



Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	93	Skilled (SNF)	93	33,945	1
2		Skilled Pediatric (SNF/PED)			2
3	95	Intermediate (ICF)	95	34,675	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	188	TOTALS	188	68,620	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			4,040	4,040	8
9	SNF/PED					9
10	ICF	57,102	3,404	905	61,411	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,102	3,404	4,945	65,451	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.38%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

NONE

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 01/01/1978

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 12/86 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 93 and days of care provided 2,978

Medicare Intermediary NATIONAL GOVERNMENT SERVICE

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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



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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	382,547	91,144	21,413	495,104		495,104		495,104		1
2	Food Purchase		459,131		459,131	(58,692)	400,439	(3,061)	397,378		2
3	Housekeeping	187,982	44,745		232,727		232,727	126	232,853		3
4	Laundry	141,928	54,870		196,798		196,798		196,798		4
5	Heat and Other Utilities			213,130	213,130		213,130	1,356	214,486		5
6	Maintenance	90,247	115,168	103,202	308,617		308,617	2,962	311,579		6
7	Other (specify):*			17,281	17,281		17,281		17,281		7
8	<b>TOTAL General Services</b>	802,704	765,058	355,026	1,922,788	(58,692)	1,864,096	1,383	1,865,479		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,732	27,732		27,732		27,732		9
10	Nursing and Medical Records	3,239,310	205,929	217,467	3,662,706		3,662,706	21,980	3,684,686		10
10a	Therapy	219,011		2,880	221,891		221,891		221,891		10a
11	Activities	164,579	20,799	3,800	189,178		189,178	254	189,432		11
12	Social Services	129,348		7,230	136,578		136,578	81,609	218,187		12
13	CNA Training										13
14	Program Transportation			6,288	6,288		6,288		6,288		14
15	Other (specify):*							12,754	12,754		15
16	<b>TOTAL Health Care and Programs</b>	3,752,248	226,728	265,397	4,244,373		4,244,373	116,597	4,360,970		16
	<b>C. General Administration</b>										
17	Administrative	235,046		1,398,337	1,633,383		1,633,383	(1,033,764)	599,619		17
18	Directors Fees										18
19	Professional Services			211,317	211,317		211,317	48,535	259,852		19
20	Dues, Fees, Subscriptions & Promotions			189,092	189,092		189,092	(147,020)	42,072		20
21	Clerical & General Office Expenses	288,457	57,144	482,645	828,246		828,246	(129,135)	699,111		21
22	Employee Benefits & Payroll Taxes			1,066,950	1,066,950	58,692	1,125,642	(1,780)	1,123,862		22
23	Inservice Training & Education			12,074	12,074		12,074	(5,798)	6,276		23
24	Travel and Seminar							1,221	1,221		24
25	Other Admin. Staff Transportation			6,820	6,820		6,820	(1,905)	4,915		25
26	Insurance-Prop.Liab.Malpractice			2,345	2,345		2,345	274,627	276,972		26
27	Other (specify):*			348,808	348,808		348,808	(287,638)	61,170		27
28	<b>TOTAL General Administration</b>	523,503	57,144	3,718,388	4,299,035	58,692	4,357,727	(1,282,657)	3,075,070		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,078,455	1,048,930	4,338,811	10,466,196		10,466,196	(1,164,677)	9,301,519		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.

V.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
1	<b>DIETARY</b>	
	DIETITIAN CONSULTANT XVIII B 35-2	21,413
	REPAIRS & MAINTENANCE	0
		21,413
3	<b>HOUSEKEEPING</b>	
		0
		0
4	<b>LAUNDRY</b>	
	EQUIPMENT REPAIRS & MAINTENANCE	0
		0
5	<b>HEAT &amp; OTHER UTILITIES</b>	
	GAS HEAT	58,765
	ELECTRICITY	78,036
	WATER	54,528
	CABLE TV - LOBBY	21,801
		213,130
6	<b>MAINTENANCE</b>	
	GROUNDS MAINTENANCE	22,775
	PAINTING & DECORATING	4,167
	BUILDING REPAIRS	0
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	32,477
	ELEVATOR MAINTENANCE & REPAIR	5,852
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	3,375
	FIRE SERVICE	11,228
	LEGACY - PROGRESSIVE	1,728
	ML GROUP DESIGN & DEVELOPMENT	21,600
		103,202
7	<b>OTHER</b>	
	SCAVENGER	17,281
	SECURITY SERVICE	0

LINE	SCHED REF	TOTAL
10	<b>NURSING</b>	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	11,235
	PURCHASED SERVICES	0
	PSYCHO-SOCIAL CONSULTANT XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT XVIII B 38-2	0
	MEDICAL RECORDS CONSULTANT XVIII B 37-2	4,800
	PHARMACY CONSULTANT XVIII B 39-2	14,664
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	NURSING XVIII B __-2	22,200
	NURSING PROGRAM CONSULTANT XVIII B 38-2	69,969
	LEGACY- PROGRESSIVE SALARY	94,599
		217,467
10a	<b>THERAPY</b>	
	PHYSICAL THERAPY SERVICES	0
	SPEECH THERAPY SERVICES	0
	OCCUPATIONAL THERAPY SERVICES	0
	REHABILITATION CONSULTANT XVIII B __-2	0
	PHYSICAL THERAPY CONSULTANT XVIII B 40-2	0
	OCCUPATIONAL THERAPY CONSULTANT XVIII B 41-2	0
	RESPIRATORY THERAPY CONSULTANT XVIII B 42-2	2,880
	SPEECH THERAPY CONSULTANT XVIII B 43-2	0
		2,880
11	<b>ACTIVITIES</b>	
	CABLE TV - PATIENT ROOMS	0
	ACTIVITY REHAB CONSULTANT XVIII B 44-2	3,800
		3,800
12	<b>SOCIAL SERVICES</b>	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	0
	SOCIAL WORKER XVIII B 45-2	7,230

			17,281
<b>9</b>	<b>MEDICAL DIRECTOR</b>		
	MEDICAL DIRECTOR FEES	XVIII B 36-2	27,732
			27,732

			7,230
<b>13</b>	<b>NURSE AIDE TRAINING</b>		
	NURSE AIDE TRAINING COSTS	XIII	0
			0

V.COST CENTER EXPENSES PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
14	<b>PROGRAM TRANSPORTATION</b>	
	PATIENT TRANSPORTATION	6,288
		6,288
17	<b>ADMINISTRATIVE</b>	
	MANAGEMENT FEES & ASSET MANAGEMENT XIX B	1,398,337
		1,398,337
	<b>DIRECTORS FEES</b>	
18	DIRECTORS FEES	0
19	<b>PROFESSIONAL SERVICES</b>	
	DATA PROCESSING XIX C	97,216
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	114,101
		211,317
20	<b>FEES,SUBSCRIPTIONS,PROMOTIONS</b>	
	ENTERTAINMENT & MARKETING VI 19 XIX F	8,788
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	72,869
	EMPLOYEE WANT ADS XIX F	4,675
	CONTRIBUTIONS VI 20 XIX F	58,232
	DUES & SUBSCRIPTIONS XIX F	21,912
	LICENSES & PERMITS XIX F	6,728
	PUBLIC RELATIONS-PATIENT RELATED XIX F	0
	ADVERTISING-YELLOW PAGES VI 28 XIX F	0
	TRUST FEES / FRANCHISE TAX / ETC VI 17 XIX F	0
	CONTRIBUTIONS - POLITICAL VI 20 XIX F	8,347
	HEALTH CARE WORKER BACKGROUND CHEC XIX F	5,071
	PATIENT BACKGROUND CHECKS XIX F	2,470
		189,092
21	<b>CLERICAL &amp; GENERAL OFFICE EXPENSES</b>	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	4,237
	EQUIPMENT REPAIR & MAINTENANCE	2,456
	OUTSIDE CLERICAL SERVICES	264,000
	PENALTIES / OVERDRAFT CHARGES VI 18	1,622
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	33,530

LINE	SCHED REF	TOTAL
22	<b>EMPLOYEE BENEFITS &amp; PAYROLL TAXES</b>	
	FICA TAXES XIX D	382,419
	UNEMPLOYMENT COMPENSATION XIX D	26,057
	WORKERS COMPENSATION INSURANC XIX D	216,849
	HOSPITALIZATION INSURANCE XIX D	283,219
	EMPLOYEE BENEFITS - OTHER XIX D	54,820
	EMPLOYEE PHYSICAL EXAMS XIX D	17,350
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	1,780
	PENSION/PROFIT SHARING PLANS XIX D	43,717
	CHICAGO HEAD TAX XIX D	0
	PAYROLL TAXES - LEGACY	40,739
		1,066,950
23	<b>INSERVICE TRAINING &amp; EDUCATION</b>	
	EDUCATION & SEMINARS	12,074
		12,074
24	<b>TRAVEL &amp; SEMINARS</b>	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25	<b>ADMIN. STAFF TRANSPORTATION</b>	
	TRANSPORTATION - STAFF	6,820
		6,820
26	<b>INSURANCE - PROP. LIAB &amp; MALPRACTICE</b>	
	GENERAL INSURANCE	2,345
		2,345
27	<b>OTHER</b>	
	BAD DEBTS VI 24	348,808
		348,808

GRAND TOTAL COLUMN 3 OTHER **4,338,811**

MESSENGER SERVICE	0	
LEGACY - PROGRESSIVE SALARY	176,800	482,645

**PETERSON PARK HLTH CARE CTR  
SCHEDULES  
12/31/2015**

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

TOTAL FOOD PURCHASE	459,131
LESS SALES TAX	<u>(4,857)</u>
NET FOOD	454,274

TOTAL PATIENT CENSUS	65,451
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	196,353

