

		FOR BHF USE					

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

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

I. IDPH License ID Number: <u>0024463</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>PETERSON PARK HLTH CARE CTR</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>6141 N PULASKI ROAD</u> <u>CHICAGO</u> <u>60646</u>																									
Number City Zip Code																									
County: <u>COOK</u>																									
Telephone Number: <u>(773) 478-2000</u> Fax # <u>(773) 478-8408</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>MENACHEM SHABAT</u></td></tr><tr><td>(Title) <u>PARTNER</u></td></tr><tr><td>(Signed) <u>(SEE ATTACHED ACCOUNTANTS' REPORT)</u></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name <u>SANFORD BOKOR</u> and Title) <u>PRESIDENT</u></td></tr><tr><td>(Firm Name <u>KBKB, LTD</u> & Address) <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u></td></tr><tr><td>(Telephone) <u>(847) 675-3585</u> Fax # <u>(847) 675-5777</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>MENACHEM SHABAT</u>	(Title) <u>PARTNER</u>	(Signed) <u>(SEE ATTACHED ACCOUNTANTS' REPORT)</u>	Paid Preparer	(Date) _____	(Print Name <u>SANFORD BOKOR</u> and Title) <u>PRESIDENT</u>	(Firm Name <u>KBKB, LTD</u> & Address) <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u>	(Telephone) <u>(847) 675-3585</u> Fax # <u>(847) 675-5777</u>												
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Date of Initial License for Current Owners: <u>01/01/78</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☒ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☒ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☐ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other _____	
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	☐ Limited Liability Co.																								
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																							
Name: <u>SANFORD BOKOR</u> Telephone Number: <u>(847) 675-3585</u>																									
Email Address: _____																									

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

0024463 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	<u>93</u>	Skilled (SNF)	<u>93</u>	<u>34,038</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>95</u>	Intermediate (ICF)	<u>95</u>	<u>34,770</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>188</u>	TOTALS	<u>188</u>	<u>68,808</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>3,718</u>	<u>3,718</u>	8
9	SNF/PED					9
10	ICF	<u>56,906</u>	<u>1,932</u>	<u>1,761</u>	<u>60,599</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>56,906</u>	<u>1,932</u>	<u>5,479</u>	<u>64,317</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.47%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

NONE

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

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

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

I. On what date did you start providing long term care at this location?
Date started 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 3,155

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: 12/31/2016 Fiscal Year: 12/31/2016
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	389,409	77,515	20,015	486,939		486,939		486,939			1
2	Food Purchase		389,634		389,634	(50,947)	338,687	(2,791)	335,896			2
3	Housekeeping	181,742	68,829		250,571		250,571	8	250,579			3
4	Laundry	151,572	31,448	3,776	186,796		186,796		186,796			4
5	Heat and Other Utilities			214,239	214,239		214,239	2,588	216,827			5
6	Maintenance	153,435	74,054	147,269	374,758		374,758	20,803	395,561			6
7	Other (specify):*			23,707	23,707		23,707		23,707			7
8	TOTAL General Services	876,158	641,480	409,006	1,926,644	(50,947)	1,875,697	20,608	1,896,305			8
	B. Health Care and Programs											
9	Medical Director			39,364	39,364		39,364		39,364			9
10	Nursing and Medical Records	3,764,753	272,979	245,496	4,283,228		4,283,228	88,817	4,372,045			10
10a	Therapy	279,363			279,363		279,363		279,363			10a
11	Activities	189,261	15,284		204,545		204,545		204,545			11
12	Social Services	148,958		7,077	156,035		156,035	130,743	286,778			12
13	CNA Training											13
14	Program Transportation			11,186	11,186		11,186	8	11,194			14
15	Other (specify):*							18,812	18,812			15
16	TOTAL Health Care and Programs	4,382,335	288,263	303,123	4,973,721		4,973,721	238,380	5,212,101			16
	C. General Administration											
17	Administrative	135,742		1,607,036	1,742,778		1,742,778	(1,127,695)	615,083			17
18	Directors Fees											18
19	Professional Services			322,065	322,065		322,065	33,568	355,633			19
20	Dues, Fees, Subscriptions & Promotions			198,698	198,698		198,698	(138,552)	60,146			20
21	Clerical & General Office Expenses	285,216	56,490	555,254	896,960		896,960	(65,758)	831,202			21
22	Employee Benefits & Payroll Taxes			1,123,820	1,123,820	50,947	1,174,767		1,174,767			22
23	Inservice Training & Education			4,525	4,525		4,525		4,525			23
24	Travel and Seminar							2,587	2,587			24
25	Other Admin. Staff Transportation			2,064	2,064		2,064		2,064			25
26	Insurance-Prop.Liab.Malpractice			51,738	51,738		51,738	265,567	317,305			26
27	Other (specify):*			363,001	363,001		363,001	(268,833)	94,168			27
28	TOTAL General Administration	420,958	56,490	4,228,201	4,705,649	50,947	4,756,596	(1,299,116)	3,457,480			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,679,451	986,233	4,940,330	11,606,014		11,606,014	(1,040,128)	10,565,886			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	19,085
	REPAIRS & MAINTENANCE		930
			20,015
3	HOUSEKEEPING		
			0
			0
4	LAUNDRY		
	EQUIPMENT REPAIRS & MAINTENANCE		3,776
			3,776
5	HEAT & OTHER UTILITIES		
	GAS HEAT		51,936
	ELECTRICITY		89,310
	WATER		54,514
	CABLE TV - LOBBY		18,479
			214,239
6	MAINTENANCE		
	GROUNDS MAINTENANCE		41,248
	PAINTING & DECORATING		0
	BUILDING REPAIRS		0
	MAINTENANCE TRAVEL		0
	EQUIPMENT MAINTENANCE & REPAIR		55,615
	ELEVATOR MAINTENANCE & REPAIR		10,063
	OUTSIDE LABOR		0
	EXTERMINATING SERVICE		4,545
	FIRE SERVICE		3,398
	ML GROUP DESIGN & DEVELOPMENT		32,400
			147,269
7	OTHER		
	SCAVENGER		23,128
	SECURITY SERVICE		579
			23,707
9	MEDICAL DIRECTOR		
	MEDICAL DIRECTOR FEES	XVIII B 36-2	39,364

LINE		SCHED REF	TOTAL
10	NURSING		
	CONTRACT NURSING	XVIII C 53-2	
	LABORATORY & XRAY EXPENSE		7,080
	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	3,200
	PHARMACY CONSULTANT	XVIII B 39-2	14,596
	UTILIZATION REVIEW FEES	XVIII B __-2	0
	PHYSICIANS	XVIII B __-2	0
	PSYCHIATRIC	XVIII B __-2	0
	NURSING PROGRAM CONSULTANT	XVIII B 38-2	67,429
	LEGACY - PROGRESSIVE SALARY		136,391
	NURSING		16,800
			245,496
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	0
			0
12	SOCIAL SERVICES		
	SOCIAL REHABILITATION SERVICES		0
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	0
	SOCIAL WORKER	XVIII B 45-2	7,077
			7,077
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	11,186	
			11,186
17	ADMINISTRATIVE		
	MANAGEMENT FEES XIX B	1,607,036	1,607,036
	DIRECTORS FEES		
18	DIRECTORS FEES	0	0
19	PROFESSIONAL SERVICES		
	DATA PROCESSING XIX C	133,225	
	ADMINISTRATIVE CONSULTANTS XIX C	0	
	PROFESSIONAL FEES XIX C	188,840	
			322,065
20	FEES,SUBSCRIPTIONS,PROMOTIONS		
	ENTERTAINMENT & MARKETING VI 19 XIX F	2,551	
	ADV & PROMO-NON PATIENT RELATED VI 25 XIX F	71,860	
	EMPLOYEE WANT ADS XIX F	1,475	
	CONTRIBUTIONS VI 20 XIX F	57,318	
	DUES & SUBSCRIPTIONS XIX F	21,815	
	LICENSES & PERMITS XIX F	27,953	
	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	9,703	
	HEALTH CARE WORKER BACKGROUND CHEC XIX F	6,023	
	PATIENT BACKGROUND CHECKS XIX F	0	
			198,698
21	CLERICAL & GENERAL OFFICE EXPENSES		
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	10,999	
	EQUIPMENT REPAIR & MAINTENANCE	289	
	OUTSIDE CLERICAL SERVICES	264,000	
	PENALTIES / OVERDRAFT CHARGES VI 18	537	
	HOME OFFICE EXPENSE	0	
	THEFT & DAMAGE LOSS	0	
	TELEPHONE	22,852	
	MESSENGER SERVICE	0	
	LEGACY - PROGRESSIVE SALARY	256,577	555,254

LINE		SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES		
	FICA TAXES XIX D	429,157	
	UNEMPLOYMENT COMPENSATION XIX D	30,229	
	WORKERS COMPENSATION INSURANCE XIX D	170,661	
	HOSPITALIZATION INSURANCE XIX D	306,788	
	EMPLOYEE BENEFITS - OTHER XIX D	32,520	
	EMPLOYEE PHYSICAL EXAMS XIX D	30,404	
	INSURANCE - EXECUTIVE LIFE VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS XIX D	40,876	
	401 K MATCHING	11,011	
	PAYROLL TAXES - LEGACY	72,174	1,123,820
23	INSERVICE TRAINING & EDUCATION		
	EDUCATION & SEMINARS	4,525	
			4,525
24	TRAVEL & SEMINARS		
	EDUCATION & SEMINARS XIX G	0	
	TRAVEL XIX G	0	
			0
25	ADMIN. STAFF TRANSPORTATION		
	TRANSPORTATION - STAFF	2,064	
			2,064
26	INSURANCE - PROP. LIAB & MALPRACTICE		
	GENERAL INSURANCE	51,738	
			51,738
27	OTHER		
	BAD DEBTS VI 24	363,001	
			363,001

