

Facility Name & ID Number The Villa at Pa Peterson

0052845 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	129	Skilled (SNF)	129	47,214	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	29	Sheltered Care (SC)	29	10,614	5
6		ICF/DD 16 or Less			6
7	158	TOTALS	158	57,828	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	17,031	8,398	9,869	35,298	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		5,181		5,181	12
13	DD 16 OR LESS					13
14	TOTALS	17,031	13,579	9,869	40,479	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.00%

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)

Outpatient Therapy

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 129 and days of care provided 5,976

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: 12/31/2016 Fiscal Year: 12/31/2016

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

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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	365,188	42,822	31,692	439,702		439,702		439,702		1
2	Food Purchase		280,148		280,148		280,148	(646)	279,502		2
3	Housekeeping		189,408	278,321	467,729		467,729		467,729		3
4	Laundry		13	30,925	30,938		30,938		30,938		4
5	Heat and Other Utilities			204,579	204,579		204,579	(9,990)	194,589		5
6	Maintenance	97,463	1,617	129,870	228,950		228,950	(9,687)	219,263		6
7	Other (specify):*										7
8	TOTAL General Services	462,651	514,008	675,387	1,652,046		1,652,046	(20,322)	1,631,724		8
	B. Health Care and Programs										
9	Medical Director			20,000	20,000		20,000		20,000		9
10	Nursing and Medical Records	3,111,210	139,174	197,705	3,448,089		3,448,089		3,448,089		10
10a	Therapy	108,100	5,386		113,486		113,486		113,486		10a
11	Activities	112,305	12,765	3,236	128,306		128,306	(370)	127,936		11
12	Social Services	248,523	4,349	2,697	255,569		255,569		255,569		12
13	CNA Training										13
14	Program Transportation			13,418	13,418		13,418		13,418		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,580,138	161,674	237,056	3,978,868		3,978,868	(370)	3,978,498		16
	C. General Administration										
17	Administrative	123,957			123,957		123,957		123,957		17
18	Directors Fees										18
19	Professional Services			661,353	661,353	(291)	661,062	(510,286)	150,776		19
20	Dues, Fees, Subscriptions & Promotions			102,105	102,105		102,105	(17,928)	84,177		20
21	Clerical & General Office Expenses	207,308	4,256	364,482	576,046		576,046	4,738	580,784		21
22	Employee Benefits & Payroll Taxes			775,928	775,928		775,928	(7,034)	768,894		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,123	6,123		6,123	2,441	8,564		24
25	Other Admin. Staff Transportation			31,958	31,958		31,958	4,019	35,977		25
26	Insurance-Prop.Liab.Malpractice			158,056	158,056		158,056	809	158,865		26
27	Other (specify):*							37,862	37,862		27
28	TOTAL General Administration	331,265	4,256	2,100,005	2,435,526	(291)	2,435,235	(485,379)	1,949,856		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,374,054	679,938	3,012,448	8,066,440	(291)	8,066,149	(506,071)	7,560,078		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

The Villa at Pa Peterson

#0052845

Report Period Beginning:

01/01/16

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			118,335	118,335		118,335	270,172	388,507		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			48,913	48,913		48,913	385,604	434,517		32
33	Real Estate Taxes			190,000	190,000	291	190,291	5,012	195,303		33
34	Rent-Facility & Grounds			578,877	578,877		578,877	(578,877)	(0)		34
35	Rent-Equipment & Vehicles			9,522	9,522		9,522	605	10,127		35
36	Other (specify):*										36
37	TOTAL Ownership			945,647	945,647	291	945,938	82,515	1,028,453		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		467,973	1,048,368	1,516,341		1,516,341		1,516,341		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			248,994	248,994		248,994		248,994		42
43	Other (specify):*	17,158		43,909	61,067		61,067	(61,067)	0		43
44	TOTAL Special Cost Centers	17,158	467,973	1,341,271	1,826,402		1,826,402	(61,067)	1,765,335		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,391,212	1,147,911	5,299,366	10,838,489		10,838,489	(484,623)	10,353,866		45