ADD # EMPLOYEE MEALS/DAY	80
TIMES # DAYS	<u>365</u>
TOTAL EMPLOYEE MEALS	29,200

PATIENT MEALS	196,353
ADD EMPLOYEE MEALS	<u>29,200</u>
TOTAL MEALS/YEAR	225,553

NET FOOD	454,274
DIVIDE TOTAL MEALS/YEAR	<u>225,553</u>

COST PER MEAL	2.01
TIMES EMPLOYEE MEALS	<u>29,200</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>58,692</u></u>

**PETERSON PARK HLTH CARE CTR  
SCHEDULES  
12/31/2015**

**LEGAL FEES  
PAGE 21 XIX. PROFESSIONAL FEES**

<b>INVOICE DATE</b>	<b>FIRM NAME</b>	<b>AMOUNT</b>	<b>DESCRIPTION OF SERVICE</b>
6/1/2014	MUCH SHELIST	42.93	GENERAL COUNSELING
7/1/2014	MUCH SHELIST	42.93	GENERAL COUNSELING
9/1/2014	MUCH SHELIST	309.20	GENERAL COUNSELING
10/1/2014	MUCH SHELIST	96.59	GENERAL COUNSELING
11/1/2014	MUCH SHELIST	475.77	GENERAL COUNSELING
11/25/2014	MUCH SHELIST	475.00	GENERAL COUNSELING
1/1/2015	MUCH SHELIST	156.00	GENERAL COUNSELING
3/1/2015	MUCH SHELIST	85.00	GENERAL COUNSELING
9/1/2015	MUCH SHELIST	230.93	GENERAL COUNSELING
10/1/2015	MUCH SHELIST	580.82	GENERAL COUNSELING
11/30/2015	MUCH SHELIST	350.00	GENERAL COUNSELING
1/14/2015	OBER KALER	28.69	HEALTH CARE REGULATORY AND REIMBURSEMENT
1/26/2015	OBER KALER	538.68	COMPLIANCE PLAN PROJECT
2/18/2015	OBER KALER	137.25	COMPLIANCE PLAN PROJECT
3/11/2015	OBER KALER	32.58	COMPLIANCE PLAN PROJECT
5/31/2015	OBER KALER	158.02	COMPLIANCE PLAN PROJECT
5/21/2015	OBER KALER	147.53	HEALTH CARE REGULATORY AND REIMBURSEMENT
7/6/2015	OBER KALER	69.34	COMPLIANCE PLAN PROJECT
8/21/2015	OBER KALER	71.06	COMPLIANCE PLAN PROJECT
9/8/2015	OBER KALER	839.68	HEALTH CARE REGULATORY AND REIMBURSEMENT
10/19/2015	OBER KALER	206.04	COMPLIANCE PLAN PROJECT
10/19/2015	OBER KALER	142.53	HEALTH CARE REGULATORY AND REIMBURSEMENT
11/9/2015	OBER KALER	264.06	HEALTH CARE REGULATORY AND REIMBURSEMENT
11/9/2015	OBER KALER	89.74	COMPLIANCE PLAN PROJECT
12/31/2014	STONE,MCGUIRE & SIEGEL	365.42	COMPLIANCE LEGAL
1/31/2015	STONE,MCGUIRE & SIEGEL	481.78	COMPLIANCE LEGAL
2/28/2015	STONE,MCGUIRE & SIEGEL	274.99	COMPLIANCE LEGAL

8/31/2015	STONE,MCGUIRE & SIEGEL	749.37	COMPLIANCE LEGAL
8/31/2015	STONE,MCGUIRE & SIEGEL	377.50	COMPLIANCE LEGAL
9/30/2015	STONE,MCGUIRE & SIEGEL	954.97	COMPLIANCE LEGAL
10/31/2015	STONE,MCGUIRE & SIEGEL	735.58	COMPLIANCE LEGAL
11/30/2015	STONE,MCGUIRE & SIEGEL	540.77	COMPLIANCE LEGAL
11/17/2015	STONE,MCGUIRE & SIEGEL	25.00	GUARDIANSHIP
11/2/2015	STONE,MCGUIRE & SIEGEL	100.00	GUARDIANSHIP
11/30/2015	STONE,MCGUIRE & SIEGEL	248.64	COMPLIANCE LEGAL
1/23/2015	OGLETREE DEAKINS	202.59	GENERAL ADVICE
1/23/2015	OGLETREE DEAKINS	243.85	DOL AUDIT
2/25/2015	OGLETREE DEAKINS	160.30	GENERAL ADVICE
2/25/2015	OGLETREE DEAKINS	28.69	DOL AUDIT
3/16/2015	OGLETREE DEAKINS	222.50	DOL AUDIT
3/16/2015	OGLETREE DEAKINS	48.88	GENERAL ADVICE
3/16/2015	OGLETREE DEAKINS	12.61	DOL AUDIT
4/10/2015	OGLETREE DEAKINS	89.00	DOL AUDIT
12/4/2015	OGLETREE DEAKINS	59.63	GENERAL ADVICE
3/11/2015	WANG KOBAYASHI AUSTIN	37.19	ADVISE ON FIDUCIARY DUTY RESPONSIBILITY
4/13/2015	WANG KOBAYASHI AUSTIN	241.73	GENERAL ADVICE
5/14/2015	WANG KOBAYASHI AUSTIN	37.19	GENERAL ADVICE
11/30/2015	WANG KOBAYASHI AUSTIN	35.33	GENERAL ADVICE
12/15/2015	WANG KOBAYASHI AUSTIN	28.24	GENERAL ADVICE
9/22/2015	NEAL,GERBER & EISENBERG	208.73	GENERAL LABOR AND EMPLOYMENT
10/26/2015	NEAL,GERBER & EISENBERG	803.25	GENERAL LABOR AND EMPLOYMENT
11/11/2015	NEAL,GERBER & EISENBERG	109.66	GENERAL LABOR AND EMPLOYMENT
6/30/2015	MEYER MAGENCE	437.50	GENERAL ADVICE
7/7/2015	MEYER MAGENCE	474.50	GENERAL ADVICE
2/20/2015	GUTNICKI	165.00	FILE IL DBA
3/10/2015	ROBBINS,SALOMON & PATT	384.00	TAX CONSULTING
1/12/2015	TBA CONSULTANTS	70.84	COMPLIANCE LEGAL
1/27/2015	GUARDIANSHIP	2,022.00	GUARDIANSHIP CASE PREPARATION AND PROCESSING
	TOTAL	<u>16,548</u>	

Facility Name & ID Number PETERSON PARK HLTH CARE CTR #0024463 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			8,088	8,088		8,088	312,041	320,129		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			73,068	73,068		73,068	130,473	203,541		32
33	Real Estate Taxes							241,170	241,170		33
34	Rent-Facility & Grounds			1,043,722	1,043,722		1,043,722	(1,043,722)			34
35	Rent-Equipment & Vehicles			25,728	25,728		25,728	(6,839)	18,889		35
36	Other (specify):*							23,930	23,930		36
37	<b>TOTAL Ownership</b>			1,150,606	1,150,606		1,150,606	(342,947)	807,659		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		136,163	576,136	712,299		712,299		712,299		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			480,258	480,258		480,258		480,258		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>		136,163	1,056,394	1,192,557		1,192,557		1,192,557		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,078,455	1,185,093	6,545,811	12,809,359		12,809,359	(1,507,624)	11,301,735		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 **PETERSON PARK HLTH CARE CTR**

# **0024463**

Report Period Beginning:

**01/01/2015**

Ending:

**12/31/2015**

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	105,273	30		9
10	Interest and Other Investment Income	(5,059)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,857)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(1,622)	21		18
19	Entertainment	(8,788)	20		19
20	Contributions	(66,579)	20		20
21	Owner or Key-Man Insurance	(1,780)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(348,808)	27		24
25	Fund Raising, Advertising and Promotional	(72,869)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule	(22,670)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (427,759)</b>		<b>\$</b>	<b>30</b>

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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,079,865)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (1,079,865)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,507,624)</b>		<b>37</b>

\*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.

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

PETERSON PARK HLTH CARE CTR

ID# 0024463

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	BANK CHARGES	\$ (4,237)	21	1
2	NON ALLOWABLE EDUCATION & SEMINARS	(5,798)	23	2
3				3
4	AUTO LEASE	(9,323)	35	4
5	NON ALLOWABLE TRANSPORTATION	(1,905)	25	5
6	INTEREST INCOME ON PETERSON REALTY	(425)	32	6
7	DISALLOWED PROFESSIONAL FEES	(982)	19	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29

30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(22,670)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number PETERSON PARK HLTH CARE CTR# 0024463

