FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0052837

Facility Name: Estates Of Hyde Park, The

Address: 4505 South 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 01/01/18 to 12/31/18 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)
** Subject to the attached Accountants' Consulting Report* (Date)
(Print Name and Title) Steven N. Lavenda, CPA, Partner
(Firm Name & Address) Marcum, LLP, 9 Parkway North, Suite 200 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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	56,575	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 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	36,097	839	4,237	41,173	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,097	839	4,237	41,173	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.78%

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 [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 06/30/2014

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/30/2014 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 4,055

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: 12/31/2018 Fiscal Year: 12/313/2018

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

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	310,233	63,141	15,581	388,955		388,955	10,264	399,219			1
2	Food Purchase		279,212		279,212		279,212	(1,018)	278,194			2
3	Housekeeping	214,535	23,372		237,907		237,907	980	238,887			3
4	Laundry	96,126	15,849		111,975		111,975		111,975			4
5	Heat and Other Utilities			170,186	170,186		170,186	1,449	171,635			5
6	Maintenance	168,265	256	198,997	367,518		367,518	(19,167)	348,351			6
7	Other (specify):*							2,913	2,913			7
8	**TOTAL General Services**	789,159	381,830	384,764	1,555,753		1,555,753	(4,579)	1,551,174			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,745,365	185,328	23,300	2,953,993		2,953,993	38,358	2,992,351			10
10a	Therapy	165,493			165,493		165,493		165,493			10a
11	Activities	150,827	32,351		183,178		183,178		183,178			11
12	Social Services	240,454			240,454		240,454	28,736	269,190			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							9,779	9,779			15
16	**TOTAL Health Care and Programs**	3,302,139	217,679	41,300	3,561,118		3,561,118	76,873	3,637,991			16
	C. General Administration											
17	Administrative	93,388			93,388		93,388	96,654	190,042			17
18	Directors Fees											18
19	Professional Services			422,635	422,635	(10,752)	411,883	(339,759)	72,125			19
20	Dues, Fees, Subscriptions & Promotions			78,342	78,342		78,342	(24,165)	54,177			20
21	Clerical & General Office Expenses	77,915	23,968	780,502	882,385		882,385	(594,802)	287,583			21
22	Employee Benefits & Payroll Taxes			714,552	714,552		714,552	(9,931)	704,621			22
23	Inservice Training & Education											23
24	Travel and Seminar			847	847		847	1,036	1,883			24
25	Other Admin. Staff Transportation			4,915	4,915		4,915	802	5,717			25
26	Insurance-Prop.Liab.Malpractice			593,001	593,001		593,001	1,630	594,631			26
27	Other (specify):*							44,109	44,109			27
28	**TOTAL General Administration**	171,303	23,968	2,594,794	2,790,065	(10,752)	2,779,313	(824,425)	1,954,888			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,262,601	623,477	3,020,858	7,906,936	(10,752)	7,896,184	(752,131)	7,144,053			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: 01/01/18 Ending: 12/31/18

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			66,736	66,736		66,736	95,263	161,999			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			195,771	195,771		195,771	(22,446)	173,325			32
33	Real Estate Taxes			264,972	264,972	10,752	275,724	(3,404)	272,320			33
34	Rent-Facility & Grounds			749,647	749,647		749,647	(749,580)	67			34
35	Rent-Equipment & Vehicles			47,032	47,032		47,032	399	47,431			35
36	Other (specify):*			10,405	10,405		10,405	(10,405)				36
37	**TOTAL Ownership**			1,334,563	1,334,563	10,752	1,345,315	(690,173)	655,142			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		157,358	706,912	864,270		864,270	(7,968)	856,302			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			317,231	317,231		317,231		317,231			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		157,358	1,024,143	1,181,501		1,181,501	(7,968)	1,173,533			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,262,601	780,835	5,379,564	10,423,000		10,423,000	(1,450,272)	8,972,728			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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Refer-ence	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	19,821	30		9
10	Interest and Other Investment Income	(40,752)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(58)	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	(200)	21		18
19	Entertainment				19
20	Contributions	(500)	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	(718,686)	21		24
25	Fund Raising, Advertising and Promotional	(14,474)	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	(78,241)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (833,090)		$	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)	(617,182)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (617,182)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,450,272)		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

Estates Of Hyde Park, The

ID# 0052837

Report Period Beginning: 01/01/18

Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Income	$ (1,285)	02	1
2	Rental Income	(4,912)	06	2
3	Theft Loss	(2,355)	21	3
4	Amortization	(10,405)	36	4
5	PAC Dues	(11,687)	20	5
6	Capitalized R&M	(27,128)	06	6
7	Non-Allowable Legal	(6,306)	19	7
8	Building Company - Accounting Fee	(6,982)	19	8
9	Building Company - Bank Service Charges	(355)	21	9
10	Building Company - Filing Fee	(75)	21	10
11	Patient Clothing	(30)	10	11
12	Non-Allowable Professional Fees	(6,722)	19	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**	(78,241)		49

