

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			3,947	3,947	8
9	SNF/PED					9
10	ICF	56,461	1,425	800	58,686	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,461	1,425	4,747	62,633	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.28%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

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

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

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

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 1/1/1978

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 3,314

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

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

Facility Name & ID Number **PETERSON PARK HEALTH CARE CENTI** # **0024463** Report Period Beginning: **01/01/2017** Ending: **12/31/2017**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	426,155	84,612	21,723	532,490		532,490		532,490		1
2	Food Purchase		394,890		394,890	(25,039)	369,851	(809)	369,042		2
3	Housekeeping	236,092	66,914		303,006		303,006	192	303,198		3
4	Laundry	132,299	13,544		145,843		145,843	7	145,850		4
5	Heat and Other Utilities			213,361	213,361		213,361	1,457	214,818		5
6	Maintenance	86,069	23,513	154,534	264,116		264,116	56,875	320,991		6
7	Other (specify):*			21,996	21,996		21,996		21,996		7
8	TOTAL General Services	880,615	583,473	411,614	1,875,702	(25,039)	1,850,663	57,722	1,908,385		8
	B. Health Care and Programs										
9	Medical Director			32,403	32,403		32,403	767	33,170		9
10	Nursing and Medical Records	4,202,467	286,543	102,623	4,591,633		4,591,633	112,608	4,704,241		10
10a	Therapy	278,317			278,317		278,317		278,317		10a
11	Activities	271,580	22,528	845	294,953		294,953	5,807	300,760		11
12	Social Services	245,379		8,759	254,138		254,138	2,116	256,254		12
13	CNA Training										13
14	Program Transportation			11,634	11,634		11,634		11,634		14
15	Other (specify):*							20,003	20,003		15
16	TOTAL Health Care and Programs	4,997,743	309,071	156,264	5,463,078		5,463,078	141,301	5,604,379		16
	C. General Administration										
17	Administrative	131,959		1,210,000	1,341,959		1,341,959	(809,570)	532,389		17
18	Directors Fees										18
19	Professional Services			321,410	321,410		321,410	23,154	344,564		19
20	Dues, Fees, Subscriptions & Promotions			121,175	121,175		121,175	(74,723)	46,452		20
21	Clerical & General Office Expenses	185,879	28,887	726,384	941,150		941,150	(385,510)	555,640		21
22	Employee Benefits & Payroll Taxes			1,129,499	1,129,499	25,039	1,154,538	(63,515)	1,091,023		22
23	Inservice Training & Education			859	859		859		859		23
24	Travel and Seminar							2,312	2,312		24
25	Other Admin. Staff Transportation			990	990		990		990		25
26	Insurance-Prop.Liab.Malpractice			35,503	35,503		35,503	179,996	215,499		26
27	Other (specify):*	49,685		249,190	298,875		298,875	(154,515)	144,360		27
28	TOTAL General Administration	367,523	28,887	3,795,010	4,191,420	25,039	4,216,459	(1,282,371)	2,934,088		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,245,881	921,431	4,362,888	11,530,200		11,530,200	(1,083,348)	10,446,852		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	DIETARY	
	DIETITIAN CONSULTANT XVIII B 35-2	17,522
	REPAIRS & MAINTENANCE	4,201
		21,723
3	HOUSEKEEPING	
		0
		0
4	LAUNDRY	
	EQUIPMENT REPAIRS & MAINTENANCE	0
		0
5	HEAT & OTHER UTILITIES	
	GAS HEAT	58,273
	ELECTRICITY	91,575
	WATER	54,930
	CABLE TV - LOBBY	8,583
		213,361
6	MAINTENANCE	
	GROUNDS MAINTENANCE	24,509
	PAINTING & DECORATING	0
	BUILDING REPAIRS	43,065
	MAINTENANCE TRAVEL	0
	EQUIPMENT MAINTENANCE & REPAIR	30,227
	ELEVATOR MAINTENANCE & REPAIR	5,729
	OUTSIDE LABOR	0
	EXTERMINATING SERVICE	3,780
	FIRE SERVICE	14,824
	ML GROUP DESIGN & DEVELOPMENT	32,400
		154,534
7	OTHER	
	SCAVENGER	20,902
	SECURITY SERVICE	1,094
		21,996
9	MEDICAL DIRECTOR	
	MEDICAL DIRECTOR FEES XVIII B 36-2	32,403
		32,403

LINE	SCHED REF	TOTAL
10	NURSING	
	CONTRACT NURSING XVIII C 53-2	
	LABORATORY & XRAY EXPENSE	9,312
	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	0
	PHARMACY CONSULTANT XVIII B 39-2	13,442
	UTILIZATION REVIEW FEES XVIII B __-2	0
	PHYSICIANS XVIII B __-2	0
	PSYCHIATRIC XVIII B __-2	0
	MDS XVIII B 38-2	63,269
	NURSING	1,200
	REGISTERED NURSE CONSULTANT	15,400
		102,623
10a	THERAPY	
	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	0
	SPEECH THERAPY CONSULTANT XVIII B 43-2	0
		0
11	ACTIVITIES	
	CABLE TV - PATIENT ROOMS	0
	ACTIVITY REHAB CONSULTANT XVIII B 44-2	845
		845
12	SOCIAL SERVICES	
	SOCIAL REHABILITATION SERVICES	0
	SOCIAL REHABILITATION CONSULTANT XVIII B 45-2	0
	SOCIAL WORKER XVIII B 45-2	8,759
		8,759
13	NURSE AIDE TRAINING	
	NURSE AIDE TRAINING COSTS XIII	0

V.COST CENTER EXPENSES PAGE 3 COLUMN 3 OTHER

LINE	SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION	
	PATIENT TRANSPORTATION	11,634
		11,634
17	ADMINISTRATIVE	
	MANAGEMENT FEES XIX B	1,210,000
		1,210,000
	DIRECTORS FEES	
18	DIRECTORS FEES	0
		0
19	PROFESSIONAL SERVICES	
	DATA PROCESSING XIX C	160,138
	ADMINISTRATIVE CONSULTANTS XIX C	0
	PROFESSIONAL FEES XIX C	161,272
		321,410
20	FEES,SUBSCRIPTIONS,PROMOTIONS	
	ENTERTAINMENT & MARKETING VI 19 XIX F	5,583
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	14,093
	EMPLOYEE RECRUITMENT/WANT ADS XIX F	0
	CONTRIBUTIONS VI 20 XIX F	56,284
	DUES & SUBSCRIPTIONS XIX F	35,910
	LICENSES & PERMITS XIX F	909
	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	0
	HEALTH CARE WORKER BACKGROUND CHECKS XIX F	5,824
	PATIENT BACKGROUND CHECKS XIX F	2,572
		121,175
21	CLERICAL & GENERAL OFFICE EXPENSES	
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	3,549
	EQUIPMENT REPAIR & MAINTENANCE	4,510
	OUTSIDE CLERICAL SERVICES	255,100
	PENALTIES / OVERDRAFT CHARGES VI 18	4,600
	HOME OFFICE EXPENSE	0
	THEFT & DAMAGE LOSS	0
	TELEPHONE	16,619
	MESSENGER SERVICE	0
	REIMBURSED SALARIES	442,006
		726,384

LINE	SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	FICA TAXES XIX D	469,306
	UNEMPLOYMENT COMPENSATION XIX D	23,912
	WORKERS COMPENSATION INSURANC XIX D	169,688
	HOSPITALIZATION INSURANCE XIX D	264,824
	EMPLOYEE BENEFITS - OTHER XIX D	71,757
	EMPLOYEE PHYSICAL EXAMS XIX D	0
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS XIX D	44,324
	PAYROLL TAXES	72,854
	401 K MATCHING	12,834
		1,129,499
23	INSERVICE TRAINING & EDUCATION	
	EDUCATION & SEMINARS	859
		859
24	TRAVEL & SEMINARS	
	EDUCATION & SEMINARS XIX G	0
	TRAVEL XIX G	0
		0
25	ADMIN. STAFF TRANSPORTATION	
	TRANSPORTATION - STAFF	990
		990
26	INSURANCE - PROP. LIAB & MALPRACTICE	
	GENERAL INSURANCE	29,103
	INSURANCE - EXECUTIVE LIFE	6,400
		35,503
27	OTHER	
	BAD DEBTS VI 24	249,190
		249,190