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,857)	0	0	0	1,796	0	0	0	0	0	0	(3,061)	2
3	Housekeeping	0	0	126	0	0	0	0	0	0	0	0	126	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,356	0	0	0	0	0	0	0	0	1,356	5
6	Maintenance	0	0	3,093	0	995	0	0	(1,126)	0	0	0	2,962	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(4,857)</b>	<b>0</b>	<b>4,575</b>	<b>0</b>	<b>2,791</b>	<b>0</b>	<b>0</b>	<b>(1,126)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,383</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	24,257	0	0	(2,277)	0	0	0	21,980	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	254	0	0	0	0	0	0	0	0	254	11
12	Social Services	0	0	0	0	81,609	0	0	0	0	0	0	81,609	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	12,754	0	0	0	0	0	0	12,754	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>254</b>	<b>0</b>	<b>118,620</b>	<b>0</b>	<b>0</b>	<b>(2,277)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116,597</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	1,927	0	84,309	0	0	0	(1,120,000)	0	0	(1,033,764)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(982)	28,491	25,474	0	600	(5,048)	0	0	0	0	0	48,535	19
20	Fees, Subscriptions & Promotions	(148,236)	0	1,123	0	93	0	0	0	0	0	0	(147,020)	20
21	Clerical & General Office Expenses	(5,859)	0	(124,466)	0	1,190	0	0	0	0	0	0	(129,135)	21
22	Employee Benefits & Payroll Taxes	(1,780)	0	0	0	0	0	0	0	0	0	0	(1,780)	22
23	Inservice Training & Education	(5,798)	0	0	0	0	0	0	0	0	0	0	(5,798)	23
24	Travel and Seminar	0	0	1,131	0	90	0	0	0	0	0	0	1,221	24
25	Other Admin. Staff Transportation	(1,905)	0	0	0	0	0	0	0	0	0	0	(1,905)	25
26	Insurance-Prop.Liab.Malpractice	0	270,183	857	0	3,587	0	0	0	0	0	0	274,627	26
27	Other (specify):*	(348,808)	0	34,938	0	15,985	0	0	0	10,247	0	0	(287,638)	27
28	<b>TOTAL General Administration</b>	<b>(513,368)</b>	<b>298,674</b>	<b>(59,016)</b>	<b>0</b>	<b>105,854</b>	<b>(5,048)</b>	<b>0</b>	<b>0</b>	<b>(1,109,753)</b>	<b>0</b>	<b>0</b>	<b>(1,282,657)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(518,225)</b>	<b>298,674</b>	<b>(54,187)</b>	<b>0</b>	<b>227,265</b>	<b>(5,048)</b>	<b>0</b>	<b>(3,403)</b>	<b>(1,109,753)</b>	<b>0</b>	<b>0</b>	<b>(1,164,677)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	105,273	202,331	1,918	2,519	0	0	0	0	0	0	0	312,041	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,484)	134,579	15	1,363	0	0	0	0	0	0	0	130,473	32
33	Real Estate Taxes	0	238,748	2,422	0	0	0	0	0	0	0	0	241,170	33
34	Rent-Facility & Grounds	0	(1,043,722)	9,014	(9,014)	0	0	0	0	0	0	0	(1,043,722)	34
35	Rent-Equipment & Vehicles	(9,323)	0	1,749	0	735	0	0	0	0	0	0	(6,839)	35
36	Other (specify):*	0	23,930	0	0	0	0	0	0	0	0	0	23,930	36
37	<b>TOTAL Ownership</b>	<b>90,466</b>	<b>(444,134)</b>	<b>15,118</b>	<b>(5,132)</b>	<b>735</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(342,947)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(427,759)</b>	<b>(145,460)</b>	<b>(39,069)</b>	<b>(5,132)</b>	<b>228,000</b>	<b>(5,048)</b>	<b>0</b>	<b>(3,403)</b>	<b>(1,109,753)</b>	<b>0</b>	<b>0</b>	<b>(1,507,624)</b>	<b>45</b>

Facility Name & ID Number **PETERSON PARK HLTH CARE CTR**

# **0024463**

Report Period Beginning: **01/01/2015** Ending: **12/31/2015**

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<b>SEE PAGE 6-SUPPLEMENTAL</b>						

**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)	
1	V	34 RENT	\$ 1,043,722	PETERSON PARK REALTY		\$	\$ (1,043,722)	1
2	V							2
3	V							3
4	V	19 PROF FEES		PETERSON PARK REALTY		28,491	28,491	4
5	V	26 INSURANCE - GENERAL		PETERSON PARK REALTY		270,183	270,183	5
6	V	30 DEPRECIATION		PETERSON PARK REALTY		202,331	202,331	6
7	V	32 AMORT LOAN COSTS		PETERSON PARK REALTY		7,719	7,719	7
8	V	32 INTEREST		PETERSON PARK REALTY		126,860	126,860	8
9	V	33 REAL ESTATE TAXES		PETERSON PARK REALTY		238,748	238,748	9
10	V	36 INSURANCE H.U.D. (MIP)		PETERSON PARK REALTY		23,930	23,930	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,043,722			\$ 898,262	\$ * (145,460)	14

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR# 0024463Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		\$		15
16	V	21 OUTSIDE CLERICAL	264,000	LEGACY HEALTHCARE FINANCIAL SERVICES LLC			(264,000)	16
17	V	3 HOUSEKEEPING		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		126	126	17
18	V	5 UTILITIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,356	1,356	18
19	V	6 GROUNDS & MAINTENANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		3,093	3,093	19
20	V	11 ACTIVITIES PROGRAM		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		254	254	20
21	V	17 MANAGEMENT FEES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,927	1,927	21
22	V	19 PROFESSIONAL FEES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		25,474	25,474	22
23	V	20 FEES,SUBSCRIPTIONS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,123	1,123	23
24	V	21 CLERICAL & GENERAL WAGES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		126,670	126,670	24
25	V	21 CLERICAL & GENERAL		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		12,864	12,864	25
26	V	24 SEMINARS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,131	1,131	26
27	V	26 INSURANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		857	857	27
28	V	27 EMPL BENEFITS-GEN ADMIN		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		34,938	34,938	28
29	V	30 DEPRECIATION		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,918	1,918	29
30	V	32 INTEREST		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		15	15	30
31	V	33 REAL ESTATE TAXES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		2,422	2,422	31
32	V	34 RENT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		9,014	9,014	32
33	V	35 EQUIPMENT RENTAL		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,749	1,749	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 264,000			\$ 224,931	\$ * (39,069)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2		3	4	5	6	7	8		
Schedule V		Line		Cost Per General Ledger	Amount	Cost to Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)		
		Item				Name of Related Organization					
15	V	34	RENT		\$ 9,014	LEGACY REAL PROPERTIES LLC		\$		\$ (9,014)	15
16	V	30	DEPRECIATION			LEGACY REAL PROPERTIES LLC		2,519		2,519	16
17	V	32	INTEREST EXPENSE			LEGACY REAL PROPERTIES LLC		1,363		1,363	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				\$ 9,014			\$ 3,882	\$ *	(5,132)	39

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**VII. RELATED PARTIES (continued)**

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

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

1	2	3	4	5	6	7	8
Schedule V	Line	Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)
15	V	10 NURSE CONSULTANT	\$ 44,400	PROGRESSIVE HEALTHCARE CONSULTING		\$	\$ (44,400)
16	V	2 FOOD		PROGRESSIVE HEALTHCARE CONSULTING		1,796	1,796
17	V	6 BUILDING MAINT & SUPPLIES		PROGRESSIVE HEALTHCARE CONSULTING		991	991
18	V	6 MAINTENANCE SALARY		PROGRESSIVE HEALTHCARE CONSULTING		4	4
19	V	10 NURSING SUPPLIES		PROGRESSIVE HEALTHCARE CONSULTING		3	3
20	V	10 NURSING SALARIES		PROGRESSIVE HEALTHCARE CONSULTING		68,654	68,654
21	V	12 CLERGY SALARY		PROGRESSIVE HEALTHCARE CONSULTING		1,737	1,737
22	V	12 ADMISSIONS SALARY		PROGRESSIVE HEALTHCARE CONSULTING		79,861	79,861
23	V	12 ACTIVITIES PROGRAM		PROGRESSIVE HEALTHCARE CONSULTING		11	11
24	V	15 EMPL BENEFIT- NURSING		PROGRESSIVE HEALTHCARE CONSULTING		12,754	12,754
25	V	17 ADMIN SAL-NON OWNERS		PROGRESSIVE HEALTHCARE CONSULTING		84,309	84,309
26	V	19 PROFESSIONAL FEES		PROGRESSIVE HEALTHCARE CONSULTING		600	600
27	V	20 FEES, SUBSCRIPTIONS		PROGRESSIVE HEALTHCARE CONSULTING		93	93
28	V	21 CLERICAL & GEN OFFICE		PROGRESSIVE HEALTHCARE CONSULTING		1,190	1,190
29	V	24 SEMINARS		PROGRESSIVE HEALTHCARE CONSULTING		90	90
30	V	26 INSURANCE		PROGRESSIVE HEALTHCARE CONSULTING		3,587	3,587
31	V	27 EMPL BENEFIT- NURSING		PROGRESSIVE HEALTHCARE CONSULTING		15,985	15,985
32	V	35 AUTO RENTAL		PROGRESSIVE HEALTHCARE CONSULTING		735	735
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 44,400			\$ 272,400	\$ * 228,000

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	19 PAYROLL DATA PROCESSING	\$ 19,416	PROPAY HR LLC		\$ 14,368	\$	(5,048)	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		\$ 19,416			\$ 14,368	\$ *	(5,048)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 ASSET MANAGEMENT FEE	\$ 21,600	ML GROUP DESIGN		\$ 21,600	\$
16	V	10 NURSING SUPPLIES	3,618	ML ENTERPRISES		3,618	
17	V	19 PURCHASING CONSULTANT	6,000	ML ENTERPRISES		6,000	
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 31,218			\$ 31,218	\$ *