Estates Of Hyde Park, The

ID# 0052837

Report Period Beginning: 01/01/18

Ending: 12/31/18

	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: 01/01/18 Ending: 12/31/18

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			160		10,104							10,264	1
2	Food Purchase	(1,343)		325									(1,018)	2
3	Housekeeping			868		112							980	3
4	Laundry													4
5	Heat and Other Utilities			1,297		152							1,449	5
6	Maintenance	(32,040)		3,473	9,345	55							(19,167)	6
7	Other (specify):*				1,494	1,419							2,913	7
8	**TOTAL General Services**	(33,383)		6,123	10,839	11,842							(4,579)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(30)				40,916	(2,528)						38,358	10
10a	Therapy													10a
11	Activities													11
12	Social Services					28,736							28,736	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					9,779							9,779	15
16	**TOTAL Health Care and Programs**	(30)				79,431	(2,528)						76,873	16
	C. General Administration													
17	Administrative			1,244	14,289	81,121							96,654	17
18	Directors Fees													18
19	Professional Services	(20,010)	6,982	(244,518)		(82,213)							(339,759)	19
20	Fees, Subscriptions & Promotions	(26,661)		1,595		901							(24,165)	20
21	Clerical & General Office Expenses	(721,671)	430	8,187	90,543	27,709							(594,802)	21
22	Employee Benefits & Payroll Taxes				(9,931)								(9,931)	22
23	Inservice Training & Education													23
24	Travel and Seminar			303		733							1,036	24
25	Other Admin. Staff Transportation			802									802	25
26	Insurance-Prop.Liab.Malpractice			1,457		173							1,630	26
27	Other (specify):*				29,088	15,021							44,109	27
28	**TOTAL General Administration**	(768,341)	7,412	(230,930)	123,989	43,445							(824,425)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(801,754)	7,412	(224,807)	134,828	134,718	(2,528)						(752,131)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 **Report Period Beginning:** 01/01/18 **Ending:** 12/31/18

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	19,821	73,204	2,119		119							95,263	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(40,752)		18,171		135							(22,446)	32
33	Real Estate Taxes		(7,736)	3,836		496							(3,404)	33
34	Rent-Facility & Grounds		(749,580)										(749,580)	34
35	Rent-Equipment & Vehicles			399									399	35
36	Other (specify):*	(10,405)											(10,405)	36
37	**TOTAL Ownership**	(31,336)	(684,112)	24,525		750							(690,173)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(7,968)						(7,968)	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**						(7,968)						(7,968)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(833,090)	(676,700)	(200,282)	134,828	135,468	(10,496)						(1,450,272)	45

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	Rent	$ 749,580	Avenue Associates		$	$ (749,580)	1
2	V	33	Property Taxes	249,501	Avenue Associates			(249,501)	2
3	V	19	Accounting Fee		Avenue Associates		6,982	6,982	3
4	V	21	Bank Service Charges		Avenue Associates		355	355	4
5	V	21	Filing Fee		Avenue Associates		75	75	5
6	V	30	Depreciation Expense		Avenue Associates		73,204	73,204	6
7	V	33	Real Estate Tax Expenses		Avenue Associates		241,765	241,765	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 999,081			$ 322,381	$ * (676,700)	14

*** 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: 01/01/18 Ending: 12/31/18

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		$ 160	$ 160	15
16	V	02	Food		Extended Care Consulting, LLC		325	325	16
17	V	03	Housekeeping		Extended Care Consulting, LLC		868	868	17
18	V	05	Utilities		Extended Care Consulting, LLC		1,297	1,297	18
19	V	06	Maintenance		Extended Care Consulting, LLC		3,473	3,473	19
20	V	17	Administrative		Extended Care Consulting, LLC		1,244	1,244	20
21	V	19	Professional Fees	249,057	Extended Care Consulting, LLC		4,539	(244,518)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC		1,595	1,595	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC		8,187	8,187	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC		303	303	24
25	V	25	Other Staff Admin. Trans.		Extended Care Consulting, LLC		802	802	25
26	V	26	Insurance		Extended Care Consulting, LLC		1,457	1,457	26
27	V	30	Depreciation		Extended Care Consulting, LLC		2,119	2,119	27
28	V	32	Interest		Extended Care Consulting, LLC		18,171	18,171	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC		3,836	3,836	29
30	V	35	Rent - Equipment		Extended Care Consulting, LLC		399	399	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			$ 48,775	$ * (200,282)	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: 01/01/18 Ending: 12/31/18