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

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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	(265)	02		4
5	Telephone, TV & Radio in Resident Rooms	(11,633)	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	(535,362)	30		9
10	Interest and Other Investment Income	(2,907)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(940)	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	(890)	21		18
19	Entertainment				19
20	Contributions	(10,171)	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	(203,129)	21		24
25	Fund Raising, Advertising and Promotional	(7,014)	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	(147,173)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (919,484)		\$	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)	434,861		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 434,861		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (484,623)		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	

The Villa at Pa Peterson

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Report Period Beginning: 01/01/16

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medicare Sequestration	\$ (11,570)	21	1
2	Misc. Income	(3,841)	21	2
3	Vending Income	(109)	02	3
4	Resident Retention	(6,787)	43	4
5	Animal Care	(370)	11	5
6	Bank Fees	(13,624)	21	6
7	Marketing/Advertising/Promotion	(17,311)	43	7
8	Capitalized R&M	(21,964)	06	8
9	Additional R&M	7,967	06	9
10	Prior Year Mileage Reimbursement	(322)	25	10
11	Prior Year 401K Match	(7,034)	22	11
12	Non-allowable Legal	(3,179)	19	12
13	Marketing Expenses	(12,263)	43	13
14	Bldg Co - Accounting Fees	(3,265)	19	14
15	Bldg Co - Bank Fees	(382)	21	15
16	PAC Dues	(4,598)	20	16
17	Non-allowable Auto	(7,548)	43	17
18	Bldg Co - Misc. Expenses	(23,815)	21	18
19	Business Development Salary	(17,158)	43	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	(147,173)		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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	(1,314)		668									(646)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,633)		1,643									(9,990)	5
6	Maintenance	(13,997)		2,963	1,347								(9,687)	6
7	Other (specify):*													7
8	TOTAL General Services	(26,944)		5,274	1,347								(20,322)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities	(370)											(370)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(370)											(370)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(6,444)	3,265	(507,542)	435								(510,286)	19
20	Fees, Subscriptions & Promotions	(21,783)		3,844	11								(17,928)	20
21	Clerical & General Office Expenses	(257,251)	24,197	237,792									4,738	21
22	Employee Benefits & Payroll Taxes	(7,034)											(7,034)	22
23	Inservice Training & Education													23
24	Travel and Seminar			2,441									2,441	24
25	Other Admin. Staff Transportation	(322)		4,341									4,019	25
26	Insurance-Prop.Liab.Malpractice			472	337								809	26
27	Other (specify):*			37,862									37,862	27
28	TOTAL General Administration	(292,834)	27,462	(220,790)	783								(485,379)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(320,148)	27,462	(215,516)	2,131								(506,071)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Villa at Pa Peterson # 0052845 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(535,362)	765,474	8,836	31,224								270,172	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(2,907)	382,132	690	5,689								385,604	32
33	Real Estate Taxes				5,012								5,012	33
34	Rent-Facility & Grounds		(578,877)	13,448	(13,448)								(578,877)	34
35	Rent-Equipment & Vehicles			605									605	35
36	Other (specify):*													36
37	TOTAL Ownership	(538,269)	568,729	23,578	28,477								82,515	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):*	(61,067)											(61,067)	43
44	TOTAL Special Cost Centers	(61,067)											(61,067)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(919,484)	596,191	(191,938)	30,608								(484,623)	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 Pg 6-Supplemental		See Pg 6-Supplemental		See Pg 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	\$ 578,877	The Villa at PA Peterson Realty, LLC	100.00%	\$	\$ (578,877)	1
2	V	21 Bank Fees		The Villa at PA Peterson Realty, LLC	100.00%	382	382	2
3	V	19 Accounting Fees		The Villa at PA Peterson Realty, LLC	100.00%	3,265	3,265	3
4	V	32 Interest Expense	122	The Villa at PA Peterson Realty, LLC	100.00%	382,254	382,132	4
5	V	30 Depreciation		The Villa at PA Peterson Realty, LLC	100.00%	765,474	765,474	5
6	V	21 Misc. Expense		The Villa at PA Peterson Realty, LLC	100.00%	23,815	23,815	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 578,999			\$ 1,175,190	\$ * 596,191	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	2	FOOD	VILLA FINANCIAL SERVICES, LLC	100.00%	\$ 668	\$ 668
16	V	5	UTILITIES	VILLA FINANCIAL SERVICES, LLC	100.00%	1,643	1,643
17	V	6	REPAIRS AND MAINTENANCE	VILLA FINANCIAL SERVICES, LLC	100.00%	2,963	2,963
18	V	19	PROFESSIONAL FEES	VILLA FINANCIAL SERVICES, LLC	100.00%	280	280
19	V	20	FEES SUBSCRIPTIONS	VILLA FINANCIAL SERVICES, LLC	100.00%	3,844	3,844
20	V	21	CLERICAL & GENERAL	VILLA FINANCIAL SERVICES, LLC	100.00%	237,792	237,792
21	V	24	SEMINARS AND EDUCATION	VILLA FINANCIAL SERVICES, LLC	100.00%	2,441	2,441
22	V	25	ADMIN. STAFF TRAVEL	VILLA FINANCIAL SERVICES, LLC	100.00%	4,341	4,341
23	V	26	INSURANCE	VILLA FINANCIAL SERVICES, LLC	100.00%	472	472
24	V	27	EMPLOYEE BEN. GEN. ADMIN.	VILLA FINANCIAL SERVICES, LLC	100.00%	37,862	37,862
25	V	30	DEPRECIATION	VILLA FINANCIAL SERVICES, LLC	100.00%	8,836	8,836
26	V	32	INTEREST	VILLA FINANCIAL SERVICES, LLC	100.00%	690	690
27	V	34	RENT	VILLA FINANCIAL SERVICES, LLC	100.00%	13,448	13,448
28	V	35	EQUIPMENT RENTAL	VILLA FINANCIAL SERVICES, LLC	100.00%	605	605
29	V						
30	V						
31	V	19	HOME OFFICE	VILLA FINANCIAL SERVICES, LLC	100.00%		(507,822)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 507,822			\$ 315,884	\$ * (191,938)

