



Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852 Report Period Beginning: 01/01/17 Ending: 12/31/17

**III. STATISTICAL DATA**

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 1/1/2017

	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)	154	56,210	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	154	56,210	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	14,687	12,966	14,325	41,978	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,687	12,966	14,325	41,978	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.68%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 07/25/2014

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 07/25/2014 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 154 and days of care provided 10,867

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

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

Facility Name & ID Number Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	458,944	28,476		487,420		487,420		487,420		1
2	Food Purchase		306,535		306,535		306,535	(19,747)	286,788		2
3	Housekeeping	180,598	48,113		228,711		228,711	186	228,897		3
4	Laundry	41,464	9,259	107,933	158,656		158,656	5	158,661		4
5	Heat and Other Utilities			190,273	190,273		190,273	(11,136)	179,137		5
6	Maintenance	109,449	20,154	155,656	285,259		285,259	73,798	359,057		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	790,455	412,537	453,862	1,656,854		1,656,854	43,106	1,699,960		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			117,043	117,043		117,043	571	117,614		9
10	Nursing and Medical Records	4,306,920	149,647	54,769	4,511,336		4,511,336	(6,068)	4,505,268		10
10a	Therapy	157,327			157,327		157,327		157,327		10a
11	Activities	177,033	18,560	2,306	197,899		197,899	4,341	202,240		11
12	Social Services	282,473	42,324	1,860	326,657		326,657	1,559	328,216		12
13	CNA Training										13
14	Program Transportation			42,732	42,732		42,732		42,732		14
15	Other (specify):*							14,896	14,896		15
16	<b>TOTAL Health Care and Programs</b>	4,923,753	210,531	218,710	5,352,994		5,352,994	15,299	5,368,293		16
	<b>C. General Administration</b>										
17	Administrative	169,821			169,821		169,821	149,256	319,077		17
18	Directors Fees										18
19	Professional Services			321,265	321,265	(15,670)	305,595	(183,837)	121,758		19
20	Dues, Fees, Subscriptions & Promotions			144,429	144,429		144,429	(84,387)	60,042		20
21	Clerical & General Office Expenses	439,851	5,704	613,288	1,058,843		1,058,843	(563,419)	495,424		21
22	Employee Benefits & Payroll Taxes			1,035,895	1,035,895		1,035,895	(57,953)	977,942		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,964	3,964		3,964	1,722	5,686		24
25	Other Admin. Staff Transportation			1,851	1,851		1,851		1,851		25
26	Insurance-Prop.Liab.Malpractice			224,363	224,363		224,363	3,174	227,537		26
27	Other (specify):*							62,470	62,470		27
28	<b>TOTAL General Administration</b>	609,672	5,704	2,345,055	2,960,431	(15,670)	2,944,761	(672,975)	2,271,786		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,323,880	628,772	3,017,627	9,970,279	(15,670)	9,954,609	(614,570)	9,340,039		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 &amp; ID Number

Avantara Park Ridge, Llc

#0052852

Report Period Beginning:

01/01/17

Ending:

12/31/17

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation							406,837	406,837			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			25,265	25,265		25,265	109,743	135,008			32
33	Real Estate Taxes			324,996	324,996	15,670	340,666	4,019	344,685			33
34	Rent-Facility & Grounds			595,800	595,800		595,800	(595,663)	137			34
35	Rent-Equipment & Vehicles			12,041	12,041		12,041	2,558	14,599			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			958,102	958,102	15,670	973,772	(72,506)	901,266			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	51,205	729,846	1,706,819	2,487,870		2,487,870		2,487,870			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			284,091	284,091		284,091		284,091			42
43	Other (specify):*			752,657	752,657		752,657	(752,657)				43
44	<b>TOTAL Special Cost Centers</b>	51,205	729,846	2,743,567	3,524,618		3,524,618	(752,657)	2,771,961			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	6,375,085	1,358,618	6,719,296	14,452,999		14,452,999	(1,439,733)	13,013,266			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**

# **0052852**

Report Period Beginning:

**01/01/17**

Ending:

**12/31/17**

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(12,221)	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	406,116	30		9
10	Interest and Other Investment Income	(7,583)	32		10
11	Discounts, Allowances, Rebates & Refunds	(18,858)	02		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(947)	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	(641)	21		18
19	Entertainment	(8,183)	21		19
20	Contributions	(60,512)	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	(272,283)	21		24
25	Fund Raising, Advertising and Promotional	(15,654)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,000)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,147,930)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,146,696)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
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)	(293,037)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (293,037)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,439,733)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>							
48		49		50		51	52