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		7,337	$ 7,337	15
16	V	06	Maintenance (Direct)	5,460	Extended Care Consulting, LLC		7,468	2,008	16
17	V	07	Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC		636	636	17
18	V	07	Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC		858	858	18
19	V								19
20	V								20
21	V	17	Administrative (Pooled)		Extended Care Consulting, LLC		14,289	14,289	21
22	V	21	Office and Clerical (Pooled)		Extended Care Consulting, LLC		93,570	93,570	22
23	V	21	Office and Clerical (Direct)	33,554	Extended Care Consulting, LLC		30,527	(3,027)	23
24	V	27	Emp. Ben. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC		21,569	21,569	24
25	V	27	Emp. Ben. - Gen. Admin. (Direct)		Extended Care Consulting, LLC		7,519	7,519	25
26	V	22	Employee Benefits	9,931	Extended Care Consulting, LLC			(9,931)	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			$ 48,945			$ 183,773	$ * 134,828	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: 01/01/18 Ending: 12/31/18

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%	$ 112	$ 112	15
16	V	05	Utilities		Extended Care Clinical, LLC	100.00%	152	152	16
17	V	06	Maintenance		Extended Care Clinical, LLC	100.00%	55	55	17
18	V	19	Professional Fees	45,483	Extended Care Clinical, LLC	100.00%	806	(82,213)	18
19	V	20	Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	901	901	19
20	V	21	Office & Clerical		Extended Care Clinical, LLC	100.00%	1,844	1,844	20
21	V	24	Travel and Seminar		Extended Care Clinical, LLC	100.00%	733	733	21
22	V	26	Insurance		Extended Care Clinical, LLC	100.00%	173	173	22
23	V	30	Depreciation		Extended Care Clinical, LLC	100.00%	119	119	23
24	V	32	Interest		Extended Care Clinical, LLC	100.00%	135	135	24
25	V	33	Real Estate Taxes		Extended Care Clinical, LLC	100.00%	496	496	25
26	V	01	Dietary Salary		Extended Care Clinical, LLC	100.00%	10,104	10,104	26
27	V	07	Emp. Ben. - Gen. Serv.		Extended Care Clinical, LLC	100.00%	1,419	1,419	27
28	V	10	Nursing Salary		Extended Care Clinical, LLC	100.00%	40,916	40,916	28
29	V	12	Social Service Salary		Extended Care Clinical, LLC	100.00%	28,736	28,736	29
30	V	15	Emp. Ben. - Healthcare		Extended Care Clinical, LLC	100.00%	9,779	9,779	30
31	V	17	Administration Salary		Extended Care Clinical, LLC	100.00%	81,121	81,121	31
32	V	21	Office Salary		Extended Care Clinical, LLC	100.00%	25,865	25,865	32
33	V	27	Emp. Ben. - Gen. Admin.		Extended Care Clinical, LLC	100.00%	15,021	15,021	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 45,483			$ 218,487	$ * 135,468	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: 01/01/18 Ending: 12/31/18

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	Nursing and Medical Records	29,328	MAC Rx, LLC		26,801	(2,528)	15
16	V	39	Ancillary	92,452	MAC Rx, LLC		84,484	(7,968)	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			$ 121,780			$ 111,284	$ * (10,496)	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: 01/01/18 Ending: 12/31/18

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		$ 113,912	$ 113,912	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	113,912	CCS Employee Benefits Group			(113,912)	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			$ 113,912			$ 113,912	$ *	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: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 LLC	100.00%	BEECHER MANOR NURSING AND REHABILITATION CENTER, LLC	BEECHER	AVENUE ASSOCIATES LLC	CHICAGO	BUILDING COMPANY	1
2			CHATEAU NURSING AND REHABILITATION CENTER, L.L.C.	WILLOWBROOK	EXTENDED CARE CONSULTING	EVANSTON	MGMT/BOOKKEEPING	2
3			COUNTRYSIDE NURSING AND REHABILITATION CENTER, LLC	DOLTON	EXTENDED CARE CLINICAL	EVANSTON	CLINICAL	3
4			GRASMERE PLACE, LLC	CHICAGO	CARE CENTERS BUILDING	EVANSTON	BUILDING COMPANY	4
5			LAKEWOOD NURSING & REHABILITATION CENTER, L.L.C.	PLAINFIELD	VENT LEASE LLC	EVANSTON	NURSING EQUIPMENT	5
6			LEMONT NURSING AND REHABILITATION CENTER, L.L.C.	LEMONT	C.C.S. VEBA	EVANSTON	HEALTH INSURANCE	6
7			MAJOR HOSPITAL DYER	DYER, IN	MAC RX	DES PLAINES	PHARMACY	7
8			MAJOR HOSPITAL LAKE COUNTY	EAST CHICAGO, IN				8
9			MAJOR HOSPITAL LINCOLNSHIRE	MERRIVILLE, IN				9
10			MAJOR HOSPITAL MUNSTER	MUNSTER, IN				10
11			MAJOR HOSPITAL SEBOS	HOBART, IN				11
12			MAJOR HOSPITAL SPRING MILL HEALTH CAMPUS	MERRIVILLE, IN				12
13			MCKINLEY HEALTH CARE CENTER	CANTON, OH				13
14			NAPERVILLE MANOR HEALTH & REHAB CENTER	NAPERVILLE				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			RUSHVILLE NURSING & REHABILITATION CENTER, LLC	RUSHVILLE				18
19			SHEFFIELD MANOR	DYER, IN				19
20			SHERIDAN SHORES CARE & REHABILITATION CENTER, INC.	CHICAGO				20
21			SOUTH HOLLAND MANOR HEALTH & REHAB CENTER	SOUTH HOLLAND				21
22			SOUTH SUBURBAN REHABILITATION CENTER, LLC	HOMEWOOD				22
23			SPRING CREEK NURSING & REHAB CENTER	JOLIET				23
24			ST. JAMES WELLNESS REHAB VILLAS	CRETE				24
25			THE PARC AT JOLIET	JOLIET				25
26			TIMBER POINT HEALTHCARE CENTER, INC.	CAMP POINT				26
27			WESMONT MANOR HEALTH & REHAB CENTER	WESTMONT				27
28								28
29								29
30								30

