

Facility Name & ID Number Estates Of Hyde Park, The

0052837 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	155	Skilled (SNF)	155	56,575	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	56,575	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	41,384	1,415	2,352	45,151	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,384	1,415	2,352	45,151	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.81%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 06/30/14

J. Was the facility purchased or leased after January 1, 1978?
YES Date 06/30/2014 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 155 and days of care provided 2,292

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	296,893	83,576	15,859	396,328		396,328	9,085	405,413		1
2	Food Purchase		266,113		266,113		266,113	(1,034)	265,079		2
3	Housekeeping	191,529	35,441		226,970		226,970	1,132	228,102		3
4	Laundry	98,732	15,797	152	114,681		114,681		114,681		4
5	Heat and Other Utilities			156,914	156,914		156,914	1,387	158,301		5
6	Maintenance	187,272		180,538	367,810		367,810	(2,579)	365,231		6
7	Other (specify):*							2,540	2,540		7
8	TOTAL General Services	774,426	400,927	353,463	1,528,816		1,528,816	10,531	1,539,347		8
	B. Health Care and Programs										
9	Medical Director			7,948	7,948		7,948		7,948		9
10	Nursing and Medical Records	2,714,757	180,108	12,432	2,907,297		2,907,297	39,965	2,947,262		10
10a	Therapy	157,933		2,582	160,515		160,515		160,515		10a
11	Activities	132,863	27,785		160,648		160,648		160,648		11
12	Social Services	244,943	343		245,286		245,286	32,109	277,395		12
13	CNA Training										13
14	Program Transportation			493	493		493		493		14
15	Other (specify):*							10,129	10,129		15
16	TOTAL Health Care and Programs	3,250,496	208,236	23,455	3,482,187		3,482,187	82,203	3,564,390		16
	C. General Administration										
17	Administrative	106,996			106,996		106,996	96,096	203,092		17
18	Directors Fees										18
19	Professional Services			388,491	388,491	(5,610)	382,881	(329,861)	53,020		19
20	Dues, Fees, Subscriptions & Promotions			65,679	65,679		65,679	(12,704)	52,975		20
21	Clerical & General Office Expenses	61,628	23,339	683,791	768,758		768,758	(498,150)	270,608		21
22	Employee Benefits & Payroll Taxes			765,101	765,101		765,101	(12,919)	752,182		22
23	Inservice Training & Education										23
24	Travel and Seminar			650	650		650	1,191	1,841		24
25	Other Admin. Staff Transportation			(422)	(422)		(422)	833	411		25
26	Insurance-Prop.Liab.Malpractice			253,603	253,603		253,603	2,098	255,701		26
27	Other (specify):*							42,018	42,018		27
28	TOTAL General Administration	168,624	23,339	2,156,893	2,348,856	(5,610)	2,343,246	(711,398)	1,631,848		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,193,546	632,502	2,533,811	7,359,859	(5,610)	7,354,249	(618,664)	6,735,585		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

Estates Of Hyde Park, The

#0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			61,371	61,371		61,371	99,534	160,905			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			76,332	76,332		76,332	1,512	77,844			32
33	Real Estate Taxes			266,781	266,781	5,610	272,391	(12,289)	260,102			33
34	Rent-Facility & Grounds			749,580	749,580		749,580	(749,580)				34
35	Rent-Equipment & Vehicles			35,832	35,832		35,832	920	36,752			35
36	Other (specify):*			6,070	6,070		6,070	(6,070)				36
37	TOTAL Ownership			1,195,966	1,195,966	5,610	1,201,576	(665,973)	535,603			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		155,533	504,012	659,545		659,545		659,545			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			344,500	344,500		344,500		344,500			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		155,533	848,512	1,004,045		1,004,045		1,004,045			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,193,546	788,035	4,578,289	9,559,870		9,559,870	(1,284,637)	8,275,233			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	23,772	30		9
10	Interest and Other Investment Income	(12,020)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(83)	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	(830)	21		18
19	Entertainment				19
20	Contributions	(250)	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	(617,086)	21		24
25	Fund Raising, Advertising and Promotional	(6,616)	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	(57,152)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (670,265)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(614,372)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (614,372)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,284,637)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Estates Of Hyde Park, The