Avantara Park Ridge, Llc

ID# 0052852

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Misc Income	\$ (182)	21	1
2	Patient Personal Items	(11,135)	10	2
3	Direct Mail	(439)	20	3
4	Bank Charges	(1,992)	21	4
5	Sequestration Expense	(146,892)	21	5
6	Non Allowable Legal	(10,840)	19	6
7	PAC Dues	(8,704)	20	7
8	Capitalized R&M	(7,380)	06	8
9	Additional R&M	38,161	06	9
10	Bldg Co - Accounting Fees	(3,354)	19	10
11	Bldg Co - Amortization	(241,122)	36	11
12	Non Allowable Vehicle	(1,394)	35	12
13	Non Allowable Expense	(752,657)	43	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,147,930)		49



## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	(19,805)		42	16								(19,747)	2
3	Housekeeping			186									186	3
4	Laundry			5									5	4
5	Heat and Other Utilities	(12,221)				1,085							(11,136)	5
6	Maintenance	30,781		2,512	39,132	1,372							73,798	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(1,245)</b>		<b>2,745</b>	<b>39,148</b>	<b>2,457</b>							<b>43,106</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director			571									571	9
10	Nursing and Medical Records	(11,135)		35	5,920		(888)						(6,068)	10
10a	Therapy													10a
11	Activities			4,324	16								4,341	11
12	Social Services			68	1,490								1,559	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				14,896								14,896	15
16	<b>TOTAL Health Care and Programs</b>	<b>(11,135)</b>		<b>4,999</b>	<b>22,323</b>		<b>(888)</b>						<b>15,299</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			19,656	129,600								149,256	17
18	Directors Fees													18
19	Professional Services	(14,194)	3,354	(166,646)	327	273		(6,951)					(183,837)	19
20	Fees, Subscriptions & Promotions	(85,309)		759	160	2							(84,387)	20
21	Clerical & General Office Expenses	(438,173)		155,941	(281,189)	1							(563,419)	21
22	Employee Benefits & Payroll Taxes				(57,953)								(57,953)	22
23	Inservice Training & Education													23
24	Travel and Seminar			1,004	718								1,722	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			842	2,051	281							3,174	26
27	Other (specify):*			31,998	30,472								62,470	27
28	<b>TOTAL General Administration</b>	<b>(537,676)</b>	<b>3,354</b>	<b>43,554</b>	<b>(175,813)</b>	<b>557</b>		<b>(6,951)</b>					<b>(672,975)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(550,056)</b>	<b>3,354</b>	<b>51,299</b>	<b>(114,342)</b>	<b>3,014</b>		<b>(888)</b>	<b>(6,951)</b>				<b>(614,570)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	406,116			721								406,837	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(7,583)	112,407	16		4,903							109,743	32
33	Real Estate Taxes					4,019							4,019	33
34	Rent-Facility & Grounds		(595,800)	38,910	56	(38,829)							(595,663)	34
35	Rent-Equipment & Vehicles	(1,394)		2,849	1,103								2,558	35
36	Other (specify):*	(241,122)	241,122											36
37	<b>TOTAL Ownership</b>	<b>156,017</b>	<b>(242,271)</b>	<b>41,776</b>	<b>1,880</b>	<b>(29,907)</b>							<b>(72,506)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(752,657)											(752,657)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(752,657)</b>											<b>(752,657)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(1,146,696)</b>	<b>(238,917)</b>	<b>93,074</b>	<b>(112,462)</b>	<b>(26,893)</b>	<b>(888)</b>	<b>(6,951)</b>					<b>(1,439,733)</b>	<b>45</b>