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	0.54	1.35%	Alloc. Salary	$ 1,024	22-7	1
2	Mark Steinberg	Relative	Administrative	0%	See Attached	0.81	1.48%	Mgmt Fee/ Salary	6,788	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	$ 7,812		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: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	1,389,746	40	$ 5,386	$	41,173	$ 160	1
2	02	Food	Patient Days	1,389,746	40	10,961		41,173	325	2
3	03	Housekeeping	Patient Days	1,389,746	40	29,295		41,173	868	3
4	05	Utilities	Patient Days	1,389,746	40	43,781		41,173	1,297	4
5	06	Maintenance	Patient Days	1,389,746	40	117,234		41,173	3,473	5
6	17	Administrative	Patient Days	1,389,746	40	42,000		41,173	1,244	6
7	19	Professional Fees	Patient Days	1,389,746	40	153,207		41,173	4,539	7
8	20	Dues and Subscriptions	Patient Days	1,389,746	40	53,847		41,173	1,595	8
9	21	Office and Clerical	Patient Days	1,389,746	40	276,330		41,173	8,187	9
10	24	Seminar and Travel	Patient Days	1,389,746	40	10,217		41,173	303	10
11	25	Other Staff Admin. Trans.	Patient Days	1,389,746	40	27,054		41,173	802	11
12	26	Insurance	Patient Days	1,389,746	40	49,193		41,173	1,457	12
13	30	Depreciation	Patient Days	1,389,746	40	71,516		41,173	2,119	13
14	32	Interest	Patient Days	1,389,746	40	613,328		41,173	18,171	14
15	33	Real Estate Taxes	Patient Days	1,389,746	40	129,471		41,173	3,836	15
16	35	Rent - Equipment	Patient Days	1,389,746	40	13,470		41,173	399	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,646,291	$		$ 48,775	25

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	1,389,746	40	247,664	247,664	41,173	7,337	1
2	06	Maintenance (Direct)	Direct		25	357,298	357,298		7,468	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,389,746	40	21,482		41,173	636	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		25	47,140			858	4
5										5
6										6
7	17	Administrative (Pooled)	Patient Days	1,389,746	40	482,303	482,303	41,173	14,289	7
8	21	Office and Clerical (Pooled)	Patient Days	1,389,746	40	3,158,355	3,158,355	41,173	93,570	8
9	21	Office and Clerical (Direct)	Direct		28	484,472	484,472		30,527	9
10	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,389,746	40	728,044		41,173	21,569	10
11	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		28	72,742			7,519	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					$ 5,599,498	$ 4,730,091		$ 183,773	25

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	710,509	22	$ 1,936	$	41,173	$ 112	1
2	05	Utilities	Patient Days	710,509	22	2,630		41,173	152	2
3	06	Maintenance	Patient Days	710,509	22	952		41,173	55	3
4	19	Professional Fees	Patient Days	710,509	22	13,906		41,173	806	4
5	20	Dues and Subscriptions	Patient Days	710,509	22	15,540		41,173	901	5
6	21	Office & Clerical	Patient Days	710,509	22	31,816		41,173	1,844	6
7	24	Travel and Seminar	Patient Days	710,509	22	12,645		41,173	733	7
8	26	Insurance	Patient Days	710,509	22	2,983		41,173	173	8
9	30	Depreciation	Patient Days	710,509	22	2,046		41,173	119	9
10	32	Interest	Patient Days	710,509	22	2,330		41,173	135	10
11	33	Real Estate Taxes	Patient Days	710,509	22	8,555		41,173	496	11
12	01	Dietary Salary	Patient Days	710,509	22	174,364	174,364	41,173	10,104	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	710,509	22	24,481		41,173	1,419	13
14	10	Nursing Salary	Patient Days	710,509	22	706,073	706,073	41,173	40,916	14
15	12	Social Service Salary	Patient Days	710,509	22	495,889	495,889	41,173	28,736	15
16	15	Emp. Ben. - Healthcare	Patient Days	710,509	22	168,758		41,173	9,779	16
17	17	Administration Salary	Patient Days	710,509	22	1,399,873	1,399,873	41,173	81,121	17
18	21	Office Salary	Patient Days	710,509	22	446,345	446,345	41,173	25,865	18
19	27	Emp. Ben. - Gen. Admin.	Patient Days	710,509	22	259,213		41,173	15,021	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,770,337	$ 3,222,544		$ 218,487	25