GRAND TOTAL COLUMN 3 OTHER

4,940,330

PETERSON PARK HLTH CARE CTR
SCHEDULES
12/31/2016

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

TOTAL FOOD PURCHASE	389,634
LESS SALES TAX	(3,629)
NET FOOD	<u>386,005</u>
TOTAL PATIENT CENSUS	64,317
TIMES 3 MEALS PER DAY	<u>3</u>
TOTAL PATIENT MEALS	192,951
ADD # EMPLOYEE MEALS/DAY	80
TIMES # DAYS	<u>366</u>
TOTAL EMPLOYEE MEALS	29,280
PATIENT MEALS	192,951
ADD EMPLOYEE MEALS	<u>29,280</u>
TOTAL MEALS/YEAR	222,231
NET FOOD	386,005
DIVIDE TOTAL MEALS/YEAR	<u>222,231</u>
COST PER MEAL	1.74
TIMES EMPLOYEE MEALS	<u>29,280</u>
EMPLOYEE MEAL RECLASSIFICATION	<u><u>50,947</u></u>

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			8,087	8,087		8,087	316,985	325,072			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			42,214	42,214		42,214	121,162	163,376			32
33	Real Estate Taxes							294,323	294,323			33
34	Rent-Facility & Grounds			1,054,817	1,054,817		1,054,817	(1,054,705)	112			34
35	Rent-Equipment & Vehicles			12,653	12,653		12,653	70	12,723			35
36	Other (specify):*							22,544	22,544			36
37	TOTAL Ownership			1,117,771	1,117,771		1,117,771	(299,621)	818,150			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		149,298	598,601	747,899		747,899		747,899			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			485,337	485,337		485,337		485,337			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		149,298	1,083,938	1,233,236		1,233,236		1,233,236			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,679,451	1,135,531	7,142,039	13,957,021		13,957,021	(1,339,749)	12,617,272			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	89,932	30		9
10	Interest and Other Investment Income	(10,822)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,629)	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	(537)	21		18
19	Entertainment	(2,551)	20		19
20	Contributions	(67,021)	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	(363,001)	27		24
25	Fund Raising, Advertising and Promotional	(71,860)	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	(24,959)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (454,448)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(885,301)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (885,301)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,339,749)		37

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

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

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	BANK CHARGES	\$ (10,999)	21	1
2	NON- ALLOWABLE MANAGEMENT FEES	(10,000)	17	2
3	NON -ALLOWABLE LEGAL	(3,426)	19	3
4	AUTO LEASE		35	4
5	NON ALLOWABLE TRANSPORTATION		25	5
6	INTEREST INCOME ON PETERSON REALTY	(534)	32	6
7	DISALLOWED PROFESSIONAL FEES		19	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(24,959)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(3,629)	0	184	0	654	0	0	0	0	0	0	(2,791)	2
3	Housekeeping	0	0	131	0	0	0	0	(123)	0	0	0	8	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	575	0	0	0	0	0	0	0	2,013	2,588	5
6	Maintenance	0	0	7,634	0	13,079	0	0	(2,165)	0	0	2,255	20,803	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,629)	0	8,524	0	13,733	0	0	(2,288)	0	0	4,268	20,608	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	92,228	0	0	(3,411)	0	0	0	88,817	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	130,743	0	0	0	0	0	0	130,743	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	8	0	0	0	0	0	0	8	14
15	Other (specify):*	0	0	0	0	18,812	0	0	0	0	0	0	18,812	15
16	TOTAL Health Care and Programs	0	0	0	0	241,791	0	0	(3,411)	0	0	0	238,380	16
	C. General Administration													
17	Administrative	(10,000)	0	(29,689)	0	131,994	0	0	0	(1,220,000)	0	0	(1,127,695)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,426)	13,450	26,973	78	1,927	(6,345)	0	0	0	0	911	33,568	19
20	Fees, Subscriptions & Promotions	(141,432)	0	2,339	0	538	0	0	0	0	0	3	(138,552)	20
21	Clerical & General Office Expenses	(11,536)	0	(56,202)	0	1,951	0	0	0	0	0	29	(65,758)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,554	0	1,033	0	0	0	0	0	0	2,587	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	260,174	1,341	0	3,647	0	0	0	0	0	405	265,567	26
27	Other (specify):*	(363,001)	0	44,951	0	38,970	0	0	0	10,247	0	0	(268,833)	27
28	TOTAL General Administration	(529,395)	273,624	(8,733)	78	180,060	(6,345)	0	0	(1,209,753)	0	1,348	(1,299,116)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(533,024)	273,624	(209)	78	435,584	(6,345)	0	(5,699)	(1,209,753)	0	5,616	(1,040,128)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	89,932	224,316	617	2,120	0	0	0	0	0	0	0	316,985	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,356)	127,229	10	768	0	0	0	0	0	0	4,511	121,162	32
33	Real Estate Taxes	0	292,276	1,090	0	0	0	0	0	0	0	957	294,323	33
34	Rent-Facility & Grounds	0	(1,054,817)	57,756	(57,688)	44	0	0	0	0	0	0	(1,054,705)	34
35	Rent-Equipment & Vehicles	0	0	70	0	0	0	0	0	0	0	0	70	35
36	Other (specify):*	0	22,544	0	0	0	0	0	0	0	0	0	22,544	36
37	TOTAL Ownership	78,576	(388,452)	59,543	(54,800)	44	0	0	0	0	0	5,468	(299,621)	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)	(454,448)	(114,828)	59,334	(54,722)	435,628	(6,345)	0	(5,699)	(1,209,753)	0	11,084	(1,339,749)	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	\$ 1,054,817	PETERSON PARK REALTY		\$	\$ (1,054,817)	1
2	V								2
3	V								3
4	V	19	PROF FEES		PETERSON PARK REALTY		13,450	13,450	4
5	V	26	INSURANCE - GENERAL		PETERSON PARK REALTY		260,174	260,174	5
6	V	30	DEPRECIATION		PETERSON PARK REALTY		224,316	224,316	6
7	V	32	AMORT LOAN COSTS		PETERSON PARK REALTY		7,719	7,719	7
8	V	32	INTEREST		PETERSON PARK REALTY		119,510	119,510	8
9	V	33	REAL ESTATE TAXES		PETERSON PARK REALTY		292,276	292,276	9
10	V	36	INSURANCE H.U.D. (MIP)		PETERSON PARK REALTY		22,544	22,544	10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,054,817			\$ 939,989	\$ * (114,828)	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	17	MANAGEMENT FEES	\$ 50,000	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		\$	\$ (50,000)	15
16	V	21	OUTSIDE CLERICAL	264,000	LEGACY HEALTHCARE FINANCIAL SERVICES LLC			(264,000)	16
17	V	2	FOOD		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		184	184	17
18	V	3	HOUSEKEEPING SUPPLIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		131	131	18
19	V	5	UTILITIES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		575	575	19
20	V	6	GROUNDS & MAINTENANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		5,738	5,738	20
21	V	6	MAINTENANCE SALARY		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,896	1,896	21
22	V	17	CFO SALARY		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		11,866	11,866	22
23	V	17	MANAGEMENT FEES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		8,445	8,445	23
24	V	19	PROFESSIONAL FEES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		26,973	26,973	24
25	V	20	FEES, SUBSCRIPTIONS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		2,339	2,339	25
26	V	21	CLERICAL & GENERAL WAGES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		179,965	179,965	26
27	V	21	CLERICAL & GEN OTHER COSTS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		27,833	27,833	27
28	V	24	SEMINARS		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,554	1,554	28
29	V	26	INSURANCE		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,341	1,341	29
30	V	27	EMPL BEN- GEN. ADMIN		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		44,951	44,951	30
31	V	30	DEPRECIATION		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		617	617	31
32	V	32	INTEREST		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		10	10	32
33	V	33	REAL ESTATE TAXES		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		1,090	1,090	33
34	V	34	RENT		LEGACY HEALTHCARE FINANCIAL SERVICES LLC		57,688	57,688	34
35	V	34	STORAGE				68	68	35
36	V	35	EQUIPMENT RENTAL				70	70	36
37	V								37
38	V								38
39	Total			\$ 314,000			\$ 373,334	\$ * 59,334	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.