GRAND TOTAL COLUMN 3 OTHER

4,362,888

**PETERSON PARK HEALTH CARE CENTER
SCHEDULES
12/31/2017**

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

TOTAL FOOD PURCHASE	394,890
LESS SALES TAX	<u>(887)</u>
NET FOOD	394,003

TOTAL PATIENT CENSUS	62,633
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	187,899

ADD # EMPLOYEE MEALS/DAY	35
TIMES # DAYS	<u>365</u>
TOTAL EMPLOYEE MEALS	12,775

PATIENT MEALS	187,899
ADD EMPLOYEE MEALS	<u>12,775</u>
TOTAL MEALS/YEAR	200,674

NET FOOD	394,003
DIVIDE TOTAL MEALS/YEAR	<u>200,674</u>

COST PER MEAL	1.96
TIMES EMPLOYEE MEALS	<u>12,775</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>25,039</u></u>

Facility Name & ID Number

PETERSON PARK HEALTH CARE CENTER

#0024463

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			8,087	8,087		8,087	246,535	254,622			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			81,197	81,197		81,197	121,568	202,765			32
33	Real Estate Taxes							335,152	335,152			33
34	Rent-Facility & Grounds			1,043,693	1,043,693		1,043,693	(991,367)	52,326			34
35	Rent-Equipment & Vehicles			5,869	5,869		5,869	5,307	11,176			35
36	Other (specify):* STORAGE							21,120	21,120			36
37	TOTAL Ownership			1,138,846	1,138,846		1,138,846	(261,685)	877,161			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		143,811	667,865	811,676		811,676		811,676			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			463,974	463,974		463,974		463,974			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		143,811	1,131,839	1,275,650		1,275,650		1,275,650			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,245,881	1,065,242	6,633,573	13,944,696		13,944,696	(1,345,033)	12,599,663			45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	30,212	30		9
10	Interest and Other Investment Income	(5,305)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(887)	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	(4,600)	21		18
19	Entertainment	(5,583)	20		19
20	Contributions	(56,284)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(249,190)	27		24
25	Fund Raising, Advertising and Promotional	(14,093)	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 SEE PG 5A	(9,949)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (315,679)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,029,354)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,029,354)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,345,033)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		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				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY

48		49		50		51		52	
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PETERSON PARK HEALTH CARE CENTER

ID# 0024463

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	INSURANCE - EXECUTIVE LIFE	\$ (6,400)	26	1
2	BANK CHARGES	(3,549)	21	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(9,949)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER# 0024463

Report Period Beginning:

01/01/2017

Ending:

12/31/2017**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(887)	0	56	0	22	0	0	0	0	0	0	(809)	2
3	Housekeeping	0	0	250	0	0	0	0	(58)	0	0	0	192	3
4	Laundry	0	0	7	0	0	0	0	0	0	0	0	7	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	1,457	1,457	5
6	Maintenance	0	0	3,373	0	52,549	0	0	(890)	0	0	1,843	56,875	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(887)	0	3,686	0	52,571	0	0	(948)	0	0	3,300	57,722	8
	B. Health Care and Programs													
9	Medical Director	0	0	767	0	0	0	0	0	0	0	0	767	9
10	Nursing and Medical Records	0	0	47	0	113,318	0	0	(757)	0	0	0	112,608	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	5,807	0	0	0	0	0	0	0	0	5,807	11
12	Social Services	0	0	92	0	2,024	0	0	0	0	0	0	2,116	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	20,003	0	0	0	0	0	0	20,003	15
16	TOTAL Health Care and Programs	0	0	6,713	0	135,345	0	0	(757)	0	0	0	141,301	16
	C. General Administration													
17	Administrative	0	0	26,395	0	174,035	0	0	0	(1,010,000)	0	0	(809,570)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	13,650	17,933	0	439	(9,234)	0	0	0	0	366	23,154	19
20	Fees, Subscriptions & Promotions	(75,960)	0	1,020	0	214	0	0	0	0	0	3	(74,723)	20
21	Clerical & General Office Expenses	(8,149)	0	(45,693)	0	(331,669)	0	0	0	0	0	1	(385,510)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(63,515)	0	0	0	0	0	0	(63,515)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,348	0	964	0	0	0	0	0	0	2,312	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(6,400)	182,135	1,130	0	2,754	0	0	0	0	0	377	179,996	26
27	Other (specify):*	(249,190)	0	42,969	0	40,920	0	0	0	10,786	0	0	(154,515)	27
28	TOTAL General Administration	(339,699)	195,785	45,102	0	(175,858)	(9,234)	0	0	(999,214)	0	747	(1,282,371)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(340,586)	195,785	55,501	0	12,058	(9,234)	0	(1,705)	(999,214)	0	4,047	(1,083,348)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	30,212	215,355	0	0	968	0	0	0	0	0	0	246,535	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,305)	120,267	22	0	0	0	0	0	0	0	6,584	121,568	32
33	Real Estate Taxes	0	329,755	0	0	0	0	0	0	0	0	5,397	335,152	33
34	Rent-Facility & Grounds	0	(1,043,693)	52,251	0	75	0	0	0	0	0	0	(991,367)	34
35	Rent-Equipment & Vehicles	0	0	3,826	0	1,481	0	0	0	0	0	0	5,307	35
36	Other (specify):*	0	21,120	0	0	0	0	0	0	0	0	0	21,120	36
37	TOTAL Ownership	24,907	(357,196)	56,099	0	2,524	0	0	0	0	0	11,981	(261,685)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(315,679)	(161,411)	111,600	0	14,582	(9,234)	0	(1,705)	(999,214)	0	16,028	(1,345,033)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 RENT	\$ 1,043,693	PETERSON PARK REALTY		\$	(1,043,693)	1
2	V	19 PROF FEES		PETERSON PARK REALTY		13,650	13,650	2
3	V	26 INSURANCE - GENERAL		PETERSON PARK REALTY		182,135	182,135	3
4	V	30 DEPRECIATION		PETERSON PARK REALTY		215,355	215,355	4
5	V	32 AMORT LOAN COSTS		PETERSON PARK REALTY		7,719	7,719	5
6	V	32 INTEREST		PETERSON PARK REALTY		112,548	112,548	6
7	V	33 REAL ESTATE TAXES		PETERSON PARK REALTY		329,755	329,755	7
8	V	36 INSURANCE H.U.D. (MIP)		PETERSON PARK REALTY		21,120	21,120	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,043,693			\$ 882,282	\$ * (161,411)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	21	OUTSIDE CLERICAL	\$ 255,100	LEGACY HEALTHCARE FINANCIAL SERVICES LLC	\$	\$(255,100)
16	V	2	FOOD		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	56	56
17	V	3	HOUSEKEEPING SUPPLIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	250	250
18	V	4	LINEN REPLACEMENT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	7	7
19	V	6	UTILITIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	14	14
20	V	6	GROUNDS & MAINTENANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	3,359	3,359
21	V	9	MEDICAL DIRECT CONSULT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	767	767
22	V	10	MEDICAL SUPPLIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	47	47
23	V	11	ACTIVITIES PROGRAM		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	5,807	5,807
24	V	12	SOCIAL SERVICE CONSULT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	92	92
25	V	17	ADMINISTRATIVE COSULT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	26,395	26,395
26	V	19	PROFESSIONAL FEES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	17,933	17,933
27	V	20	FEES, SUBSCRIPTIONS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	1,020	1,020
28	V	21	CLERICAL & GENERAL WAGES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	203,776	203,776
29	V	21	CLERICAL & GEN OTHER COSTS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	5,631	5,631
30	V	24	SEMINARS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	1,348	1,348
31	V	26	INSURANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	1,130	1,130
32	V	27	EMP. BEN- GEN. ADMIN.		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	42,969	42,969
33	V	32	INTEREST		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	22	22
34	V	34	RENT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	52,142	52,142
35	V	34	STORAGE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	109	109
36	V	35	EQUIPMENT RENTAL		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	27	27
37	V	35	AUTO RENTAL		LEGACY HEALTHCARE FINANCIAL SERVICES LLC	3,799	3,799
38	V						
39	Total		\$ 255,100			\$ 366,700	\$ * 111,600