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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: MAC Rx, LLC
Street Address: 2307 S. Mount Prospect Road
City / State / Zip Code: Des Plaines, IL 60018
Phone Number: (224)220-2700
Fax Number: (224)220-2730

	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	Nursing And Medical Records	Direct Allocation						26,801	1
2	39	Ancillary	Direct Allocation						84,484	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					$	$		$ 111,284	25

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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			$	$		$ 113,912	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					$	$		$ 113,912	25

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	The Private Bank		X	Line of Credit				3,954,655			195,771	6
7												7
8												8
9	TOTAL Facility Related						$	$ 3,954,655			$ 195,771	9
	B. Non-Facility Related*											
10	Interest Income		X								(40,752)	10
11	Allocated from Extended Care C	X									18,171	11
12	Allocated from EC Clinical	X									135	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (22,446)	14
15	TOTALS (line 9+line14)						$	$ 3,954,655			$ 173,325	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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 241,230	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.)		$ 251,259	2
3. Under or (over) accrual (line 2 minus line 1).		$ 10,029	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 251,539	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.)		$ 10,752	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** $ 23,861 **For** 13-15 **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.		$ 272,320	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	199,676	8
	2014	203,698	9
	2015	210,194	10
	2016	229,743	11
	2017	246,927	12

2018 Accrual = $246,927 x 1.02 = $251,539 (Rounded)
Allocated from EC Consulting = $3,836
Allocated from EC Clinical = $496

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Estates Of Hyde Park, The COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052837

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	20-02-312-001-0000	Long Term Care Property	$ 246,927.16	$ 246,927.16
2.	See Attached	Allocated from Care Centers Building	$ 190,923.89	$ 3,835.73
3.	See Attached	Allocated from Care Centers Building	$ 190,923.89	$ 495.75
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 628,774.94	$ 251,258.64

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? X YES NO

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

C. **Tax Bills**

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2017 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 2017 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2017.

Please complete the Real Estate Tax Statement below and include it in the 2018 cost report along with a copy of your 2017 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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Estates Of Hyde Park, The COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052837

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

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

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

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	2014	$ 100,000	1
2	Allocated from Care Center Building			18,603	2
3	TOTALS			$ 118,603	3

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	$ 3,490,000	$ 73,204	35	$ 99,714	$ 26,510	$ 510,087	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2014	84,685		20	5,518	5,518	24,235	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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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)		92,045	1,411		1,411		62,395	68
69	Financial Statement Depreciation			66,736			(66,736)		69
70	TOTAL (lines 4 thru 69)		$ 3,666,730	$ 141,351		$ 106,642	$ (34,708)	$ 596,718	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: 01/01/18 Ending: 12/31/18

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		$ 3,666,730	$ 141,351		$ 106,642	$ (34,708)	$ 596,718	1
2	Demolition Of Elevator Mechanical Room	2015	4,550		20	228	228	872	2
3	Lbs Installed Power Outlets And Tv Outlets	2015	3,440		20	688	688	2,637	3
4	Everest Elevator: Door Operator And New Doors.	2015	26,128		20	1,306	1,306	4,899	4
5	618 Ft Custom Baseboard Covers	2015	25,656		20	5,131	5,131	16,677	5
6	3-Phase Feeder For Passenger Elevator Provided By Amc Electric	2015	11,000		20	550	550	1,788	6
7	Installed Vinyl Flooring In 25 Resident Rooms	2015	12,279		20	614	614	2,200	7
8	Installed Floor Tile, Wall Tile, & Cove Base In 8 Resident Rooms	2015	31,420		20	1,571	1,571	5,629	8
9	2232 Sq Ft Of Resident Room Flooring	2015	6,311		20	316	316	1,078	9
10	8 Vanity Lights & 4 Sink Quartz Tops In Resident Bathrooms	2015	3,521		20	176	176	602	10
11	Changed Soffits In 1St Floor Corridor & Renderings	2015	4,506		20	225	225	770	11
12	2 New Door Frames	2015	8,320		20	416	416	1,421	12
13	Installed 16 Light Fixtures, Tile, Wall Covering In Lobby	2015	8,187		20	409	409	1,399	13
14	24 Sq Yd Of Carpet And 60 Sq Yd Wall Covering In Reservation L	2015	3,078		20	154	154	526	14
15	Therapy Room - Fire Rated Tile, Light Fixtures, Wall Covering, Co	2015	11,073		20	554	554	1,892	15
16	1St Floor Corridor - Light Fixtures, Flooring & Wall Covering	2015	35,416		20	1,771	1,771	6,050	16
17	Private Dining Room - Flooring, Wall Covering & Hardware	2015	4,831		20	242	242	825	17
18	10 Curtains & Corner Guards For Resident Rooms	2015	7,593		20	380	380	1,297	18
19	Office Conversion - Wall Tile, Faucet, Fixtures, Resident Rm Floori	2015	9,848		20	492	492	1,682	19
20	Replace & Retrofit Mechanical Governor Assembly For Generator	2015	5,549		20	277	277	925	20
21	Install New Motor & Pump Unit For Passenger Elevator	2015	6,000		20	300	300	1,000	21
22	Install New 12 Circuit Circuit Breaker Load Center Connected To	2015	3,500		20	175	175	540	22
23	Two Offices - Carpet, Ceiling Tile, Outlet Covers & Paint	2015	10,000		20	500	500	1,583	23
24	Entry Doors - Install 2 Frames & Glass Doors	2015	3,255		20	163	163	502	24
25	Furnish & Install 18 Single Doors	2016	13,716		20	686	686	2,057	25
26	Seal Coating Of Parking Lot	2016	13,050		20	870	870	2,175	26
27	Install Heavy Duty Fusible Disconnect Switch For Service Elevator	2016	2,500		20	125	125	333	27
28	Boiler Repairs-#8 Gas Valve, #10 Pilot Assembly, #14 Aquastat	2016	2,750		20	138	138	401	28
29	Repacked Fire Pump	2016	2,600		20	130	130	303	29
30	Passenger Elevator-Replaced Triacs,Stop Switch,Board Relay,Reve	2016	4,254		20	213	213	638	30
31	Hot Water Re-Piping In 4 Bathrooms	2016	3,500		20	175	175	423	31
32	Remove Cinder Block-Install Copper Pipes, New Utility Faucet & T	2016	3,500		20	175	175	423	32
33	Dishwasher Room - Installed New Pipes & Recement Flooring	2016	6,500		20	325	325	785	33
34	TOTAL (lines 1 thru 33)		$ 3,964,561	$ 141,351		$ 126,116	$ (15,235)	$ 661,051	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: 01/01/18 Ending: 12/31/18