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 PREVENTATIVE MAINTENANCE FF	\$ 8,148	REMED SERVICES		\$ 7,022	\$ (1,126)
16	V	10 NURSING EQUIPMENT	16,147	REMED SERVICES		13,915	(2,232)
17	V	10 NURSING SUPPLIES	325	REMED SERVICES		280	(45)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 24,620			\$ 21,217	\$ * (3,403)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 1,320,000	SHABAT & ASSOCIATES		\$	\$ (1,320,000)
16	V	17 SALARY- RON SHABAT				200,000	200,000
17	V	27 PAYROLL TAXES				10,247	10,247
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,320,000			\$ 210,247	\$ * (1,109,753)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 MAINTENANCE SUPERVISOR	\$ 1,728	PROGRESSIVE HEALTHCARE CONSULTING		\$ 1,728	\$
16	V	10 DON SALARIES	17,267	PROGRESSIVE HEALTHCARE CONSULTING		17,267	
17	V	10 CLINICAL NURSE	63,672	PROGRESSIVE HEALTHCARE CONSULTING		63,672	
18	V	10 MDS COORDINATOR	7,161	PROGRESSIVE HEALTHCARE CONSULTING		7,161	
19	V	10 E.H.R. IMPLEMENTATION	3,972	PROGRESSIVE HEALTHCARE CONSULTING		3,972	
20	V	10 CLERGY	2,527	PROGRESSIVE HEALTHCARE CONSULTING		2,527	
21	V	17 ADMINISTRATOR	61,866	PROGRESSIVE HEALTHCARE CONSULTING		61,866	
22	V	17 ASSISTED ADMINISTRATOR	16,471	PROGRESSIVE HEALTHCARE CONSULTING		16,471	
23	V	21 BOOKKEEPER	20,199	PROGRESSIVE HEALTHCARE CONSULTING		20,199	
24	V	21 COMPLIANCE	1,901	PROGRESSIVE HEALTHCARE CONSULTING		1,901	
25	V	21 ADMITTING	89,859	PROGRESSIVE HEALTHCARE CONSULTING		89,859	
26	V	27 PAYROLL TAXES	34,395	PROGRESSIVE HEALTHCARE CONSULTING		34,395	
27	V	21 PERSONNEL	15,015	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		15,015	
28	V	21 AR FIELD COORDINATOR	17,795	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		17,795	
29	V	21 MANAGED CARE COORDINATOR	13,900	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		13,900	
30	V	21 IN-HOUSE COUNSEL	9,939	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		9,939	
31	V	21 PURCHASING DIRECTOR	8,192	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		8,192	
32	V	27 PAYROLL TAXES	6,345	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		6,345	
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 392,204			\$ 392,204	\$ *

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR# 0024463Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	CHAIM RAJCHENBACH	5.32	ASTORIA PLACE	CHICAGO				1
2	MENACHEM SHABAT	9.04	BETHANY TERRACE	MORTON GROVE	legacy real properties		BUILDING CO	2
3	JACK RAJCHENBACH	9.57	CHALET LIVING & REHAB	CHICAGO	legacy healthcare fin services		home office/bookeep	3
4	RONALD SHABAT	69.15	ELMBROOK	ELMHURST	ml group design and dev		asset management	4
5	PPA, LTD.	5.32	THE GROVE OF EVANSTON,LLC	EVANSTON	remed		medical equip main	5
6	AHUVA SHABAT	1.60	THE VILLA AT EVERGREEN	EVERGREEN PARK	propay		payroll processing	6
7			THE GROVE OF FOX VALLEY	AURORA				7
8			THE GROVE OF LAGRANGE PARK	LAGRANGE PARK				8
9			THE GROVE AT THE LAKE	ZION				9
10			LAKEFRONT NURSING & REHAB CENTER	CHICAGO				10
11			the grove at lincoln park living and rehab	CHICAGO				11
12			AVANTARA LONG GROVE	LONG GROVE				12
13			THE GROVE NORTH LIVING AND REHAB	SKOKIE				13
14			THE GROVE OF NORTHBROOK	NORTHBROOK				14
15			WARREN BARR NORTH SHORE	HIGHLAND PARK				15
16			AVANTAR PARK RIDGE	PARK RIDGE				16
17			WARREN BARR SOUTH LOOP	CHICAGO				17
18			WARREN BARR	CHICAGO				18
19			AURORA SUPPORTIVE LIVING	AURORA				19
20			peterson park associates limited ptnship	CHICAGO				20
21			CARLTON AT THE LAKE	CHICAGO				21
22			TERRACE GARDENS	MORTON GROVE				22
23			WELLSHIRE	LINCOLNSHIRE				23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	RONALD SHABAT	OWNER	Administrative	69.15	NONE	35	100.00	SALARY	\$ 200,000	17-7	1
2								P/R TAXES	10,247	27-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 210,247		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 PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization LEGACY HEALTHCARE FINANCIAL SVCS  
 Street Address 7040 RIDGEWAY  
 City / State / Zip Code LINCOLNWOOD ILL 60712  
 Phone Number ( 847 ) 679-9797  
 Fax Number ( 847 ) 679-3676

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	3	HOUSEKEEPING	Bed Days Available	23	\$ 2,296	\$	68,620	\$ 126	1
2	5	UTILITIES	Bed Days Available	23	24,766		68,620	1,356	2
3	6	GROUNDS & MAINTENANCE	Bed Days Available	23	56,504		68,620	3,093	3
4	11	ACTIVITIES PROGRAM	Bed Days Available	23	4,642		68,620	254	4
5	17	MANAGEMENT FEES	Hours	40	32,807	32,807	2	1,927	5
6	19	PROFESSIONAL FEES	Bed Days Available	23	465,391		68,620	25,474	6
7	20	FEES,SUBSCRIPTIONS	Bed Days Available	23	20,516		68,620	1,123	7
8	21	CLERICAL & GENERAL WAGES	Bed Days Available	23	2,314,153	2,314,153	68,620	126,670	8
9	21	CLERICAL & GENERAL	Bed Days Available	23	235,020		68,620	12,864	9
10	24	SEMINARS	Bed Days Available	23	20,662		68,620	1,131	10
11	26	INSURANCE	Bed Days Available	23	15,655		68,620	857	11
12	27	EMPL BENEFITS-GEN ADMIN	Bed Days Available	23	638,285		68,620	34,938	12
13	30	DEPRECIATION	Bed Days Available	23	35,040		68,620	1,918	13
14	32	INTEREST	Bed Days Available	23	267		68,620	15	14
15	33	REAL ESTATE TAXES	Bed Days Available	23	44,250		68,620	2,422	15
16	34	RENT	Bed Days Available	23	164,669		68,620	9,014	16
17	35	EQUIPMENT RENTAL	Bed Days Available	23	31,945		68,620	1,749	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 4,106,868	\$ 2,346,960		\$ 224,931	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization LEGACY REAL PROPERTIES LLC  
 Street Address 7040 RIDGEWAY  
 City / State / Zip Code LINCOLNWOOD ILL 60712  
 Phone Number ( 847 ) 679-9797  
 Fax Number ( 847 ) 679-3676

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	30	DEPRECIATION	Bed Days Available	1,253,624	23	\$ 46,013	\$ 68,620	\$ 2,519	1
2	32	INTEREST EXPENSE	Bed Days Available	1,253,624	23	24,899	68,620	1,363	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					\$ 70,912	\$	\$ 3,882	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization PROGRESSIVE HEALTHCARE CONSULTING  
 Street Address 7040 RIDGEWAY  
 City / State / Zip Code LINCOLNWOOD ILL 60712  
 Phone Number ( 847 ) 679-9797  
 Fax Number ( 847 ) 679-3676

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	2	FOOD	Bed Days Available	20	\$ 30,560	\$	68,620	\$ 1,796	1
2	6	BUILDING MAINT & SUPPLIES	Bed Days Available	20	16,865		68,620	991	2
3	6	MAINTENANCE SALARY	Bed Days Available	20	65	65	68,620	4	3
4	10	NURSING SUPPLIES	Bed Days Available	20	47		68,620	3	4
5	10	NURSING SALARIES	Bed Days Available	20	1,168,252	1,168,252	68,620	68,654	5
6	12	CLERGY SALARY	Bed Days Available	20	29,559	29,559	68,620	1,737	6
7	12	ADMISSIONS SALARY	Bed Days Available	20	1,358,960	1,358,960	68,620	79,861	7
8	12	ACTIVITIES PROGRAM	Bed Days Available	20	187		68,620	11	8
9	15	EMPL BENEFIT- NURSING	Bed Days Available	20	217,026		68,620	12,754	9
10	17	ADMIN SAL-NON OWNERS	Bed Days Available	20	1,434,659	1,434,659	68,620	84,309	10
11	19	PROFESSIONAL FEES	Bed Days Available	20	10,207		68,620	600	11
12	20	FEES, SUBSCRIPTIONS	Bed Days Available	20	1,577		68,620	93	12
13	21	CLERICAL & GEN OFFICE	Bed Days Available	20	20,243		68,620	1,190	13
14	24	SEMINARS	Bed Days Available	20	1,535		68,620	90	14
15	26	INSURANCE	Bed Days Available	20	61,041		68,620	3,587	15
16	27	EMPL BENEFIT- NURSING	Bed Days Available	20	272,007		68,620	15,985	16
17	35	AUTO RENTAL	Bed Days Available	20	12,512		68,620	735	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 4,635,302	\$ 3,991,495		\$ 272,400	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10	
										Related**
Name of Lender	YES	NO	Original	Balance						
<b>A. Directly Facility Related</b>										
<b>Long-Term</b>										
1	RELATED PARTY: PETERSON PARK REALTY				\$	\$			\$	1
2										2
3	CAPITAL ONE COMM BK	X	MORTGAGE	\$33,404.55	07/01/12	5,545,100	4,661,248	11/1/29	0.0265	126,860
4										4
5	LOAN COSTS	X	AMORTIZE OVER LIFE OF LOAN							7,719
<b>Working Capital</b>										
6	BANK FINANCIAL	X	LINE OF CREDIT							72,016
7										7
8	RELATED PARTY									1,378
9	TOTAL Facility Related			\$33,404.55		\$ 5,545,100	\$ 4,661,248			\$ 207,973
<b>B. Non-Facility Related*</b>										
10	IRS,IDR,ETC	X	LATE FEES							
11										1,052
12										12
13										13
14	TOTAL Non-Facility Related					\$	\$			\$ 1,052
15	TOTALS (line 9+line14)					\$ 5,545,100	\$ 4,661,248			\$ 209,025

