

Facility Name & ID Number Avantara Park Ridge, Llc

0052852 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	140	Skilled (SNF)	140	51,100	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	140	TOTALS	140	51,100	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	14,433	12,857	11,564	38,854	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	14,433	12,857	11,564	38,854	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.04%

D. How many bed-hold days during this year were paid by the Department? None (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 7/25/2014

J. Was the facility purchased or leased after January 1, 1978?
YES Date 7/25/2014 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 140 and days of care provided 10,693

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	403,454	50,615	10,430	464,499		464,499		464,499		1
2	Food Purchase		272,909		272,909		272,909	434	273,343		2
3	Housekeeping	177,199	48,634		225,833		225,833	94	225,927		3
4	Laundry	39,607	4,142	229,983	273,732		273,732		273,732		4
5	Heat and Other Utilities			262,823	262,823		262,823	(25,280)	237,543		5
6	Maintenance	160,900		276,720	437,620		437,620	20,727	458,347		6
7	Other (specify):*										7
8	TOTAL General Services	781,160	376,300	779,956	1,937,416		1,937,416	(4,025)	1,933,391		8
	B. Health Care and Programs										
9	Medical Director			104,766	104,766		104,766		104,766		9
10	Nursing and Medical Records	3,492,378	264,349	41,301	3,798,028		3,798,028	(13,414)	3,784,614		10
10a	Therapy	100,339	669		101,008		101,008		101,008		10a
11	Activities	153,220	11,222		164,442		164,442	189	164,631		11
12	Social Services	332,773		4,995	337,768		337,768	19,355	357,123		12
13	CNA Training										13
14	Program Transportation			24,458	24,458		24,458		24,458		14
15	Other (specify):*							2,231	2,231		15
16	TOTAL Health Care and Programs	4,078,710	276,240	175,520	4,530,470		4,530,470	8,361	4,538,831		16
	C. General Administration										
17	Administrative	101,721		1,436	103,157		103,157	(83,744)	19,413		17
18	Directors Fees										18
19	Professional Services			309,310	309,310	(89)	309,221	(164,026)	145,195		19
20	Dues, Fees, Subscriptions & Promotions			127,000	127,000		127,000	(90,503)	36,497		20
21	Clerical & General Office Expenses	490,653	217	435,886	926,756		926,756	(287,504)	639,252		21
22	Employee Benefits & Payroll Taxes			1,044,312	1,044,312		1,044,312		1,044,312		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,053	3,053		3,053	909	3,962		24
25	Other Admin. Staff Transportation			3,071	3,071		3,071		3,071		25
26	Insurance-Prop.Liab.Malpractice			143,268	143,268		143,268	3,309	146,577		26
27	Other (specify):*							13,354	13,354		27
28	TOTAL General Administration	592,374	217	2,067,336	2,659,927	(89)	2,659,838	(608,204)	2,051,634		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,452,244	652,757	3,022,812	9,127,813	(89)	9,127,724	(603,867)	8,523,857		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Avantara Park Ridge, Llc

#0052852

Report Period Beginning:

01/01/15

Ending:

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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			66,700	66,700		66,700	223,330	290,030			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,224	19,224		19,224	813	20,037			32
33	Real Estate Taxes			252,000	252,000	89	252,089	1,804	253,893			33
34	Rent-Facility & Grounds			490,600	490,600		490,600	(490,600)	0			34
35	Rent-Equipment & Vehicles			20,920	20,920		20,920	1,020	21,940			35
36	Other (specify):*											36
37	TOTAL Ownership			849,444	849,444	89	849,533	(263,634)	585,899			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	27,819	573,173	1,381,988	1,982,980		1,982,980		1,982,980			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			247,163	247,163		247,163		247,163			42
43	Other (specify):*			654,239	654,239		654,239	(654,239)				43
44	TOTAL Special Cost Centers	27,819	573,173	2,283,390	2,884,382		2,884,382	(654,239)	2,230,143			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,480,063	1,225,930	6,155,646	12,861,639		12,861,639	(1,521,740)	11,339,899			45