ID# 0052837

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Capitalized R&M	\$ (8,896)	06	1
2	Vending Income	(1,437)	02	2
3	Rental Income	(4,724)	06	3
4	Theft Loss	(1,226)	21	4
5	Patient Clothing	(256)	10	5
6	Amortization	(6,070)	36	6
7	PAC Dues	(7,533)	20	7
8	Building Company - Accounting Fee	(4,100)	19	8
9	Building Company - Bank Service Charges	(483)	21	9
10	Building Company - Filing Fee	(250)	21	10
11	Non-Allowable Legal	(22,177)	19	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(57,152)		49

Estates Of Hyde Park, The

Report Period Beginning: ID# 0052837
 Ending: 01/01/17
 12/31/17

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 Estates Of Hyde Park, The# 0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary			167		8,918							9,085	1
2	Food Purchase	(1,520)		486									(1,034)	2
3	Housekeeping			1,006		126							1,132	3
4	Laundry													4
5	Heat and Other Utilities			1,246		141							1,387	5
6	Maintenance	(13,620)		3,433	7,365	243							(2,579)	6
7	Other (specify):*				1,291	1,249							2,540	7
8	TOTAL General Services	(15,140)		6,338	8,656	10,677							10,531	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(256)				40,221							39,965	10
10a	Therapy													10a
11	Activities													11
12	Social Services					32,109							32,109	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					10,129							10,129	15
16	TOTAL Health Care and Programs	(256)				82,459							82,203	16
	C. General Administration													
17	Administrative			2,569	14,770	78,757							96,096	17
18	Directors Fees													18
19	Professional Services	(26,277)	4,100	(245,755)		(61,929)							(329,861)	19
20	Fees, Subscriptions & Promotions	(14,399)		746		949							(12,704)	20
21	Clerical & General Office Expenses	(619,875)	733	7,381	92,380	21,231							(498,150)	21
22	Employee Benefits & Payroll Taxes				(12,919)								(12,919)	22
23	Inservice Training & Education													23
24	Travel and Seminar			32		1,159							1,191	24
25	Other Admin. Staff Transportation			833									833	25
26	Insurance-Prop.Liab.Malpractice			1,503		595							2,098	26
27	Other (specify):*				28,237	13,781							42,018	27
28	TOTAL General Administration	(660,551)	4,833	(232,691)	122,468	54,543							(711,398)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(675,947)	4,833	(226,353)	131,124	147,679							(618,664)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	23,772	73,204	2,136		422							99,534	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(12,020)		13,379		153							1,512	32
33	Real Estate Taxes		(16,512)	3,754		469							(12,289)	33
34	Rent-Facility & Grounds		(749,580)										(749,580)	34
35	Rent-Equipment & Vehicles			920									920	35
36	Other (specify):*	(6,070)											(6,070)	36
37	TOTAL Ownership	5,682	(692,888)	20,189		1,044							(665,973)	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)	(670,265)	(688,055)	(206,164)	131,124	148,723							(1,284,637)	45