**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 Rent	\$ 595,800	Park Ridge Property Holdings, LLC	100.00%	\$	(595,800)	1
2	V	19 Accounting Fees		Park Ridge Property Holdings, LLC	100.00%	3,354	3,354	2
3	V	36 Amortization - Goodwill		Park Ridge Property Holdings, LLC	100.00%	241,122	241,122	3
4	V	32 Interest Expense		Park Ridge Property Holdings, LLC	100.00%	112,407	112,407	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		\$ 595,800			\$ 356,883	\$ * (238,917)	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 <u>FOOD</u>	\$	<u>Legacy Healthcare Financial Services</u>	100.00%	\$ 42	\$	42	15
16	V	3 <u>HOUSEKEEPING SUPPLIES</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	186		186	16
17	V	4 <u>LINEN REPLACEMENT</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	5		5	17
18	V	6 <u>UTILITIES</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	11		11	18
19	V	6 <u>GROUNDS &amp; MAINTENANCE</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	2,502		2,502	19
20	V	9 <u>MEDICAL DIRECTOR CONSULTANT</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	571		571	20
21	V	10 <u>MEDICAL SUPPLIES</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	35		35	21
22	V	11 <u>ACTIVITIES PROGRAM</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	4,324		4,324	22
23	V	12 <u>SOCIAL SERVICE CONSULTANT</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	68		68	23
24	V	17 <u>ADMINISTRATIVE SALARY</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	19,656		19,656	24
25	V	19 <u>PROFESSIONAL FEES</u>	180,000	<u>Legacy Healthcare Financial Services</u>	100.00%	13,354		(166,646)	25
26	V	20 <u>FEES, SUBSCRIPTIONS</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	759		759	26
27	V	21 <u>CLERICAL &amp; GENERAL WAGES</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	151,748		151,748	27
28	V	21 <u>CLERICAL &amp; GENERAL OTHER COSTS</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	4,194		4,194	28
29	V	24 <u>SEMINARS</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	1,004		1,004	29
30	V	26 <u>INSURANCE</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	842		842	30
31	V	27 <u>EMP. BEN.-GEN. ADMIN.</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	31,998		31,998	31
32	V	32 <u>INTEREST</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	16		16	32
33	V	34 <u>RENT</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	38,829		38,829	33
34	V	34 <u>STORAGE</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	81		81	34
35	V	35 <u>EQUIPMENT RENTAL</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	20		20	35
36	V	35 <u>AUTO RENTAL</u>		<u>Legacy Healthcare Financial Services</u>	100.00%	2,829		2,829	36
37	V								37
38	V								38
39	Total		\$ 180,000			\$ 273,074	\$ *	93,074	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%	\$ 16	\$	16	15
16	V	6	MAINTENANCE SALARY	Progressive Healthcare Consulting	100.00%	39,016		39,016	16
17	V	6	BUILDING MAINTENANCE AND R&M	Progressive Healthcare Consulting	100.00%	116		116	17
18	V	10	NURSING SALARIES	Progressive Healthcare Consulting	100.00%	95,854		95,854	18
19	V	11	ACTIVITIES PROGRAM	Progressive Healthcare Consulting	100.00%	16		16	19
20	V	12	CLERGY CONSULTANT	Progressive Healthcare Consulting	100.00%	1,487		1,487	20
21	V	12	SOCIAL SERVICE	Progressive Healthcare Consulting	100.00%	4		4	21
22	V	15	EMP. BEN.-NURSING	Progressive Healthcare Consulting	100.00%	14,896		14,896	22
23	V	17	ADMIN SALARY- NON OWNER	Progressive Healthcare Consulting	100.00%	129,600		129,600	23
24	V	19	PROFESSIONAL FEES	Progressive Healthcare Consulting	100.00%	327		327	24
25	V	20	DUES, SUBSCRIPTIONS, LICENSES	Progressive Healthcare Consulting	100.00%	160		160	25
26	V	21	CLERICAL WAGES	Progressive Healthcare Consulting	100.00%	27,469		27,469	26
27	V	21	CLERICAL & GENERAL - OTHER	Progressive Healthcare Consulting	100.00%	293		293	27
28	V	24	SEMINARS	Progressive Healthcare Consulting	100.00%	718		718	28
29	V	27	EMP. BEN.-NON-NURSING	Progressive Healthcare Consulting	100.00%	30,472		30,472	29
30	V	26	INSURANCE	Progressive Healthcare Consulting	100.00%	2,051		2,051	30
31	V	30	DEPRECIATION	Progressive Healthcare Consulting	100.00%	721		721	31
32	V	34	STORAGE RENTAL	Progressive Healthcare Consulting	100.00%	56		56	32
33	V	35	AUTO RENTAL	Progressive Healthcare Consulting	100.00%	1,103		1,103	33
34	V								34
35	V	21	ADMINISTRATIVE SALARY	Progressive Healthcare Consulting	100.00%			(308,950)	35
36	V	10	NURSING SALARY	Progressive Healthcare Consulting	100.00%			(89,934)	36
37	V	22	REIMBURSE PAYROLL TAXES	Progressive Healthcare Consulting	100.00%			(57,953)	37
38	V								38
39	Total		\$ 456,837			\$ 344,375	\$ *	(112,462)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	CF ST. LOUIS, LLC	100.00%	\$ 1,085	\$	1,085	15
16	V	6 REPAIRS & MAINTENANCE		CF ST. LOUIS, LLC	100.00%	1,372		1,372	16
17	V	19 PROFESSIONAL FEES		CF ST. LOUIS, LLC	100.00%	273		273	17
18	V	20 DUES & SUBSCRIPTIONS		CF ST. LOUIS, LLC	100.00%	2		2	18
19	V	21 OFFICE EXPENSE		CF ST. LOUIS, LLC	100.00%	1		1	19
20	V	26 INSURANCE		CF ST. LOUIS, LLC	100.00%	281		281	20
21	V	32 INTEREST EXPENSE		CF ST. LOUIS, LLC	100.00%	4,903		4,903	21
22	V	33 REAL ESTATE TAXES		CF ST. LOUIS, LLC	100.00%	4,019		4,019	22
23	V								23
24	V								24
25	V								25
26	V	34 RENT	38,829	CF ST. LOUIS, LLC	100.00%			(38,829)	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		\$ 38,829			\$ 11,936	\$ *	(26,893)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Medical Supplies	\$ 21,822	ReMED Services		\$ 20,934	\$ (888)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 21,822			\$ 20,934	\$ * (888)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Payroll Services	\$ 28,964	ProPay HR LLC	24.00%	\$ 22,013	\$ (6,951)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 28,964			\$ 22,013	\$ * (6,951)

\* 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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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:

01/01/17

Ending:

12/31/17

VII. RELATED PARTIES

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

Table with 8 columns: Row Number, Owner Name, Ownership %, Related Nursing Home Name, City, Other Related Business Entity Name, City, Type of Business, and Row Number. It lists various owners and their associated nursing homes and business entities.