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

Facility Name & ID Number Avantara Park Ridge, Llc

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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(26,289)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	220,026	30		9
10	Interest and Other Investment Income	(213)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(903)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,627)	21		18
19	Entertainment				19
20	Contributions	(33,500)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(239,318)	21		24
25	Fund Raising, Advertising and Promotional	(52,984)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(797,759)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (932,567)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(589,172)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (589,172)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,521,740)		37

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

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

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

BHF USE ONLY

48		49		50		51		52	
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Avantara Park Ridge, Llc

ID# 0052852

Report Period Beginning: 01/01/15

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Veterans Expense	\$ (33)	10	1
2	Sequestration	(118,087)	21	2
3	Prior Period Expense	(1,599)	21	3
4	Personal Items	(3,959)	10	4
5	Meals	(8,580)	21	5
6	Bank Charges	(8,762)	21	6
7	Additional R&M	23,131	06	7
8	Capitalized R&M	(4,433)	06	8
9	Non Allowable Auto Lease	(830)	35	9
10	PAC Dues	(4,924)	20	10
11	Non Allowable Expense	(654,239)	43	11
12	Non Allowable Legal Fees	(3,444)	19	12
13	Bldg Co. - Licenses & Permits	(250)	20	13
14	Bldg Co. - Professional Fees	(11,750)	19	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	(797,759)		49

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Avantara Park Ridge, Llc# 0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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													1
2	Food Purchase	(903)				1,337							434	2
3	Housekeeping			94									94	3
4	Laundry													4
5	Heat and Other Utilities	(26,289)		1,009									(25,280)	5
6	Maintenance	18,698		2,303		(274)							20,727	6
7	Other (specify):*													7
8	TOTAL General Services	(8,494)		3,406		1,063							(4,025)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(3,992)				(9,422)							(13,414)	10
10a	Therapy													10a
11	Activities			189									189	11
12	Social Services					19,355							19,355	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					2,231							2,231	15
16	TOTAL Health Care and Programs	(3,992)		189		12,164							8,361	16
	C. General Administration													
17	Administrative			1,436		(85,179)							(83,744)	17
18	Directors Fees													18
19	Professional Services	(15,194)	11,750	(161,030)		447							(164,026)	19
20	Fees, Subscriptions & Promotions	(91,658)	250	836		69							(90,503)	20
21	Clerical & General Office Expenses	(377,974)		103,909		(13,439)							(287,504)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			842		67							909	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			638		2,671							3,309	26
27	Other (specify):*			26,018		(12,663)							13,354	27
28	TOTAL General Administration	(484,825)	12,000	(27,351)		(108,028)							(608,204)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(497,311)	12,000	(23,755)		(94,801)							(603,867)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Avantara Park Ridge, Llc# 0052852

Report Period Beginning:

01/01/15

Ending:

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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	220,026		1,428	1,876								223,330	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(213)		11	1,015								813	32
33	Real Estate Taxes			1,804									1,804	33
34	Rent-Facility & Grounds		(490,600)	6,712	(6,712)								(490,600)	34
35	Rent-Equipment & Vehicles	(830)		1,302		548							1,020	35
36	Other (specify):*													36
37	TOTAL Ownership	218,983	(490,600)	11,257	(3,821)	548							(263,634)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(654,239)											(654,239)	43
44	TOTAL Special Cost Centers	(654,239)											(654,239)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(932,567)	(478,600)	(12,498)	(3,821)	(94,253)							(1,521,740)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 490,600	Park Ridge Property Holdings, LLC	100.00%	\$	(490,600)	1
2	V	20 Licenses & Permits		Park Ridge Property Holdings, LLC	100.00%	250	250	2
3	V	19 Professional Fees		Park Ridge Property Holdings, LLC	100.00%	11,750	11,750	3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 490,600			\$ 12,000	\$ * (478,600)	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	3 HOUSEKEEPING SUPPLIES	\$	Legacy Healthcare Financial Services	100.00%	\$ 94	\$	94	15
16	V	5 UTILITIES		Legacy Healthcare Financial Services	100.00%	1,009		1,009	16
17	V	6 GROUNDS & MAINTENANCE		Legacy Healthcare Financial Services	100.00%	2,303		2,303	17
18	V	11 ACTIVITIES PROGRAM		Legacy Healthcare Financial Services	100.00%	189		189	18
19	V	17 MANAGEMENT FEES - Y. ZUCKERMAN		Legacy Healthcare Financial Services	100.00%	1,436		1,436	19
20	V	19 PROFESSIONAL FEES		Legacy Healthcare Financial Services	100.00%	18,970		18,970	20
21	V	20 FEES, SUBSCRIPTIONS		Legacy Healthcare Financial Services	100.00%	836		836	21
22	V	21 CLERICAL & GENERAL WAGES		Legacy Healthcare Financial Services	100.00%	94,329		94,329	22
23	V	21 CLERICAL & GENERAL OTHER COSTS		Legacy Healthcare Financial Services	100.00%	9,580		9,580	23
24	V	24 SEMINARS		Legacy Healthcare Financial Services	100.00%	842		842	24
25	V	26 INSURANCE		Legacy Healthcare Financial Services	100.00%	638		638	25
26	V	27 EMP. BEN.-GEN. ADMIN.		Legacy Healthcare Financial Services	100.00%	26,018		26,018	26
27	V	30 DEPRECIATION		Legacy Healthcare Financial Services	100.00%	1,428		1,428	27
28	V	32 INTEREST		Legacy Healthcare Financial Services	100.00%	11		11	28
29	V	33 REAL ESTATE TAXES		Legacy Healthcare Financial Services	100.00%	1,804		1,804	29
30	V	34 RENT		Legacy Healthcare Financial Services	100.00%	6,712		6,712	30
31	V	35 EQUIPMENT RENTAL		Legacy Healthcare Financial Services	100.00%	1,302		1,302	31
32	V								32
33	V								33
34	V	19 BOOKKEEPING FEES	180,000	Legacy Healthcare Financial Services	100.00%			(180,000)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 180,000			\$ 167,502	\$ *	(12,498)	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	30 DEPRECIATION		Legacy Real Properties	100.00%	1,876	\$	1,876	15
16	V	32 INTEREST EXPENSE		Legacy Real Properties	100.00%	1,015		1,015	16
17	V								17
18	V								18
19	V	34 RENT	6,712	Legacy Real Properties	100.00%			(6,712)	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		\$ 6,712			\$ 2,891	\$ *	(3,821)	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	2	FOOD	Progressive Healthcare Consulting	100.00%	\$ 1,337	\$ 1,337
16	V	6	MAINTENANCE SALARY	Progressive Healthcare Consulting	100.00%	3	3
17	V	6	BUILDING MAINTENANCE AND R&M	Progressive Healthcare Consulting	100.00%	738	738
18	V	10	MEDICAL AND NURSING SUPPLIES	Progressive Healthcare Consulting	100.00%	2	2
19	V	10	NURSING SALARIES	Progressive Healthcare Consulting	100.00%	51,125	51,125
20	V	12	ACTIVITIES PROGRAM	Progressive Healthcare Consulting	100.00%	8	8
21	V	12	CLERGY SALARY	Progressive Healthcare Consulting	100.00%	1,294	1,294
22	V	12	ADMISSIONS SALARY	Progressive Healthcare Consulting	100.00%	59,471	59,471
23	V	15	EMP. BEN.-NURSING	Progressive Healthcare Consulting	100.00%	9,497	9,497
24	V	17	ADMIN SALARY- NON OWNER	Progressive Healthcare Consulting	100.00%	62,784	62,784
25	V	19	PROFESSIONAL FEES	Progressive Healthcare Consulting	100.00%	447	447
26	V	20	FEES, SUBSCRIPTIONS	Progressive Healthcare Consulting	100.00%	69	69
27	V	21	CLERICAL & GENERAL	Progressive Healthcare Consulting	100.00%	886	886
28	V	24	SEMINARS	Progressive Healthcare Consulting	100.00%	67	67
29	V	27	EMP. BEN.-NURSING	Progressive Healthcare Consulting	100.00%	11,904	11,904
30	V	26	INSURANCE	Progressive Healthcare Consulting	100.00%	2,671	2,671
31	V	35	AUTO RENTAL	Progressive Healthcare Consulting	100.00%	548	548
32	V	17	ADMINISTRATOR	Progressive Healthcare Consulting	100.00%		(147,963)
33	V	10	NURSING	Progressive Healthcare Consulting	100.00%		(60,549)
34	V	12	SOCIAL SERVICE	Progressive Healthcare Consulting	100.00%		(41,418)
35	V	06	MAINTENANCE	Progressive Healthcare Consulting	100.00%		(1,015)
36	V	21	CLERICAL	Progressive Healthcare Consulting	100.00%		(14,325)
37	V	15	PAYROLL TAXES-NURSING	Progressive Healthcare Consulting	100.00%		(7,266)
38	V	27	PAYROLL TAXES	Progressive Healthcare Consulting	100.00%		(24,567)
39	Total		\$ 297,103			\$ 202,850	\$ * (94,253)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Avantara Park Ridge, Llc