X YES NO

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

1		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	34	RENT	\$ 57,688	LEGACY REAL PROPERTIES LLC		\$ 78	\$ (57,688)	15
16	V	19	PROFESSIONAL FEES		LEGACY REAL PROPERTIES LLC		2,120	78	16
17	V	30	DEPRECIATION		LEGACY REAL PROPERTIES LLC		768	2,120	17
18	V	32	INTEREST EXPENSE		LEGACY REAL PROPERTIES LLC			768	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			\$ 57,688			\$ 2,966	\$ * (54,722)	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	10	Nurse Consultant	\$ 33,600	PROGRESSIVE HEALTHCARE CONSULTING		\$	(33,600)	15
16	V	2	Food		PROGRESSIVE HEALTHCARE CONSULTING		654	654	16
17	V	6	Maintenance Salary		PROGRESSIVE HEALTHCARE CONSULTING		12,630	12,630	17
18	V	6	Building Maint and R & R		PROGRESSIVE HEALTHCARE CONSULTING		449	449	18
19	V	10	Medical and Nursing Supplies		PROGRESSIVE HEALTHCARE CONSULTING		175	175	19
20	V	10	Nursing Salaries		PROGRESSIVE HEALTHCARE CONSULTING		125,653	125,653	20
21	V	12	Activities Program		PROGRESSIVE HEALTHCARE CONSULTING		157	157	21
22	V	12	Clergy Salary		PROGRESSIVE HEALTHCARE CONSULTING		2,281	2,281	22
23	V	12	Admissions Salary		PROGRESSIVE HEALTHCARE CONSULTING		128,305	128,305	23
24	V	14	Patient Transportation		PROGRESSIVE HEALTHCARE CONSULTING		8	8	24
25	V	15	Emp. Ben.- Nursing		PROGRESSIVE HEALTHCARE CONSULTING		18,812	18,812	25
26	V	17	Admin Salary- Non Owner		PROGRESSIVE HEALTHCARE CONSULTING		131,994	131,994	26
27	V	19	Professional Fees		PROGRESSIVE HEALTHCARE CONSULTING		1,927	1,927	27
28	V	20	Fees, Subscriptions		PROGRESSIVE HEALTHCARE CONSULTING		538	538	28
29	V	21	Clerical & General		PROGRESSIVE HEALTHCARE CONSULTING		1,951	1,951	29
30	V	24	Seminars		PROGRESSIVE HEALTHCARE CONSULTING		1,033	1,033	30
31	V	27	Empl. Ben- Non-Nursing		PROGRESSIVE HEALTHCARE CONSULTING		38,970	38,970	31
32	V	26	Insurance		PROGRESSIVE HEALTHCARE CONSULTING		3,647	3,647	32
33	V	34	Storage Rental		PROGRESSIVE HEALTHCARE CONSULTING		44	44	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 33,600			\$ 469,228	\$ * 435,628	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.

X YES NO

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

1		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	\$ 26,444	PROPAY HR LLC		\$ 20,099	\$ (6,345)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 26,444			\$ 20,099	\$ * (6,345)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	ASSET MANAGEMENT FEE	\$ 32,400	ML GROUP DESIGN		\$ 32,400	\$	15
16	V	10	NURSING SUPPLIES	7,670	ML ENTERPRISES		7,670		16
17	V	19	PURCHASING CONSULTANT	6,000	ML ENTERPRISES		6,000		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			\$ 46,070			\$ 46,070	\$ *	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	\$ 1,452	REMED SERVICES		\$ 1,329	\$ (123)	15
16	V	6	PREVENTATIVE MAINTENANCE FEE	25,475	REMED SERVICES		23,310	(2,165)	16
17	V	10	NURSING EQUIPMENT	31,185	REMED SERVICES		28,534	(2,651)	17
18	V	10	NURSING SUPPLIES	8,940	REMED SERVICES		8,180	(760)	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			\$ 67,052			\$ 61,353	\$ * (5,699)	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.

X YES NO

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

1		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	\$ 1,420,000	SHABAT & ASSOCIATES		\$	(1,420,000)	15
16	V	17	SALARY- RON SHABAT				200,000	200,000	16
17	V	27	PAYROLL TAXES				10,247	10,247	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			\$ 1,420,000			\$ 210,247	\$ * (1,209,753)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	10 DON SALARIES	\$ 30,334	PROGRESSIVE HEALTHCARE CONSULTING		\$ 30,334	\$	15
16	V	10 CLINICAL NURSE	89,584	PROGRESSIVE HEALTHCARE CONSULTING		89,584		16
17	V	10 MDS COORDINATOR	12,277	PROGRESSIVE HEALTHCARE CONSULTING		12,277		17
18	V	10 E.H.R. IMPLEMENTATION	1,590	PROGRESSIVE HEALTHCARE CONSULTING		1,590		18
19	V	10 CLERGY	2,606	PROGRESSIVE HEALTHCARE CONSULTING		2,606		19
20	V	17 ADMINISTRATOR	87,769	PROGRESSIVE HEALTHCARE CONSULTING		87,769		20
21	V	17 ASSISTED ADMINISTRATOR	36,258	PROGRESSIVE HEALTHCARE CONSULTING		36,258		21
22	V	21 BOOKKEEPER	26,299	PROGRESSIVE HEALTHCARE CONSULTING		26,299		22
23	V	21 COMPLIANCE	7,264	PROGRESSIVE HEALTHCARE CONSULTING		7,264		23
24	V	21 SPECIAL PROJECTS	14,417	PROGRESSIVE HEALTHCARE CONSULTING		14,417		24
25	V	21 ADMITTING	117,728	PROGRESSIVE HEALTHCARE CONSULTING		117,728		25
26	V	27 PAYROLL TAXES	60,903	PROGRESSIVE HEALTHCARE CONSULTING		60,903		26
27	V	21 PERSONNEL	16,778	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		16,778		27
28	V	21 AR FIELD COORDINATOR	16,762	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		16,762		28
29	V	21 MANAGED CARE COORDINATOR	15,726	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		15,726		29
30	V	21 IN-HOUSE COUNSEL	26,252	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		26,252		30
31	V	21 PURCHASING DIRECTOR	15,351	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		15,351		31
32	V	27 ADMINISTRATOR	3,009	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		3,009		32
33	V	27 PAYROLL TAXES	11,271	LEGACY HEALTHCARE FINANCIAL SERVICES LLC		11,271		33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 592,178			\$ 592,178	\$ *	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.

X YES NO

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

1		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		\$ 2,013	\$ 2,013	15
16	V	6	REPAIRS AND MAINTENANCE				2,255	2,255	16
17	V	19	PROFESSIONAL FEES				911	911	17
18	V	20	DUES & SUBSCRIPTIONS				3	3	18
19	V	21	OFFICE EXPENSE				29	29	19
20	V	26	INSURANCE				405	405	20
21	V	32	INTEREST EXPENSE				4,511	4,511	21
22	V	33	REAL ESTATE TAXES				957	957	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			\$			\$ 11,084	\$ * 11,084	39

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

Facility Name & ID Number

PETERSON PARK HLTH CARE CTR

0024463

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	CHAIM RAJCHENBACH	5.32	ASTORIA PLACE	CHICAGO				1
2	MENACHEM SHABAT	9.04	BETHANY TERRACE	MORTON GROVE	legacy real properties		BUILDING CO	2
3	JACK RAJCHENBACH	9.57	CARLTON AT THE LAKE	CHICAGO	legacy healthcare fin services		home office/bookeep	3
4	RONALD SHABAT	69.15	CHALET LIVING & REHAB	CHICAGO	ml group design and dev		asset management	4
5	PPA, LTD.	5.32	CLARK SKILLED NURSING FACILITY		remed		medical equip main	5
6	AHUVA SHABAT	1.6	ELMBROOK	ELMHURST	propay		payroll processing	6
7			THE GROVE OF EVANSTON,LLC	EVANSTON	CF St. Louis, LLC		BUILDING CO	7
8			THE VILLA AT EVERGREEN	EVERGREEN PARK	Aurora Supportive Living		SLF	8
9			THE GROVE OF FOX VALLEY	AURORA				9
10			THE GROVE OF LAGRANGE PARK	LAGRANGE PARK				10
11			THE GROVE AT THE LAKE	ZION				11
12			LAKEFRONT NURSING & REHAB CENTER	CHICAGO				12
13			the grove at lincoln park living and rehab	CHICAGO				13
14			AVANTARA LONG GROVE	LONG GROVE				14
15			THE GROVE NORTH LIVING AND REHAB	SKOKIE				15
16			THE GROVE OF NORTHBROOK	NORTHBROOK				16
17			WARREN BARR NORTH SHORE	HIGHLAND PARK				17
18			AVANTAR PARK RIDGE	PARK RIDGE				18
19			WARREN BARR SOUTH LOOP	CHICAGO				19
20			WARREN BARR	CHICAGO				20
21			AURORA SUPPORTIVE LIVING	AURORA				21
22			TERRACE GARDENS	MORTON GROVE				22
23			WELLSHIRE	LINCOLNSHIRE				23
24			WARREN BARR	LICOLNSHIRE				24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

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

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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 HLTH CARE CTR# 0024463

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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	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	
Line Reference									
1	2	FOOD	Bed Days Available	29	\$ 4,357	\$	68,808	\$ 184	1
2	3	HOUSEKEEPING SUPPLIES	Bed Days Available	29	3,107		68,808	131	2
3	5	UTILITIES	Bed Days Available	29	13,622		68,808	575	3
4	6	GROUND & MAINTENANCE	Bed Days Available	29	135,883		68,808	5,738	4
5	6	MAINTENANCE SALARY	Bed Days Available	29	44,897	44,897	68,808	1,896	5
6	17	CFO SALARY	Bed Days Available	29	281,003	281,003	68,808	11,866	6
7	17	MANAGEMENT FEES	Bed Days Available	29	200,000		68,808	8,445	7
8	19	PROFESSIONAL FEES	Bed Days Available	29	638,760		68,808	26,973	8
9	20	FEES, SUBSCRIPTIONS	Bed Days Available	29	55,387		68,808	2,339	9
10	21	CLERICAL & GENERAL WAGES	Bed Days Available	29	4,261,866	4,261,866	68,808	179,965	10
11	21	CLERICAL & GEN OTHER COSTS	Bed Days Available	29	659,124		68,808	27,833	11
12	24	SEMINARS	Bed Days Available	29	36,800		68,808	1,554	12
13	26	INSURANCE	Bed Days Available	29	31,752		68,808	1,341	13
14	27	EMPL BEN- GEN. ADMIN	Bed Days Available	29	1,064,526		68,808	44,951	14
15	30	DEPRECIATION	Bed Days Available	29	14,600		68,808	617	15
16	32	INTEREST	Bed Days Available	29	234		68,808	10	16
17	33	REAL ESTATE TAXES	Bed Days Available	29	25,813		68,808	1,090	17
18	34	RENT	Bed Days Available	29	1,366,146		68,808	57,688	18
19	34	STORAGE	Bed Days Available	29	1,600		68,808	68	19
20	35	EQUIPMENT RENTAL	Bed Days Available	29	1,654		68,808	70	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 8,841,131	\$ 4,587,766		\$ 373,334	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	PROFESSIONAL FEES	Bed Days Available	1,629,488	29	\$ 1,852	\$	68,808	\$ 78	1
2	30	DEPRECIATION	Bed Days Available	1,629,488	29	50,196		68,808	2,120	2
3	32	INTEREST EXPENSE	Bed Days Available	1,629,488	29	18,179		68,808	768	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 70,227	\$		\$ 2,966	25