Facility Name & ID Number Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	N/A									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 Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 3450 Oakton Street  
 City / State / Zip Code Skokie, IL 60076  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 683-2900

1	2	3	4	5	6	7	8	9	
Schedule V	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
Line Reference									
1	2	FOOD	AVAIL. BED DAYS	30	\$ 1,460	\$	51,100	\$ 42	1
2	3	HOUSEKEEPING SUPPLIES	AVAIL. BED DAYS	30	6,519		51,100	186	2
3	4	LINEN REPLACEMENT	AVAIL. BED DAYS	30	171		51,100	5	3
4	6	UTILITIES	AVAIL. BED DAYS	30	372		51,100	11	4
5	6	GROUNDS & MAINTENANCE	AVAIL. BED DAYS	30	87,596		51,100	2,502	5
6	9	MEDICAL DIRECTOR CONSU	AVAIL. BED DAYS	30	20,000		51,100	571	6
7	10	MEDICAL SUPPLIES	AVAIL. BED DAYS	30	1,237		51,100	35	7
8	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	30	151,405		51,100	4,324	8
9	12	SOCIAL SERVICE CONSULTA	AVAIL. BED DAYS	30	2,392		51,100	68	9
10	17	ADMINISTRATIVE SALARY	AVAIL. BED DAYS	30	688,242	688,242	51,100	19,656	10
11	19	PROFESSIONAL FEES	AVAIL. BED DAYS	30	467,580		51,100	13,354	11
12	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	30	26,590		51,100	759	12
13	21	CLERICAL & GENERAL WAG	AVAIL. BED DAYS	30	5,313,296	5,313,296	51,100	151,748	13
14	21	CLERICAL & GENERAL OTH	AVAIL. BED DAYS	30	146,833		51,100	4,194	14
15	24	SEMINARS	AVAIL. BED DAYS	30	35,138		51,100	1,004	15
16	26	INSURANCE	AVAIL. BED DAYS	30	29,475		51,100	842	16
17	27	EMP. BEN.-GEN. ADMIN.	AVAIL. BED DAYS	30	1,120,380		51,100	31,998	17
18	32	INTEREST	AVAIL. BED DAYS	30	561		51,100	16	18
19	34	RENT	AVAIL. BED DAYS	30	1,359,562		51,100	38,829	19
20	34	STORAGE	AVAIL. BED DAYS	30	2,842		51,100	81	20
21	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	30	694		51,100	20	21
22	35	AUTO RENTAL	AVAIL. BED DAYS	30	99,069		51,100	2,829	22
23									23
24									24
25	TOTALS				\$ 9,561,416	\$ 6,001,539		\$ 273,074	25

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Progressive Healthcare Consulting  
 Street Address 3450 Oakton Street  
 City / State / Zip Code Skokie, IL 60076  
 Phone Number ( 847) 679-9797  
 Fax Number ( 847) 683-2900

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	21	\$ 432	\$	51,100	\$ 16	1
2	6	MAINTENANCE SALARY	AVAIL. BED DAYS	21	1,049,531	1,049,531	51,100	39,016	2
3	6	BUILDING MAINTENANCE A	AVAIL. BED DAYS	21	3,133		51,100	116	3
4	10	NURSING SALARIES	AVAIL. BED DAYS	21	2,578,462	2,578,462	51,100	95,854	4
5	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	21	443		51,100	16	5
6	12	CLERGY CONSULTANT	AVAIL. BED DAYS	21	39,998		51,100	1,487	6
7	12	SOCIAL SERVICE	AVAIL. BED DAYS	21	95		51,100	4	7
8	15	EMP. BEN.-NURSING	AVAIL. BED DAYS	21	400,703		51,100	14,896	8
9	17	ADMIN SALARY- NON OWNE	AVAIL. BED DAYS	21	3,486,246	3,486,246	51,100	129,600	9
10	19	PROFESSIONAL FEES	AVAIL. BED DAYS	21	8,800		51,100	327	10
11	20	DUES, SUBSCRIPTIONS, LICE	AVAIL. BED DAYS	21	4,293		51,100	160	11
12	21	CLERICAL WAGES	AVAIL. BED DAYS	21	738,904	738,904	51,100	27,469	12
13	21	CLERICAL & GENERAL - OTI	AVAIL. BED DAYS	21	7,880		51,100	293	13
14	24	SEMINARS	AVAIL. BED DAYS	21	19,314		51,100	718	14
15	27	EMP. BEN.-NON-NURSING	AVAIL. BED DAYS	21	819,705		51,100	30,472	15
16	26	INSURANCE	AVAIL. BED DAYS	21	55,168		51,100	2,051	16
17	30	DEPRECIATION	AVAIL. BED DAYS	21	19,384		51,100	721	17
18	34	STORAGE RENTAL	AVAIL. BED DAYS	21	1,500		51,100	56	18
19	35	AUTO RENTAL	AVAIL. BED DAYS	21	29,674		51,100	1,103	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 9,263,664	\$ 7,853,142		\$ 344,375	25