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. YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 749,580	Avenue Associates	100.00%	\$	\$ (749,580)	1
2	V	33 Property Taxes	250,862	Avenue Associates	100.00%		(250,862)	2
3	V	19 Accounting Fee		Avenue Associates	100.00%	4,100	4,100	3
4	V	21 Bank Service Charges		Avenue Associates	100.00%	483	483	4
5	V	21 Filing Fee		Avenue Associates	100.00%	250	250	5
6	V	30 Depreciation Expense		Avenue Associates	100.00%	73,204	73,204	6
7	V	33 Real Estate Tax Expenses		Avenue Associates	100.00%	234,350	234,350	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,000,442			\$ 312,387	\$ * (688,055)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 167	\$	167	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	486		486	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	1,006		1,006	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	1,246		1,246	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	3,433		3,433	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	2,569		2,569	20
21	V	19 Professional Fees	188,034	Extended Care Consulting, LLC	100.00%	3,302		(245,755)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	746		746	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	7,381		7,381	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	32		32	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	833		833	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	1,503		1,503	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	2,136		2,136	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	13,379		13,379	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	3,754		3,754	29
30	V	35 Rent - Equipment & Auto		Extended Care Consulting, LLC	100.00%	920		920	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		\$ 188,034			\$ 42,893	\$ *	(206,164)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06 Maintenance (Pooled)		Extended Care Consulting, LLC	100.00%	7,365	\$	7,365	15
16	V	06 Maintenance (Direct)	7,302	Extended Care Consulting, LLC	100.00%	7,302			16
17	V	07 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	683		683	17
18	V	07 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	608		608	18
19	V								19
20	V								20
21	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	14,770		14,770	21
22	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	92,380		92,380	22
23	V	21 Office and Clerical (Direct)	36,089	Extended Care Consulting, LLC	100.00%	36,089			23
24	V	27 Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	20,704		20,704	24
25	V	27 Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	7,533		7,533	25
26	V	22 Employee Benefits	12,919	Extended Care Consulting, LLC	100.00%			(12,919)	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		\$ 56,310			\$ 187,434	\$ *	131,124	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	03 Housekeeping	\$	Extended Care Clinical, LLC	100.00%	\$ 126	\$	126	15
16	V	05 Utilities		Extended Care Clinical, LLC	100.00%	141		141	16
17	V	06 Maintenance		Extended Care Clinical, LLC	100.00%	243		243	17
18	V	19 Professional Fees	62,678	Extended Care Clinical, LLC	100.00%	749		(61,929)	18
19	V	20 Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	949		949	19
20	V	21 Office & Clerical		Extended Care Clinical, LLC	100.00%	1,577		1,577	20
21	V	24 Travel and Seminar		Extended Care Clinical, LLC	100.00%	1,159		1,159	21
22	V	26 Insurance		Extended Care Clinical, LLC	100.00%	595		595	22
23	V	30 Depreciation		Extended Care Clinical, LLC	100.00%	422		422	23
24	V	32 Interest		Extended Care Clinical, LLC	100.00%	153		153	24
25	V	33 Real Estate Taxes		Extended Care Clinical, LLC	100.00%	469		469	25
26	V	01 Dietary Salary		Extended Care Clinical, LLC	100.00%	8,918		8,918	26
27	V	07 Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	1,249		1,249	27
28	V	10 Nursing Salary		Extended Care Clinical, LLC	100.00%	40,221		40,221	28
29	V	12 Social Service Salary		Extended Care Clinical, LLC	100.00%	32,109		32,109	29
30	V	15 Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	10,129		10,129	30
31	V	17 Administration Salary		Extended Care Clinical, LLC	100.00%	78,757		78,757	31
32	V	21 Office Salary		Extended Care Clinical, LLC	100.00%	19,654		19,654	32
33	V	27 Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	13,781		13,781	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 62,678			\$ 211,401	\$ *	148,723	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	10 Various Equipment	950	Vent Lease LLC	100.00%	950	\$	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		\$ 950			\$ 950	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 141,146	\$ 141,146	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	141,146	CCS Employee Benefits Group	100.00%		(141,146)	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		\$ 141,146			\$ 141,146	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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

Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Adam Vales	Relative	Clerical	0%	See Attached	0.63	1.57%	Alloc. Salary	\$ 1,085	22-7	1
2	Mark Steinberg	Relative	Administrative	0%	See Attached	2.54	4.62%	Mgmt Fee/ Salary	9,229	17-7	2
3											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	\$ 10,314		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 Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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 Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	1,476,506	37	\$ 5,451	\$ 45,151	\$ 167	1
2	02	Food	Patient Days	1,476,506	37	15,903	45,151	486	2
3	03	Housekeeping	Patient Days	1,476,506	37	32,901	45,151	1,006	3
4	05	Utilities	Patient Days	1,476,506	37	40,755	45,151	1,246	4
5	06	Maintenance	Patient Days	1,476,506	37	112,249	45,151	3,433	5
6	17	Administrative	Patient Days	1,476,506	37	84,000	45,151	2,569	6
7	19	Professional Fees	Patient Days	1,476,506	37	107,994	45,151	3,302	7
8	20	Dues and Subscriptions	Patient Days	1,476,506	37	24,409	45,151	746	8
9	21	Office and Clerical	Patient Days	1,476,506	37	241,371	45,151	7,381	9
10	24	Seminar and Travel	Patient Days	1,476,506	37	1,048	45,151	32	10
11	25	Other Staff Admin. Trans.	Patient Days	1,476,506	37	27,239	45,151	833	11
12	26	Insurance	Patient Days	1,476,506	37	49,139	45,151	1,503	12
13	30	Depreciation	Patient Days	1,476,506	37	69,861	45,151	2,136	13
14	32	Interest	Patient Days	1,476,506	37	437,528	45,151	13,379	14
15	33	Real Estate Taxes	Patient Days	1,476,506	37	122,769	45,151	3,754	15
16	35	Rent - Equipment & Auto	Patient Days	1,476,506	37	30,092	45,151	920	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,402,709	\$	\$ 42,893	25