#

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	Yair Zuckerman	Owner	Administrative	10.00%	See Attached	1.75	4.38%	Alloc Sal/Fee	\$ 8,752	17-3/17-7	1	
2	Ross Bottner	Owner	CFO	2.00%	See Attached	1.63	4.08%	Alloc. Salary	8,152	21-07	2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 16,904		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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Services
 Street Address 7040 N. Ridgeway
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 679-9797
 Fax Number (847) 679-1126

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	3	HOUSEKEEPING SUPPLIES	AVAIL. BED DAYS	1,253,624	23	\$ 2,296	\$ 51,100	\$ 94	1	
2	5	UTILITIES	AVAIL. BED DAYS	1,253,624	23	24,766	51,100	1,009	2	
3	6	GROUNDS & MAINTENANCE	AVAIL. BED DAYS	1,253,624	23	56,504	51,100	2,303	3	
4	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	1,253,624	23	4,642	51,100	189	4	
5	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,253,624	23	465,391	51,100	18,970	5	
6	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	1,253,624	23	20,516	51,100	836	6	
7	21	CLERICAL & GENERAL WAG	AVAIL. BED DAYS	1,253,624	23	2,314,153	2,314,153	51,100	94,329	7
8	21	CLERICAL & GENERAL OTH	AVAIL. BED DAYS	1,253,624	23	235,020	51,100	9,580	8	
9	24	SEMINARS	AVAIL. BED DAYS	1,253,624	23	20,662	51,100	842	9	
10	26	INSURANCE	AVAIL. BED DAYS	1,253,624	23	15,655	51,100	638	10	
11	27	EMP. BEN.-GEN. ADMIN.	AVAIL. BED DAYS	1,253,624	23	638,286	51,100	26,018	11	
12	30	DEPRECIATION	AVAIL. BED DAYS	1,253,624	23	35,040	51,100	1,428	12	
13	32	INTEREST	AVAIL. BED DAYS	1,253,624	23	267	51,100	11	13	
14	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,253,624	23	44,250	51,100	1,804	14	
15	34	RENT	AVAIL. BED DAYS	1,253,624	23	164,669	51,100	6,712	15	
16	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	1,253,624	23	31,945	51,100	1,302	16	
17									17	
18	17	MGMT FEES- Y. ZUCKERMAN	AVG HOURS WKD	50	20	32,807	2.19	1,436	18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,106,869	\$ 2,314,153	\$ 167,502	25	

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Legacy Real Properties

Street Address

7040 N. Ridgeway

City / State / Zip Code

Lincolnwood, IL 60712

Phone Number

(847) 679-9797

Fax Number

(847) 679-1126

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	30	DEPRECIATION	AVAIL. BED DAYS	1,253,624	23	46,013	51,100	1,876	1
2	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,253,624	23	24,899	51,100	1,015	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 70,912	\$	\$ 2,891	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Progressive Healthcare Consulting
 Street Address 7040 N. Ridgeway
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 679-9797
 Fax Number (847) 679-1126