* 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 REPAIRS AND MAINTENANCE		3737 Chase, LLC	100.00%	1,347	\$ 1,347
16	V	19 PROFESSIONAL FEES		3737 Chase, LLC	100.00%	144	144
17	V	19 REAL ESTATE TAX PROTEST FEES		3737 Chase, LLC	100.00%	291	291
18	V	20 DUES & SUBSCRIPTIONS		3737 Chase, LLC	100.00%	11	11
19	V	26 INSURANCE		3737 Chase, LLC	100.00%	337	337
20	V	30 DEPRECIATION		3737 Chase, LLC	100.00%	31,224	31,224
21	V	32 INTEREST EXPENSE		3737 Chase, LLC	100.00%	5,689	5,689
22	V	33 REAL ESTATE TAXES		3737 Chase, LLC	100.00%	5,012	5,012
23	V						
24	V						
25	V	34 RENT	13,448	3737 Chase, LLC	100.00%		(13,448)
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 13,448			\$ 44,056	\$ * 30,608

* 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:	
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		\$			\$	\$	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:	
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		\$			\$	\$	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

The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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	Benjamin Israel	12.57%	Holland Home	South Holland, IL	3737 CHASE, LLC	SKOKIE	BUILDING CO	1
2	Raphaela Stern	9.57%	Park Villa	Palos Heights, IL	VILLA FINANCIAL SERVICES	SKOKIE	MANAGEMENT	2
3	Berger Trust	14.87%	The Villa at Bradley Estates	Milwaukee, WI	PA PETERSON REALTY	ROCKFORD	BUILDING CO	3
4	Gabe Kroll	1.00%	The Villa at Bryn Mawr	Minneapolis, MN	LIFELINE AMBULANCE LLC	CHICAGO	AMBULANCE	4
5	Mark Goldson	1.00%	The Villa at City Center	Michigan	THE PINNACLE APARTMENTS		APARTMENTS	5
6	Eitan Schechter	1.00%	The Villa at Evergreen	Evergreen Park, IL	DISTINCT LLC		APARTMENTS	6
7	Menachem Shabat	25.00%	The Villa at Great Lakes Crossing	Michigan	SEASONS HOSPICE	DES PLAINES	HOSPICE	7
8	Chaim Rajchenbach	25.00%	The Villa at Green Lake Estates	Michigan				8
9	Yehoshua Baumol	2.00%	The Villa at Lincoln Park	Wisconsin				9
10	Whitney Arado	1.00%	The Villa at Middleton Village	Wisconsin				10
11	Steve Nagel	1.00%	The Villa at Osseo	Osseo, MN				11
12	Sandra Reis	1.00%	The Villa at Parkridge	Michigan				12
13	Jonathan Ollman	5.00%	The Villa at River Parkway	Wisconsin				13
14			The Villa at Rose City	Michigan				14
15			The Villa at Silverbell Estates	Michigan				15
16			The Villa at South Holland	South Holland, IL				16
17			The Villa at St. Louis Park	St. Louis Park, MN				17
18			The Villa at The Bay	Michigan				18
19			The Villa at The Park	Michigan				19
20			The Villa at Traverse Point	Michigan				20
21			The Villa at West Branch	Michigan				21
22			Windsor Park Nursing & Living Center	Chicago, IL				22
23			Trinity Senior Community	Milwaukee, WI				23
24			ADD Place II	East Lansing, MI				24
25			Addington Place	Northville, MI				25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number The Villa at Pa Peterson # 0052845 Report Period Beginning: 01/01/16 Ending: 12/31/16