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	06	Maintenance (Pooled)	Patient Days	1,476,506	37	240,841	240,841	45,151	7,365	1
2	06	Maintenance (Direct)	Direct		21	358,056	358,056		7,302	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,476,506	37	22,330		45,151	683	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		21	51,193			608	4
5										5
6										6
7	17	Administrative (Pooled)	Patient Days	1,476,506	37	483,002	483,002	45,151	14,770	7
8	21	Office and Clerical (Pooled)	Patient Days	1,476,506	37	3,020,951	3,020,951	45,151	92,380	8
9	21	Office and Clerical (Direct)	Direct		28	498,631	498,631		36,089	9
10	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,476,506	37	677,040		45,151	20,704	10
11	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		28	74,203			7,533	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					\$ 5,426,248	\$ 4,601,481	\$	187,434	25

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	03	Housekeeping	Patient Days	781,509	20	\$ 2,174	\$ 45,151	\$ 126	1
2	05	Utilities	Patient Days	781,509	20	2,440	45,151	141	2
3	06	Maintenance	Patient Days	781,509	20	4,212	45,151	243	3
4	19	Professional Fees	Patient Days	781,509	20	12,959	45,151	749	4
5	20	Dues and Subscriptions	Patient Days	781,509	20	16,422	45,151	949	5
6	21	Office & Clerical	Patient Days	781,509	20	27,302	45,151	1,577	6
7	24	Travel and Seminar	Patient Days	781,509	20	20,068	45,151	1,159	7
8	26	Insurance	Patient Days	781,509	20	10,303	45,151	595	8
9	30	Depreciation	Patient Days	781,509	20	7,302	45,151	422	9
10	32	Interest	Patient Days	781,509	20	2,656	45,151	153	10
11	33	Real Estate Taxes	Patient Days	781,509	20	8,112	45,151	469	11
12	01	Dietary Salary	Patient Days	781,509	20	154,359	45,151	8,918	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	781,509	20	21,616	45,151	1,249	13
14	10	Nursing Salary	Patient Days	781,509	20	696,174	45,151	40,221	14
15	12	Social Service Salary	Patient Days	781,509	20	555,767	45,151	32,109	15
16	15	Emp. Ben. - Healthcare	Patient Days	781,509	20	175,320	45,151	10,129	16
17	17	Administration Salary	Patient Days	781,509	20	1,363,182	45,151	78,757	17
18	21	Office Salary	Patient Days	781,509	20	340,193	45,151	19,654	18
19	27	Emp. Ben. - Gen. Admin.	Patient Days	781,509	20	238,538	45,151	13,781	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,659,098	\$ 3,109,674	\$ 211,401	25

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Various Equipment	Direct Allocation					950	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					\$	\$	\$ 950	25

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 141,146	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				\$	\$		\$ 141,146	25

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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 Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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 Estates Of Hyde Park, The

0052837 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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 Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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

Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

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																				
2																				
3																				
4																				
5																				
Working Capital																				
6	The Private Bank		X	Line of Credit				2,708,555		76,332										
7	Note Payable		X	Furniture and Equipment				3,442												
8																				
9	TOTAL Facility Related							\$ 2,711,997		\$ 76,332										
B. Non-Facility Related*																				
10	Interest Income		X							(12,020)										
11	Allocated from EC Consulting	X								13,379										
12	Allocated from EC Clinical	X								153										
13																				
14	TOTAL Non-Facility Related									\$ 1,512										
15	TOTALS (line 9+line14)							\$ 2,711,997		\$ 77,844										

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.)

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2016 report.		\$	<u>220,704</u>	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.)		\$	<u>233,966</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>13,262</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>241,230</u>	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.)		\$	<u>5,610</u>	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 \$ <u>21,529</u> For <u>'14</u> 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.		\$	<u>260,102</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012		8
	2013	<u>199,676</u>	9
	2014	<u>203,698</u>	10
	2015	<u>210,194</u>	11
	2016	<u>229,743</u>	12

2017 Accrual = \$229,743 x 1.05 = \$241,230 (Rounded)

Allocated from EC Consulting = \$3,754

Allocated from EC Clinical = \$469

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	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.