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	2	FOOD	AVAIL. BED DAYS	20	\$ 30,560	\$	51,100	\$ 1,337	1
2	6	MAINTENANCE SALARY	AVAIL. BED DAYS	20	65	65	51,100	3	2
3	6	BUILDING MAINTENANCE A	AVAIL. BED DAYS	20	16,865		51,100	738	3
4	10	MEDICAL AND NURSING SUP	AVAIL. BED DAYS	20	47		51,100	2	4
5	10	NURSING SALARIES	AVAIL. BED DAYS	20	1,168,252	1,168,252	51,100	51,125	5
6	12	ACTIVITIES PROGRAM	AVAIL. BED DAYS	20	187		51,100	8	6
7	12	CLERGY SALARY	AVAIL. BED DAYS	20	29,559	29,559	51,100	1,294	7
8	12	ADMISSIONS SALARY	AVAIL. BED DAYS	20	1,358,960	1,358,960	51,100	59,471	8
9	15	EMP. BEN.-NURSING	AVAIL. BED DAYS	20	217,026		51,100	9,497	9
10	17	ADMIN SALARY- NON OWNE	AVAIL. BED DAYS	20	1,434,659	1,434,659	51,100	62,784	10
11	19	PROFESSIONAL FEES	AVAIL. BED DAYS	20	10,207		51,100	447	11
12	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	20	1,577		51,100	69	12
13	21	CLERICAL & GENERAL	AVAIL. BED DAYS	20	20,243		51,100	886	13
14	24	SEMINARS	AVAIL. BED DAYS	20	1,535		51,100	67	14
15	27	EMP. BEN.-NURSING	AVAIL. BED DAYS	20	272,007		51,100	11,904	15
16	26	INSURANCE	AVAIL. BED DAYS	20	61,041		51,100	2,671	16
17	35	AUTO RENTAL	AVAIL. BED DAYS	20	12,512		51,100	548	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 4,635,301	\$ 3,991,495		\$ 202,850	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		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		X	Mortgage			\$	\$ 8,600,000			\$	1								
2		X	Members Loan Payable				2,074,135				2								
3											3								
4											4								
5											5								
Working Capital																			
6		X	Line of Credit				730,000				19,224	6							
7												7							
8												8							
9			TOTAL Facility Related			\$	\$ 11,404,135			\$	19,224	9							
B. Non-Facility Related*																			
10		X									(213)	10							
11	X										11	11							
12	X										1,015	12							
13												13							
14			TOTAL Non-Facility Related			\$	\$			\$	813	14							
15			TOTALS (line 9+line14)			\$	\$ 11,404,135			\$	20,037	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

Facility Name & ID Number

Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	TOTAL Long-Term									7										
Working Capital																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	TOTAL Working Capital									14										
B. Non-Facility Related*																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related									20										

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 82,590 B. General Construction Type: Exterior Masonry Frame Steel Grids 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).

