1,655	83	20	83		83	16
17									17
18	Allocated - Consulting Care Centers Building, LLC	2002	20,325		20			20,325	18
19	Allocated - Consulting Care Centers Building, LLC	2003	23,952		20			23,952	19
20	Allocated - Consulting Care Centers Building, LLC	2005	1,190	2	20	2		1,190	20
21	Allocated - Consulting Care Centers Building, LLC	2009	215	11	20	11		86	21
22	Allocated - Consulting Care Centers Building, LLC	2014	1,997	100	20	100		300	22
23	Allocated - Consulting Care Centers Building, LLC	2015	339	17	20	17		34	23
24	Allocated - Consulting Care Centers Building, LLC	2016	1,338	67	20	67		67	24
25									25
26	Allocated - Extended Care Clinical, LLC	2002	2,196		20			2,196	26
27	Allocated - Extended Care Clinical, LLC	2003	2,588		20			2,588	27
28	Allocated - Extended Care Clinical, LLC	2005	129		20			129	28
29	Allocated - Extended Care Clinical, LLC	2009	23	1	20	1		9	29
30	Allocated - Extended Care Clinical, LLC	2014	216	11	20	11		32	30
31	Allocated - Extended Care Clinical, LLC	2015	37	2	20	2		4	31
32	Allocated - Extended Care Clinical, LLC	2016	145	7	20	7		7	32
33									33
34	TOTAL (lines 1 thru 33)		$ 93,925	$ 1,307		$ 1,307	$	$ 63,286	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 12H, Carried Forward		$ 93,925	$ 1,307		$ 1,307	$	$ 63,286	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 93,925	$ 1,307		$ 1,307	$	$ 63,286	34

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

Facility Name & ID Number The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 230,104	$ 709	$ 26,961	$ 26,252	10	$ 68,342	71
72	Current Year Purchases	14,274		238	238	10	238	72
73	Fully Depreciated Assets	95,736				10	95,736	73
74								74
75	TOTALS	$ 340,115	$ 709	$ 27,199	$ 26,490		$ 164,316	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		Allocated - Consulting, LLC	2016	$ 5,615	$ 159	$ 159	$	5	$ 5,298	76
77		Allocated - Clinical, LLC	2016	2,698	540	540		5	2,416	77
78										78
79										79
80	TOTALS			$ 8,313	$ 699	$ 699	$		$ 7,714	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)	$ 4,583,484	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 127,611	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 158,038	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 30,427	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 585,818	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	Carlsen's Elevator Services	$ 33,000	92
93			93
94			94
95		$ 33,000	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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Storage Rental				59			6
7	TOTAL				$ 59 **			7

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2017	$
13.	/2018	$
14.	/2019	$

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO
16. Rental Amount for movable equipment: $ 28,829 Description: See Attached Schedule
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$ -	$	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 The Estates of Hyde Park # 0052837 Report Period Beginning: 01/01/16 Ending: 12/31/16

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.

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		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 196,768	$		$ 196,768	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			52,822			52,822	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			223,142			223,142	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				112,012		112,012	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					228	5,150		5,378	13
14	TOTAL			$		$ 472,960	$ 117,162		$ 590,122	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 The Estates of Hyde Park # 0052837 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/16 **(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	$ 3,040	$ 3,040	1
2	Cash-Patient Deposits	33,482	33,482	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,383,788	1,383,788	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	262,345	262,345	6
7	Other Prepaid Expenses	6,418	6,418	7
8	Accounts Receivable (owners or related parties)		250,428	8
9	Other(specify): See Attached Schedule	48,315	37,358	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,737,388	$ 1,976,859	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		3,624,349	14
15	Leasehold Improvements, at Historical Cost	373,215	373,215	15
16	Equipment, at Historical Cost	38,289	193,289	16
17	Accumulated Depreciation (book methods)	(78,693)	(3,483,103)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	619,510	232,010	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 952,321	$ 1,039,760	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,689,709	$ 3,016,619	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,488,765	$ 803,112	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,852	32,852	28
29	Short-Term Notes Payable	950,000	950,000	29
30	Accrued Salaries Payable	242,591	242,591	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,349	18,349	31
32	Accrued Real Estate Taxes(Sch.IX-B)	220,704	220,704	32
33	Accrued Interest Payable		12,000	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	1,082,507	1,559,524	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,035,768	$ 3,839,132	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	13,500	13,500	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43			1,834,190	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 13,500	$ 1,847,690	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,049,268	$ 5,686,822	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,359,559)	$ (2,670,203)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,689,709	$ 3,016,619	48