* 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	10 Nurse Consultant	\$ 15,400	PROGRESSIVE HEALTHCARE CONSULTING		\$ (15,400)	15
16	V	21 Reimbursed Salary	368,948	PROGRESSIVE HEALTHCARE CONSULTING		(368,948)	16
17	V	22 Payroll Taxes	63,515	PROGRESSIVE HEALTHCARE CONSULTING		(63,515)	17
18	V	2 Food		PROGRESSIVE HEALTHCARE CONSULTING		22	18
19	V	6 Maintenance Salary		PROGRESSIVE HEALTHCARE CONSULTING		52,393	19
20	V	6 Building Maint and R & R		PROGRESSIVE HEALTHCARE CONSULTING		156	20
21	V	10 Nursing Salaries		PROGRESSIVE HEALTHCARE CONSULTING		128,718	21
22	V	12 Activities Program		PROGRESSIVE HEALTHCARE CONSULTING		22	22
23	V	12 Clergy Consulatant		PROGRESSIVE HEALTHCARE CONSULTING		1,997	23
24	V	12 Social Service		PROGRESSIVE HEALTHCARE CONSULTING		5	24
25	V	15 Employee Benefits- Nursing		PROGRESSIVE HEALTHCARE CONSULTING		20,003	25
26	V	17 Admin Salary- non owner		PROGRESSIVE HEALTHCARE CONSULTING		174,035	26
27	V	19 Professional Fees		PROGRESSIVE HEALTHCARE CONSULTING		439	27
28	V	20 Dues, Subscriptions,licenses		PROGRESSIVE HEALTHCARE CONSULTING		214	28
29	V	21 Clerical Wages		PROGRESSIVE HEALTHCARE CONSULTING		36,886	29
30	V	21 Clerical & General- Other		PROGRESSIVE HEALTHCARE CONSULTING		393	30
31	V	24 Seminars		PROGRESSIVE HEALTHCARE CONSULTING		964	31
32	V	27 Emp. Ben.- Non-Nursing		PROGRESSIVE HEALTHCARE CONSULTING		40,920	32
33	V	26 Insurance		PROGRESSIVE HEALTHCARE CONSULTING		2,754	33
34	V	30 Depreciation		PROGRESSIVE HEALTHCARE CONSULTING		968	34
35	V	34 Storage Rental		PROGRESSIVE HEALTHCARE CONSULTING		75	35
36	V	35 Auto Rental		PROGRESSIVE HEALTHCARE CONSULTING		1,481	36
37	V						37
38	V						38
39	Total		\$ 447,863			\$ 462,445	\$ * 14,582 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	19 PAYROLL DATA PROCESSING	\$ 38,586	PROPAY HR LLC		\$ 29,352	\$ (9,234)
16	V						
17	V						
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		\$ 38,586			\$ 29,352	\$ * (9,234)

* 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	\$ 32,400	ML GROUP DESIGN		\$ 32,400	\$	15
16	V	10 NURSING SUPPLIES	11,694	ML ENTERPRISES		11,694		16
17	V	10 NURSING CONSULTANT	1,200	ML ENTERPRISES		1,200		17
18	V	10 MEDICAL EQUIPMENT	1,373	ML ENTERPRISES		1,373		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		\$ 46,667			\$ 46,667	\$ *	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	3 FURNISHING SUPPLIES	\$ 1,413	REMED SERVICES		\$ 1,355	\$ (58)
16	V	6 PREVENTATIVE MAINTENANCE FEE	6,642	REMED SERVICES		6,372	(270)
17	V	6 EQUIP REPAIR & MAINTENANCE	15,245	REMED SERVICES		14,625	(620)
18	V	10 NURSING EQUIPMENT	16,180	REMED SERVICES		15,521	(659)
19	V	10 NURSING SUPPLIES	2,397	REMED SERVICES		2,299	(98)
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		\$ 41,877			\$ 40,172	\$ * (1,705)

* 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	\$ 1,210,000	SHABAT & ASSOCIATES		\$	(1,210,000)
16	V	17 SALARY- RON SHABAT		SHABAT & ASSOCIATES		200,000	200,000
17	V	27 PAYROLL TAXES		SHABAT & ASSOCIATES		10,786	10,786
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		\$ 1,210,000			\$ 210,786	\$ * (999,214)

* 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	21 ADMINISTRATIVE SALARIES	\$ 73,058	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		\$ 73,058	\$	15
16	V	22 PAYROLL TAXES	11,980	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		11,980		16
17	V	25 TRAVEL	511	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		511		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		\$ 85,549			\$ 85,549	\$ *	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	5 UTILITIES	\$	CF ST. LOUIS, LLC		\$ 1,457	\$	1,457	15
16	V	6 REPAIRS AND MAINTENANCE				1,843		1,843	16
17	V	19 PROFESSIONAL FEES				366		366	17
18	V	20 DUES & SUBSCRIPTIONS				3		3	18
19	V	21 OFFICE EXPENSE				1		1	19
20	V	26 INSURANCE				377		377	20
21	V	32 INTEREST EXPENSE				6,584		6,584	21
22	V	33 REAL ESTATE TAXES				5,397		5,397	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		\$			\$ 16,028	\$ *	16,028	39

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENT # 0024463 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	10,786	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	\$ 210,786		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 HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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	2	FOOD	Bed Days Available	1,789,215	30	\$ 1,460	\$ 68,620	\$ 56	1
2	3	HOUSEKEEPING SUPPLIES	Bed Days Available	1,789,215	30	6,519	68,620	250	2
3	4	LINEN REPLACEMENT	Bed Days Available	1,789,215	30	171	68,620	7	3
4	6	UTILITIES	Bed Days Available	1,789,215	30	372	68,620	14	4
5	6	GROUPS & MAINTENANCE	Bed Days Available	1,789,215	30	87,596	68,620	3,359	5
6	9	MEDICAL DIRECT CONSULT	Bed Days Available	1,789,215	30	20,000	68,620	767	6
7	10	MEDICAL SUPPLIES	Bed Days Available	1,789,215	30	1,237	68,620	47	7
8	11	ACTIVITIES PROGRAM	Bed Days Available	1,789,215	30	151,405	68,620	5,807	8
9	12	SOCIAL SERVICE CONSULT	Bed Days Available	1,789,215	30	2,392	68,620	92	9
10	17	ADMINISTRATIVE COSULT	Bed Days Available	1,789,215	30	688,242	68,620	26,395	10
11	19	PROFESSIONAL FEES	Bed Days Available	1,789,215	30	467,580	68,620	17,933	11
12	20	FEES, SUBSCRIPTIONS	Bed Days Available	1,789,215	30	26,590	68,620	1,020	12
13	21	CLERICAL & GENERAL WAGES	Bed Days Available	1,789,215	30	5,313,296	5,313,296	203,776	13
14	21	CLERICAL & GEN OTHER COSTS	Bed Days Available	1,789,215	30	146,833	68,620	5,631	14
15	24	SEMINARS	Bed Days Available	1,789,215	30	35,138	68,620	1,348	15
16	26	INSURANCE	Bed Days Available	1,789,215	30	29,475	68,620	1,130	16
17	27	EMP. BEN- GEN. ADMIN.	Bed Days Available	1,789,215	30	1,120,380	68,620	42,969	17
18	32	INTEREST	Bed Days Available	1,789,215	30	561	68,620	22	18
19	34	RENT	Bed Days Available	1,789,215	30	1,359,562	68,620	52,142	19
20	34	STORAGE	Bed Days Available	1,789,215	30	2,842	68,620	109	20
21	35	EQUIPMENT RENTAL	Bed Days Available	1,789,215	30	694	68,620	27	21
22	35	AUTO RENTAL	Bed Days Available	1,789,215	30	99,069	68,620	3,799	22
23									23
24									24
25	TOTALS					\$ 9,561,414	\$ 5,313,296	\$ 366,700	25