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

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation		
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6		
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6				
1	2	Food	Bed Days Available	1,167,679	20	\$ 11,123	\$ 68,620	\$ 654	1	
2	6	Maintenance Salary	Bed Days Available	1,167,679	20	214,912	214,912	68,620	12,630	2
3	6	Building Maint and R & R	Bed Days Available	1,167,679	20	7,646		68,620	449	3
4	10	Medical and Nursing Supplies	Bed Days Available	1,167,679	20	2,971		68,620	175	4
5	10	Nursing Salaries	Bed Days Available	1,167,679	20	2,138,189	2,138,189	68,620	125,653	5
6	12	Activities Program	Bed Days Available	1,167,679	20	2,679		68,620	157	6
7	12	Clergy Salary	Bed Days Available	1,167,679	20	38,812	38,812	68,620	2,281	7
8	12	Admissions Salary	Bed Days Available	1,167,679	20	2,183,313	2,183,313	68,620	128,305	8
9	14	Patient Transportation	Bed Days Available	1,167,679	20	128		68,620	8	9
10	15	Emp. Ben.- Nursing	Bed Days Available	1,167,679	20	320,111		68,620	18,812	10
11	17	Admin Salary- Non Owner	Bed Days Available	1,167,679	20	2,246,090	2,246,090	68,620	131,994	11
12	19	Professional Fees	Bed Days Available	1,167,679	20	32,793		68,620	1,927	12
13	20	Fees, Subscriptions	Bed Days Available	1,167,679	20	9,154		68,620	538	13
14	21	Clerical & General	Bed Days Available	1,167,679	20	33,203		68,620	1,951	14
15	24	Seminars	Bed Days Available	1,167,679	20	17,580		68,620	1,033	15
16	27	Empl. Ben- Non-Nursing	Bed Days Available	1,167,679	20	663,131		68,620	38,970	16
17	26	Insurance	Bed Days Available	1,167,679	20	62,063		68,620	3,647	17
18	34	Storage Rental	Bed Days Available	1,167,679	20	750		68,620	44	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,984,648	\$ 6,821,316		\$ 469,228	25

Facility Name & ID Number PETERSON PARK HLTH CARE CTR # 0024463 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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 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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	UTILITIES	Bed Days Available	1,629,488	29	\$ 47,675	\$	68,808	\$ 2,013	1
2	6	REPAIRS AND MAINTENANCE	Bed Days Available	1,629,488	29	53,400		68,808	2,255	2
3	19	PROFESSIONAL FEES	Bed Days Available	1,629,488	29	21,572		68,808	911	3
4	20	DUES & SUBSCRIPTIONS	Bed Days Available	1,629,488	29	76		68,808	3	4
5	21	OFFICE EXPENSE	Bed Days Available	1,629,488	29	678		68,808	29	5
6	26	INSURANCE	Bed Days Available	1,629,488	29	9,585		68,808	405	6
7	32	INTEREST EXPENSE	Bed Days Available	1,629,488	29	106,824		68,808	4,511	7
8	33	REAL ESTATE TAXES	Bed Days Available	1,629,488	29	22,674		68,808	957	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					\$ 262,484	\$		\$ 11,084	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	RELATED PARTY: PETERSON PARK REALTY						\$					\$	1
2													2
3	CAPITAL ONE COMM BK		X	MORTGAGE	\$33,404.55	07/01/12	5,545,100	4,380,523	11/1/29	0.0265	119,510		3
4													4
5	LOAN COSTS			AMORTIZE OVER LIFE OF LOAN							7,719		5
	Working Capital												
6	BANK FINANCIAL			LINE OF CREDIT							42,214		6
7													7
8	RELATED PARTY										5,289		8
9	TOTAL Facility Related				\$33,404.55		\$ 5,545,100	\$ 4,380,523			\$ 174,732		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)						\$ 5,545,100	\$ 4,380,523			\$ 174,732		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 22,544 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 2015 report.			\$	263,938	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.)			\$	285,486	2
3. Under or (over) accrual (line 2 minus line 1).			\$	21,548	3
4. Real Estate Tax accrual used for 2016 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 \$ 200 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.			\$	299,655	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	233,727	8	
		2012	258,087	9	
		2013	261,507	10	
		2014	266,087	11	
		2015	285,486	12	
THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED				13	FOR BHF USE ONLY
ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL				13	FROM R. E. TAX STATEMENT FOR 2015 \$
THE PAYMENT ON LINE 2 APPLIES TO THE 2015 TAX BILL.				14	PLUS APPEAL COST FROM LINE 5 \$
				14	
				15	LESS REFUND FROM LINE 6 \$
				15	
				16	AMOUNT TO USE FOR RATE CALCULATION \$
				16	

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

FACILITY NAME	PETERSON PARK HLTH CARE CTR	COUNTY	COOK
---------------	-----------------------------	--------	------

CONTACT PERSON REGARDING THIS REPORT SANFORD BOKOR

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	

B. Real Estate Tax Cost Allocations

C. Tax Bills

IL478-2471

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?
If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	FACILITY			\$ 283,071	1
2	ALLOC FR LEGACY RP			3,455	2
3	TOTALS			\$ 286,526	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	188		1986		\$ 2,548,850	\$ 139,968	35	\$ 73,824	\$ (66,144)	\$ 2,259,544
5										
6										
7										
8										
	Improvement Type**									
9	VARIOUS		1979		4,800					4,800
10	VARIOUS		1981		57,728					57,728
11	VARIOUS		1982		11,967					11,967
12	VARIOUS		1983		3,440					3,440
13	VARIOUS		1984		12,700					12,700
14	VARIOUS		1985		98,707					98,707
15	VARIOUS		1986		42,087		31			42,087
16	VARIOUS		1987		17,729		31	572	572	17,022
17	VARIOUS		1988		35,577		31	1,147	1,147	32,497
18	VARIOUS		1989		14,591		31	470	470	12,879
19	VARIOUS		1990		27,693		31	894	894	23,289
20	VARIOUS		1991		62,352		20			62,352
21	VARIOUS		1992		10,152		20			10,152
22	VARIOUS		1993		21,815		20			21,815
23	VARIOUS		1994		264,384		20			264,384
24	VARIOUS		1995		103,507		20			103,507
25	VARIOUS		1996		35,086		20	721	721	35,086
26	VARIOUS		1997		62,950		20	3,150	3,150	61,100
27	VARIOUS		1998		49,698		20	2,487	2,487	46,546
28	VARIOUS		1999		87,532		20	4,383	4,383	78,094
29	VARIOUS		2000		188,443		20	9,427	9,427	155,773
30	VARIOUS		2001		73,918		20	3,700	3,700	57,982
31	VARIOUS		2002		350,099		20	17,508	17,508	253,852
32	VARIOUS		2003		78,238		20	3,908	3,908	52,782
33	VARIOUS		2004		66,172		20	3,309	3,309	41,339
34	VARIOUS		2005		53,841		20	2,693	2,693	30,652
35	VARIOUS		2006		50,608		20	1,298	1,298	24,101
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 HLTH CARE CTR

0024463

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 2,204	37
38	REHAB NURSING STATION	2007	11,394		20	570	570	5,415	38
39	RENOVATION 1ST FLOOR CORRIDOR AND LOBBY	2007	255,996		20	12,800	12,800	121,600	39
40	RENOVATION THERAPY REHAB ROOM	2007	12,744		20	637	637	6,052	40
41	SECURITY SYSTEM	2007	6,100		20	305	305	2,897	41
42	ROOF	2007	17,600		20	880	880	6,380	42
43	5 TON MULGIAGUA R-22 PACKGD ELECTRIC HIGH EFF	2007	32,940		20	1,647	1,647	15,647	43
44	CABLE WIRING	2007	12,500		20	625	625	5,937	44
45	NURSE CALL SYSTEM	2007	10,612		20	531	531	5,044	45
46	CIRCULATION OF HOT WATER LINES	2007	8,770		20	439	439	4,170	46
47	REAR ENTRANCE DOOR	2007	3,308		20	165	165	1,568	47
48	ELEVATOR REHAB 4 NEW NYLON PLATED GUILDE SHOE	2007	3,297		20	165	165	1,568	48
49	LANDSCAPING	2008	16,600		15	1,107	1,107	9,410	49
50	AWNING	2008	3,500		27.5	127	127	1,104	50
51	ELEVATOR REHAB	2008	5,500		27.5	200	200	1,738	51
52	ROOF	2008	4,000		27.5	145	145	1,260	52
53	COOPER PIPING	2008	2,860		27.5	104	104	904	53
54	CABLE WIRING	2008	3,850		27.5	140	140	1,216	54
55	A/C UNITS	2008	4,497		27.5	163	163	1,416	55
56	GATE VALVES	2008	2,800		27.5	102	102	886	56
57	NURSE CALL SYSTEM	2008	11,990		27.5	436	436	3,788	57
58	REPLACE HOT WATER & CIRCULATION LINES	2008	3,900		27.5	142	142	1,234	58
59	CABLE WIRING	2008	10,460		27.5	380	380	3,302	59
60	HOT WATER LINES	2008	7,500		27.5	273	273	2,372	60
61	A/C UNITS WITH SLEEVES	2008	3,951		27.5	144	144	1,251	61
62	BUILD IN WARDROBE CABINETS	2008	20,641		27.5	751	751	6,524	62
63	PAINTING	2009	39,906		20	1,995	1,995	17,956	63
64	SHADES, CORNICES & PANELS	2009	51,425		20	2,571	2,571	23,140	64
65	FLOORING & CARPETING	2009	5,410		20	271	271	2,438	65
66	WALLCOVERING, CORNICES & PANELS	2009	10,770		20	539	539	4,850	66
67	VINYL FLOORING	2009	5,481		20	274	274	2,466	67
68	SMOKE DETECTORS	2009	7,000		27.5	255	255	1,859	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,035,466	\$ 139,968		\$ 158,607	\$ 18,639	\$ 4,143,773	70