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 23,930 Line # 36

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

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

**B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2014 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$	<b>258,723</b>	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.)		\$	<b>266,087</b>			2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>7,364</b>			3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>264,211</b>			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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				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. <b>TOTAL REFUND \$ 29,454 For 11 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(30,405)</b>			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>241,170</b>			7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2010	<u>230,635</u>	8	<b>FOR BHF USE ONLY</b>		
	2011	<u>233,727</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014	13
	2012	<u>258,087</u>	10		\$	
	2013	<u>261,507</u>	11	14	PLUS APPEAL COST FROM LINE 5	14
	2014	<u>266,087</u>	12		\$	
<b>THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL</b>				15	LESS REFUND FROM LINE 6	15
<b>THE PAYMENT ON LINE 2 APPLIES TO THE 2014 TAX BILL.</b>				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.**



B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES            X       NO

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

C. **Tax Bills**

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

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

# 0024463 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 51,900 B. General Construction Type: Exterior BRICK Frame \_\_\_\_\_ Number of Stories 2

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

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

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

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

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

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

N/A

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

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

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>FACILITY</u>			\$ <u>283,071</u>	1
2	<u>ALLOC FR LEGACY RP</u>			<u>4,478</u>	2
3	<b>TOTALS</b>			\$ <b>287,549</b>	3

Facility Name & ID Number PETERSON PARK HLTH CARE CTR# 0024463

Report Period Beginning:

01/01/2015

Ending:

12/31/2015**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	188		1986		\$ 2,548,850	\$ 142,228	35	\$ 73,824	\$ (68,404)	\$ 2,185,720	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	VARIOUS		1979		4,800					4,800	9
10	VARIOUS		1981		57,728					57,728	10
11	VARIOUS		1982		11,967					11,967	11
12	VARIOUS		1983		3,440					3,440	12
13	VARIOUS		1984		12,700					12,700	13
14	VARIOUS		1985		98,707					98,707	14
15	VARIOUS		1986		42,087		31			42,087	15
16	VARIOUS		1987		17,729		31	572	572	16,450	16
17	VARIOUS		1988		35,577		31	1,147	1,147	31,350	17
18	VARIOUS		1989		14,591		31	470	470	12,409	18
19	VARIOUS		1990		27,693		31	894	894	22,395	19
20	VARIOUS		1991		62,352		20			62,352	20
21	VARIOUS		1992		10,152		20			10,152	21
22	VARIOUS		1993		21,815		20			21,815	22
23	VARIOUS		1994		264,384		20			264,384	23
24	VARIOUS		1995		103,507		20	2,816	2,816	103,507	24
25	VARIOUS		1996		35,086		20	1,757	1,757	34,365	25
26	VARIOUS		1997		62,950		20	3,150	3,150	57,950	26
27	VARIOUS		1998		49,698		20	2,487	2,487	44,059	27
28	VARIOUS		1999		87,532		20	4,383	4,383	73,711	28
29	VARIOUS		2000		188,443		20	9,427	9,427	146,346	29
30	VARIOUS		2001		73,918		20	3,700	3,700	54,282	30
31	VARIOUS		2002		350,099		20	17,508	17,508	236,344	31
32	VARIOUS		2003		78,238		20	3,908	3,908	48,874	32
33	VARIOUS		2004		66,172		20	3,309	3,309	38,030	33
34	VARIOUS		2005		53,841		20	2,693	2,693	27,959	34
35	VARIOUS		2006		50,608		20	1,298	1,298	22,803	35
36											36

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

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CONCRETE DOCK	2007	\$ 3,500	\$	15	\$ 233	\$ 233	\$ 1,971	37
38	REHAB NURSING STATION	2007	11,394		20	570	570	4,845	38
39	RENOVATION 1ST FLOOR CORRIDOR AND LOBBY	2007	255,996		20	12,800	12,800	108,800	39
40	RENOVATION THERAPY REHAB ROOM	2007	12,744		20	637	637	5,415	40
41	SECURITY SYSTEM	2007	6,100		20	305	305	2,592	41
42	ROOF	2007	17,600		20	880	880	5,500	42
43	5 TON MULGIAGUA R-22 PACKGD ELECTRIC HIGH EFF	2007	32,940		20	1,647	1,647	14,000	43
44	CABLE WIRING	2007	12,500		20	625	625	5,312	44
45	NURSE CALL SYSTEM	2007	10,612		20	531	531	4,513	45
46	CIRCULATION OF HOT WATER LINES	2007	8,770		20	439	439	3,731	46
47	REAR ENTRANCE DOOR	2007	3,308		20	165	165	1,403	47
48	ELEVATOR REHAB 4 NEW NYLON PLATED GUILDE SHOES	2007	3,297		20	165	165	1,403	48
49	LANDSCAPING	2008	16,600		15	1,107	1,107	8,303	49
50	AWNING	2008	3,500		27.5	127	127	977	50
51	ELEVATOR REHAB	2008	5,500		27.5	200	200	1,538	51
52	ROOF	2008	4,000		27.5	145	145	1,115	52
53	COOPER PIPING	2008	2,860		27.5	104	104	800	53
54	CABLE WIRING	2008	3,850		27.5	140	140	1,076	54
55	A/C UNITS	2008	4,497		27.5	163	163	1,253	55
56	GATE VALVES	2008	2,800		27.5	102	102	784	56
57	NURSE CALL SYSTEM	2008	11,990		27.5	436	436	3,352	57
58	REPLACE HOT WATER & CIRCULATION LINES	2008	3,900		27.5	142	142	1,092	58
59	CABLE WIRING	2008	10,460		27.5	380	380	2,922	59
60	HOT WATER LINES	2008	7,500		27.5	273	273	2,099	60
61	A/C UNITS WITH SLEEVES	2008	3,951		27.5	144	144	1,107	61
62	BUILD IN WARDROBE CABINETS	2008	20,641		27.5	751	751	5,773	62
63	PAINTING	2009	39,906		20	1,995	1,995	15,961	63
64	SHADES, CORNICES & PANELS	2009	51,425		20	2,571	2,571	20,569	64
65	FLOORING & CARPETING	2009	5,410		20	271	271	2,167	65
66	WALLCOVERING, CORNICES & PANELS	2009	10,770		20	539	539	4,311	66
67	VINYL FLOORING	2009	5,481		20	274	274	2,192	67
68	SMOKE DETECTORS	2009	7,000		27.5	255	255	1,604	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,035,466	\$ 142,228		\$ 162,459	\$ 20,231	\$ 3,985,166	70

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

Facility Name &amp; ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning:

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**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,035,466	\$ 142,228		\$ 162,459	\$ 20,231	\$ 3,985,166	1
2	GREASE TRAPS	2009	2,790		27.5	101	101	636	2
3	RECONDITION BOILER	2009	6,405		27.5	233	233	1,466	3
4	HOT WATER LINE	2009	5,180		27.5	188	188	1,183	4
5	WATER HEATER	2009	3,650		27.5	133	133	837	5
6	NURSE CALL SYSTEM	2009	21,666		27.5	788	788	4,958	6
7	HOT WATER & CIRCULATION LINE	2009	5,420		27.5	197	197	1,239	7
8	HOW WATER & CIRCULATION PIPES	2009	4,760		27.5	173	173	1,088	8
9	DRYWALL	2009	2,500		27.5	91	91	573	9
10	COPPER PIPING	2009	5,700		27.5	207	207	1,302	10
11	BATHROOM REMOD - LAVATORY, LIGHT FIX, WALL TOW	2009	12,407		27.5	451	451	2,838	11
12	CHAIR RAIL	2009	4,329		27.5	157	157	988	12
13	DRYWALL & DRAINS FOR 2 BATHTUBS	2009	5,600		27.5	204	204	1,283	13
14	PATIO	2009	10,390		15	693	693	4,418	14
15									15
16									16
17									17
18	DRYWALL METAL STUDS TIME & CONVERT TUB 2 SHOWI	2010	4,450		20	223	223	1,226	18
19	ROOM SIGNS	2010	12,108		20	605	605	3,328	19
20	CLINICAL SINKS	2010	7,121		20	356	356	1,958	20
21	PLUMBING IN UTILITY ROOM	2010	9,651		20	483	483	2,656	21
22	SIGN	2010	13,700		15	913	913	5,022	22
23	NURSES STATION - PANELS, BOARDS, GRANITE TOPS	2010	30,280		20	1,514	1,514	8,327	23
24	REHAB BATHROOM - ARCHITECT FEES	2010	4,170		20	209	209	1,149	24
25	REHAB BATHROOM - FAUCETS, LIGHTING, FLOORS	2010	32,452		20	1,623	1,623	8,926	25
26	CORRIDOR & DAY ROOM RENOV - COVE BASE, WINDOWS	2010	172,082		20	8,604	8,604	47,322	26
27	SOILDED UTILITY ROOM RENOVATION - CABINETS, SINK	2010	23,598		20	1,180	1,180	6,490	27
28	REHAB BATHROOMS - WALLS, LIGHTING, FLOORS	2010	77,780		20	3,889	3,889	21,390	28
29	CORRIDOR RENOVATION - WALLS, CHAIR RAILS, FLOOR	2010	172,732		20	8,637	8,637	47,503	29
30	TILING & WALLCOVERING FOR FOYER	2010	3,549		20	177	177	974	30
31	GENERATOR REPAIR	2010	2,526		20	126	126	693	31
32	THRU THE WALL HEATING & A/C UNITS	2010	5,626		20	281	281	1,546	32
33	SINKS & FAUCETS	2010	3,270		20	164	164	902	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,701,358	\$ 142,228		\$ 195,059	\$ 52,831	\$ 4,167,387	34