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2014</u>	<u>\$ 548,551</u>	<u>1</u>
2	<u>Allocated from Legacy Real Properties</u>			<u>3,335</u>	<u>2</u>
3	TOTALS			\$ 551,886	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	140		2014	1959	\$ 6,926,641	\$	39	\$ 177,606	\$ 177,606	\$ 355,212	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68			57,057	1,631	2,378	747	13,235	68
69				66,700		(66,700)		69
70			\$ 6,983,698	\$ 68,331		\$ 179,984	\$ 111,653	\$ 368,447 70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,983,698	\$ 68,331		\$ 179,984	\$ 111,653	\$ 368,447	1
2	Exterior Signage, Hallway & Elevator Signs, Entrance Column W	2014	22,960		20	2,296	2,296	2,487	2
3	Furnish And Fabricate Insulated Walk-In Panels Inside An Existi	2014	45,780		20	2,289	2,289	3,052	3
4	6' High Western Red Cedar Fence	2014	3,030		20	152	152	152	4
5	Replace Heat Exchanger For Dining Room	2014	4,433		20	222	222	222	5
6	Installed Sump Pump/Storm Basin Lower Level	2015	3,825		20	383	383	383	6
7	Excavate Floor Drain/Install Sump Pump/Sewer	2015	3,895		20	390	390	390	7
8	Architect Fees - Canopy Renovation	2015	24,708		20	1,441	1,441	1,441	8
9	Repaired A/C	2015	3,000		20	350	350	350	9
10	New Boiler	2015	23,317		20	1,943	1,943	1,943	10
11	Installed New Boiler System	2015	69,958		20	13,992	13,992	13,992	11
12	Fire Alarm Panel Replacement	2015	8,545		20	1,709	1,709	1,709	12
13	Wall Lamps	2015	17,623		20	1,175	1,175	1,175	13
14	Wallpaper - Short Term Wing	2015	6,748		20	367	367	367	14
15	Recover Existing Canopy Over Front/Back Entrance	2015	6,480		20	540	540	540	15
16	Audio System Repair Volts, Amps,Wiring	2015	6,528		20	109	109	109	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)		\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,234,529	\$ 68,331		\$ 207,340	\$ 139,009	\$ 396,758	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from Legacy Real Properties	2009	25,837	879	35	861	(18)	5,598	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Legacy HC Financial Services	2012	1,162	76	20	58	(18)	232	9
10	Allocated from Legacy HC Financial Services	2013	3,718	242	20	186	(56)	558	10
11	Allocated from Legacy HC Financial Services	2014	363	24	20	18	(6)	36	11
12	Allocated from Legacy HC Financial Services	2015	500	33	20	25	(8)	25	12
13									13
14	Allocated from Legacy Real Properties	2009	14,673	217	20	734	517	4,219	14
15	Allocated from Legacy Real Properties	2010	4,462	66	20	179	113	982	15
16	Allocated from Legacy Real Properties	2011	6,342	94	20	317	223	1,585	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)		\$ 57,057	\$ 1,631		\$ 2,378	\$ 747	\$ 13,235	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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		\$ 57,057	\$ 1,631		\$ 2,378	\$ 747	\$ 13,235	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 57,057	\$ 1,631		\$ 2,378	\$ 747	\$ 13,235	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$ 578,082	\$ 1,620	\$ 63,943	\$ 62,323	10	\$ 121,932	71
72	Current Year Purchases	219,157	53	18,747	18,694	10	18,747	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 797,240	\$ 1,673	\$ 82,690	\$ 81,017		\$ 140,679	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,583,654	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 70,004	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 290,030	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 220,026	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 537,437	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	Short Term Wing Renovation	\$ 129,751	92
93			93
94			94
95		\$ 129,751	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: N/A

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

If NO, see instructions. YES NO

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

**

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 10,228 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2015 GMC Yukon	\$ 696.88	\$ 11,164	17
18	Allocated from Progressive HC			548	18
19					19
20					20
21	TOTAL		\$ 696.88	\$ 11,712	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. 2016 \$ _____

13. 2017 \$ _____

14. 2018 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost						
					Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 526,886	\$		\$ 526,886	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			187,929			187,929	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			667,173			667,173	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				505,344		505,344	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>			27,819			67,829		95,648	13
14	TOTAL			\$ 27,819		\$ 1,381,988	\$ 573,173		\$ 1,982,980	14