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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 PROGRESSIVE HEALTHCARE CONSULTING
 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	2	Food	Bed Days Available	1,374,590	21	\$ 432	\$ 68,620	\$ 22	1
2	6	Maintenance Salary	Bed Days Available	1,374,590	21	1,049,531	68,620	52,393	2
3	6	Building Maint and R & R	Bed Days Available	1,374,590	21	3,133	68,620	156	3
4	10	Nursing Salaries	Bed Days Available	1,374,590	21	2,578,462	68,620	128,718	4
5	12	Activities Program	Bed Days Available	1,374,590	21	443	68,620	22	5
6	12	Clergy Consultatant	Bed Days Available	1,374,590	21	39,998	68,620	1,997	6
7	12	Social Service	Bed Days Available	1,374,590	21	95	68,620	5	7
8	15	Employee Benefits- Nursing	Bed Days Available	1,374,590	21	400,703	68,620	20,003	8
9	17	Admin Salary- non owner	Bed Days Available	1,374,590	21	3,486,246	68,620	174,035	9
10	19	Professional Fees	Bed Days Available	1,374,590	21	8,800	68,620	439	10
11	20	Dues, Subscriptions,licenses	Bed Days Available	1,374,590	21	4,293	68,620	214	11
12	21	Clerical Wages	Bed Days Available	1,374,590	21	738,904	68,620	36,886	12
13	21	Clerical & General- Other	Bed Days Available	1,374,590	21	7,880	68,620	393	13
14	24	Seminars	Bed Days Available	1,374,590	21	19,314	68,620	964	14
15	27	Emp. Ben.- Non-Nursing	Bed Days Available	1,374,590	21	819,705	68,620	40,920	15
16	26	Insurance	Bed Days Available	1,374,590	21	55,168	68,620	2,754	16
17	30	Depreciation	Bed Days Available	1,374,590	21	19,384	68,620	968	17
18	34	Storage Rental	Bed Days Available	1,374,590	21	1,500	68,620	75	18
19	35	Auto Rental	Bed Days Available	1,374,590	21	29,674	68,620	1,481	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 9,263,665	\$ 7,853,143	\$ 462,445	25

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

CF ST. LOUIS, LLC

Street Address

3400-3450 OAKTON STREET

City / State / Zip Code

SKOKIE, IL 60076

Phone Number

(847) 676-5313

Fax Number

(847) 679-1126

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	Bed Days Available	1,789,215	30	\$ 37,998	\$ 68,620	\$ 1,457	1
2	6	REPAIRS AND MAINTENANCE	Bed Days Available	1,789,215	30	48,042	68,620	1,843	2
3	19	PROFESSIONAL FEES	Bed Days Available	1,789,215	30	9,551	68,620	366	3
4	20	DUES & SUBSCRIPTIONS	Bed Days Available	1,789,215	30	76	68,620	3	4
5	21	OFFICE EXPENSE	Bed Days Available	1,789,215	30	32	68,620	1	5
6	26	INSURANCE	Bed Days Available	1,789,215	30	9,839	68,620	377	6
7	32	INTEREST EXPENSE	Bed Days Available	1,789,215	30	171,679	68,620	6,584	7
8	33	REAL ESTATE TAXES	Bed Days Available	1,789,215	30	140,710	68,620	5,397	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					\$ 417,927	\$	\$ 16,028	25

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTI

0024463

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	RELATED PARTY: PETERSON PARK REALTY						\$	\$			\$	1						
2												2						
3	CAPITAL ONE COMM BK			MORTGAGE	\$33,404.55	07/01/12	5,545,100	4,092,268	11/1/29	0.0265	111,963	3						
4												4						
5	LOAN COSTS			AMORTIZE OVER LIFE OF LOAN		07/01/15	133,152	90,986			7,719	5						
Working Capital																		
6	BANK FINANCIAL			LINE OF CREDIT	INTEREST			777,081			81,197	6						
7												7						
8	RELATED PARTY										7,169	8						
9	TOTAL Facility Related				\$33,404.55		\$ 5,678,252	\$ 4,960,335			\$ 208,048	9						
B. Non-Facility Related*																		
10	IRS,IDR,ETC		X	LATE FEES								10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 5,678,252	\$ 4,960,335			\$ 208,048	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 21,120 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																						
1. Real Estate Tax accrual used on 2016 report.			\$ 278,107	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.)			\$ 309,328	2																				
3. Under or (over) accrual (line 2 minus line 1).			\$ 31,221	3																				
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ 278,107	4																				
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5																				
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6																				
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ 309,328	7																				
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2012	<u>258,087</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2016</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2016	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2013	<u>261,507</u>	9																					
	2014	<u>266,087</u>	10																					
	2015	<u>285,486</u>	11																					
	2016	<u>309,328</u>	12																					
THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~101% OF THE PRIOR YEAR REAL ESTATE TAX BILL - THE PAYMENT ON LINE 2 APPLIES TO THE 2016 TAX BILL.																								

NOTES:

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Rows include FACILITY, ALLOC FR CF ST. LOUIS, and TOTALS.

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	\$ 154,344	35	\$	\$ (154,344)	\$ 2,259,544	4
5										5
6										6
7										7
8										8
Improvement Type**										
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	17,594	16
17	VARIOUS		1988	35,577		31	1,147	1,147	33,644	17
18	VARIOUS		1989	14,591		31	470	470	13,349	18
19	VARIOUS		1990	27,693		31	894	894	24,183	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			103,507	24
25	VARIOUS		1996	35,086		20			35,086	25
26	VARIOUS		1997	62,950		20	1,850	1,850	62,950	26
27	VARIOUS		1998	49,698		20	2,487	2,487	49,033	27
28	VARIOUS		1999	87,532		20	4,383	4,383	82,477	28
29	VARIOUS		2000	188,443		20	9,427	9,427	165,200	29
30	VARIOUS		2001	73,918		20	3,700	3,700	61,682	30
31	VARIOUS		2002	350,099		20	17,508	17,508	271,360	31
32	VARIOUS		2003	78,238		20	2,006	2,006	54,788	32
33	VARIOUS		2004	66,172		20	1,697	1,697	43,036	33
34	VARIOUS		2005	53,841		20	1,381	1,381	32,033	34
35	VARIOUS		2006	50,608		20	1,298	1,298	25,399	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	\$ 2,437	37
38	REHAB NURSING STATION	2007	11,394		20	414	414	5,829	38
39	RENOVATION 1ST FLOOR CORRIDOR AND LOBBY	2007	255,996		20	9,309	9,309	130,909	39
40	RENOVATION THERAPY REHAB ROOM	2007	12,744		20	463	463	6,515	40
41	SECURITY SYSTEM	2007	6,100		20	222	222	3,119	41
42	ROOF	2007	17,600		20	640	640	7,020	42
43	5 TON MULGIAGUA R-22 PACKGD ELECTRIC HIGH EFF	2007	32,940		20	1,198	1,198	16,845	43
44	CABLE WIRING	2007	12,500		20	455	455	6,392	44
45	NURSE CALL SYSTEM	2007	10,612		20	386	386	5,430	45
46	CIRCULATION OF HOT WATER LINES	2007	8,770		20	319	319	4,489	46
47	REAR ENTRANCE DOOR	2007	3,308		20	120	120	1,688	47
48	ELEVATOR REHAB 4 NEW NYLON PLATED GUILDE SHOE	2007	3,297		20	120	120	1,688	48
49	LANDSCAPING	2008	16,600		15	1,107	1,107	10,517	49
50	AWNING	2008	3,500		27.5	127	127	1,231	50
51	ELEVATOR REHAB	2008	5,500		27.5	200	200	1,938	51
52	ROOF	2008	4,000		27.5	145	145	1,405	52
53	COOPER PIPING	2008	2,860		27.5	104	104	1,008	53
54	CABLE WIRING	2008	3,850		27.5	140	140	1,356	54
55	A/C UNITS	2008	4,497		27.5	163	163	1,579	55
56	GATE VALVES	2008	2,800		27.5	102	102	988	56
57	NURSE CALL SYSTEM	2008	11,990		27.5	436	436	4,224	57
58	REPLACE HOT WATER & CIRCULATION LINES	2008	3,900		27.5	142	142	1,376	58
59	CABLE WIRING	2008	10,460		27.5	380	380	3,682	59
60	HOT WATER LINES	2008	7,500		27.5	273	273	2,645	60
61	A/C UNITS WITH SLEEVES	2008	3,951		27.5	144	144	1,395	61
62	BUILD IN WARDROBE CABINETS	2008	20,641		27.5	751	751	7,275	62
63	PAINTING	2009	39,906		20	1,995	1,995	19,951	63
64	SHADES, CORNICES & PANELS	2009	51,425		20	2,571	2,571	25,711	64
65	FLOORING & CARPETING	2009	5,410		20	271	271	2,709	65
66	WALLCOVERING, CORNICES & PANELS	2009	10,770		20	539	539	5,389	66
67	VINYL FLOORING	2009	5,481		20	274	274	2,740	67
68	SMOKE DETECTORS	2009	7,000		27.5	255	255	2,114	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,035,466	\$ 154,344		\$ 72,818	\$ (81,526)	\$ 4,216,591	70