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									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 VILLA FINANCIAL SERVICES, LLC
 Street Address 3755 WEST CHASE AVENUE
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847) 440-2660
 Fax Number (847) 430-3538

1	2	3	4	5	6	7	8	9		
Schedule V	Unit of Allocation	Unit of Allocation	Total Units	Number of	Total Indirect	Amount of Salary	Facility	Allocation		
Line	(i.e.,Days, Direct Cost,	(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	FINCL. CONSLT. REV.	11,549,901	25	\$ 15,191	\$ 507,822	\$ 668	1	
2	5	UTILITIES	FINCL. CONSLT. REV.	11,549,901	25	37,375	507,822	1,643	2	
3	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	11,549,901	25	67,393	507,822	2,963	3	
4	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	11,549,901	25	6,368	507,822	280	4	
5	20	FEES SUBSCRIPTIONS	FINCL. CONSLT. REV.	11,549,901	25	87,429	507,822	3,844	5	
6	21	CLERICAL & GENERAL	FINCL. CONSLT. REV.	11,549,901	25	5,408,336	5,366,442	507,822	237,792	6
7	24	SEMINARS AND EDUCATION	FINCL. CONSLT. REV.	11,549,901	25	55,513	507,822	2,441	7	
8	25	ADMIN. STAFF TRAVEL	FINCL. CONSLT. REV.	11,549,901	25	98,738	507,822	4,341	8	
9	26	INSURANCE	FINCL. CONSLT. REV.	11,549,901	25	10,735	507,822	472	9	
10	27	EMPLOYEE BEN. GEN. ADMIN	FINCL. CONSLT. REV.	11,549,901	25	861,135	507,822	37,862	10	
11	30	DEPRECIATION	FINCL. CONSLT. REV.	11,549,901	25	200,966	507,822	8,836	11	
12	32	INTEREST	FINCL. CONSLT. REV.	11,549,901	25	15,683	507,822	690	12	
13	34	RENT	FINCL. CONSLT. REV.	11,549,901	25	305,851	507,822	13,448	13	
14	35	EQUIPMENT RENTAL	FINCL. CONSLT. REV.	11,549,901	25	13,760	507,822	605	14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 7,184,473	\$ 5,366,442	\$ 315,884	25	

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 3737 Chase, LLC
 Street Address 3755 Chase Ave.
 City / State / Zip Code Skokie, IL, 60076
 Phone Number (847) 440-2660
 Fax Number (847) 430-3538

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	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	11,549,901	25	30,644	507,822	1,347	1
2	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	11,549,901	25	3,275	507,822	144	2
3	19	REAL ESTATE TAX PROTEST	FINCL. CONSLT. REV.	11,549,901	25	6,626	507,822	291	3
4	20	DUES & SUBSCRIPTIONS	FINCL. CONSLT. REV.	11,549,901	25	250	507,822	11	4
5	26	INSURANCE	FINCL. CONSLT. REV.	11,549,901	25	7,662	507,822	337	5
6	30	DEPRECIATION	FINCL. CONSLT. REV.	11,549,901	25	710,163	507,822	31,224	6
7	32	INTEREST EXPENSE	FINCL. CONSLT. REV.	11,549,901	25	129,383	507,822	5,689	7
8	33	REAL ESTATE TAXES	FINCL. CONSLT. REV.	11,549,901	25	114,000	507,822	5,012	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					\$ 1,002,003	\$	\$ 44,056	25