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

Facility Name &amp; ID Number PETERSON PARK HLTH CARE CTR

# 0024463

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,701,358	\$ 142,228		\$ 195,059	\$ 52,831	\$ 4,167,387	1
2	TILING, PAINTING & REMODEL SOCIAL ROOM HALL OFF	2010	15,730		20	787	787	4,328	2
3	DRYWALL	2010	3,920		20	196	196	1,078	3
4	CHANGE LOCKS	2010	4,481		20	224	224	1,232	4
5	REMODEL PUBLIC BATHROOMS FLOOR WALL TOILET LI	2010	7,503		20	375	375	2,063	5
6	SHUT OFF VALVE & ACCESS PANELS IN SOILED UTLY RM	2010	3,994		20	200	200	1,100	6
7	REPLACE DRYWALL & STUDS IN BATHROOM	2010	2,930		20	147	147	808	7
8	REPLACE EXISTING TILE & BASEBOARDS & PAINT WALL	2010	9,990		20	499	499	2,745	8
9	REPLACE DRYWALL & STUDS & PAINTING	2010	7,918		20	396	396	2,178	9
10	REBUILT EJECTOR PUMP	2010	5,400		20	270	270	1,485	10
11	BATHROOM RESTORATION - WALLS & DRAINS	2010	9,350		20	468	468	2,574	11
12	RADIATOR HEATING SYSTEM	2010	9,590		20	480	480	2,640	12
13	HANDRAILS, BUMPERS, DOOR KNOBS	2010	4,350		20	218	218	1,199	13
14	TILING & BASEBOARDS, WALLS, CEILINGS, PAINT	2010	12,995		20	650	650	3,575	14
15	KITCHEN & EXHAUST FAN DUCTS, ELECTRICAL	2010	3,522		20	176	176	968	15
16	PAINTING & SINK IN MED ROOM	2010	6,470		20	324	324	1,782	16
17	DRYWALL, TILING, RAISING NURSE CALL SWITCHES	2010	4,050		20	203	203	1,116	17
18	PUMP REPAIRS/PUMP SEAL KIT	2010	2,642		20	132	132	726	18
19	ROOF - DRAINAGE	2010	2,600		20	130	130	715	19
20	DRAIN WATER LINE	2010	2,800		20	140	140	1,070	20
21	GLASS WALL/DOOR	2010	14,800		20	740	740	4,070	21
22	EMERGENCY/EXIT DOORS/DOOR OPENER	2010	4,200		20	210	210	1,155	22
23	ELECTRIAL & LIGHTING	2010	7,720		20	386	386	2,123	23
24	SIX WINDOWS	2010	3,000		20	150	150	825	24
25	HOT WATER TANK	2010	14,680		20	734	734	4,037	25
26	BEAUTY MIRROR INSTALLATION	2010	2,500		20	125	125	688	26
27	SEC 754 BASIS ADJ			8,088			(8,088)		27
28	ARCHITECT FEES	2011	6,000		27.5	218	218	1,000	28
29	CUSTOM CABINETS BUILD IT SECURED TO WALL	2011	2,800		27.5	102	102	468	29
30	SEWER PUMP MOTOR	2011	2,910		27.5	106	106	486	30
31	ARCHITECT FEES	2011	6,474		27.5	235	235	1,077	31
32	BOILERS	2011	63,550		27.5	2,311	2,311	10,591	32
33	DOORS WINDOWS & THERMOBRAKE METAL		16,100		27.5	585	585	2,389	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,966,327	\$ 150,316		\$ 206,976	\$ 56,660	\$ 4,229,678	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,966,327	\$ 150,316		\$ 206,976	\$ 56,660	\$ 4,229,678	1
2	MILLWORK & TRIM	2011	2,600		27.5	94	94	336	2
3	ELECTRIAL WORK IN BOILER/ELECTRICAL ROOM	2011	7,800		27.5	284	284	1,018	3
4	SPRINKLER SYSTEM CONNECTION	2011	3,900		27.5	142	142	508	4
5	INSTALL 2 NEW DEDICATED CIRCUITS NEW WASH/DRYR	2011	2,800		27.5	102	102	366	5
6	HIGH EFFICENCY CONDENSER	2011	4,250		27.5	154	154	552	6
7	REPLACE KITCHEN TILE	2011	4,230		27.5	154	154	500	7
8	REPLACE KITCHEN TILE	2011	3,865		27.5	140	140	457	8
9	HOT WATER BOILER REPAIRS IN BASEMENT	2011	7,250		27.5	264	264	858	9
10	DRAIN LINE REPLACEMENT	2011	2,700		27.5	98	98	318	10
11	SECURITY KEYPAD & WIRING FOR ELEVATOR	2011	5,950		27.5	216	216	702	11
12	REPLACE KITCHEN TILE	2011	3,975		27.5	145	145	471	12
13	CONCRETE WORK	2011	19,140		15	1,276	1,276	5,104	13
14	CANOPYS	2011	14,890		15	993	993	3,973	14
15	LANDSCAPE IRRIGATION SYSTEM	2011	11,880		15	792	792	3,168	15
16	PLANT INSTALLATION	2011	19,030		15	1,269	1,269	5,077	16
17	CORNICES, BLINDS, SHEERS	2011	10,058		5	2,012	2,012	8,048	17
18	EJECTOR PUMP	2012	7,190		27.5	261	261	674	18
19	LOCKERS	2012	4,058		27.5	147	147	380	19
20	ELECTRICAL CIRCUIT	2012	3,225		27.5	117	117	302	20
21	exterior fire doors on both sides of building first floor, and								21
22	doors on the laundry shoot-first and second floor	2012	5,720		27.5	208	208	538	22
23	FIRE SPRINKLER	2012	3,990		27.5	145	145	374	23
24	window sill replacement on all windows on 1st & 2nd floor	2012	6,104		27.5	222	222	574	24
25	REPLACE METAL STUDS & DRYWALL IN STORAGE ROOM	2012	2,630		27.5	96	96	248	25
26	ELECTRIC WORK IN KITCHEN AREA	2012	2,970		27.5	108	108	278	26
27	REPLACED CRACKED DRAIN LINE	2012	2,580		27.5	94	94	242	27
28	HOT WATER BOILER	2012	84,380		27.5	3,068	3,068	7,926	28
29	REPLACED FASCIA GUTTERS.GRAVEL STOPPERS & ROOF	2012	17,900		27.5	651	651	1,682	29
30	TILE, NEW BASE LINER & CONCRETE BASE IN SHOWER	2012	6,320		27.5	230	230	594	30
31	NEW FIRE PANEL	2012	21,600		27.5	784	784	2,026	31
32	SCALD GUARD FOR SHOWERS	2012	6,663		27.5	242	242	626	32
33	ROOF-PATCH OPEN SEAMS, DRAINS AND FLESHING	2012	5,140			187	187	484	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,271,115	\$ 150,316		\$ 221,671	\$ 71,355	\$ 4,278,082	34

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

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

1	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 6,271,115	\$ 150,316		\$ 221,671	\$ 71,355	\$ 4,278,082	1
2	shower remodeling-new base liner,concrete base,tile install	2012	3,980		27.5	148	148	380	2
3	ELECTRIC WORK IN BOILER ROOM	2012	4,130		27.5	150	150	388	3
4	WALK IN FREEZER	2012	4,636		27.5	168	168	434	4
5	COMPRESSOR	2012	2,800		27.5	102	102	264	5
6	HORIZONTAL RAILING BARS FOR STAIRWAYS	2012	6,900		27.5	251	251	648	6
7	BOILER EXHAUST LINES	2012	7,200		27.5	262	262	676	7
8	GREASE TRAP	2012	4,200		27.5	153	153	396	8
9	TV OUTLETS	2012	11,445		27.5	416	416	1,074	9
10	DRYWALL, PATCH & SAND	2012	2,986		27.5	108	108	280	10
11	NEW PARKING LOT	2012	24,390		15	1,626	1,626	4,878	11
12	INSTALL WHOLE BUILDING EXHAUST FANS AND FIRE DAMPERS, EXHAUST INLETS, AND GRILL COVERS	27.5				3,990	3,990	10,141	12
13	WITH ARCHITECT FEES	2013	109,727						13
14	HYDRONIC HEATING AND COOLING COIL RETROFITTED INTO EXISTING AIR HANDLER AND CONNECTED TO HYDRONIC HEATING								14
15	LINES ON KITCHEN AIR HANDLER	2013	10,897		27.5	396	396	1,007	15
16	RECEPTACLES IN VARIOUS LOCATIONS ON 1ST FLOOR	2013	7,034		27.5	256	256	650	16
17	VENTILATION SYSTEM	2013	2,641		27.5	96	96	228	17
18	RAILING BARS FOR EXISTING BALCONY	2013	6,650		27.5	242	242	575	18
19	KITCHEN DRAIN PIPING	2013	2,834		27.5	103	103	244	19
20	REPLACEMENT OF CEMENT BOARD , METAL STUDS AND TILE BEHIND 3 COMPARTMENT SINK AND ON TOW WALLS								20
21	IN DISHWASHER ROOM	2013	7,320		27.5	266	266	632	21
22	CORNICES, BLINDS AND SHADES	2013	3,819		5	367	367	1,360	22
23	REPLACE, PATCH, TAPE & PRIME DRYWALL, PAINT WOODWORK, HANG WALLPAPERS IN THE ENTIRE FRONT VESTIBULE, PAINT								23
24	CEILING, METAL STUDS REPLACED	2014	2,980		5	596	596	894	24
25	MDS ROOM CEILING REPAIR, ROOM 227 WALL REPAIR; ROOM 125 DRYWALL REPLACEMENT; ROOM 123 REPAIR WALLS AND CEILING,								25
26	PAINTING; ROOM 125 REPAIR WALLS AND CEILING, PAINTING; ROOM 135 REPAIR WALLS AND CEILING, PAINTING; ROOM 123								26
27	BATHROOM- RAPIR WALLS AND CILING, PAINTING; ROOM 135 BATHROOM- REPAIR WALLS AND CEILING, PAINTING; 1ST FLOOR								27
28	MEN TOP ROOM- WALLS AND CEILING REPAIR AND PAINT; 1ST FLOOR MEN TOP ROOM BATHROOM- WALLS AND CEILING REPAIR								28
29	AND PAINT; 1ST FLOOR WOMEN TOP ROOM- WALLS AND CEILING REPAIR AND PAINT; 1ST FLOR WOMEN TOP ROOM BATHROOM-								29
30	WALLS AND CEILING REAPIR AND PAINT; ROOM 122- WALLS AND CEILING REPAIR AND PAINT; ROOM 122 BATHROOM CEILING AND								30
31	WALLS REPAIR; ROOM 122 BATHROOM SOFFIT DRYWALL REPLACEMENT; FRONT OF THE BUILDING- ONE BRICK JOINT								31
32	(FULL BUILDING HEIGHT) RE-CAULKING								32
33		2014	13,730		5	2,746	2,746	4,119	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,511,414	\$ 150,316		\$ 234,113	\$ 83,797	\$ 4,307,350	34