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		$ 3,964,561	$ 141,351		$ 126,116	$ (15,235)	$ 661,051	1
2	Replaced Broken Pipes In Main Sink Line	2016	5,000		20	250	250	625	2
3	Replace Broken Pipes In Kitchen	2016	6,600		20	330	330	825	3
4	Installed 2 Upright Sprinkler Heads - Equipment Room	2016	2,883		20	144	144	420	4
5	Electrical Services	2017	6,500		20	325	325	623	5
6	New Tub Faucet	2017	3,762		20	188	188	376	6
7	Telephone Systems	2017	13,281		20	664	664	1,273	7
8	Shunt Trip For Elevators	2017	14,980		20	749	749	1,373	8
9	New Switch Gear	2017	6,294		20	315	315	551	9
10	Hydraulic Cylinder - Elevator	2017	33,000		20	1,650	1,650	2,200	10
11	4 Doors	2017	5,048		20	252	252	316	11
12	Installation Of New Switch Gear	2017	5,700		20	285	285	499	12
13	Circuits & Outlets In Dining Rm, Therapy Rm, Rooms #215 & #315	2018	11,000		20	504	504	504	13
14	2 Kitchen Faucets, Replace Drain	2018	3,500		20	44	44	44	14
15	Generator Battery, Radiator, Coolant & Thermostat	2018	6,850		20	343	343	343	15
16	Elevator Guide Rollers	2018	2,792		20	140	140	140	16
17	Elevator Report - Gaskets & Hydrautic Oil	2018	4,921		20	246	246	246	17
18	Elevator Pump Motor, Oil, Gaskets	2018	4,751		20	238	238	238	18
19	Elevator Valve, Gasket, Oil, Valve Couplings	2018	5,258		20	263	263	263	19
20	Installed New Motors For Exhaust Fans	2018	2,556		20	128	128	128	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)		$ 4,109,237	$ 141,351		$ 133,173	$ (8,178)	$ 672,035	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: 01/01/18 Ending: 12/31/18

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		$ 4,109,237	$ 141,351		$ 133,173	$ (8,178)	$ 672,035	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
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17									17
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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)		$ 4,109,237	$ 141,351		$ 133,173	$ (8,178)	$ 672,035	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: 01/01/18 Ending: 12/31/18

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		$ 4,109,237	$ 141,351		$ 133,173	$ (8,178)	$ 672,035	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)		$ 4,109,237	$ 141,351		$ 133,173	$ (8,178)	$ 672,035	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: 01/01/18 Ending: 12/31/18

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
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: 01/01/18 Ending: 12/31/18

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
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)		$	$		$	$	$	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: 01/01/18 Ending: 12/31/18