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 139,968		\$ 158,607	\$ 18,639	\$ 4,143,773	1
2	GREASE TRAPS	2009	2,790		27.5	101	101	737	2
3	RECONDITION BOILER	2009	6,405		27.5	233	233	1,699	3
4	HOT WATER LINE	2009	5,180		27.5	188	188	1,371	4
5	WATER HEATER	2009	3,650		27.5	133	133	970	5
6	NURSE CALL SYSTEM	2009	21,666		27.5	788	788	5,746	6
7	HOT WATER & CIRCULATION LINE	2009	5,420		27.5	197	197	1,436	7
8	HOW WATER & CIRCULATION PIPES	2009	4,760		27.5	173	173	1,261	8
9	DRYWALL	2009	2,500		27.5	91	91	664	9
10	COPPER PIPING	2009	5,700		27.5	207	207	1,509	10
11	BATHROOM REMOD - LAVATORY, LIGHT FIX, WALL TOV	2009	12,407		27.5	451	451	3,289	11
12	CHAIR RAIL	2009	4,329		27.5	157	157	1,145	12
13	DRYWALL & DRAINS FOR 2 BATHTUBS	2009	5,600		27.5	204	204	1,487	13
14	PATIO	2009	10,390		15	693	693	5,111	14
15									15
16									16
17									17
18	DRYWALL METAL STUDS TIME & CONVERT TUB 2 SHOW	2010	4,450		20	223	223	1,449	18
19	ROOM SIGNS	2010	12,108		20	605	605	3,933	19
20	CLINICAL SINKS	2010	7,121		20	356	356	2,314	20
21	PLUMBING IN UTILITY ROOM	2010	9,651		20	483	483	3,139	21
22	SIGN	2010	13,700		15	913	913	5,935	22
23	NURSES STATION - PANELS, BOARDS, GRANITE TOPS	2010	30,280		20	1,514	1,514	9,841	23
24	REHAB BATHROOM - ARCHITECT FEES	2010	4,170		20	209	209	1,358	24
25	REHAB BATHROOM - FAUCETS, LIGHTING, FLOORS	2010	32,452		20	1,623	1,623	10,549	25
26	CORRIDOR & DAY ROOM RENOV - COVE BASE, WINDOW	2010	172,082		20	8,604	8,604	55,926	26
27	SOILED UTILITY ROOM RENOVATION - CABINETS, SINK	2010	23,598		20	1,180	1,180	7,670	27
28	REHAB BATHROOMS - WALLS, LIGHTING, FLOORS	2010	77,780		20	3,889	3,889	25,279	28
29	CORRIDOR RENOVATION - WALLS, CHAIR RAILS, FLOOR	2010	172,732		20	8,637	8,637	56,140	29
30	TILING & WALLCOVERING FOR FOYER	2010	3,549		20	177	177	1,151	30
31	GENERATOR REPAIR	2010	2,526		20	126	126	819	31
32	THRU THE WALL HEATING & A/C UNITS	2010	5,626		20	281	281	1,827	32
33	SINKS & FAUCETS	2010	3,270		20	164	164	1,066	33
34	TOTAL (lines 1 thru 33)		\$ 5,701,358	\$ 139,968		\$ 191,207	\$ 51,239	\$ 4,358,594	34

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 139,968		\$ 191,207	\$ 51,239	\$ 4,358,594	1
2	TILING, PAINTING & REMODEL SOCIAL ROOM HALL OFF	2010	15,730		20	787	787	5,115	2
3	DRYWALL	2010	3,920		20	196	196	1,274	3
4	CHANGE LOCKS	2010	4,481		20	224	224	1,456	4
5	REMODEL PUBLIC BATHROOMS FLOOR WALL TOILET L	2010	7,503		20	375	375	2,438	5
6	SHUT OFF VALVE & ACCESS PANELS IN SOILED UTLY RM	2010	3,994		20	200	200	1,300	6
7	REPLACE DRYWALL & STUDS IN BATHROOM	2010	2,930		20	147	147	955	7
8	REPLACE EXISTING TILE & BASEBOARDS & PAINT WALL	2010	9,990		20	499	499	3,244	8
9	REPLACE DRYWALL & STUDS & PAINTING	2010	7,918		20	396	396	2,574	9
10	REBUILT EJECTOR PUMP	2010	5,400		20	270	270	1,755	10
11	BATHROOM RESTORATION - WALLS & DRAINS	2010	9,350		20	468	468	3,042	11
12	RADIATOR HEATING SYSTEM	2010	9,590		20	480	480	3,120	12
13	HANDRAILS, BUMPERS, DOOR KNOBS	2010	4,350		20	218	218	1,417	13
14	TILING & BASEBOARDS, WALLS, CEILINGS, PAINT	2010	12,995		20	650	650	4,225	14
15	KITCHEN & EXHAUST FAN DUCTS, ELECTRICAL	2010	3,522		20	176	176	1,144	15
16	PAINTING & SINK IN MED ROOM	2010	6,470		20	324	324	2,106	16
17	DRYWALL, TILING, RAISING NURSE CALL SWITCHES	2010	4,050		20	203	203	1,319	17
18	PUMP REPAIRS/PUMP SEAL KIT	2010	2,642		20	132	132	858	18
19	ROOF - DRAINAGE	2010	2,600		20	130	130	845	19
20	DRAIN WATER LINE	2010	2,800		20	140	140	1,210	20
21	GLASS WALL/DOOR	2010	14,800		20	740	740	4,810	21
22	EMERGENCY/EXIT DOORS/DOOR OPENER	2010	4,200		20	210	210	1,365	22
23	ELECTRIAL & LIGHTING	2010	7,720		20	386	386	2,509	23
24	SIX WINDOWS	2010	3,000		20	150	150	975	24
25	HOT WATER TANK	2010	14,680		20	734	734	4,771	25
26	BEAUTY MIRROR INSTALLATION	2010	2,500		20	125	125	813	26
27	SEC 754 BASIS ADJ			8,087			(8,087)		27
28	ARCHITECT FEES	2011	6,000		27.5	218	218	1,218	28
29	CUSTOM CABINETS BUILD IT SECURED TO WALL	2011	2,800		27.5	102	102	570	29
30	SEWER PUMP MOTOR	2011	2,910		27.5	106	106	592	30
31	ARCHITECT FEES	2011	6,474		27.5	235	235	1,312	31
32	BOILERS	2011	63,550		27.5	2,311	2,311	12,902	32
33	DOORS WINDOWS & THERMOBRAKE METAL	2011	16,100		27.5	585	585	2,974	33
34	TOTAL (lines 1 thru 33)		\$ 5,966,327	\$ 148,055		\$ 203,124	\$ 55,069	\$ 4,432,802	34

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

0024463

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 148,055		\$ 203,124	\$ 55,069	\$ 4,432,802	1
2	MILLWORK & TRIM	2011	2,600		27.5	94	94	430	2
3	ELECTRIAL WORK IN BOILER/ELECTRICAL ROOM	2011	7,800		27.5	284	284	1,302	3
4	SPRINKLER SYSTEM CONNECTION	2011	3,900		27.5	142	142	650	4
5	INSTALL 2 NEW DEDICATED CIRCUITS NEW WASH/DRYR	2011	2,800		27.5	102	102	468	5
6	HIGH EFFICENCY CONDENSER	2011	4,250		27.5	154	154	706	6
7	REPLACE KITCHEN TILE	2011	4,230		27.5	154	154	654	7
8	REPLACE KITCHEN TILE	2011	3,865		27.5	140	140	597	8
9	HOT WATER BOILER REPAIRS IN BASEMENT	2011	7,250		27.5	264	264	1,122	9
10	DRAIN LINE REPLACEMENT	2011	2,700		27.5	98	98	416	10
11	SECURITY KEYPAD & WIRING FOR ELEVATOR	2011	5,950		27.5	216	216	918	11
12	REPLACE KITCHEN TILE	2011	3,975		27.5	145	145	616	12
13	CONCRETE WORK	2011	19,140		15	1,276	1,276	6,380	13
14	CANOPYS	2011	14,890		15	993	993	4,966	14
15	LANDSCAPE IRRIGATION SYSTEM	2011	11,880		15	792	792	3,960	15
16	PLANT INSTALLATION	2011	19,030		15	1,269	1,269	6,346	16
17	CORNICES, BLINDS, SHEERS	2011	10,058		5	2,012	2,012	10,060	17
18	EJECTOR PUMP	2012	7,190		27.5	261	261	935	18
19	LOCKERS	2012	4,058		27.5	147	147	527	19
20	ELECTRICAL CIRCUIT	2012	3,225		27.5	117	117	419	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	746	22
23	FIRE SPRINKLER	2012	3,990		27.5	145	145	519	23
24	window sill replacement on all windows on 1st & 2nd floor	2012	6,104		27.5	222	222	796	24
25	REPLACE METAL STUDS & DRYWALL IN STORAGE ROOM	2012	2,630		27.5	96	96	344	25
26	ELECTRIC WORK IN KITCHEN AREA	2012	2,970		27.5	108	108	386	26
27	REPLACED CRACKED DRAIN LINE	2012	2,580		27.5	94	94	336	27
28	HOT WATER BOILER	2012	84,380		27.5	3,068	3,068	10,994	28
29	REPLACED FASCIA GUTTERS,GRAVEL STOPPERS & ROO	2012	17,900		27.5	651	651	2,333	29
30	TILE, NEW BASE LINER & CONCRETE BASE IN SHOWER	2012	6,320		27.5	230	230	824	30
31	NEW FIRE PANEL	2012	21,600		27.5	784	784	2,810	31
32	SCALD GUARD FOR SHOWERS	2012	6,663		27.5	242	242	868	32
33	ROOF-PATCH OPEN SEAMS, DRAINS AND FLESHING	2012	5,140			187	187	671	33
34	TOTAL (lines 1 thru 33)		\$ 6,271,115	\$ 148,055		\$ 217,819	\$ 69,764	\$ 4,495,901	34