Facility Name & ID Number Estates Of Hyde Park, The

0052837 Report Period Beginning:

01/01/17 Ending:

12/31/17

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 (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

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

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

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

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

None

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	51,415	2014	\$ 100,000	1
2	Allocated from Care Center Building			19,127	2
3	TOTALS	51,415		\$ 119,127	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	155		2014	1970	\$ 3,490,000	\$ 73,204	35	\$ 99,714	\$ 26,510	\$ 410,373
5										
6										
7										
8										
	Improvement Type**									
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
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25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68		93,543	1,395		1,395		62,689	68
69			61,371			(61,371)		69
70		\$ 3,583,543	\$ 135,970		\$ 101,109	\$ (34,861)	\$ 473,062	70

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

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,583,543	\$ 135,970		\$ 101,109	\$ (34,861)	\$ 473,062	1
2	Remove & Replace Entire Parking Lot	2014	68,000		20	4,533	4,533	15,489	2
3	Tv Cabling & Power Outlets In Patient Rooms	2014	3,510		20	176	176	585	3
4	Asphalt In Grass Area	2014	9,000		20	600	600	2,000	4
5	Sewer Work In Basement	2014	4,175		20	209	209	644	5
6	Recover Front Awning	2014	4,780		20	239	239	956	6
7	Demolition Of Elevator Mechanical Room	2015	4,550		20	228	228	645	7
8	Lbs Installed Power Outlets And Tv Outlets	2015	3,440		20	688	688	1,949	8
9	Everest Elevator: Door Operator And New Doors.	2015	26,128		20	1,306	1,306	3,593	9
10	618 Ft Custom Baseboard Covers	2015	25,656		20	5,131	5,131	11,545	10
11	3-Phase Feeder For Passenger Elevator Provided By Amc Electric	2015	11,000		20	550	550	1,238	11
12	Installed Vinyl Flooring In 25 Resident Rooms	2015	12,279		20	614	614	1,586	12
13	Installed Floor Tile, Wall Tile, & Cove Base In 8 Resident Rooms	2015	31,420		20	1,571	1,571	4,058	13
14	2232 Sq Ft Of Resident Room Flooring	2015	6,311		20	316	316	763	14
15	8 Vanity Lights & 4 Sink Quartz Tops In Resident Bathrooms	2015	3,521		20	176	176	425	15
16	Changed Soffits In 1St Floor Corridor & Renderings	2015	4,506		20	225	225	544	16
17	2 New Door Frames	2015	8,320		20	416	416	1,005	17
18	Installed 16 Light Fixtures, Tile, Wall Covering In Lobby	2015	8,187		20	409	409	989	18
19	24 Sq Yd Of Carpet And 60 Sq Yd Wall Covering In Reservation I	2015	3,078		20	154	154	372	19
20	Therapy Room - Fire Rated Tile, Light Fixtures, Wall Covering, C	2015	11,073		20	554	554	1,338	20
21	1St Floor Corridor - Light Fixtures, Flooring & Wall Covering	2015	35,416		20	1,771	1,771	4,279	21
22	Private Dining Room - Flooring, Wall Covering & Hardware	2015	4,831		20	242	242	584	22
23	10 Curtains & Corner Guards For Resident Rooms	2015	7,593		20	380	380	917	23
24	Office Conversion - Wall Tile, Faucet, Fixtures, Resident Rm Floor	2015	9,848		20	492	492	1,190	24
25	Replace & Retrofit Mechanical Governor Assembly For Generator	2015	5,549		20	277	277	647	25
26	Install New Motor & Pump Unit For Passenger Elevator	2015	6,000		20	300	300	700	26
27	Install New 12 Circuit Circuit Breaker Load Center Connected To	2015	3,500		20	175	175	365	27
28	Two Offices - Carpet, Ceiling Tile, Outlet Covers & Paint	2015	10,000		20	500	500	1,083	28
29	Entry Doors - Install 2 Frames & Glass Doors	2015	3,255		20	163	163	339	29
30	Furnish & Install 18 Single Doors	2016	13,716		20	686	686	1,372	30
31	Seal Coating Of Parking Lot	2016	13,050		20	870	870	1,305	31
32	Install Heavy Duty Fusible Disconnect Switch For Service Elevator	2016	2,500		20	125	125	208	32
33	Boiler Repairs-#8 Gas Valve, #10 Pilot Assembly, #14 Aquastat	2016	2,750		20	138	138	264	33
34	TOTAL (lines 1 thru 33)		\$ 3,950,486	\$ 135,970		\$ 125,322	\$ (10,648)	\$ 536,040	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,950,486	\$ 135,970		\$ 125,322	\$ (10,648)	\$ 536,040	1
2	Repacked Fire Pump	2016	2,600		20	130	130	173	2
3	Passenger Elevator-Replaced Triacs,Stop Switch,Board Relay,Rev	2016	4,254		20	213	213	425	3
4	Hot Water Re-Piping In 4 Bathrooms	2016	3,500		20	175	175	248	4
5	Remove Cinder Block-Install Copper Pipes, New Utility Faucet &	2016	3,500		20	175	175	248	5
6	Dishwasher Room - Installed New Pipes & Recement Flooring	2016	6,500		20	325	325	460	6
7	Replaced Broken Pipes In Main Sink Line	2016	5,000		20	250	250	375	7
8	Replace Broken Pipes In Kitchen	2016	6,600		20	330	330	495	8
9	Installed 2 Upright Sprinkler Heads - Equipment Room	2016	2,883		20	144	144	276	9