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,035,466	\$ 154,344		\$ 72,818	\$ (81,526)	\$ 4,216,591	1
2	GREASE TRAPS	2009	2,790		27.5	101	101	838	2
3	RECONDITION BOILER	2009	6,405		27.5	233	233	1,932	3
4	HOT WATER LINE	2009	5,180		27.5	188	188	1,559	4
5	WATER HEATER	2009	3,650		27.5	133	133	1,103	5
6	NURSE CALL SYSTEM	2009	21,666		27.5	788	788	6,534	6
7	HOT WATER & CIRCULATION LINE	2009	5,420		27.5	197	197	1,633	7
8	HOW WATER & CIRCULATION PIPES	2009	4,760		27.5	173	173	1,434	8
9	DRYWALL	2009	2,500		27.5	91	91	755	9
10	COPPER PIPING	2009	5,700		27.5	207	207	1,716	10
11	BATHROOM REMOD - LAVATORY, LIGHT FIX, WALL TOV	2009	12,407		27.5	451	451	3,740	11
12	CHAIR RAIL	2009	4,329		27.5	157	157	1,302	12
13	DRYWALL & DRAINS FOR 2 BATHTUBS	2009	5,600		27.5	204	204	1,691	13
14	PATIO	2009	10,390		15	693	693	5,804	14
15									15
16									16
17									17
18	DRYWALL METAL STUDS TIME & CONVERT TUB 2 SHOW	2010	4,450		20	223	223	1,672	18
19	ROOM SIGNS	2010	12,108		20	605	605	4,538	19
20	CLINICAL SINKS	2010	7,121		20	356	356	2,670	20
21	PLUMBING IN UTILITY ROOM	2010	9,651		20	483	483	3,622	21
22	SIGN	2010	13,700		15	913	913	6,848	22
23	NURSES STATION - PANELS, BOARDS, GRANITE TOPS	2010	30,280		20	1,514	1,514	11,355	23
24	REHAB BATHROOM - ARCHITECT FEES	2010	4,170		20	209	209	1,567	24
25	REHAB BATHROOM - FAUCETS, LIGHTING, FLOORS	2010	32,452		20	1,623	1,623	12,172	25
26	CORRIDOR & DAY ROOM RENOV - COVE BASE, WINDOW	2010	172,082		20	8,604	8,604	64,530	26
27	SOILED UTILITY ROOM RENOVATION - CABINETS, SINK	2010	23,598		20	1,180	1,180	8,850	27
28	REHAB BATHROOMS - WALLS, LIGHTING, FLOORS	2010	77,780		20	3,889	3,889	29,168	28
29	CORRIDOR RENOVATION - WALLS, CHAIR RAILS, FLOOR	2010	172,732		20	8,637	8,637	64,777	29
30	TILING & WALLCOVERING FOR FOYER	2010	3,549		20	177	177	1,328	30
31	GENERATOR REPAIR	2010	2,526		20	126	126	945	31
32	THRU THE WALL HEATING & A/C UNITS	2010	5,626		20	281	281	2,108	32
33	SINKS & FAUCETS	2010	3,270		20	164	164	1,230	33
34	TOTAL (lines 1 thru 33)		\$ 5,701,358	\$ 154,344		\$ 105,418	\$ (48,926)	\$ 4,464,012	34

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,701,358	\$ 154,344		\$ 105,418	\$ (48,926)	\$ 4,464,012	1
2	TILING, PAINTING & REMODEL SOCIAL ROOM HALL OFF	2010	15,730		20	787	787	5,902	2
3	DRYWALL	2010	3,920		20	196	196	1,470	3
4	CHANGE LOCKS	2010	4,481		20	224	224	1,680	4
5	REMODEL PUBLIC BATHROOMS FLOOR WALL TOILET L	2010	7,503		20	375	375	2,813	5
6	SHUT OFF VALVE & ACCESS PANELS IN SOILED UTLY RM	2010	3,994		20	200	200	1,500	6
7	REPLACE DRYWALL & STUDS IN BATHROOM	2010	2,930		20	147	147	1,102	7
8	REPLACE EXISTING TILE & BASEBOARDS & PAINT WALL	2010	9,990		20	499	499	3,743	8
9	REPLACE DRYWALL & STUDS & PAINTING	2010	7,918		20	396	396	2,970	9
10	REBUILT EJECTOR PUMP	2010	5,400		20	270	270	2,025	10
11	BATHROOM RESTORATION - WALLS & DRAINS	2010	9,350		20	468	468	3,510	11
12	RADIATOR HEATING SYSTEM	2010	9,590		20	480	480	3,600	12
13	HANDRAILS, BUMPERS, DOOR KNOBS	2010	4,350		20	158	158	1,575	13
14	TILING & BASEBOARDS, WALLS, CEILINGS, PAINT	2010	12,995		20	473	473	4,698	14
15	KITCHEN & EXHAUST FAN DUCTS, ELECTRICAL	2010	3,522		20	128	128	1,272	15
16	PAINTING & SINK IN MED ROOM	2010	6,470		20	235	235	2,341	16
17	DRYWALL, TILING, RAISING NURSE CALL SWITCHES	2010	4,050		20	147	147	1,466	17
18	PUMP REPAIRS/PUMP SEAL KIT	2010	2,642		20	96	96	954	18
19	ROOF - DRAINAGE	2010	2,600		20	95	95	940	19
20	DRAIN WATER LINE	2010	2,800		20	102	102	1,312	20
21	GLASS WALL/DOOR	2010	14,800		20	538	538	5,348	21
22	EMERGENCY/EXIT DOORS/DOOR OPENER	2010	4,200		20	153	153	1,518	22
23	ELECTRICAL & LIGHTING	2010	7,720		20	281	281	2,790	23
24	SIX WINDOWS	2010	3,000		20	109	109	1,084	24
25	HOT WATER TANK	2010	14,680		20	534	534	5,305	25
26	BEAUTY MIRROR INSTALLATION	2010	2,500		20	91	91	904	26
27	SEC 754 BASIS ADJ			8,087			(8,087)		27
28	ARCHITECT FEES	2011	6,000		27.5	218	218	1,436	28
29	CUSTOM CABINETS BUILD IT SECURED TO WALL	2011	2,800		27.5	102	102	672	29
30	SEWER PUMP MOTOR	2011	2,910		27.5	106	106	698	30
31	ARCHITECT FEES	2011	6,474		27.5	235	235	1,547	31
32	BOILERS	2011	63,550		27.5	2,311	2,311	15,213	32
33	DOORS WINDOWS & THERMOBRAKE METAL	2011	16,100		27.5	585	585	3,559	33
34	TOTAL (lines 1 thru 33)		\$ 5,966,327	\$ 162,431		\$ 116,157	\$ (46,274)	\$ 4,548,959	34

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,966,327	\$ 162,431		\$ 116,157	\$ (46,274)	\$ 4,548,959	1
2	MILLWORK & TRIM	2011	2,600		27.5	94	94	524	2
3	ELECTRIAL WORK IN BOILER/ELECTRICAL ROOM	2011	7,800		27.5	284	284	1,586	3
4	SPRINKLER SYSTEM CONNECTION	2011	3,900		27.5	142	142	792	4
5	INSTALL 2 NEW DEDICATED CIRCUITS NEW WASH/DRYR	2011	2,800		27.5	102	102	570	5
6	HIGH EFFICENCY CONDENSER	2011	4,250		27.5	154	154	860	6
7	REPLACE KITCHEN TILE	2011	4,230		27.5	154	154	808	7
8	REPLACE KITCHEN TILE	2011	3,865		27.5	140	140	737	8
9	HOT WATER BOILER REPAIRS IN BASEMENT	2011	7,250		27.5	264	264	1,386	9
10	DRAIN LINE REPLACEMENT	2011	2,700		27.5	98	98	514	10
11	SECURITY KEYPAD & WIRING FOR ELEVATOR	2011	5,950		27.5	216	216	1,134	11
12	REPLACE KITCHEN TILE	2011	3,975		27.5	145	145	761	12
13	CONCRETE WORK	2011	19,140		15	1,276	1,276	7,656	13
14	CANOPYS	2011	14,890		15	993	993	5,959	14
15	LANDSCAPE IRRIGATION SYSTEM	2011	11,880		15	792	792	4,752	15
16	PLANT INSTALLATION	2011	19,030		15	1,269	1,269	7,615	16
17	CORNICES, BLINDS, SHEERS	2011	10,058		5			10,060	17
18	EJECTOR PUMP	2012	7,190		27.5	261	261	1,196	18
19	LOCKERS	2012	4,058		27.5	147	147	674	19
20	ELECTRICAL CIRCUIT	2012	3,225		27.5	117	117	536	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	954	22
23	FIRE SPRINKLER	2012	3,990		27.5	145	145	664	23
24	window sill replacement on all windows on 1st & 2nd floor	2012	6,104		27.5	222	222	1,018	24
25	REPLACE METAL STUDS & DRYWALL IN STORAGE ROOM	2012	2,630		27.5	96	96	440	25
26	ELECTRIC WORK IN KITCHEN AREA	2012	2,970		27.5	108	108	494	26
27	REPLACED CRACKED DRAIN LINE	2012	2,580		27.5	94	94	430	27
28	HOT WATER BOILER	2012	84,380		27.5	3,068	3,068	14,062	28
29	REPLACED FASCIA GUTTERS,GRAVEL STOPPERS & ROO	2012	17,900		27.5	651	651	2,984	29
30	TILE, NEW BASE LINER & CONCRETE BASE IN SHOWER	2012	6,320		27.5	230	230	1,054	30
31	NEW FIRE PANEL	2012	21,600		27.5	784	784	3,594	31
32	SCALD GUARD FOR SHOWERS	2012	6,663		27.5	242	242	1,110	32
33	ROOF-PATCH OPEN SEAMS, DRAINS AND FLESHING	2012	5,140			187	187	858	33
34	TOTAL (lines 1 thru 33)		\$ 6,271,115	\$ 162,431		\$ 128,840	\$ (33,591)	\$ 4,624,741	34