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

0024463

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 148,055		\$ 217,819	\$ 69,764	\$ 4,495,901	1
2	shower remodeling-new base liner,concrete base,tile install	2012	3,980		27.5	148	148	528	2
3	ELECTRIC WORK IN BOILER ROOM	2012	4,130		27.5	150	150	538	3
4	WALK IN FREEZER	2012	4,636		27.5	168	168	602	4
5	COMPRESSOR	2012	2,800		27.5	102	102	366	5
6	HORIZONTAL RAILING BARS FOR STAIRWAYS	2012	6,900		27.5	251	251	899	6
7	BOILER EXHAUST LINES	2012	7,200		27.5	262	262	938	7
8	GREASE TRAP	2012	4,200		27.5	153	153	549	8
9	TV OUTLETS	2012	11,445		27.5	416	416	1,490	9
10	DRYWALL, PATCH & SAND	2012	2,986		27.5	108	108	388	10
11	NEW PARKING LOT	2012	24,390		15	1,626	1,626	6,504	11
12	INSTALL WHOLE BUILDING EXHAUST FANS AND FIRE DAMPERS, EXHAUST INLETS, AND GRILL COVERS				27.5	3,990	3,990	14,131	12
13	WITH ARCHITECT FEES	2013	109,727						13
14	HYDRONIC HEATING AND COOLING COIL RETROFITTED INTO EXISTING AIR HANDLER AND CONNECTED TO HYDRONIC HEATING								14
15	LINES ON KITCHEN AIR HANDLER	2013	10,897		27.5	396	396	1,403	15
16	RECEPTACLES IN VARIOUS LOCATIONS ON 1ST FLOOR	2013	7,034		27.5	256	256	906	16
17	VENTILATION SYSTEM	2013	2,641		27.5	96	96	324	17
18	RAILING BARS FOR EXISTING BALCONY	2013	6,650		27.5	242	242	817	18
19	KITCHEN DRAIN PIPING	2013	2,834		27.5	103	103	347	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	898	21
22	CORNICES, BLINDS AND SHADES	2013	3,819		5	367	367	1,727	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	1,490	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	6,865	33
34	TOTAL (lines 1 thru 33)		\$ 6,511,414	\$ 148,055		\$ 230,261	\$ 82,206	\$ 4,537,611	34

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

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

0024463

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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 12E, Carried Forward		\$ 6,511,414	\$ 148,055		\$ 230,261	\$ 82,206	\$ 4,537,611	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	1,600	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	3,800	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	1,325	7
8	1 SOUTH MALE AND 2 NORTH FEMALE- PAINT TUB ROOM	2014	3,800		5	760	760	1,900	8
9	CARPET TILE AND COVE BASE IN CONFERENCE ROOM								9
10	AND LOBBY	2014	3,393		5	679	679	1,697	10
11	TUCKPOINTING CHIMNEY & AROUND BUILDING	2014	2,800		27.5	102	102	234	11
12	ELECTRICAL SERVICE REPLACEMENT AND GENERATOR								12
13	INSTALLATION	2014	218,648		27.5	7,951	7,951	18,221	13
14	DOOR	2014	4,730		27.5	172	172	394	14
15	CABLES & CONDUITS	2014	2,833		27.5	103	103	236	15
16	GREASE TRAP GASKETS	2014	2,700		27.5	98	98	225	16
17	WINDOW WELL COVERS	2014	3,900		27.5	142	142	325	17
18	AWNINGS	2014	4,500		27.5	164	164	376	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	250	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	300	22
23	2 NORTH FEMALE TUB ROOM - REPLACE TILE & BASEBOARDS & SCRAPING &								23
24	TAPING CEILING	2014	2,650		27.5	96	96	220	24
25	REPLACE FAILED FIRE DAMPER ACTUATORS	2014	3,498		27.5	127	127	291	25
26	FRONT CANOPY LOWER ROOF	2014	3,700		27.5	135	135	309	26
27	DOUBLE DOORS	2014	4,730		27.5	172	172	394	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	\$ 148,055		\$ 243,892	\$ 95,837	\$ 4,569,708	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 Totals from Page 12F, Carried Forward		\$ 6,793,356	\$ 148,055		\$ 243,892	\$ 95,837	\$ 4,569,708	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	135	135	270	7
8 CHIMNEY AND AROUND BUILDING TUCKPONTING	2015	2,800		27.5	38	38	76	8
9 AC SYSTEM FOR SERVER ROOM	2015	5,895		27.5	81	81	162	9
10 LOBBY AC UNITE REPLACEMENT	2015	11,312		27.5	154	154	308	10
11 MAKE UP AIR HANDLER REPLACEMENT FOR COMMON								11
12 HALLWAY & KITCHEN	2015	55,216		27.5	753	753	1,506	12
13 ENTRANCE HALLWAY, LOBBY AND OFFICE REMOVING								13
14 WALLPEPER, PATCHING AND WALL PAINTING	2015	7,425		5	371	371	742	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	818	818	1,636	16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 6,894,079	\$ 148,055		\$ 246,242	\$ 98,187	\$ 4,574,408	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		\$ 6,894,079	\$ 148,055		\$ 246,242	\$ 98,187	\$ 4,574,408	1
2	REPLACEMENT OF CYLINDER IN PASSENGER ELEVATOR	2016	32,711		27.5	347	347	347	2
3	8 DOOR SKINS- MATERIAL AND INSTALLATION. DOOR								3
4	SKINS ON TWO SETS OF DOUBLE DOORS AT MAIN								4
5	LOBBY	2016	4,300		27.5	111	111	111	5
6									6
7									7
8									8
9									9
10	ALLOCATED FROM CF ST. LOUIS, LLC :								10
11	REPAIRED COMMON AREA BATHROOMS. WAREHOUSE,								11
12	BUILDING REPAIRS	2016	38,298		20	1,915	1,915	1,915	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,969,388	\$ 148,055		\$ 248,615	\$ 100,560	\$ 4,576,781	34

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

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 Totals from Page 12H, Carried Forward		\$ 6,969,388	\$ 148,055		\$ 248,615	\$ 100,560	\$ 4,576,781	1
2								2
3 RELATED PARTY INFORMATION								3
4 BUILDINGS:								4
5 ALLOCATED FROM LEGACY RP	2009	26,766	993	30	892	(101)	6,692	5
6								6
7								7
8								8
9								9
10 ALLOCATED FROM LEGACY RP (SEE ATTACHED)	2009	15,200	246	20	760	514	5,130	10
11 ALLOCATED FROM LEGACY RP (SEE ATTACHED)	2010	4,622	75	20	185	110	1,203	11
12 ALLOCATED FROM LEGACY RP (SEE ATTACHED)	2011	6,569	106	20	328	222	1,971	12
13								13
14								14
15 ALLOCATED FROM LEGACY HEALTHCARE FINANCIAL-CARPETING INSTALLATION AND FLOOR PREP, CUBICLES WITH OVERHEAD STORAGE CABINETS AND FILE CABINETS, CARPETIN INSTALLATION, OFFICE BUILD-OUT-WALLS, INSULATION, ELECTRICAL, DOORS, BASEBOARDS, LIGHTS, WINDOWS, PAINT, SECURITY SYSTEM	2012	1,204	26	20	60	34	301	15
16								16
17								17
18								18
19								19
20								20
22 ALLOCATED FROM LEGACY HEALTHCARE FINANCIAL-BUILDING SUPPLIES FOR 2013 IMPROVEMENTS, PHONE SYSTEM & WIRING, BUILT IN SHELVING & DROP CEILINGS	2013	3,851	85	20	193	108	770	22
23								23
24								24
25								25
26								26
27								27
29 ALLOCATE FROM LEGACY HEALTHCARE FINANCIAL-LIGHT FIXTURES AND ELECTRICAL WIRING, PRINTER RECEPTACLES	2014	376	8	20	19	11	56	29
30								30
32 ALLOCATE FROM LEGACY HEALTHCARE FINANCIAL-OFFICEM CUBICLES/PARTITIONS/LIGHTS	2015	518	11	20	26	15	52	32
33								33
34 TOTAL (lines 1 thru 33)		\$ 7,028,494	\$ 149,605		\$ 251,078	\$ 101,473	\$ 4,592,956	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	\$662,824	\$27,435	\$65,950	\$38,515	10 YRS	\$351,195	71
72	Current Year Purchases	105,553	56,913	5,278	(51,635)	10 YRS	5,278	72
73	Fully Depreciated Assets	1,239,521					1,239,521	73
74	RELATED PARTY		1,187	2,766	1,579			74
75	TOTALS	\$2,007,898	\$85,535	\$73,994	\$(11,541)		\$1,595,994	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	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$9,322,918	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$235,140	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$325,072	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$89,932	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,188,950	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:				\$1,054,817			3
4	Additions							4
5								5
6								6
7	TOTAL				\$1,054,817			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
9. Option to Buy: ☐ YES ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$9,001 Description:
- ☐ YES☐ NO
- (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				3,652	18
19					19
20					20
21	TOTAL		\$	3,652	21

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:
- | | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | /2017 | \$ |
| 13. | /2018 | \$ |
| 14. | /2019 | \$ |

* 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.