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization CF St. Louis LLC  
 Street Address 3450 Oakton Street  
 City / State / Zip Code Skokie, IL 60076  
 Phone Number ( 847) 676-5300  
 Fax Number ( 847) 676-5348

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. BED DAYS	1,789,215	30	\$ 37,998	\$ 51,100	\$ 1,085	1
2	6	REPAIRS & MAINTENANCE	AVAIL. BED DAYS	1,789,215	30	48,042	51,100	1,372	2
3	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,789,215	30	9,551	51,100	273	3
4	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	1,789,215	30	76	51,100	2	4
5	21	OFFICE EXPENSE	AVAIL. BED DAYS	1,789,215	30	32	51,100	1	5
6	26	INSURANCE	AVAIL. BED DAYS	1,789,215	30	9,839	51,100	281	6
7	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,789,215	30	171,679	51,100	4,903	7
8	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,789,215	30	140,710	51,100	4,019	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 417,927	\$	\$ 11,936	25

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

ReMED Services LLC

Street Address

3424 Oakton St, Suite 102

City / State / Zip Code

Skokie, IL 60077

Phone Number

( 847) 440-2600

Fax Number

(

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	10	Medical Supplies	Direct		\$	\$		\$ 20,934	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				\$	\$		\$ 20,934	25

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 ProPay HR LLC

Street Address 2201 W Main St

City / State / Zip Code Evanston, IL 60202

Phone Number ( 847) 905-3268

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	19	Payroll Services	Direct		\$	\$		\$ 22,013	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				\$	\$		\$ 22,013	25

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852 Report Period Beginning: 01/01/17 Ending: 12/31/17

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending: 12/31/17

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number

Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending:

12/31/17

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Mortgage Payable		X	Mortgage			\$	\$ 8,600,000		\$ 112,407	1									
2	Members Loan Payable		X	Members Loan Payable				2,074,135		25,265	2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	The Private Bank		X	Line of Credit				2,040,510			6									
7	Note Payable		X					645,000			7									
8											8									
9	<b>TOTAL Facility Related</b>						\$	\$ 13,359,645		\$ 137,672	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X							(7,583)	10									
11	Allocated Legacy Healthcare		X							16	11									
12	Allocated Progressive Consulting									4,903	12									
13											13									
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$ (2,664)	14									
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 13,359,645		\$ 135,008	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:

01/01/17

Ending:

12/31/17

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2016 report.		\$	<u>173,107</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>304,540</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>131,433</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>197,582</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>15,670</u>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>344,685</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<u>                    </u>	8
	2013	<u>                    </u>	9
	2014	<u>                    </u>	10
	2015	<u>                    314,741</u>	11
	2016	<u>                    300,521</u>	12

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**Beginning Accrual Adjusted**  
**Allocated CF St Louis = \$4,019**  
**2017 Accrual = 300,521x .66 = 197,582**

**NOTES:**

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





Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852 Report Period Beginning:

01/01/17 Ending:

12/31/17

**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 CF St Louis</u>			<u>18,564</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 567,115</b>	<b>3</b>

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending:

12/31/17

**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	154		2014	1959	\$ 6,926,641	\$	39	\$ 177,606	\$ 177,606	\$ 710,424
5										
6										
7										
8										
	<b>Improvement Type**</b>									
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										
35										
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 Avantara Park Ridge, Llc

# 0052852

Report Period Beginning:

01/01/17

Ending:

12/31/17

**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			223,155		10,508	10,508	20,796	68
69								69
70		\$	7,149,796	\$	188,114	188,114	731,220	70

\*\*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:

01/01/17

Ending:

12/31/17**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,149,796	\$		\$ 188,114	\$ 188,114	\$ 731,220	1
2	Exterior/Hallway/Elevator Signage, Entrance Column Wrap	2014	22,960		20	1,148	1,148	3,540	2
3	Furnish And Fabricate Insulated Walk-In Panels Inside An Existing	2014	45,780		20	2,289	2,289	7,630	3
4	6' High Western Red Cedar Fence	2014	3,030		20	152	152	455	4
5	Replace Heat Exchanger For Dining Room	2014	4,433		20	222	222	702	5
6	Installed Sump Pump/Storm Basin Lower Level	2015	3,825		20	191	191	574	6
7	Excavate Floor Drain/Install Sump Pump/Sewer	2015	3,895		20	195	195	584	7
8	Architect Fees - Canopy Renovation	2015	24,708		20	1,235	1,235	3,192	8
9	Repaired A/C	2015	3,000		20	600	600	1,550	9
10	New Boiler	2015	23,317		20	1,166	1,166	2,817	10
11	Installed New Boiler System	2015	69,958		20	3,498	3,498	10,494	11
12	Fire Alarm Panel Replacement	2015	8,545		20	427	427	1,282	12
13	Wall Lamps	2015	17,623		20	881	881	2,056	13
14	Wallpaper - Short Term Wing	2015	6,748		20	337	337	787	14
15	Recover Existing Canopy Over Front/Back Entrance	2015	6,480		20	324	324	918	15
16	Audio System Repair Volts, Amps,Wiring	2015	6,528		20	326	326	707	16
17	Fence	2015	14,290		20	715	715	2,144	17
18	Provided Electrical Outlets And Piping For New Kiosks/Nurse Station	2016	6,275		20	314	314	628	18
19	Short Term Wing Tiling	2016	9,858		20	493	493	986	19
20	1St Floor Lobby Tiling	2016	4,490		20	224	224	449	20
21	Installed Two Doors And Insulated Glass	2016	9,200		20	460	460	920	21
22	Replaced Backflow And Re-Piped Drain	2016	6,981		20	349	349	698	22
23	Repaired Nurse Call System/Install Fire Alarm	2016	2,725		20	136	136	273	23
24	Double Door Wanderguard System	2016	2,802		20	140	140	280	24
25	16 Patient Room Drapery	2016	6,150		20	308	308	615	25
26	Installed New Compressor	2016	20,788		20	1,039	1,039	2,079	26
27	1St Floor Lobby Tiling	2016	3,002		20	150	150	300	27
28	Patient Room Roller Shades	2016	10,666		20	533	533	1,067	28
29	1St Floor Cubicle Curtains	2016	3,938		20	197	197	394	29
30	Installed Double Doors For Main Entrance/Lobby	2016	9,630		20	482	482	963	30
31	Carpeting For Resident Rooms	2016	3,133		20	157	157	313	31
32	Lobby/Corridor/Pt/1St&2Nd Fl Rm/Common Areas Pods/Chapel	2016			20				32
33	Conversion/Demo/Electrical/Drywall/Carpentry/Stations/Lighting	2016			20				33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,514,554	\$		\$ 206,802	\$ 206,802	\$ 780,614	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,514,554	\$		\$ 206,802	\$ 206,802	\$ 780,614	1
2	<u>And Architect/Management/Permit/Idph Plan Review Fees</u>	2016	1,005,857		20	50,293	50,293	100,586	2
3	<u>Architect Fees - Pods Conversion</u>	2017	46,000		20	2,300	2,300	2,300	3
4	<u>Replace 8" Drain Line Under Tunnel From Tool Room To Boiler</u>	2017	9,330		20	467	467	467	4
5	<u>Resident Rooms/Common Area - Lvp Flooring</u>	2017	60,213		20	3,011	3,011	3,011	5
6	<u>Dining Room - Wallpaper Removal/Prime/Paint</u>	2017	3,795		20	190	190	190	6
7	<u>Electrical &amp; Lighting-Rearrange Life Safety Circuits And Critical</u>	2017	2,900		20	73	73	73	7
8	<u>Window Caulking</u>	2017	8,500		20	177	177	177	8
9	<u>Cable Pulls For Patient Rooms</u>	2017	3,615		20	181	181	181	9
10	<u>Replace Condenser Fan Motors And Blades On Chiller</u>	2017	12,000		20	1,200	1,200	1,200	10
11	<u>Electrical Work For Mag-Lock Replacement</u>	2017	2,650		20	265	265	265	11
12	<u>Removed Cabinets, Baseboards, Painted, Installed Corner Guards</u>	2017	65,000		20	3,250	3,250	3,250	12
13	<u>1St Floor Lobby Signage</u>	2017	4,180		20	209	209	209	13
14	<u>Polished Chrome Finish Leverset</u>	2017	4,611		20	231	231	231	14
15	<u>1St Floor Lobby Lighting</u>	2017	5,379		20	538	538	538	15
16	<u>2Nd Floor Shades</u>	2017	9,697		20	970	970	970	16
17	<u>Lounge Area Roller Shades</u>	2017	12,025		20	1,203	1,203	1,203	17
18	<u>Replaced 8" Drain Line Under Tunnel, Installed New Pvc To Boil</u>	2017	7,380		20	369	369	369	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,777,685	\$		\$ 271,726	\$ 271,726	\$ 895,832	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		\$ 8,777,685	\$		\$ 271,726	\$ 271,726	\$ 895,832	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		\$ 8,777,685	\$		\$ 271,726	\$ 271,726	\$ 895,832	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:

01/01/17

Ending:

12/31/17

**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		\$ 8,777,685	\$		\$ 271,726	\$ 271,726	\$ 895,832	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)	\$ 8,777,685	\$		\$ 271,726	\$ 271,726	\$ 895,832	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 <b>Building Company</b>		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8 <b>Leasehold Improvements:</b>							
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 <b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$

\*\*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:

01/01/17

Ending:

12/31/17

**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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
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		\$	\$		\$	\$	\$

\*\*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	10
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									3
4	Allocated from CF St. Louis LLC	2016	30,350		35	867	867	1,734	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from CF St. Louis LLC	2016	188,431		20	9,422	9,422	18,843	9
10	Allocated from CF St. Louis LLC	2017	4,374		20	219	219	219	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)		\$ 223,155	\$		\$ 10,508	\$ 10,508	\$ 20,796	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		\$ 223,155	\$		\$ 10,508	\$ 10,508	\$ 20,796	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)	\$ 223,155	\$		\$ 10,508	\$ 10,508	\$ 20,796	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:

01/01/17

Ending:

12/31/17

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	\$ 1,064,070	\$ 721	\$ 122,428	\$ 121,707	10	\$ 375,741	71
72	Current Year Purchases	118,036		12,683	12,683	10	12,683	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,182,106	\$ 721	\$ 135,111	\$ 134,390		\$ 388,424	75

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

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,526,906	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 721	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 406,837	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 406,116	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,284,255	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	\$ 335,500	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning: 01/01/17

Ending: 12/31/17

**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	<u>Allocated Legacy HC</u>				<u>81</u>			5
6	<u>Allocated Progressive Consulting</u>				<u>56</u>			6
7	TOTAL				\$ <u>137</u>			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12. \_\_\_\_\_ /2018                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2019                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2020                      \$ \_\_\_\_\_

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 3,196

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	<u>Facility</u>	<u>Toyota</u>	\$ _____	\$ <u>7,470</u>	17
18	<u>Allocated Legacy HC</u>			<u>2,829</u>	18
19	<u>Allocated Progressive Consulting</u>			<u>1,103</u>	19
20					20
21	TOTAL		\$ _____	\$ <u>11,402</u>	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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5	6	7	8		
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)						Total Cost (Col. 3 + 5 + 6)
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	634,931	\$			\$	634,931	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				181,611					181,611	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs				769,796					769,796	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						531,587			531,587	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>				51,205		120,481		198,259			369,945	13	
14	TOTAL			\$	51,205		\$	1,706,819	\$	729,846		\$	2,487,870	14

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

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,000	\$ 224,094	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,745,021	1,745,021	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	79,746	79,746	6
7	Other Prepaid Expenses	8,015	8,015	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	693,498	1,047,401	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,528,280	\$ 3,104,277	10
	<b>B. Long-Term Assets</b>			
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	1,805,348	1,805,348	15
16	Equipment, at Historical Cost	976,748	1,479,084	16
17	Accumulated Depreciation (book methods)	(245,059)	(1,224,773)	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): <u>See Attached Schedule</u>	1,645,111	5,198,987	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,182,148	\$ 14,733,838	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,710,428	\$ 17,838,115	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,015,604	\$ 1,015,604	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	645,000	2,685,510	29
30	Accrued Salaries Payable	640,516	640,516	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,533	26,533	31
32	Accrued Real Estate Taxes(Sch.IX-B)		197,582	32
33	Accrued Interest Payable		38,474	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	441,967	497,205	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,769,620	\$ 5,101,424	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		2,074,135	39
40	Mortgage Payable		8,600,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>	2,051,044	2,051,044	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,051,044	\$ 12,725,179	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,820,664	\$ 17,826,603	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,889,764	\$ 11,512	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,710,428	\$ 17,838,115	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,598,007</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>	<b>Equity Adjustment</b>	<b>358,086</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,956,093</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>633,678</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(700,007)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(66,329)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,889,764</b>	<b>24</b> *

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

Facility Name &amp; ID Number Avantara Park Ridge, Llc

# 0052852

Report Period Beginning: 01/01/17

Ending:

12/31/17

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,389,967	1
2	Discounts and Allowances for all Levels	(7,337,862)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,052,105	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,247,800	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 7,247,800	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	545,201	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	173,082	19
20	Radiology and X-Ray		20
21	Other Medical Services	41,866	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 760,149	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	7,583	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 7,583	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	19,040	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 19,040	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,086,677	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,656,854	31
32	Health Care	5,352,994	32
33	General Administration	2,960,431	33
<b>B. Capital Expense</b>			
34	Ownership	958,102	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,240,527	35
36	Provider Participation Fee	284,091	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,452,999	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	633,678	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 633,678	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,158,675	44
45	Private Pay - Net Inpatient Revenue	1,721,908	45
46	Medicare - Net Inpatient Revenue	2,399,839	46
47	Other-(specify) <u>Insurance</u>	771,683	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 7,052,105	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:

**01/01/17**

Ending:

**12/31/17**

**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	\$ 110,268	\$ 53.01	1
2	Assistant Director of Nursing	1,960	2,008	91,107	45.37	2
3	Registered Nurses	42,620	45,976	1,575,366	34.26	3
4	Licensed Practical Nurses	33,615	38,236	1,038,024	27.15	4
5	CNAs & Orderlies	95,457	103,129	1,446,701	14.03	5
6	CNA Trainees					6
7	Licensed Therapist	1,417	1,461	51,205	35.05	7
8	Rehab/Therapy Aides	7,480	8,057	157,327	19.53	8
9	Activity Director	1,992	2,080	42,828	20.59	9
10	Activity Assistants	10,034	10,684	134,205	12.56	10
11	Social Service Workers	11,030	11,840	282,473	23.86	11
12	Dietician					12
13	Food Service Supervisor	3,514	4,016	60,831	15.15	13
14	Head Cook	4,793	5,165	62,548	12.11	14
15	Cook Helpers/Assistants	24,907	26,930	335,565	12.46	15
16	Dishwashers					16
17	Maintenance Workers	3,703	4,028	109,449	27.17	17
18	Housekeepers	15,982	16,999	180,598	10.62	18
19	Laundry	3,709	3,970	41,464	10.44	19
20	Administrator	5,560	6,043	169,821	28.10	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,032	22,861	439,851	19.24	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	1,000	1,143	28,498	24.93	31
32	Other Health Care(specify)					32
33	Other(specify)	1,048	1,072	16,956	15.82	33
34	TOTAL (lines 1 - 33)	292,885	317,778	\$ 6,375,085 *	\$ 20.06	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			35	
36	Medical Director	Monthly	117,043	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	34,454	10-03	38
39	Pharmacist Consultant	Monthly	11,315	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	2,306	11-03	44
45	Social Service Consultant	33	1,860	12-03	45
46	Other(specify) <u>Clergy</u>	Monthly	9,000	10-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	33	\$ 175,978		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

**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	
<u>Rani Stutz</u>	<u>Administrator</u>	<u>0</u>	\$ <u>90,649</u>	<u>Workers' Compensation Insurance</u>	\$ <u>155,734</u>	<u>IDPH License Fee</u>	\$ _____	
<u>Erin Levy</u>	<u>Administrator</u>		<u>79,170</u>	<u>Unemployment Compensation Insurance</u>	<u>27,429</u>	<u>Advertising: Employee Recruitment</u>	_____	
				<u>FICA Taxes</u>	<u>439,812</u>	<u>Health Care Worker Background Check</u>	_____	
				<u>Employee Health Insurance</u>	<u>292,392</u>	(Indicate # of checks performed <u>2154</u> )	<u>21,543</u>	
				<u>Employee Meals</u>	_____	<u>Patient Background Checks</u>	<u>205</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>	_____	<u>Permits</u>	<u>201</u>	
				<u>Other Employee Benefits</u>	<u>31,985</u>	<u>Licenses</u>	<u>15,379</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ <u>169,819</u></b>	<u>401K Expense</u>	<u>19,163</u>	<u>Dues and Subscriptions</u>	<u>21,792</u>	
(List each licensed administrator separately.)				<u>Voluntary Benefit Contributions</u>	<u>10,896</u>	<u>Allocated from Legacy Healthcare</u>	<u>759</u>	
				<u>Employee Physical Exams</u>	<u>530</u>	<u>See Supplemental Schedule</u>	<u>162</u>	
						<u>Less: Public Relations Expense</u>	( _____ )	
						<u>Non-allowable advertising</u>	( _____ )	
						<u>Yellow page advertising</u>	( _____ )	
				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ <u>977,941</u></b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ <u>60,041</u></b>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ _____</b>	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
						\$ _____	<u>Out-of-State Travel</u>	\$ _____
							<u>In-State Travel</u>	_____
							<u>Seminar Expense</u>	<u>3,964</u>
							<u>Allocated from Legacy Healthcare</u>	<u>1,004</u>
							<u>Allocated from Progressive Consulting</u>	<u>718</u>
							<u>Entertainment Expense</u>	( _____ )
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ <u>321,266</u></b>	<b>TOTAL</b>		<b>\$ _____</b>	<b>TOTAL (agree to Sch. V, line 24, col. 8)</b>	<b>\$ <u>5,686</u></b>
(For legal fee disclosure, see page 39 of instructions)								

\* Attach copy of IMRF notifications

\*\*See instructions.

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

Report Period Beginning:

01/01/17

Ending:

12/31/17**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 = \$16,861, IHCA = \$909
- (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. \$ 49,314 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. \$ 284,091  
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