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,271,115	\$ 162,431		\$ 128,840	\$ (33,591)	\$ 4,624,741	1
2	shower remodeling-new base liner,concrete base,tile install	2012	3,980		27.5	148	148	676	2
3	ELECTRIC WORK IN BOILER ROOM	2012	4,130		27.5	150	150	688	3
4	WALK IN FREEZER	2012	4,636		27.5	168	168	770	4
5	COMPRESSOR	2012	2,800		27.5	102	102	468	5
6	HORIZONTAL RAILING BARS FOR STAIRWAYS	2012	6,900		27.5	251	251	1,150	6
7	BOILER EXHAUST LINES	2012	7,200		27.5	262	262	1,200	7
8	GREASE TRAP	2012	4,200		27.5	153	153	702	8
9	TV OUTLETS	2012	11,445		27.5	416	416	1,906	9
10	DRYWALL, PATCH & SAND	2012	2,986		27.5	108	108	496	10
11	NEW PARKING LOT	2012	24,390		15	1,626	1,626	8,130	11
12	INSTALL WHOLE BUILDING EXHAUST FANS AND FIRE DAMPERS, EXHAUST INLETS, AND GRILL COVERS				27.5	3,990	3,990	18,121	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	INES ON KITCHEN AIR HANDLER	2013	10,897		27.5	396	396	1,799	15
16	RECEPTACLES IN VARIOUS LOCATIONS ON 1ST FLOOR	2013	7,034		27.5	256	256	1,162	16
17	VENTILATION SYSTEM	2013	2,641		27.5	96	96	420	17
18	RAILING BARS FOR EXISTING BALCONY	2013	6,650		27.5	242	242	1,059	18
19	KITCHEN DRAIN PIPING	2013	2,834		27.5	103	103	450	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	1,164	21
22	CORNICES, BLINDS AND SHADES	2013	3,819		5	220	220	1,947	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	2,086	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 AN								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	9,611	33
34	TOTAL (lines 1 thru 33)		\$ 6,511,414	\$ 162,431		\$ 141,135	\$ (21,296)	\$ 4,678,746	34

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12E, Carried Forward		\$ 6,511,414	\$ 162,431		\$ 141,135	\$ (21,296)	\$ 4,678,746	1
2	REPAIR WALLS, CEILING, AND PAINTING IN ROOMS 131 AND 133; REPAIR WALLS, CEILING AND PAINTING IN								2
3	BATHROOM 131/133	2014	3,200		5	640	640	2,240	3
4	1 SOUTH FEMALE AND 2 SOUTH FEMALE- PAINT TUB ROOM; 2 SOUTH MALE AND 2 NORTH MALE-								4
5	PAINT TUB ROOM	2014	7,600		5	1,520	1,520	5,320	5
6	2 NORTH MALE, 1 SOUTH MALE AND 2 NORTH FEMALE TUB ROOMS EXTRAS; REPLACE SOME DRYWALL AND METAL STUDS;								6
7	PATCH AND PAINT	2014	2,650		5	530	530	1,855	7
8	1 SOUTH MALE AND 2 NORTH FEMALE- PAINT TUB ROOM	2014	3,800		5	760	760	2,660	8
9	CARPET TILE AND COVE BASE IN CONFERENCE ROOM								9
10	AND LOBBY	2014	3,393		5	195	195	1,892	10
11	TUCKPOINTING CHIMNEY & AROUND BUILDING	2014	2,800		27.5	102	102	336	11
12	ELECTRICAL SERVICE REPLACEMENT AND GENERATOR								12
13	INSTALLATION	2014	218,648		27.5	7,951	7,951	26,172	13
14	DOOR	2014	4,730		27.5	172	172	566	14
15	CABLES & CONDUITS	2014	2,833		27.5	103	103	339	15
16	GREASE TRAP GASKETS	2014	2,700		27.5	98	98	323	16
17	WINDOW WELL COVERS	2014	3,900		27.5	142	142	467	17
18	AWNINGS	2014	4,500		27.5	164	164	540	18
19	ELECTRICAL WORK ON THE SECOND FLOOR SOUTH SIDE OF BUILDING- INSTALLED 50 PERMANENT 4 PLUG								19
20	WALL OUTLETS	2014	3,000		27.5	109	109	359	20
21	1 SOUTH FEMALE TUB ROOM - REPLACING FLOOR VCT, INCLUDING REPAIRING & LEVELING OUT THE								21
22	CONCRETE FLOOR	2014	3,610		27.5	131	131	431	22
23	2 NORTH FEMALE TUB ROOM - REPLACE TILE & BASEBOARDS & SCRAPING &								23
24	TAPING CEILING	2014	2,650		27.5	96	96	316	24
25	REPLACE FAILED FIRE DAMPER ACTUATORS	2014	3,498		27.5	127	127	418	25
26	FRONT CANOPY LOWER ROOF	2014	3,700		27.5	135	135	444	26
27	DOUBLE DOORS	2014	4,730		27.5	172	172	566	27
28	ELECTRICAL WORK IN THE BUILDING- PIPE NEW HOMERUN RACEWAY FROM THE EMERGENCY ELECTRICAL PANEL IN THE								28
29	BOILER ROOM TO THE FIRST AND SECOND FLOOR OF THE BUILDING; INSTALL TWO NEW JUNCTION BOXES (ONE ON EACH FLOOR								29
30	IN THE ACOUSTIC CEILING NEXT TO THE SERVICE ELEVATORS; PIPE FOUR NEW RACEWAYS INSIDE THE ACOUSTIC CEILING FRO								30
31	THE SERVICE ELEVATOR AREA JUNCTION BOXES TO THE NURSING STATION AREA (FIRST FLOOR NORTH AND SOUTH, SECOND								31
32	FLOOR NORTH AND SOUTH); INSTALL FOUR JUNCTION BOXES FOR EACH OF THE FOUR RACEWAYS; PULL NEW WIRES FROM THE								32
33	EXISTING EMERGENCY PANEL TO EACH SIDE OF THE NEWLY INSTALLED PIPING RACEWAY (TO EACH NURSING STATION);								33
34	TOTAL (lines 1 thru 33)		\$ 6,793,356	\$ 162,431		\$ 154,282	\$ (8,149)	\$ 4,723,990	34