***(See instructions.)**

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (146,843)	1
2	Restatements (describe):		2
3	**Repairs & Maintenance**	(2,728)	3
4	**Rounding**	8	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (149,563)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,209,996)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,209,996)	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)**	$ (1,359,559)	24 *

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

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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	$ 7,709,923	1
2	Discounts and Allowances for all Levels	(1,881,872)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,828,051	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,926,073	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,926,073	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	5,850	16
17	Sale of Drugs	95,832	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	4,800	20
21	Other Medical Services	10,819	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 117,301	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,601	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,601	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	2,041	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,041	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,877,067	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,468,564	31
32	Health Care	3,124,861	32
33	General Administration	2,485,669	33
	B. Capital Expense		
34	Ownership	1,091,141	34
	C. Ancillary Expense		
35	Special Cost Centers	590,122	35
36	Provider Participation Fee	326,706	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,087,063	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,209,996)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,209,996)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,110,476	44
45	Private Pay - Net Inpatient Revenue	313,657	45
46	Medicare - Net Inpatient Revenue	92,159	46
47	Other-(specify) Hospice	236,775	47
48	Other-(specify) Insurance	74,984	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,828,051	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.**

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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	1,979	2,020	$ 94,358	$ 46.71	1
2	Assistant Director of Nursing	1,960	2,027	74,348	36.68	2
3	Registered Nurses	9,032	9,689	303,518	31.33	3
4	Licensed Practical Nurses	35,425	38,524	991,425	25.74	4
5	CNAs & Orderlies	70,801	76,826	853,371	11.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,005	7,517	134,252	17.86	8
9	Activity Director	2,775	3,035	43,359	14.29	9
10	Activity Assistants	5,789	6,116	64,290	10.51	10
11	Social Service Workers	7,707	8,484	180,543	21.28	11
12	Dietician					12
13	Food Service Supervisor	1,986	2,156	41,736	19.36	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,780	5,202	53,642	10.31	15
16	Dishwashers	14,347	15,614	160,650	10.29	16
17	Maintenance Workers	11,400	12,314	163,221	13.25	17
18	Housekeepers	15,744	17,044	181,269	10.64	18
19	Laundry	6,753	7,383	76,462	10.36	19
20	Administrator	2,091	2,190	112,988	51.59	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,890	2,043	72,641	35.56	23
24	Clerical	1,912	2,145	38,624	18.01	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	2,112	2,340	41,707	17.82	31
32	Other Health Care(specify)					32
33	Other(specify)	1,954	2,111	35,229	16.69	33
34	TOTAL (lines 1 - 33)	207,442	224,780	$ 3,717,633 *	$ 16.54	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	165	$ 15,608	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	12,190	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	2	104	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	167	$ 45,902		49

C. CONTRACT NURSES

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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Caroline Hamilton	Administrator	0	$ 112,988
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 112,988

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Pinnacle Quality Insight	Customer Satisfaction	$ 2,561
Paycor	Payroll Processing	23,881
Ability	Network Service Vendor	2,244
Matrixcare	E.H.R.	27,068
National Datacare Corporation	Resident Fund Processing	2,310
Marcum	Accounting	21,100
Personnel Planners	Unemployment Consulting	2,446
ECC Consulting	Home Office Expense	249,057
ECC Clinical	Home Office Expense	83,019
Legal	See Attached	101,051
Navex Global	Risk & Compliance Mgmt	102
See Supplemental Schedule		2,479
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 517,318

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 80,974
Unemployment Compensation Insurance	82,814
FICA Taxes	284,399
Employee Health Insurance	157,770
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	295
Pension Expense	27,934
Other Employee Welfare	6,055
Holiday Expense	5,085
TOTAL (agree to Schedule V, line 22, col.8)	$ 645,326

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	8,832
Health Care Worker Background Check	2,182
(Indicate # of checks performed 101)	
Patient Background Checks	
Licenses & Fees	4,149
Dues & Subscriptions	18,625
Allocated - Extended Care Consulting	848
Allocated - Extended Care Clinical	972
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 35,607

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	622
Allocated - Extended Care Consulting	133
Allocated - Extended Care Clinical	643
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,398

* Attach copy of IMRF notifications

**See instructions.

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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 $13,939**

(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? **N/A**

(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 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **26,432** 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. **N/A**

(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.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **326,706**
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. $ Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
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: **N/A**

(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