10	Electrical Services	2017	6,500		20	298	298	298	10
11	New Tub Faucet	2017	3,762		20	188	188	188	11
12	Telephone Systems	2017	13,281		20	2,435	2,435	2,435	12
13	Shunt Trip For Elevators	2017	14,980		20	624	624	624	13
14	New Switch Gear	2017	6,294		20	236	236	236	14
15	Hydraulic Cylinder - Elevator	2017	33,000		20	550	550	550	15
16	4 Doors	2017	5,048		20	63	63	63	16
17	Installation Of New Switch Gear	2017	5,700		20	285	285	285	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)		\$ 4,073,888	\$ 135,970		\$ 131,743	\$ (4,227)	\$ 543,421	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 4,073,888	\$ 135,970		\$ 131,743	\$ (4,227)	\$ 543,421	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 4,073,888	\$ 135,970		\$ 131,743	\$ (4,227)	\$ 543,421	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 4,073,888	\$ 135,970		\$ 131,743	\$ (4,227)	\$ 543,421	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 4,073,888	\$ 135,970		\$ 131,743	\$ (4,227)	\$ 543,421	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 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
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)		\$	\$		\$	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	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 Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from Extended Care Consulting-Care Center Bldg	2002	23,433	601	35	601		9,188	3
4	Allocated from Extended Care Consulting-Dyer Building	2007	7,339	163	35	163		1,707	4
5	Allocated from Extended Care Clinical-Care Center Bldg	2002	2,925	75	35	75		1,147	5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Extended Care Consulting, LLC	2007	141	7	20	7		77	9
10	Allocated from Extended Care Consulting, LLC	2009	84	4	20	4		38	10
11	Allocated from Extended Care Consulting, LLC	2010	825	41	20	41		330	11
12	Allocated from Extended Care Consulting, LLC	2011	297	15	20	15		104	12
13	Allocated from Extended Care Consulting, LLC	2012	98	5	20	5		29	13
14	Allocated from Extended Care Consulting, LLC	2014	1,356	68	20	68		271	14
15	Allocated from Extended Care Consulting, LLC	2016	1,626	81	20	81		163	15
16									16
17	Allocated from Extended Care Consulting-Care Center Bldg	2002	19,357		20			19,357	17
18	Allocated from Extended Care Consulting-Care Center Bldg	2003	22,812		20			22,812	18
19	Allocated from Extended Care Consulting-Care Center Bldg	2005	1,133		20			1,133	19
20	Allocated from Extended Care Consulting-Care Center Bldg	2009	205	10	20	10		92	20
21	Allocated from Extended Care Consulting-Care Center Bldg	2014	1,963	98	20	98		393	21
22	Allocated from Extended Care Consulting-Care Center Bldg	2015	322	16	20	16		104	22
23	Allocated from Extended Care Consulting-Care Center Bldg	2016	1,274	64	20	64		127	23
24	Allocated from Extended Care Consulting-Care Center Bldg	2017	2,209	110	20	110		110	24
25									25
26	Allocated from Extended Care Clinical-Care Center Bldg	2002	2,417		20			2,417	26
27	Allocated from Extended Care Clinical-Care Center Bldg	2003	2,848		20			2,848	27
28	Allocated from Extended Care Clinical-Care Center Bldg	2005	141		20			141	28
29	Allocated from Extended Care Clinical-Care Center Bldg	2009	26	1	20	1		11	29
30	Allocated from Extended Care Clinical-Care Center Bldg	2014	237	12	20	12		47	30
31	Allocated from Extended Care Clinical-Care Center Bldg	2015	40	2	20	2		13	31
32	Allocated from Extended Care Clinical-Care Center Bldg	2016	159	8	20	8		16	32
33	Allocated from Extended Care Clinical-Care Center Bldg	2017	276	14	20	14		14	33
34	TOTAL (lines 1 thru 33)		\$ 93,543	\$ 1,395		\$ 1,395	\$	\$ 62,689	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 93,543	\$ 1,395		\$ 1,395	\$	\$ 62,689	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 93,543	\$ 1,395		\$ 1,395	\$	\$ 62,689	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 244,257	\$ 697	\$ 28,377	\$ 27,680	10	\$ 96,893	71
72	Current Year Purchases	3,196		320	320	10	320	72
73	Fully Depreciated Assets	93,975				10	93,975	73
74								74
75	TOTALS	\$ 341,428	\$ 697	\$ 28,696	\$ 27,999		\$ 191,188	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 from Extended Care C	1900	\$ 5,519	\$ 156	\$ 156		5	\$ 5,363	76
77		Allocated from Extended Care Cl	1900	2,968	310	310		5	2,968	77
78										78
79										79
80	TOTALS			\$ 8,487	\$ 466	\$ 466			\$ 8,331	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)	\$ 4,542,929	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 137,133	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 160,905	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 23,772	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 742,940	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number