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

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 6,793,356	\$ 162,431		\$ 154,282	\$ (8,149)	\$ 4,723,990	1
2	NEW WIRING CIRCUITS MUST BE INSTALLED FOR EACH NURSING STATION (TOTAL OF 4), EACH CALL STATION PANEL								2
3	(TOTAL OF 4), EACH DATA SIGNAL AMPLIFIER (TOTAL OF 2), AND EACH EXTRA INSTALL 6-PLUG EMERGENCY								3
4	OUTLET (TOTAL OF 2); DISCONNECT AND REMOVE EXISTING WIRING BETWEEN NURSING STATIONS, OUTLETS,								4
5	CALL STATION PANELS, AND EXISTING SUB-PANELS; MAKE NEW ELECTRICAL CONNECTIONS BETWEEN THE EMERGENCY								5
6	PANEL AND EVERY NURSING STATION OUTLET, AND EVERY CALL STATION PANEL (TOTAL OF 4 NURSING STATIONS,								6
7	4 CALL STATIONS)	2015	9,900		27.5	360	360	630	7
8	CHIMNEY AND AROUND BUILDING TUCKPONTING	2015	2,800		27.5	102	102	178	8
9	AC SYSTEM FOR SERVER ROOM	2015	5,895		27.5	214	214	376	9
10	LOBBY AC UNIT REPLACEMENT	2015	11,312		27.5	411	411	719	10
11	MAKE UP AIR HANDLER REPLACEMENT FOR COMMON	2015	55,216		27.5	2,008	2,008	3,514	11
12	HALLWAY & KITCHEN								12
13	ENTRANCE HALLWAY, LOBBY AND OFFICE REMOVING								13
14	WALLPEPER, PATCHING AND WALL PAINTING	2015	7,425		5	371	371	1,113	14
15	REMOVING AND INSTALLATION OF NEW CARPET FOR THE MAIN LOBBY AREA, AND THE 3 OFFICES								15
16	SURROUNDING IT	2015	8,175		5	785	785	2,421	16
17									17
18	REPLACEMENT OF CYLINDER IN PASSENGER ELEVATOR	2016	32,711		27.5	1,189	1,189	1,536	18
19	8 DOOR SKINS- MATERIAL AND INSTALLATION. DOOR								19
20	SKINS ON TWO SETS OF DOUBLE DOORS AT MAIN								20
21	LOBBY	2016	4,300		27.5	156	156	267	21
22	FRIGIDAIRE WALL A/C UNITS WITH ELECTRIC HEAT IN								22
23	8 RESIDENT ROOMS ON FIRST FLOOR SOUTH SIDE	2017	3,825		27.5	133	133	133	23
24									24
25									25
26	SEPARATED #1 AHU AND #2 AHU FROM THE BUILDING,								26
27	AND DEDICATED 1 HYDRONIC BOILER WITH GLYCOL								27
28	TO HEAT AIR HANDLER	2017	14,539		27.5	507	507	507	28
29	AIR HANDLER	2017	102,545		27.5	3,574	3,574	3,574	29
30									30
31	8 NEW BEDS- 2 ON FIRST FLOOR AND 6 ON SECOND FLOOR	2017	503,381		27.5	9,915	9,915	9,915	31
32	FIRE ALARM TIE IN TO CITY	2017	9,463		27.5	14	14	14	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,564,843	\$ 162,431		\$ 174,021	\$ 11,590	\$ 4,748,887	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	Totals from Page 12G, Carried Forward		\$ 7,564,843	\$ 162,431		\$ 174,021	\$ 11,590	\$ 4,748,887	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	RELATED PARTY INFORMATION								9
10	BUILDINGS:								10
11	ALLOCATED FROM CF ST. LOUIS	2016	40,756		35	1,164	1,164	2,329	11
12									12
13	ALLOCATED FROM CF ST. LOUIS, LLC :								13
14	REPAIRED COMMON AREA BATHROOMS, WAREHOUSE,								14
15	BUILDING REPAIRS	2016	38,298		20	1,915	1,915	3,830	15
16									16
17									17
18	ALLOCATED FROM CF ST. LOUIS, LLC:								18
19	BUILDING REPAIRS, ROOF REPAIRS, CARPETING	2017	5,873		20	294	294	294	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,649,770	\$ 162,431		\$ 177,394	\$ 14,963	\$ 4,755,340	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,649,770	\$ 162,431		\$ 177,394	\$ 14,963	\$ 4,755,340	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		\$ 7,649,770	\$ 162,431		\$ 177,394	\$ 14,963	\$ 4,755,340	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	\$ 765,091	\$ 36,409	\$ 72,288	\$ 35,879	10 YRS	\$ 425,475	71
72	Current Year Purchases	41,003	24,602	2,050	(22,552)	10 YRS	2,050	72
73	Fully Depreciated Assets	1,242,807					1,242,807	73
74	RELATED PARTY	27,297	968	2,890	1,922			74
75	TOTALS	\$ 2,076,198	\$ 61,979	\$ 77,228	\$ 15,249		\$ 1,670,332	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	TOTALS			\$	\$	\$	\$		\$	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)	\$ 10,033,968	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 224,410	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 254,622	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 30,212	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,425,672	85

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

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

G. Construction-in-Progress

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

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

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

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				1,043,693			4
5								5
6								6
7	TOTAL				\$ 1,043,693			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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? _____

16. Rental Amount for movable equipment: \$ 5,869 Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 246,516	\$		\$ 246,516	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			105,276			105,276	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			308,181			308,181	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				142,765		142,765	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/LAB/RADIOLOGY Other (specify):	39-2				7,892	1,046		7,892 1,046	13
14	TOTAL			\$		\$ 667,865	\$ 143,811		\$ 811,676	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2017**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 25,273	\$ 29,050	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (643,352))	1,039,587	1,039,587	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,439	158,983	6
7	Other Prepaid Expenses	171,658	721,551	7
8	Accounts Receivable (owners or related parties)	246,323	246,323	8
9	Other(specify): LOANS TO MEMBERS	420,000	420,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,904,280	\$ 2,615,494	10
	B. Long-Term Assets			
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		4,874,232	15
16	Equipment, at Historical Cost		2,048,901	16
17	Accumulated Depreciation (book methods)		(6,326,567)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	(13,950)	(13,950)	21
22	Other Long-Term Assets (specify):	73,770	238,904	22
23	Other(specify): Due from PP Realty	3,537,436		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,597,256	\$ 3,472,854	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,501,536	\$ 6,088,348	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,021,886	\$ 2,167,641	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	777,081	1,073,068	29
30	Accrued Salaries Payable	711,610	711,610	30
31	Accrued Taxes Payable (excluding real estate taxes)	35,623	35,623	31
32	Accrued Real Estate Taxes(Sch.IX-B)		303,931	32
33	Accrued Interest Payable		9,037	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DUE TO RELATED PARTY		22,215	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,546,200	\$ 4,323,125	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,796,281	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 3,796,281	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,546,200	\$ 8,119,406	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,955,336	\$ (2,031,058)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,501,536	\$ 6,088,348	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,032,226	1
2	Restatements (describe):		2
3	ROUNDING	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,032,225	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(66,456)	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) OUT OF PERIOD EXPENSES	(10,433)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (76,889)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,955,336	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number PETERSON PARK HEALTH CARE CENTER

0024463

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,335,762	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,335,762	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	323,126	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 323,126	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,305	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,305	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>VACATION/SICK PAY</u>	195,333	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 195,333	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,859,526	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,875,702	31
32	Health Care	5,463,078	32
33	General Administration	4,191,420	33
B. Capital Expense			
34	Ownership	1,138,846	34
C. Ancillary Expense			
35	Special Cost Centers	811,676	35
36	Provider Participation Fee	463,974	36
D. Other Expenses (specify):			
37			37
38	<u>DISCOUNTS EARNED</u>	(16,497)	38
39	<u>OTHER INCOME</u>	(2,217)	39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,925,982	40
41	Income before Income Taxes (line 30 minus line 40)**	(66,456)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (66,456)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,325,637	44
45	Private Pay - Net Inpatient Revenue	326,556	45
46	Medicare - Net Inpatient Revenue	1,175,976	46
47	Other-(specify) <u>HOSPICE/INSURANCE/ETC</u>	348,733	47
48	Other-(specify) <u>VETERAN</u>	158,860	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,335,762	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 HEALTH CARE CENTER