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 234,050	\$		\$ 234,050	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			128,393			128,393	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			234,770			234,770	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 prescrpts				149,298		149,298	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): RADIOLOGY					1,388			1,388	13
14	TOTAL			\$		\$ 598,601	\$ 149,298		\$ 747,899	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.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 101,835	\$ 105,612	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (995,000))	2,839,561	2,839,561	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,758	190,441	6
7	Other Prepaid Expenses	781,247	1,755,671	7
8	Accounts Receivable (owners or related parties)	722,473	722,473	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,473,874	\$ 5,613,758	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		4,240,479	15
16	Equipment, at Historical Cost		2,007,898	16
17	Accumulated Depreciation (book methods)		(6,111,212)	17
18	Deferred Charges		98,705	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	80,198	248,325	22
23	Other(specify): Due From PP Realty	3,665,547		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,745,745	\$ 3,135,529	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,219,619	\$ 8,749,287	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,866,550	\$ 2,876,050	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,422,434	2,710,689	29
30	Accrued Salaries Payable	861,071	861,071	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,338	37,338	31
32	Accrued Real Estate Taxes(Sch.IX-B)		278,107	32
33	Accrued Interest Payable		9,674	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,187,393	\$ 6,772,929	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,092,268	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)	\$	\$ 4,092,268	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,187,393	\$ 10,865,197	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,032,226	\$ (2,115,910)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,219,619	\$ 8,749,287	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,967,482	1
2	Restatements (describe):		2
3	Rounding	6	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,967,488	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(235,255)	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	(700,007)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (935,262)	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)	\$ 2,032,226	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number PETERSON PARK HLTH CARE CTR

0024463

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 13,700,996	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,700,996	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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***	10,822	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,822	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,711,818	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,926,644	31
32	Health Care	4,973,721	32
33	General Administration	4,705,649	33
	B. Capital Expense		
34	Ownership	1,117,771	34
	C. Ancillary Expense		
35	Special Cost Centers	747,899	35
36	Provider Participation Fee	485,337	36
	D. Other Expenses (specify):		
37	<u>CHANGE OF STATUS ADJUSTMENT</u>	(18,221)	37
38	<u>OUT OF PERIOD EXPENSES</u>	(1,824)	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,936,976	40
41	Income before Income Taxes (line 30 minus line 40)**	(225,158)	41
42	Income Taxes	(10,097)	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (235,255)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 10,451,693	44
45	Private Pay - Net Inpatient Revenue	390,384	45
46	Medicare - Net Inpatient Revenue	2,213,251	46
47	Other-(specify) <u>VETERAN</u>	335,811	47
48	Other-(specify) <u>INSURANCE</u>	309,857	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,700,996	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.

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	1,851	1,890	\$ 111,119	\$ 58.79	1
2	Assistant Director of Nursing	6,147	6,278	220,874	35.18	2
3	Registered Nurses	46,881	47,994	1,530,706	31.89	3
4	Licensed Practical Nurses	14,207	14,489	384,234	26.52	4
5	CNAs & Orderlies	104,492	106,572	1,291,693	12.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	14,126	14,485	279,363	19.29	8
9	Activity Director	2,129	2,179	38,130	17.50	9
10	Activity Assistants	13,417	13,658	151,131	11.07	10
11	Social Service Workers	6,906	7,056	148,958	21.11	11
12	Dietician					12
13	Food Service Supervisor	2,204	2,250	37,213	16.54	13
14	Head Cook					14
15	Cook Helpers/Assistants	26,250	26,960	352,196	13.06	15
16	Dishwashers					16
17	Maintenance Workers	7,576	7,764	153,435	19.76	17
18	Housekeepers	16,092	16,565	181,742	10.97	18
19	Laundry	11,732	12,029	151,572	12.60	19
20	Administrator	2,073	2,123	105,528	49.71	20
21	Assistant Administrator	735	752	30,214	40.18	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,105	13,441	204,306	15.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,088	2,137	43,913	20.55	31
32	Other Health Care(specify)	9,245	9,477	182,214	19.23	32
33	Other(specify) <u>ADMITTING</u>	3,224	3,293	80,910	24.57	33
34	TOTAL (lines 1 - 33)	304,480	311,392	\$ 5,679,451 *	\$ 18.24	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	M	\$ 19,085	1-3	35
36	Medical Director	O	39,364	9-3	36
37	Medical Records Consultant	N	3,200	10-3	37
38	Nurse Consultant	T	67,429	10-3	38
39	Pharmacist Consultant	H	14,596	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	0	11-3	44
45	Social Service Consultant	E	7,077	12-3	45
46	Other(specify) <u>S</u>				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 150,751		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

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

** See instructions.

Facility Name & ID Number		PETERSON PARK HLTH CARE CTR		STATE OF ILLINOIS		# 0024463		Report Period Beginning:		01/01/2016		Page 21		Ending: 12/31/2016					
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					
BARNETT,ELIYAHU		ADMINISTRATOR				\$ 105,528		Workers' Compensation Insurance		\$ 170,661		IDPH License Fee		\$ 0					
BRYZGUNOVA, YANA		ASST ADMIN				30,214		Unemployment Compensation Insurance		30,229		Advertising: Employee Recruitment		1,475					
								FICA Taxes		429,157		Health Care Worker Background Check		6,023					
								Employee Health Insurance		306,788		(Indicate # of checks performed)							
								Employee Meals		50,947		Patient Background Checks		0					
								Illinois Municipal Retirement Fund (IMRF)*				TRUST/FRANCHISE/CONTRIB/ETC		67,021					
								EMPLOYEE BENEFITS - OTHER		32,520		MARKETING/ADV/PROMO		74,411					
								EMPLOYEE PHYSICAL EXAMS		30,404		LICENSES/DUES/SUBSCRIPTIONS		49,768					
								PENSION/PROFIT SHARING PLANS		40,876		MGMT CO ALLOC		2,880					
TOTAL (agree to Schedule V, line 17, col. 1)								INSURANCE - EXECUTIVE LIFE		0		TRUST/FRANCHISE/CONTRIB/ETC		(67,021)					
(List each licensed administrator separately.)						\$ 135,742		PAYROLL TAXES -PROG.& LEGACY		72,174		Less: Public Relations Expense		(2,551)					
B. Administrative - Other												Non-allowable advertising				(71,860)			
Description						Amount		401 K MATCHING		11,011		Yellow page advertising		(0)					
MANAGEMENT FEES SEE SCHEDULE ATTACHED						1,607,036		INSURANCE - EXECUTIVE LIFE VI 21		0									
								TOTAL (agree to Schedule V,		\$ 1,174,767		TOTAL (agree to Sch. V,		\$ 60,146					
								line 22, col.8)				line 20, col. 8)							
TOTAL (agree to Schedule V, line 17, col. 3)						\$ 1,607,036		E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**							
(Attach a copy of any management service agreement)								Description		Line #		Amount		Description		Amount			
C. Professional Services																			
Vendor/Payee		Type				Amount								Out-of-State Travel		\$			
SEE SCHEDULE ATTACHED														In-State Travel					
																0			
														Seminar Expense					
																0			
														RELATED PARTY		2,587			
														Entertainment Expense		()			
TOTAL (agree to Schedule V, line 19, column 3)						\$ 322,065		TOTAL		\$				(agree to Sch. V,					
(For legal fee disclosure, see page 39 of instructions)														TOTAL		\$ 2,587			
														line 24, col. 8)					
								* Attach copy of IMRF notifications								**See instructions.			