Estates Of Hyde Park, The

0052837

Report Period Beginning:

01/01/17

Ending:

12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

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.	<u>/2018</u>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</u>	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 36,752

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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs				\$ 188,010				\$ 188,010	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				88,143				88,143	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				227,817				227,817	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					134,206			134,206	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): _____						42	21,327			21,369	13
14	TOTAL						\$ 504,012	\$ 155,533			\$ 659,545	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 Estates Of Hyde Park, The

0052837

Report Period Beginning: 01/01/17

Ending: 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,155	\$ 17,978	1
2	Cash-Patient Deposits	30,321	30,321	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,723,439	1,723,439	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	63,872	63,872	6
7	Other Prepaid Expenses	7,951	7,951	7
8	Accounts Receivable (owners or related parties)		251,228	8
9	Other(specify): <u>See Attached Schedule</u>	29,829	18,872	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,860,567	\$ 2,113,661	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	456,080	456,080	15
16	Equipment, at Historical Cost	38,289	193,289	16
17	Accumulated Depreciation (book methods)	(140,064)	(3,617,678)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	402,241	14,741	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 756,546	\$ 770,781	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,617,113	\$ 2,884,442	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,988,790	\$ 552,094	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	30,468	30,468	28
29	Short-Term Notes Payable	2,708,555	2,708,555	29
30	Accrued Salaries Payable	277,751	277,751	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,443	15,443	31
32	Accrued Real Estate Taxes(Sch.IX-B)	233,271	241,230	32
33	Accrued Interest Payable		12,000	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	387,278	868,295	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,641,556	\$ 4,705,836	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,442	3,442	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>		1,834,190	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,442	\$ 1,837,632	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,644,998	\$ 6,543,468	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,027,885)	\$ (3,659,026)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,617,113	\$ 2,884,442	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,359,559)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,359,559)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,668,326)	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)	\$ (1,668,326)	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)	\$ (3,027,885)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Estates Of Hyde Park, The

0052837

Report Period Beginning: 01/01/17

Ending:

12/31/17

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		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,465,527	1
2	Discounts and Allowances for all Levels	(1,270,717)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,194,810	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,540,555	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,540,555	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	4,724	16
17	Sale of Drugs	69,690	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,804	19
20	Radiology and X-Ray	6,345	20
21	Other Medical Services	30,630	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 121,193	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	12,020	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,020	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	22,966	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,966	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,891,544	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,528,816	31
32	Health Care	3,482,187	32
33	General Administration	2,348,856	33
B. Capital Expense			
34	Ownership	1,195,966	34
C. Ancillary Expense			
35	Special Cost Centers	659,545	35
36	Provider Participation Fee	344,500	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,559,870	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,668,326)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,668,326)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,617,431	44
45	Private Pay - Net Inpatient Revenue	246,116	45
46	Medicare - Net Inpatient Revenue	52,679	46
47	Other-(specify) Hospice	262,707	47
48	Other-(specify) Insurance	15,877	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,194,810	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.