0024463

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	1,948	2,173	\$ 111,524	\$ 51.32	1
2	Assistant Director of Nursing	2,029	2,086	94,255	45.18	2
3	Registered Nurses	39,977	44,257	1,417,298	32.02	3
4	Licensed Practical Nurses	29,343	31,280	850,233	27.18	4
5	CNAs & Orderlies	112,117	119,573	1,547,587	12.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	13,954	15,373	278,317	18.10	8
9	Activity Director	2,002	2,090	37,882	18.13	9
10	Activity Assistants	16,400	17,939	233,698	13.03	10
11	Social Service Workers	9,219	10,248	245,379	23.94	11
12	Dietician					12
13	Food Service Supervisor	1,810	1,853	37,477	20.23	13
14	Head Cook					14
15	Cook Helpers/Assistants	25,006	27,298	388,678	14.24	15
16	Dishwashers					16
17	Maintenance Workers	3,673	4,329	86,069	19.88	17
18	Housekeepers	16,648	18,319	236,092	12.89	18
19	Laundry	8,359	9,473	132,299	13.97	19
20	Administrator	2,056	2,193	122,190	55.72	20
21	Assistant Administrator	248	258	9,769	37.86	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,932	11,190	185,879	16.61	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	1,890	2,155	46,209	21.44	31
32	Other Health Care(specify)	5,508	5,849	135,361	23.14	32
33	Other(specify) <u>ADMITTING</u>	2,165	2,307	49,685	21.54	33
34	TOTAL (lines 1 - 33)	304,284	330,243	\$ 6,245,881 *	\$ 18.91	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	M	\$ 17,522	1-3	35
36	Medical Director	O	32,403	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	63,269	10-3	38
39	Pharmacist Consultant	H	13,442	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	845	11-3	44
45	Social Service Consultant	E	8,759	12-3	45
46	Other(specify) <u>NURSING</u>	S	1,200	10-3	46
47	<u>REGISTERED NURSE CONSULTANT</u>		15,400	10-3	47
48					48
49	TOTAL (lines 35 - 48)		\$ 152,840		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. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
ELIYAHU BARNETT	ADMINISTRATOR		\$ 58,651	Workers' Compensation Insurance	\$ 169,688	IDPH License Fee	\$	
YANA BRYZGUNOVA	ASST ADMIN		9,769	Unemployment Compensation Insurance	23,912	Advertising: Employee Recruitment	0	
PATRICIA DAVIS	ADMINISTRATOR		63,539	FICA Taxes	469,306	Health Care Worker Background Check	5,824	
				Employee Health Insurance	264,824	(Indicate # of checks performed <u>582</u>)		
				Employee Meals	25,039	Patient Background Checks <u>257</u>	2,572	
				Illinois Municipal Retirement Fund (IMRF)*		TRUST/FRANCHISE/CONTRIB/ETC	56,284	
				EMPLOYEE BENEFITS - OTHER	71,757	MARKETING/ADV/PROMO	19,676	
				EMPLOYEE PHYSICAL EXAMS	0	LICENSES/DUES/SUBSCRIPTIONS	36,819	
				PENSION/PROFIT SHARING PLANS	44,324	MGMT CO ALLOC	1,237	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 131,959	PAYROLL TAXES	9,339	TRUST/FRANCHISE/CONTRIB/ETC	(56,284)	
				401 K MATCHING	12,834	Less: Public Relations Expense	(5,583)	
B. Administrative - Other						Non-allowable advertising	(14,093)	
Description			Amount	INSURANCE - EXECUTIVE LIFE VI 21		Yellow page advertising	(0)	
SHABAT & ASSOCIATES			\$ 1,210,000					
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,091,023	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 46,452	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,210,000	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
			\$			\$	Out-of-State Travel	\$
							In-State Travel	0
							Seminar Expense	0
							MGMNT CO ALLOC	2,312
							Entertainment Expense	()
SEE LEGAL SCHEDULE ATTACHED			321,410				(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 321,410	TOTAL		\$	TOTAL	\$ 2,312

* Attach copy of IMRF notifications

**See instructions.

PETERSON PARK HEALTH CARE CENTER
 Legal Fee Schedule

INVOICE DATE	FIRM NAME	AMOUNT	DESCRIPTION OF SERVICES
5/22/2017	ML GROUP DESIGN & DEVELOPMENT	1,657.50	MELTZER,PURTILL & STELLE
2/27/2017	WAGNER VALITUTTI & SHERBROOK	98.00	GENERAL COUNSELING
6/29/2017	WAGNER VALITUTTI & SHERBROOK	73.50	GENERAL COUNSELING
8/30/2017	WAGNER VALITUTTI & SHERBROOK	73.50	GENERAL COUNSELING
10/27/2017	WAGNER VALITUTTI & SHERBROOK	122.50	GENERAL COUNSELING
12/31/2017	WAGNER VALITUTTI & SHERBROOK	98.00	GENERAL COUNSELING
12/31/2017	WAGNER VALITUTTI & SHERBROOK	98.00	GENERAL COUNSELING
4/13/2016	GUTNICKI LLP	226.10	GENERAL
4/25/2016	GUTNICKI LLP	280.91	GENERAL
8/30/2016	GUTNICKI LLP	25.46	MEDICAID REVALIDATIONS
11/3/2016	GUTNICKI LLP	1.05	GENERAL
12/31/2016	GUTNICKI LLP	11.60	MEDICAID REVALIDATIONS
2/11/2017	CORPORATION SERVICE	106.80	STATUTORY REPRESENTATION
1/5/2017	CORPORATION SERVICE	26.93	LITIGATION MANAGEMENT
3/31/2017	STONE,MCGUIRE & SIEGEL	992.50	GENERAL COUNSELING
4/30/2017	STONE,MCGUIRE & SIEGEL	1,012.50	GENERAL COUNSELING
5/31/2017	STONE,MCGUIRE & SIEGEL	803.75	GENERAL COUNSELING
6/30/2017	STONE,MCGUIRE & SIEGEL	925.00	GENERAL COUNSELING
7/31/2017	STONE,MCGUIRE & SIEGEL	770.00	GENERAL COUNSELING
8/31/2017	STONE,MCGUIRE & SIEGEL	1,100.00	GENERAL COUNSELING
9/30/2017	STONE,MCGUIRE & SIEGEL	1,140.00	GENERAL COUNSELING
10/31/2017	STONE,MCGUIRE & SIEGEL	1,012.50	GENERAL COUNSELING
11/30/2017	STONE,MCGUIRE & SIEGEL	1,128.75	GENERAL COUNSELING
12/29/2016	STONE, POGRUND & KOREY	403.89	GENERAL COUNSELING
1/31/2017	STONE, POGRUND & KOREY	778.00	GENERAL COUNSELING
2/28/2017	STONE, POGRUND & KOREY	400.00	GENERAL COUNSELING
3/31/2017	STONE, POGRUND & KOREY	550.00	GENERAL COUNSELING
5/31/2017	STONE, POGRUND & KOREY	747.66	GENERAL COUNSELING
4/30/2017	STONE, POGRUND & KOREY	2,091.86	GENERAL COUNSELING
7/31/2017	STONE, POGRUND & KOREY	25.00	GENERAL COUNSELING
8/31/2017	STONE, POGRUND & KOREY	178.79	GENERAL COUNSELING
9/30/2017	STONE, POGRUND & KOREY	25.00	GENERAL COUNSELING
5/24/2017	JAMES STEPHEN MEYER	2,131.25	GUARDIAN
5/23/2017	LOUIS A REIFF	3,080.00	ALLEGED DISABLED PERSON
3/3/2017	CRANE AND NORCROSS	179.00	COOK COUNTY TAX
1/22/2017	MEYER MAGENCE	300.00	GENERAL
2/12/2017	MEYER MAGENCE	300.00	GENERAL
	MEYER MAGENCE	16.65	
1/31/2017	MEYER MAGENCE	150.00	GENERAL
3/31/2017	MEYER MAGENCE	375.00	GENERAL
5/31/2017	MEYER MAGENCE	525.00	GENERAL
10/1/2016	MUCH SHELIST	225.00	GENERAL COUNSELING
1/1/2017	MUCH SHELIST	75.00	GENERAL COUNSELING
9/1/2016	MUCH SHELIST	305.78	GENERAL COUNSELING
7/1/2017	MUCH SHELIST	269.50	GENERAL COUNSELING
9/1/2017	MUCH SHELIST	231.00	GENERAL COUNSELING
8/1/2017	MUCH SHELIST	154.00	GENERAL COUNSELING
11/27/2017	MUCH SHELIST	350.00	GENERAL COUNSELING
5/31/2017	LEGACY	725.67	GENERAL COUNSELING
10/31/2017	LEGACY	321.08	GENERAL COUNSELING
11/30/2017	LEGACY	451.09	GENERAL COUNSELING
12/31/2017	LEGACY	526.02	GENERAL COUNSELING
12/31/2017	LEGACY	(157.50)	GENERAL COUNSELING

27,519

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 \$13,442
- (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. \$ 40,691 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 _____ 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. \$ 463,974
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 benefit on Schedule V. \$ 25,039 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