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

Facility Name & ID Number **Avantara Park Ridge, Llc**

0052852

Report Period Beginning: **01/01/15**

Ending: **12/31/15**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/15** (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,000	\$ 113,408	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,420,039	2,420,039	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	140,341	140,341	6
7	Other Prepaid Expenses	3,936	3,936	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	141,209	144,041	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,706,525	\$ 2,821,765	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		548,551	13
14	Buildings, at Historical Cost		6,926,641	14
15	Leasehold Improvements, at Historical Cost	212,028	212,028	15
16	Equipment, at Historical Cost	356,909	859,245	16
17	Accumulated Depreciation (book methods)	(72,534)	(180,998)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	242,357	3,173,495	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 738,760	\$ 11,538,962	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,445,285	\$ 14,360,727	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,547,694	\$ 1,547,695	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	730,000	730,000	29
30	Accrued Salaries Payable	436,660	436,660	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,724	20,724	31
32	Accrued Real Estate Taxes(Sch.IX-B)	(105,000)	252,000	32
33	Accrued Interest Payable		45,698	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	33,317	91,387	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,663,395	\$ 3,124,164	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		2,074,135	39
40	Mortgage Payable		8,600,000	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)	\$	\$ 10,674,135	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,663,395	\$ 13,798,299	46
47	TOTAL EQUITY(page 18, line 24)	\$ 781,890	\$ 562,428	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,445,285	\$ 14,360,727	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3	To Begin With Zero Equity- First Report	276,785	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 276,785	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	805,105	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	(300,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 505,105	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)	\$ 781,890	24 *

* This must agree with page 17, line 47.

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	\$ 12,655,398	1
2	Discounts and Allowances for all Levels	(5,515,446)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,139,952	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,972,180	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,972,180	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	473,838	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	50,041	19
20	Radiology and X-Ray	18,205	20
21	Other Medical Services	12,315	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 554,399	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	213	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 213	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)	\$ 13,666,744	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,937,416	31
32	Health Care	4,530,470	32
33	General Administration	2,659,927	33
B. Capital Expense			
34	Ownership	849,444	34
C. Ancillary Expense			
35	Special Cost Centers	2,637,219	35
36	Provider Participation Fee	247,163	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,861,639	40
41	Income before Income Taxes (line 30 minus line 40)**	805,105	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 805,105	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,010,496	44
45	Private Pay - Net Inpatient Revenue	3,493,064	45
46	Medicare - Net Inpatient Revenue	609,388	46
47	Other-(specify) <u>Insurance/Managed Care</u>	27,004	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,139,952	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

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

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	2,032	2,080	\$ 103,723	\$ 49.87	1
2	Assistant Director of Nursing	2,249	2,298	84,398	36.73	2
3	Registered Nurses	39,862	40,778	1,198,582	29.39	3
4	Licensed Practical Nurses	29,707	30,372	807,292	26.58	4
5	CNAs & Orderlies	95,527	97,695	1,241,319	12.71	5
6	CNA Trainees					6
7	Licensed Therapist	735	751	27,819	37.04	7
8	Rehab/Therapy Aides	5,348	5,455	100,339	18.39	8
9	Activity Director	2,040	2,080	34,469	16.57	9
10	Activity Assistants	10,631	10,871	118,751	10.92	10
11	Social Service Workers	12,562	12,819	332,773	25.96	11
12	Dietician					12
13	Food Service Supervisor	4,943	5,051	110,248	21.83	13
14	Head Cook	5,659	5,821	65,143	11.19	14
15	Cook Helpers/Assistants	23,239	23,815	228,063	9.58	15
16	Dishwashers					16
17	Maintenance Workers	8,115	8,293	160,900	19.40	17
18	Housekeepers	17,167	17,556	177,199	10.09	18
19	Laundry	4,097	4,180	39,607	9.48	19
20	Administrator	4,259	4,346	101,721	23.41	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,717	1,757	38,571	21.95	23
24	Clerical	12,581	12,838	392,980	30.61	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,913	1,944	29,817	15.34	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	5,278	5,621	86,349	15.36	33
34	TOTAL (lines 1 - 33)	289,661	296,421	\$ 5,480,063 *	\$ 18.49	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	222	\$ 10,430	01-03	35
36	Medical Director	Monthly	104,766	09-03	36
37	Medical Records Consultant	Monthly	4,768	10-03	37
38	Nurse Consultant	Monthly	36,533	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	91	4,995	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	313	\$ 161,492		49

C. CONTRACT NURSES

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

Facility Name & ID Number Avantara Park Ridge, Llc# 0052852

Report Period Beginning:

01/01/15

Ending:

12/31/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$14,922
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,905 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 247,163
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.