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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 The Villa at Pa Peterson

0052845 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending: 12/31/16

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

The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	Bldg Co		X					\$	8,600,000		\$	382,254	1							
2	Shareholder Loans	X							2,308,508				2							
3													3							
4													4							
5				-									5							
Working Capital																				
6	Private Bank		X	Line of Credit					986,455			48,913	6							
7													7							
8				-									8							
9	TOTAL Facility Related							\$	11,894,962		\$	431,167	9							
B. Non-Facility Related*																				
10	Interest Income		X									(2,907)	10							
11	Bldg Co - Interest Income		X									(122)	11							
12	Allocated from 3737 Chase, LLC		X									5,689	12							
13	Allocated from Villa Financial Services											690	13							
14	TOTAL Non-Facility Related							\$			\$	3,350	14							
15	TOTALS (line 9+line14)							\$	11,894,962		\$	434,517	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

The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		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						\$	\$			\$								
2																		
3																		
4																		
5																		
6																		
7	TOTAL Long-Term									7								
Working Capital																		
8						\$	\$			\$								
9																		
10																		
11																		
12																		
13																		
14	TOTAL Working Capital									14								
B. Non-Facility Related*																		
15						\$	\$			\$								
16																		
17																		
18																		
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.)

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Villa at Pa Peterson COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0052845

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>12-19-101-001</u>	<u>Long Term Care Property</u>	\$ <u>186,030.24</u>	\$ <u>186,030.24</u>
2. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>112,632.76</u>	\$ <u>4,952.20</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>298,663.00</u></u>	\$ <u><u>190,982.44</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Villa at Pa Peterson COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0052845

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 110,000 B. General Construction Type: Exterior Masonry Frame Steel Grids Number of Stories 3

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>\$ 745,467</u>	<u>1</u>
2	<u>Allocated from 3737 Chase, LLC</u>			<u>11,311</u>	<u>2</u>
3	TOTALS			\$ 756,778	3

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	158		2014	1979	\$ 9,824,355	\$ 765,474	35	\$ 280,696	\$ (484,778)	\$ 842,088	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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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			135,137	26,998	5,200	(21,798)	12,577	68
69				118,336		(118,336)		69
70		\$	9,959,492	\$	285,896	\$	854,665	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		\$ 9,959,492	\$ 910,808		\$ 285,896	\$ (624,912)	\$ 854,665	1
2	Mechanical Insulation Service	2014	6,000		20	300	300	700	2
3	Mechanical Insulation Service	2014	7,100		20	355	355	828	3
4	Mechanical Insulation Service	2014	3,350		20	168	168	363	4
5	100 Ton Compressor	2014	26,810		20	1,341	1,341	3,240	5
6	12 Nurse Call Med Alert Pendants @ \$160	2014	2,500		20	125	125	271	6
7	Water Damage Hvac Piping & Mold Removal On All Floors	2014	60,950		20	3,048	3,048	7,111	7
8	Insulation	2014	4,100		20	205	205	427	8
9	Replace Heat Exchanger	2015	12,629		20	631	631	1,052	9
10	Replace Condensor Fan Motors	2015	3,482		20	174	174	218	10
11	Replace Trane Compressors	2015	87,817		20	4,391	4,391	5,123	11
12	Service To The Nurse Call System	2016	5,100		20	255	255	255	12
13	Start Up Chiller	2016	13,071		20	654	654	654	13
14	Supply And Install Sondenser Fan Motors On Condenser	2016	3,793		20	190	190	190	14
15	Install & Insulated 8" Fresh Air Duct - Laundry Room	2016	3,855		20	193	193	193	15
16	Replace Compressor For Trane Rtu For Kitchen	2016	3,575		20	179	179	179	16
17	Service To The Smoke Dampers	2016	2,700		20	135	135	135	17
18	Materials And Labor To Grind Out And Weld Crack In Boiler	2016	6,260		20	313	313	313	18
19	Phone System	2016	21,195		20	1,060	1,060	1,060	19
20	Wifi Install	2016	29,251		20	1,463	1,463	1,463	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)		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	34

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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	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		\$ 10,263,029	\$ 910,808		\$ 301,073	\$ (609,735)	\$ 878,437	34