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

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

1	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 6,511,414	\$ 150,316		\$ 234,113	\$ 83,797	\$ 4,307,350	1
2	<b>REPAIR WALLS, CEILING, AND PAINTING IN ROOMS 131 AND 133; REPAIR WALLS, CEILING AND PAINTING IN</b>								2
3	<b>BATHROOM 131/133</b>	2014	3,200		5	640	640	960	3
4	<b>1 SOUTH FEMALE AND 2 SOUTH FEMALE- PAINT TUB ROOM; 2 SOUTH MALE AND 2 NORTH MALE-</b>								4
5	<b>PAINT TUB ROOM</b>	2014	7,600		5	1,520	1,520	2,280	5
6	<b>2 NORTH MALE, 1 SOUTH MALE AND 2 NORTH FEMALE TUB ROOMS EXTRAS; REPLACE SOME DRYWALL AND METAL STUDS;</b>								6
7	<b>PATCH AND PAINT</b>	2014	2,650		5	530	530	795	7
8	<b>1 SOUTH MALE AND 2 NORTH FEMALE- PAINT TUB ROOM</b>	2014	3,800		5	760	760	1,140	8
9	<b>CARPET TILE AND COVE BASE IN CONFERENCE ROOM</b>								9
10	<b>AND LOBBY</b>	2014	3,393		5	679	679	1,018	10
11	<b>TUCKPOINTING CHIMNEY &amp; AROUND BUILDING</b>	2014	2,800		27.5	102	102	132	11
12	<b>ELECTRICAL SERVICE REPLACEMENT AND GENERATOR</b>								12
13	<b>INSTALLATION</b>	2014	218,648		27.5	7,951	7,951	10,270	13
14	<b>DOOR</b>	2014	4,730		27.5	172	172	222	14
15	<b>CABLES &amp; CONDUITS</b>	2014	2,833		27.5	103	103	133	15
16	<b>GREASE TRAP GASKETS</b>	2014	2,700		27.5	98	98	127	16
17	<b>WINDOW WELL COVERS</b>	2014	3,900		27.5	142	142	183	17
18	<b>AWNINGS</b>	2014	4,500		27.5	164	164	212	18
19	<b>ELECTRICAL WORK ON THE SECOND FLOOR SOUTH SIDE OF BUILDING- INSTALLED 50 PERMANENT 4 PLUG</b>								19
20	<b>WALL OUTLETS</b>	2014	3,000		27.5	109	109	141	20
21	<b>1 SOUTH FEMALE TUB ROOM - REPLACING FLOOR VCT, INCLUDING REPAIRING &amp; LEVELING OUT THE</b>								21
22	<b>CONCRETE FLOOR</b>	2014	3,610		27.5	131	131	169	22
23	<b>2 NORTH FEMALE TUB ROOM - REPLACE TILE &amp; BASEBOARDS &amp; SCRAPING &amp;</b>								23
24	<b>TAPING CEILING</b>	2014	2,650		27.5	96	96	124	24
25	<b>REPLACE FAILED FIRE DAMPER ACTUATORS</b>	2014	3,498		27.5	127	127	164	25
26	<b>FRONT CANOPY LOWER ROOF</b>	2014	3,700		27.5	135	135	174	26
27	<b>DOUBLE DOORS</b>	2014	4,730		27.5	172	172	222	27
28	<b>ELECTRICAL WORK IN THE BUILDING- PIPE NEW HOMERUN RACEWAY FROM THE EMERGENCY ELECTRICAL PANEL IN THE</b>								28
29	<b>BOILER ROOM TO THE FIRST AND SECOND FLOOR OF THE BUILDING; INSTALL TWO NEW JUNCTION BOXES (ONE ON EACH FLOOR)</b>								29
30	<b>IN THE ACOUSTIC CEILING NEXT TO THE SERVICE ELEVATORS; PIPE FOUR NEW RACEWAYS INSIDE THE ACOUSTIC CEILING FROM</b>								30
31	<b>THE SERVICE ELEVATOR AREA JUNCTION BOXES TO THE NURSING STATION AREA (FIRST FLOOR NORTH AND SOUTH, SECOND</b>								31
32	<b>FLOOR NORTH AND SOUTH); INSTALL FOUR JUNCTION BOXES FOR EACH OF THE FOUR RACEWAYS; PULL NEW WIRES FROM THE</b>								32
33	<b>EXISTING EMERGENCY PANEL TO EACH SIDE OF THE NEWLY INSTALLED PIPING RACEWAY (TO EACH NURSING STATION);</b>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,793,356	\$ 150,316		\$ 247,744	\$ 97,428	\$ 4,325,816	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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	<b>Totals from Page 12F, Carried Forward</b>		\$ 6,793,356	\$ 150,316		\$ 247,744	\$ 97,428	\$ 4,325,816	1
2	<b>NEW WIRING CIRCUITS MUST BE INSTALLED FOR EACH NURSING STATION (TOTAL OF 4), EACH CALL STATION PANEL</b>								2
3	<b>(TOTAL OF 4), EACH DATA SIGNAL AMPLIFIER (TOTAL OF 2), AND EACH EXTRA INSTALL 6-PLUG EMERGENCY</b>								3
4	<b>OUTLET (TOTAL OF 2); DISCONNECT AND REMOVE EXISTING WIRING BETWEEN NURSING STATIONS, OUTLETS,</b>								4
5	<b>CALL STATION PANELS, AND EXISTING SUB-PANELS; MAKE NEW ELECTRICAL CONNECTIONS BETWEEN THE EMERGENCY</b>								5
6	<b>PANEL AND EVERY NURSING STATION OUTLET, AND EVERY CALL STATION PANEL (TOTAL OF 4 NURSING STATIONS,</b>								6
7	<b>4 CALL STATIONS)</b>	2015	9,900		27.5	135	135	135	7
8	<b>CHIMNEY AND AROUND BUILDING TUCKPOINTING</b>	2015	2,800		27.5	38	38	38	8
9	<b>AC SYSTEM FOR SERVER ROOM</b>	2015	5,895		27.5	81	81	81	9
10	<b>LOBBY AC UNITE REPLACEMENT</b>	2015	11,312		27.5	154	154	154	10
11	<b>MAKE UP AIR HANDLER REPLACEMENT FOR COMMON</b>								11
12	<b>HALLWAY &amp; KITCHEN</b>	2015	55,216		27.5	753	753	753	12
13	<b>ENTRANCE HALLWAY, LOBBY AND OFFICE REMOVING</b>								13
14	<b>WALLPEPER, PATCHING AND WALL PAINTING</b>	2015	7,425		5	371	371	371	14
15	<b>REMOVING AND INSTALLATION OF NEW CARPET FOR THE MAIN LOBBY AREA, AND THE 3 OFFICES</b>								15
16	<b>SURROUNDING IT</b>	2015	8,175		5	818	818	818	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,894,079	\$ 150,316		\$ 250,094	\$ 99,778	\$ 4,328,166	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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	<b>Totals from Page 12G, Carried Forward</b>		\$ <b>6,894,079</b>	\$ <b>150,316</b>		\$ <b>250,094</b>	\$ <b>99,778</b>	\$ <b>4,328,166</b>	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	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>6,894,079</b>	\$ <b>150,316</b>		\$ <b>250,094</b>	\$ <b>99,778</b>	\$ <b>4,328,166</b>	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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	<b>Totals from Page 12H, Carried Forward</b>		\$ <b>6,894,079</b>	\$ <b>150,316</b>		\$ <b>250,094</b>	\$ <b>99,778</b>	\$ <b>4,328,166</b>	1
2									2
3	<b>RELATED PARTY INFORMATION</b>								3
4	<b>BUILDINGS:</b>								4
5	<b>ALLOCATED FROM LEGACY RP</b>	<b>2009</b>	<b>34,696</b>	<b>1,180</b>	<b>30</b>	<b>1,157</b>	<b>(23)</b>		5
6									6
7									7
8									8
9	<b>LEASED/HOLD IMPROVEMENTS:</b>								9
10	<b>ALLOCATED FROM LEGACY RP (SEE ATTACHED)</b>	<b>2009</b>	<b>19,703</b>	<b>292</b>	<b>20</b>	<b>985</b>	<b>693</b>		10
11	<b>ALLOCATED FROM LEGACY RP (SEE ATTACHED)</b>	<b>2010</b>	<b>5,991</b>	<b>89</b>	<b>20</b>	<b>240</b>	<b>151</b>		11
12	<b>ALLOCATED FROM LEGACY RP (SEE ATTACHED)</b>	<b>2011</b>	<b>8,516</b>	<b>126</b>	<b>20</b>	<b>426</b>	<b>300</b>		12
13									13
14									14
15	<b>ALLOCATED FROM LEGACY HEALTHCARE FINANCIAL-</b>	<b>2012</b>	<b>1,561</b>	<b>101</b>	<b>20</b>	<b>78</b>	<b>(23)</b>		15
16	<b>CARPETING INSTALLATION AND FLOOR PREP, CUBICLES</b>								16
17	<b>WITH OVERHEAD STORAGE CABINETS AND FILE</b>								17
18	<b>CABINETS, CARPETIN INSTALLATION, OFFICE BUILD-</b>								18
19	<b>OUT-WALLS, INSULATION, ELECTRICAL, DOORS,</b>								19
20	<b>BASEBOARDS, LIGHTS, WINDOWS, PAINT, SECURITY</b>								20
21	<b>SYSTEM</b>								21
22	<b>ALLOCATED FROM LEGACY HEALTHCARE FINANCIAL-</b>	<b>2013</b>	<b>4,992</b>	<b>326</b>	<b>20</b>	<b>250</b>	<b>(76)</b>		22
23	<b>BUILDING SUPPLIES FOR 2013 IMPROVEMENTS, PHONE</b>								23
24	<b>SYSTEM &amp; WIRING, BUILT IN SHELVING &amp; DROP</b>								24
25	<b>CEILINGS</b>								25
26									26
27	<b>ALLOCATE FROM LEGACY HEALTHCARE FINANCIAL-</b>								27
28	<b>LIGHT FIXTURES AND ELECTRICAL WIRING,</b>								28
29	<b>PRINTER RECEPTACLES</b>	<b>2014</b>	<b>560</b>	<b>32</b>	<b>20</b>	<b>24</b>	<b>(8)</b>		29
30									30
31	<b>ALLOCATE FROM LEGACY HEALTHCARE FINANCIAL-</b>								31
32	<b>OFFICEM CUBICLES/PARTITIONS/LIGHTS</b>	<b>2015</b>	<b>672</b>	<b>44</b>	<b>20</b>	<b>34</b>	<b>(10)</b>		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>6,970,770</b>	\$ <b>152,506</b>		\$ <b>253,288</b>	\$ <b>100,782</b>	\$ <b>4,328,166</b>	34