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 from Extended Care Consulting-Care Center Bldg	2002	22,702	582	35	582		9,483	3
4	Allocated from Extended Care Consulting - Dyer Building	2007	7,110	157	35	157		1,811	4
5	Allocated from Extended Care Clinical - Care Center Bldg	2002	2,934	75	35	75		1,226	5
6									6
7	Leasehold Improvements:								7
8	Allocated from Extended Care Consulting-Care Center Bldg	2002	18,754		20			18,754	8
9	Allocated from Extended Care Consulting-Care Center Bldg	2003	22,101		20			22,101	9
10	Allocated from Extended Care Consulting-Care Center Bldg	2005	1,098		20			1,098	10
11	Allocated from Extended Care Consulting-Care Center Bldg	2009	198	10	20	10		99	11
12	Allocated from Extended Care Consulting-Care Center Bldg	2014	1,902	95	20	95		475	12
13	Allocated from Extended Care Consulting-Care Center Bldg	2015	312	16	20	16		135	13
14	Allocated from Extended Care Consulting-Care Center Bldg	2016	1,234	62	20	62		185	14
15	Allocated from Extended Care Consulting-Care Center Bldg	2017	2,140	107	20	107		214	15
16	Allocated from Extended Care Consulting-Care Center Bldg	2018	981	49	20	49		49	16
17	Allocated from Extended Care Clinical - Care Center Bldg	2002	2,424		20			2,424	17
18	Allocated from Extended Care Clinical - Care Center Bldg	2003	2,856		20			2,856	18
19	Allocated from Extended Care Clinical - Care Center Bldg	2005	142		20			142	19
20	Allocated from Extended Care Clinical - Care Center Bldg	2009	26	1	20	1		13	20
21	Allocated from Extended Care Clinical - Care Center Bldg	2014	238	12	20	12		60	21
22	Allocated from Extended Care Clinical - Care Center Bldg	2015	40	2	20	2		17	22
23	Allocated from Extended Care Clinical - Care Center Bldg	2016	160	8	20	8		24	23
24	Allocated from Extended Care Clinical - Care Center Bldg	2017	277	14	20	14		28	24
25	Allocated from Extended Care Clinical - Care Center Bldg	2018	127	6	20	6		6	25
26	Allocated from Extended Care Consulting	2007	136	7	20	7		82	26
27	Allocated from Extended Care Consulting	2009	81	4	20	4		41	27
28	Allocated from Extended Care Consulting	2010	799	40	20	40		360	28
29	Allocated from Extended Care Consulting	2011	288	14	20	14		115	29
30	Allocated from Extended Care Consulting	2012	95	5	20	5		33	30
31	Allocated from Extended Care Consulting	2014	1,314	66	20	66		329	31
32	Allocated from Extended Care Consulting	2016	1,575	79	20	79		236	32
33									33
34	TOTAL (lines 1 thru 33)		$ 92,045	$ 1,411		$ 1,411	$	$ 62,395	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: 01/01/18 Ending: 12/31/18

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		$ 92,045	$ 1,411		$ 1,411	$	$ 62,395	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)		$ 92,045	$ 1,411		$ 1,411	$	$ 62,395	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: 01/01/18 Ending: 12/31/18

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	$ 247,235	$ 675	$ 28,674	$ 27,999	10	$ 125,515	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	91,073				10	91,073	73
74								74
75	TOTALS	$ 338,308	$ 675	$ 28,674	$ 27,999		$ 216,588	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		Alloc. Extended Care Clinical	2012	$ 2,977	$	$	$	5	$ 2,977	76
77		Alloc. Extended Care Consulting	2014	754	151	151	0	5	754	77
78										78
79										79
80	TOTALS			$ 3,732	$ 151	$ 151	$ 0		$ 3,732	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)	$ 4,569,880	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 142,177	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 161,998	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 19,821	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 892,355	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: 01/01/18 Ending: 12/31/18

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	Storage				67			5
6								6
7	TOTAL				$ 67 **			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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 47,032 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	Allocated from Extended Care Consulting		$	$ 399	17
18					18
19					19
20					20
21	TOTAL		$	$ 399	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 Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

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.)

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 276,596	$		$ 276,596	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			107,845			107,845	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			318,481			318,481	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				123,722		123,722	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					3,990	33,636		37,626	13
14	TOTAL			$		$ 706,912	$ 157,358		$ 864,270	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.

STATE OF ILLINOIS

Facility Name & ID Number Estates Of Hyde Park, The # 0052837 Report Period Beginning: 01/01/18 Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (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	$ 377	$ 5,788	1
2	Cash-Patient Deposits	28,711	28,711	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,108,218	2,108,218	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	70,654	70,654	6
7	Other Prepaid Expenses	3,388	3,388	7
8	Accounts Receivable (owners or related parties)		14,892	8
9	Other(specify): See Attached Schedule	7,199	7,199	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,218,547	$ 2,238,850	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	459,580	459,580	15
16	Equipment, at Historical Cost	49,289	204,289	16
17	Accumulated Depreciation (book methods)	(206,800)	(3,757,618)	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	606,793	1,356,373	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 908,862	$ 1,986,973	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,127,409	$ 4,225,823	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 3,464,609	$ 3,464,608	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,661	26,661	28
29	Short-Term Notes Payable	3,954,655	3,954,655	29
30	Accrued Salaries Payable	277,892	277,892	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,301	15,301	31
32	Accrued Real Estate Taxes(Sch.IX-B)	10,309	251,539	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	365,988	365,988	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,115,415	$ 8,368,644	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule		1,834,190	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 1,834,190	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,115,415	$ 10,202,834	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (4,988,006)	$ (5,977,011)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,127,409	$ 4,225,823	48

*(See instructions.)