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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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 Building Company		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8 Leasehold Improvements:							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34 TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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 3737 Chase, LLC	2013	64,097	3,136	39	1,831	(1,305)	5,876	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10	Allocated from Villa Financial Services	2015	699	140	20	35	(105)	46	10
11									11
12	Allocated from 3737 Chase, LLC	2014	40,667	18,725	20	2,033	(16,692)	5,168	12
13	Allocated from 3737 Chase, LLC	2015	22,352	4,470	20	1,118	(3,352)	1,304	13
14	Allocated from 3737 Chase, LLC	2016	7,322	527	20	183	(344)	183	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)		\$ 135,137	\$ 26,998		\$ 5,200	\$ (21,798)	\$ 12,577	34

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

Facility Name & ID Number The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 135,137	\$ 26,998		\$ 5,200	\$ (21,798)	\$ 12,577	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		\$ 135,137	\$ 26,998		\$ 5,200	\$ (21,798)	\$ 12,577	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	\$ 843,773	\$ 4,571	\$ 84,378	\$ 79,807	10	\$ 239,136	71
72	Current Year Purchases	66,724	8,490	3,056	(5,434)	10	3,056	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 910,498	\$ 13,061	\$ 87,434	\$ 74,373		\$ 242,192	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)	\$ 11,930,305	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 923,869	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 388,507	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (535,362)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,120,629	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	CIP	\$ 302,706	92
93			93
94			94
95		\$ 302,706	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

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 \$ _____

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: \$ 8,096 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	Toyota	\$	\$ 2,031	17
18					18
19					19
20					20
21	TOTAL		\$ -	\$ 2,031	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 408,834	\$		\$ 408,834	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			84,101			84,101	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			555,433			555,433	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				323,322		323,322	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>						144,651		144,651	13
14	TOTAL			\$		\$ 1,048,368	\$ 467,973		\$ 1,516,341	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 **The Villa at Pa Peterson**

0052845

Report Period Beginning: **01/01/16**

Ending:

12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/16**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 511,378	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,721,525	2,820,586	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,670	45,670	6
7	Other Prepaid Expenses	21,290	21,290	7
8	Accounts Receivable (owners or related parties)	300	300	8
9	Other(specify): See Attached Schedule	303,301	521,391	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,092,086	\$ 3,920,615	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		9,824,355	14
15	Leasehold Improvements, at Historical Cost	254,191	999,658	15
16	Equipment, at Historical Cost	192,453	895,724	16
17	Accumulated Depreciation (book methods)	(165,388)	(1,476,494)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	302,706	314,614	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 583,962	\$ 10,557,857	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,676,048	\$ 14,478,472	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 959,970	\$ 1,117,754	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	986,455	986,455	29
30	Accrued Salaries Payable	281,679	281,679	30
31	Accrued Taxes Payable (excluding real estate taxes)	79,638	79,638	31
32	Accrued Real Estate Taxes(Sch.IX-B)		188,575	32
33	Accrued Interest Payable		38,474	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	360	360	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,308,102	\$ 2,692,935	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		2,308,507	39
40	Mortgage Payable		8,600,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	1,800,102	1,895,102	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,800,102	\$ 12,803,609	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,108,204	\$ 15,496,544	46
47	TOTAL EQUITY(page 18, line 24)	\$ (432,156)	\$ (1,018,072)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,676,048	\$ 14,478,472	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 356,889	1
2	Restatements (describe):		2
3	Late Journal Entries	1,247,250	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,604,139	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(670,295)	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	(1,366,000)	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)	\$ (2,036,295)	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)	\$ (432,156)	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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,529,523	1
2	Discounts and Allowances for all Levels	(1,908,839)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,620,684	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,155,784	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,155,784	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	265	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	320,485	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	41,245	19
20	Radiology and X-Ray	6,440	20
21	Other Medical Services	16,434	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 384,869	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,907	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,907	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	3,950	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,950	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,168,194	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,652,046	31
32	Health Care	3,978,868	32
33	General Administration	2,435,526	33
B. Capital Expense			
34	Ownership	945,647	34
C. Ancillary Expense			
35	Special Cost Centers	1,577,408	35
36	Provider Participation Fee	248,994	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,838,489	40
41	Income before Income Taxes (line 30 minus line 40)**	(670,295)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (670,295)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,197,302	44
45	Private Pay - Net Inpatient Revenue	2,687,131	45
46	Medicare - Net Inpatient Revenue	1,659,928	46
47	Other-(specify) <u>Insurance/Hospice</u>	122,845	47
48	Other-(specify) <u>Managed Care/VA</u>	953,478	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,620,684	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 The Villa at Pa Peterson