Facility Name & ID Number Estates Of Hyde Park, The
 XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
 (This schedule must cover the entire reporting period.)

0052837

Report Period Beginning: 01/01/17

Ending: 12/31/17

12/31/17

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,993	2,040	\$ 104,562	\$ 51.26	1
2	Assistant Director of Nursing	1,885	2,184	90,656	41.51	2
3	Registered Nurses	11,228	11,945	415,973	34.82	3
4	Licensed Practical Nurses	34,939	36,195	1,001,971	27.68	4
5	CNAs & Orderlies	76,695	79,229	1,015,999	12.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,711	8,245	157,933	19.16	8
9	Activity Director	3,242	3,516	51,630	14.68	9
10	Activity Assistants	6,916	7,024	81,233	11.57	10
11	Social Service Workers	10,533	10,873	244,943	22.53	11
12	Dietician					12
13	Food Service Supervisor	2,349	2,377	53,797	22.63	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,441	19,933	243,096	12.20	15
16	Dishwashers					16
17	Maintenance Workers	12,267	12,177	187,272	15.38	17
18	Housekeepers	15,364	15,663	191,529	12.23	18
19	Laundry	7,799	7,663	98,732	12.88	19
20	Administrator	2,102	2,179	106,996	49.10	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	930	953	27,193	28.53	23
24	Clerical	1,667	1,883	34,435	18.29	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	2,000	2,160	40,234	18.63	31
32	Other Health Care(specify)					32
33	Other(specify)	2,261	2,420	45,362	18.74	33
34	TOTAL (lines 1 - 33)	221,322	228,659	\$ 4,193,546 *	\$ 18.34	34

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	290	\$ 15,859	01-03	35
36	Medical Director	Monthly	7,948	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	12,083	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	50	2,582	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)	339	\$ 38,472		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	9	349	10-03	52
53	TOTAL (lines 50 - 52)	9	\$ 349		53

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Michael A. Brown	Administrator	0	\$ 47,217	Workers' Compensation Insurance	\$ 90,135	IDPH License Fee	\$ 3,980		
Caroline Hamilton	Administrator	0	52,203	Unemployment Compensation Insurance	84,060	Advertising: Employee Recruitment	20,103		
Pamela D. Lee	Administrator	0	7,575	FICA Taxes	315,611	Health Care Worker Background Check (Indicate # of checks performed <u>386</u>)	4,810		
				Employee Health Insurance	222,176	Patient Background Checks			
				Employee Meals		Licenses & Fees	5,298		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	17,089		
				Pension Expense	31,129	Allocated from Extended Care Consulting	746		
				Other Employee Welfare	2,725	Allocated from Extended Care Clinical	949		
				Holiday Expense	6,346				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 106,996	TOTAL (agree to Schedule V, line 22, col.8)		\$ 752,182	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 52,975
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Seminar Expense	250	
C. Professional Services									
Vendor/Payee	Type		Amount						
Marcum LLP	Accounting Fees		\$ 24,000				Inservice Expense	400	
See Schedule	Legal Fees		38,636				Allocated from Extended Care Consulting	32	
Personnel Planners	Unemployment Consulting		3,675				See Supplemental Schedule	1,159	
ECC Consulting	Home Office Expense		188,034				Entertainment Expense	()	
ECC Clinical	Home Office Expense		62,678				(agree to Sch. V, line 24, col. 8)		
Pinnacle Quality Insight	Customer Satisfaction		1,172				TOTAL	\$ 1,841	
Perfect Staffing	Staffing Services		5,700						
Legat Architects	Architectural Services		3,150						
Blymas	Tax Credits		2,934						
Paycor	Computer Services		23,596						
RFMS Fees	Computer Services		1,648						
See Supplemental Schedule			33,267						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 388,490						

* Attach copy of IMRF notifications

**See instructions.

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: \$15,066
- (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. \$ 31,773 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. \$ 344,500
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ No 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? 100% Ln 14
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