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,027,885)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (3,027,885)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,960,121)	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)**	$ (1,960,121)	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)**	$ (4,988,006)	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	$ 8,305,593	1
2	Discounts and Allowances for all Levels	(2,649,848)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,655,745	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,524,279	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,524,279	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	4,912	16
17	Sale of Drugs	123,982	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	54,304	19
20	Radiology and X-Ray	7,310	20
21	Other Medical Services	27,104	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 217,612	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	40,752	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 40,752	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	24,491	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 24,491	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,462,879	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,555,753	31
32	Health Care	3,561,118	32
33	General Administration	2,790,065	33
	B. Capital Expense		
34	Ownership	1,334,563	34
	C. Ancillary Expense		
35	Special Cost Centers	864,270	35
36	Provider Participation Fee	317,231	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,423,000	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,960,121)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,960,121)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,299,135	44
45	Private Pay - Net Inpatient Revenue	48,318	45
46	Medicare - Net Inpatient Revenue	298,048	46
47	Other-(specify) Hospice	122,526	47
48	Other-(specify) Insurance	(112,282)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,655,745	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	2,077	2,214	$ 113,061	$ 51.07	1
2	Assistant Director of Nursing	1,510	1,588	59,504	37.47	2
3	Registered Nurses	12,850	13,640	465,205	34.11	3
4	Licensed Practical Nurses	32,094	34,522	944,897	27.37	4
5	CNAs & Orderlies	75,870	82,354	1,073,757	13.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,538	8,458	165,493	19.57	8
9	Activity Director	2,278	2,525	38,120	15.10	9
10	Activity Assistants	8,623	9,375	112,707	12.02	10
11	Social Service Workers	8,863	9,624	237,009	24.63	11
12	Dietician					12
13	Food Service Supervisor	2,155	2,351	46,371	19.72	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,308	21,303	263,862	12.39	15
16	Dishwashers					16
17	Maintenance Workers	10,798	11,681	168,265	14.41	17
18	Housekeepers	15,756	17,389	214,535	12.34	18
19	Laundry	6,920	7,774	96,126	12.37	19
20	Administrator	2,013	2,098	93,388	44.51	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,075	2,284	38,778	16.98	23
24	Clerical	2,103	2,216	39,137	17.66	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	1,816	1,871	34,157	18.26	31
32	Other Health Care(specify)					32
33	Other(specify) See Attached	2,928	3,044	58,229	19.13	33
34	TOTAL (lines 1 - 33)	217,575	236,311	$ 4,262,601 *	$ 18.04	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	326	$ 15,581	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	9,576	10-03	38
39	Pharmacist Consultant	Monthly	11,149	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				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)	326	$ 54,306		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	17	$ 957	10-03	50
51	Licensed Practical Nurses	16	719	10-03	51
52	Certified Nurse Assistants/Aides	20	899	10-03	52
53	TOTAL (lines 50 - 52)	53	$ 2,575		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michael Brown	Administrator	0	$ 7,146
Latanya Owens	Administrator	0	55,308
Pamela Lee	Administrator	0	30,934
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 93,388

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
Marcum LLP	Accounting Fees	$ 24,000
See Schedule	Legal Fees	9,397
ECC Consulting	Home Office Expense	249,057
ECC Clinical	Home Office Expense	45,483
Personnel Planners	Unemployment Consulting	1,671
Pinnacle Quality Insight	Customer Satisfaction	565
Legat Architects	Architectural Services	2,100
Blymas	Tax Credits	6,256
Ability Network	Computer Services	2,659
Achieve	Computer Services	375
IIT / Sourcetech	Computer Services	330
See Supplemental Schedule		80,743
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 422,636

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 107,209
Unemployment Compensation Insurance	30,776
FICA Taxes	322,850
Employee Health Insurance	193,563
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension Expense	34,898
Other Employee Welfare	4,699
Holiday Expense	9,829
Employee Physicals	797
TOTAL (agree to Schedule V, line 22, col.8)	$ 704,621

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	26,814
Health Care Worker Background Check	
(Indicate # of checks performed 92)	1,640
Patient Background Checks	
Licenses & Fees	3,406
Dues & Subscriptions	17,831
Allocated from Extended Care Consulting	1,595
Allocated from Extended Care Clinical	901
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 54,177

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	575
Inservice Expense	272
Allocated from Extended Care Consulting	303
See Supplemental Schedule	733
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,883

**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. **HCCI=23374**

(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. $ 24,298.00 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. $ **317,231**
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? **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