0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	1,700	1,848	\$ 94,056	\$ 50.90	1
2	Assistant Director of Nursing	1,305	1,419	54,213	38.21	2
3	Registered Nurses	27,929	30,357	921,964	30.37	3
4	Licensed Practical Nurses	27,978	30,410	759,955	24.99	4
5	CNAs & Orderlies	79,006	85,876	1,205,910	14.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,724	7,309	108,100	14.79	8
9	Activity Director	1,797	1,953	35,268	18.06	9
10	Activity Assistants	7,662	8,143	77,037	9.46	10
11	Social Service Workers	10,111	10,990	248,523	22.61	11
12	Dietician					12
13	Food Service Supervisor	1,974	2,145	36,245	16.90	13
14	Head Cook	4,100	4,457	43,417	9.74	14
15	Cook Helpers/Assistants	28,762	31,263	285,526	9.13	15
16	Dishwashers					16
17	Maintenance Workers	5,378	5,910	97,463	16.49	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,099	2,281	123,957	54.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,842	14,004	207,308	14.80	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	1,533	3,150	37,774	11.99	31
32	Other Health Care(specify)					32
33	Other(specify)	3,053	3,274	54,496	16.65	33
34	TOTAL (lines 1 - 33)	223,953	244,789	\$ 4,391,212 *	\$ 17.94	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 31,692	01-03	35
36	Medical Director	Monthly	20,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	20,625	10-03	38
39	Pharmacist Consultant	Monthly	13,740	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,236	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychiatric Consultant	Monthly	2,697	12-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 91,990		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,357	\$ 67,828	10-03	50
51	Licensed Practical Nurses	2,388	95,512	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,744	\$ 163,340		53

Facility Name & ID Number **The Villa at Pa Peterson**

0052845

Report Period Beginning: **01/01/16**

Ending: **12/31/16**

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	
Jim Standish (1/1/16-11/4/16)	Administrator	0	\$ 105,000	Workers' Compensation Insurance	\$ 146,603	IDPH License Fee	\$	
Bernice Marinelli (11/5/16-12/31/16)	Administrator	0	18,957	Unemployment Compensation Insurance	78,204	Advertising: Employee Recruitment	19,631	
				FICA Taxes	312,277	Health Care Worker Background Check (Indicate # of checks performed <u>2920</u>)	29,209	
				Employee Health Insurance	186,811	Patient Background Checks		
				Employee Meals		Dues & Subscriptions	27,714	
				Illinois Municipal Retirement Fund (IMRF)*		Licensing & Permitting	3,769	
				Life Insurance	9,070	Allocated from Villa Financial	3,844	
				401K Contribution	13,824	Allocated from 3737 Chase, LLC	11	
				Employee Retention	22,106			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 123,957	TOTAL (agree to Schedule V, line 22, col.8)		\$ 768,894	TOTAL (agree to Sch. V, line 20, col. 8)	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	6,123
							Allocated from Villa Financial	2,441
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
C. Professional Services								
Vendor/Payee	Type		Amount					
Marcum LLP	Accounting		\$ 20,730					
Paycor	Payroll Services		38,490					
Villa Financial Services	Financial Consulting Services		507,822					
See Attached	Legal Fees		8,560					
Personnel Planners	Unemployment Consultant		1,950					
Achieve Accreditation	Accreditation		11,009					
Greenberg & Associates	Health Information Mgmt		1,789					
Illinois Rytes Corp	Liability Management		11,166					
MTS Consulting, LLC	WOTC		10,318					
BDO Consulting	Reimbursement Consult		13,250					
e-Helath Data Solutions	Computer Services		9,068					
See Supplemental Schedule			27,200					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 661,353					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number The Villa at Pa Peterson# 0052845

Report Period Beginning:

01/01/16

Ending:

12/31/16**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 \$13,932
- (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 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 25,642 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. \$ 248,994
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. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 265
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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