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

**XI. OWNERSHIP COSTS (continued)**

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 634,236	\$ 31,208	\$ 62,445	\$ 31,237	10 YRS	\$ 302,407	71
72	Current Year Purchases	48,158	28,895	2,408	(26,487)	10 YRS	2,408	72
73	Fully Depreciated Assets	1,219,951					1,219,951	73
74	<b>RELATED PARTY</b>		2,247	1,988	(259)			74
75	<b>TOTALS</b>	\$ 1,902,345	\$ 62,350	\$ 66,841	\$ 4,491		\$ 1,524,766	75

**D. Vehicle Costs. (See instructions.)\***

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	<b>TOTALS</b>			\$	\$	\$	\$		\$	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)		\$ 9,160,664	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 214,856	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 320,129	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 105,273	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 5,852,932	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	<b>TOTALS</b>	\$	\$	\$	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.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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				1,043,722			4
5								5
6								6
7	TOTAL				\$ 1,043,722			7

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

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

\_\_\_\_\_

\_\_\_\_\_

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

**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: \$ 16,405 Description: SEE SCHEDULE ATTACHED

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18				9,323	18
19					19
20					20
21	TOTAL		\$	\$ 9,323	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2016 \$ \_\_\_\_\_

13. \_\_\_\_\_/2017 \$ \_\_\_\_\_

14. \_\_\_\_\_/2018 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

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

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

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

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5	6	7	8		
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)						Total Cost (Col. 3 + 5 + 6)
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39-3	hrs	\$				\$ 203,800	\$			\$ 203,800	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs					118,292				118,292	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39-3	hrs					254,044				254,044	4	
5	Physician Care		visits										5	
6	Dental Care		visits										6	
7	Work Related Program		hrs										7	
8	Habilitation		hrs										8	
9	Pharmacy	39-2	# of prescripts						136,163			136,163	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify):												12	
13	Other (specify):												13	
14	<b>TOTAL</b>			\$				\$ 576,136	\$ 136,163			\$ 712,299	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number **PETERSON PARK HLTH CARE CTR**# **0024463**Report Period Beginning: **01/01/2015**

Ending:

**12/31/2015****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 101,579	\$ 290,355	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (750,000) )	1,979,043	1,979,043	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,953	246,369	6
7	Other Prepaid Expenses	66,590	615,731	7
8	Accounts Receivable (owners or related parties)	887,876	887,876	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 3,064,041</b>	<b>\$ 4,019,374</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		102,484	13
14	Buildings, at Historical Cost		2,548,850	14
15	Leasehold Improvements, at Historical Cost		4,203,468	15
16	Equipment, at Historical Cost		1,902,345	16
17	Accumulated Depreciation (book methods)		(5,886,896)	17
18	Deferred Charges		106,424	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):	88,285	104,641	22
23	Other(specify): <b>DUE FROM PP REALTY</b>	3,271,632		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 3,359,917</b>	<b>\$ 3,081,316</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 6,423,958</b>	<b>\$ 7,100,690</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,481,442	\$ 1,486,192	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,156,658	1,437,455	29
30	Accrued Salaries Payable	787,069	787,069	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,307	31,307	31
32	Accrued Real Estate Taxes(Sch.IX-B)		263,938	32
33	Accrued Interest Payable		10,294	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 3,456,476</b>	<b>\$ 4,016,255</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,380,451	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$</b>	<b>\$ 4,380,451</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 3,456,476</b>	<b>\$ 8,396,706</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ 2,967,482</b>	<b>\$ (1,296,016)</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 6,423,958</b>	<b>\$ 7,100,690</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,605,686	1
2	Restatements (describe):		2
3	POST CLOSING MANAGEMENT FEES REDUCTION	100,000	3
4	POST CLOSING BAD DEBTS ALLOWANCE REDUCTION	100,000	4
5	ROUNDING	6	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,805,692	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	161,790	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) <u>OUT OF PERIOD EXPENSES</u>		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 161,790	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,967,482	24 *

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

Facility Name & ID Number **PETERSON PARK HLTH CARE CTR**

# **0024463**

Report Period Beginning: **01/01/2015**

Ending: **12/31/2015**

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,928,079	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,928,079	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	5,059	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 5,059	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,933,138	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,922,788	31
32	Health Care	4,244,373	32
33	General Administration	4,299,035	33
<b>B. Capital Expense</b>			
34	Ownership	1,150,606	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	712,299	35
36	Provider Participation Fee	480,258	36
<b>D. Other Expenses (specify):</b>			
37	<b>OUT OF PERIOD EXPENSES</b>	(38,011)	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,771,348	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	161,790	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 161,790	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 9,555,911	44
45	Private Pay - Net Inpatient Revenue	625,454	45
46	Medicare - Net Inpatient Revenue	2,025,204	46
47	Other-(specify) <b>VETERAN</b>	158,906	47
48	Other-(specify) <b>INSURANCE</b>	562,604	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,928,079	49

**\*\*TAX RETURN PREPARED ON CASH BASIS**

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

\*\* Does this agree with taxable income (loss) per Federal Income

Tax Return? **NO\*\*** If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **PETERSON PARK HLTH CARE CTR**

# **0024463**

Report Period Beginning:

**01/01/2015**

Ending:

**12/31/2015**

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,813	2,197	\$ 151,355	\$ 68.89	1
2	Assistant Director of Nursing	2,642	2,861	100,192	35.02	2
3	Registered Nurses	39,540	44,672	1,408,422	31.53	3
4	Licensed Practical Nurses	6,499	7,139	187,260	26.23	4
5	CNAs & Orderlies	95,570	103,880	1,135,032	10.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	11,921	13,045	219,011	16.79	8
9	Activity Director	2,465	2,932	44,714	15.25	9
10	Activity Assistants	8,848	10,509	119,865	11.41	10
11	Social Service Workers	6,628	7,185	129,348	18.00	11
12	Dietician					12
13	Food Service Supervisor	2,757	2,885	43,789	15.18	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,708	25,955	338,758	13.05	15
16	Dishwashers					16
17	Maintenance Workers	4,126	4,672	90,247	19.32	17
18	Housekeepers	15,660	17,470	187,982	10.76	18
19	Laundry	10,438	11,338	141,928	12.52	19
20	Administrator	1,646	1,939	123,572	63.73	20
21	Assistant Administrator	2,776	3,258	111,474	34.22	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,533	10,861	166,291	15.31	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	1,814	2,127	42,741	20.09	31
32	Other Health C: see attached sched	9,555	10,975	214,308	19.53	32
33	Other(specify) <u>ADMISSIONS</u>	4,370	4,783	122,166	25.54	33
34	TOTAL (lines 1 - 33)	262,309	290,683	\$ 5,078,455 *	\$ 17.47	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly Fee	\$ 21,413	1-3	35
36	Medical Director	Monthly Fee	27,732	9-3	36
37	Medical Records Consultant	Monthly Fee	4,800	10-3	37
38	Nurse Consultant	Monthly Fee	69,969	10-3	38
39	Pharmacist Consultant	Monthly Fee	14,664	10-3	39
40	Physical Therapy Consultant		0	10a-3	40
41	Occupational Therapy Consultant		0	10a-3	41
42	Respiratory Therapy Consultant	Monthly Fee	2,880	10a-3	42
43	Speech Therapy Consultant		0	10a-3	43
44	Activity Consultant	Monthly Fee	3,800	11-3	44
45	Social Service Consultant	Monthly Fee	7,230	12-3	45
46	Other(specify) <u>Nursing</u>	Monthly Fee	22,200	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 174,688		49

**C. CONTRACT NURSES**

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



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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number PETERSON PARK HLTH CARE CTR

**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. IL COUNCIL ON LONG TERM CARE
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 10 YR
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,765 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 480,258  
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. \$ 58,692 Has any meal income been offset against related costs? N/A Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 5%  
d. Have vehicle usage logs been maintained? NO  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES  
g. Does the facility transport residents to and from day training? NO  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? NO  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES  
Attach invoices and a summary of services for all architect and appraisal fees.