PETERSON PARK HLTH CARE CTR
SCHEDULE LEGAL
12/31/2016

INVOICE DATE	FIRM NAME	AMOUNT	DESCRIPTION OF SERVICES
9/22/2016	NEAL GERBER & EISENBERG	50.99	GENERAL LABOR AND EMPLOYMENT
9/22/2016	NEAL GERBER & EISENBERG	23.29	GENERAL LABOR AND EMPLOYMENT
8/19/2016	NEAL GERBER & EISENBERG	99.57	GENERAL LABOR AND EMPLOYMENT
8/30/2016	KITCH DRUTCHAS WAGNER VALTUTTI J SHERBROOK	196.00	GENERAL COUNSELING
11/8/2016	KITCH DRUTCHAS WAGNER VALTUTTI J SHERBROOK	98.00	GENERAL COUNSELING
8/30/2016	KITCH DRUTCHAS WAGNER VALTUTTI J SHERBROOK	49.00	GENERAL COUNSELING
4/12/2016	SKIDELSKY & ASSOCIATES	8,144.00	2015 TRIENNIAL REAL ESTATE ASSESSMENT AND TAXES
8/18/2016	OBER KALER ATTORNEYS AT LAW	126.80	GENERAL COUNSELING
9/19/2016	OBER KALER ATTORNEYS AT LAW	328.64	GENERAL COUNSELING
5/26/2016	LOUIS A. RIEFF ATTORNEY AT LAW	1,125.00	GUARDIANSHIP
9/30/2016	STONE MCGUIRE & SIEGEL	717.65	GENERAL COUNSELING
1/1/2016	STONE, POGRUND & KOREY	751.50	GENERAL COUNSELING
1/29/2016	STONE, POGRUND & KOREY	1,626.50	GENERAL COUNSELING
9/1/2016	STONE, POGRUND & KOREY	1,469.00	GENERAL COUNSELING
2/29/2016	STONE, POGRUND & KOREY	1,301.50	GENERAL COUNSELING
9/1/2016	STONE, POGRUND & KOREY	761.80	GENERAL COUNSELING
9/30/2016	STONE, POGRUND & KOREY	357.90	GENERAL COUNSELING
10/1/2016	STONE, POGRUND & KOREY	300.00	GENERAL COUNSELING
9/1/2016	STONE, POGRUND & KOREY	1,469.00	GENERAL COUNSELING
4/29/2016	STONE, POGRUND & KOREY	1,500.00	GENERAL COUNSELING
6/1/2016	STONE, POGRUND & KOREY	114.35	GENERAL COUNSELING
6/29/2016	STONE, POGRUND & KOREY	625.06	GENERAL COUNSELING
7/29/2016	STONE, POGRUND & KOREY	280.95	GENERAL COUNSELING
	STONE, POGRUND & KOREY	403.89	DISALLOW
3/1/2016	SHERYL E. FUHR & ASSOCIATES	987.50	GENERAL COUNSELING
3/29/2016	FMS LAW GROUP	1,475.00	ESTATE OF MUSHTAQ BALUCH
4/11/2016	LAW OFFICES OF ALICE D. BORZYM	1,068.75	ESTATE OF GILBERT TURNER
	MEYER MAGENCE	375.00	GENERAL
	MEYER MAGENCE	(187.50)	GENERAL
4/13/2016	MEYER MAGENCE	125.00	GENERAL
5/6/2016	MEYER MAGENCE	125.00	GENERAL
9/3/16	MEYER MAGENCE	125.00	GENERAL
7/31/2016	MEYER MAGENCE	562.50	GENERAL
8/31/2016	MEYER MAGENCE	87.50	GENERAL
	MEYER MAGENCE	300.00	DISALLOW
	MEYER MAGENCE	300.00	DISALLOW
	MEYER MAGENCE	16.65	DISALLOW
2/1/2016	MUCH SHELST	112.50	GENERAL COUNSELING
9/1/2016	MUCH SHELST	75.00	GENERAL COUNSELING
11/28/2016	MUCH SHELST	350.00	GENERAL COUNSELING
	MUCH SHELST	225.00	DISALLOW
	MUCH SHELST	305.78	DISALLOW
	DOCUMENTATION SOLUTIONS	810.00	
1/31/2015	LEGACY - STONE, MCGUIRE & SIEGEL	900.79	COMPLIANCE PLAN
1/31/2016	LEGACY - FOLEY	72.19	DISALLOW
	LEGACY - OBER KALER ATTORNEYS AT		
2/28/2015	LAW	10.71	HEALTHCARE REGULATORY AND REIMBURSEMENT
	LEGACY - OBER KALER ATTORNEYS AT		
2/28/2015	LAW	28.23	COMPLIANCE PLAN
	LEGACY - OBER KALER ATTORNEYS AT		
2/28/2015	LAW	196.06	COMPLIANCE PLAN
2/28/2015	LEGACY - POLSINELLI	187.68	GENERAL
	LEGACY - OBER KALER ATTORNEYS AT		
2/28/2015	LAW	59.40	DISALLOW
	LEGACY - OBER KALER ATTORNEYS AT		
9/31/2015	LAW	177.51	HEALTHCARE REGULATORY AND REIMBURSEMENT
9/31/2015	LEGACY - STONE, MCGUIRE & SIEGEL	862.93	DISALLOW
9/31/2015	LEGACY	138.46	DISALLOW
5/31/2015	LEGACY - MUCH SHELST	255.42	GENERAL COUNSELING
5/31/2015	LEGACY - MUCH SHELST	22.00	GENERAL COUNSELING
9/31/2015	LEGACY - MUCH SHELST	84.52	GENERAL COUNSELING
5/31/2015	LEGACY - MUCH SHELST	590.71	GENERAL COUNSELING
5/31/2015	LEGACY - MUCH SHELST	216.19	GENERAL COUNSELING
9/31/2015	LEGACY - MUCH SHELST	123.94	GENERAL COUNSELING
5/31/2015	LEGACY - NEAL GERBER & EISENBERG	120.13	LABOR & EMPLOYMENT
	LEGACY - OBER KALER ATTORNEYS AT		
5/31/2015	LAW	107.41	HEALTHCARE REGULATORY AND REIMBURSEMENT
9/31/2015	LEGACY - STONE, MCGUIRE & SIEGEL	777.24	COMPLIANCE PLAN
5/31/2015	LEGACY - STONE, MCGUIRE & SIEGEL	551.54	COMPLIANCE PLAN
9/31/2015	LEGACY - STONE, MCGUIRE & SIEGEL	553.49	COMPLIANCE PLAN
	LEGACY - CAN DEDUCTIBLE RECOVERY		
6/30/2016	GROUP	2,197.80	DEDUCTIBLE RECOVERY
6/30/2016	LEGACY - STONE, MCGUIRE & SIEGEL	682.99	COMPLIANCE PLAN
	LEGACY - CAN DEDUCTIBLE RECOVERY		
7/31/2015	GROUP	2,197.80	DEDUCTIBLE RECOVERY
7/31/2016	LEGACY - NEAL GERBER & EISENBERG	196.20	JOB ELIMINATION DISPUTE
	LEGACY - OBER KALER ATTORNEYS AT		
7/31/2016	LAW	155.77	HEALTHCARE REGULATORY AND REIMBURSEMENT
	LEGACY - OBER KALER ATTORNEYS AT		
7/31/2016	LAW	10.71	HEALTHCARE REGULATORY AND REIMBURSEMENT
	LEGACY - OBER KALER ATTORNEYS AT		
7/31/2016	LAW	28.23	HEALTHCARE REGULATORY AND REIMBURSEMENT
	LEGACY - OBER KALER ATTORNEYS AT		
7/31/2016	LAW	22.02	HEALTHCARE REGULATORY AND REIMBURSEMENT
7/31/2016	LEGACY - OULETREE DEAKINS	31.63	GENERAL ADVICE
7/31/2016	LEGACY - OULETREE DEAKINS	39.47	GENERAL ADVICE
7/31/2016	LEGACY - OULETREE DEAKINS	286.18	GENERAL ADVICE
7/31/2016	LEGACY - OULETREE DEAKINS	85.53	GENERAL ADVICE
7/31/2016	LEGACY - ROBBINS, SALOMON & PATT	126.29	TAX CONSULTING
7/31/2016	LEGACY - ROBBINS, SALOMON & PATT	26.32	TAX CONSULTING
	LEGACY - CAN DEDUCTIBLE RECOVERY		
8/31/2015	GROUP	2,197.80	DEDUCTIBLE RECOVERY
8/31/2016	LEGACY - STONE, MCGUIRE & SIEGEL	472.27	COMPLIANCE PLAN
	LEGACY - CAN DEDUCTIBLE RECOVERY		
9/30/2015	GROUP	2,197.80	DEDUCTIBLE RECOVERY
9/30/2015	LEGACY	841.73	DISALLOW
9/30/2015	LEGACY - NEAL GERBER & EISENBERG	78.90	LABOR & EMPLOYMENT
9/30/2015	LEGACY - STONE, MCGUIRE & SIEGEL	724.88	COMPLIANCE PLAN
	LEGACY - CAN DEDUCTIBLE RECOVERY		
10/31/2015	GROUP	2,197.80	DEDUCTIBLE RECOVERY
10/31/2016	LEGACY - NEAL GERBER & EISENBERG	47.31	LABOR & EMPLOYMENT
	LEGACY - OBER KALER ATTORNEYS AT		
10/31/2016	LAW	52.26	HEALTHCARE REGULATORY AND REIMBURSEMENT
10/31/2016	LEGACY - OBER KALER ATTORNEYS AT		
10/31/2016	LEGACY - STONE, MCGUIRE & SIEGEL	126.80	HEALTHCARE REGULATORY AND REIMBURSEMENT
10/31/2016	LEGACY - OBER KALER ATTORNEYS AT	328.64	COMPLIANCE PLAN
10/31/2016	LAW	(177.51)	HEALTHCARE REGULATORY AND REIMBURSEMENT
10/31/2016	LEGACY - OBER KALER ATTORNEYS AT	(10.71)	HEALTHCARE REGULATORY AND REIMBURSEMENT
	LEGACY - OBER KALER ATTORNEYS AT		
10/31/2016	LAW	(28.23)	HEALTHCARE REGULATORY AND REIMBURSEMENT
10/31/2016	LEGACY - STONE, MCGUIRE & SIEGEL	717.65	COMPLIANCE PLAN
	LEGACY - CAN DEDUCTIBLE RECOVERY		
11/30/2016	GROUP	2,197.80	DEDUCTIBLE RECOVERY
	LEGACY - CAN DEDUCTIBLE RECOVERY		
12/31/2016	GROUP	2,197.80	DEDUCTIBLE RECOVERY

85,608

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 \$15,058

(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.

\$

16,956

Line

10-2

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

YES

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

NO

If YES, give effective date of lease.

(9)

Are you presently operating under a sublease agreement?

YES

X

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$

485,337

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.

\$

50,947

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