

Facility Name & ID Number Villa At South Holland

0052340 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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	171	Skilled (SNF)	171	62,415	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	171	TOTALS	171	62,415	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			14,828	14,828	8
9	SNF/PED					9
10	ICF	10,287	2,614	13,714	26,615	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,287	2,614	28,542	41,443	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.40%

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 05/01/2013

J. Was the facility purchased or leased after January 1, 1978?
YES Date 05/01/2013 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 171 and days of care provided 14,828

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Villa At South Holland # 0052340 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
	A. General Services										
1	Dietary		47,046	694,038	741,084		741,084	(1,181)	739,903		1
2	Food Purchase		661		661		661	1,165	1,826		2
3	Housekeeping		20,317	289,638	309,955		309,955		309,955		3
4	Laundry			193,092	193,092		193,092		193,092		4
5	Heat and Other Utilities			283,762	283,762		283,762	(16,161)	267,601		5
6	Maintenance	154,098	179	87,081	241,358		241,358	11,996	253,354		6
7	Other (specify):*										7
8	TOTAL General Services	154,098	68,203	1,547,611	1,769,912		1,769,912	(4,182)	1,765,730		8
	B. Health Care and Programs										
9	Medical Director			71,537	71,537		71,537		71,537		9
10	Nursing and Medical Records	3,431,835	273,018	95,436	3,800,289		3,800,289	(5,270)	3,795,020		10
10a	Therapy	17,492	6,888	7,722	32,102		32,102	(788)	31,314		10a
11	Activities	141,417	4,868		146,285		146,285		146,285		11
12	Social Services	202,650	10,723		213,373		213,373		213,373		12
13	CNA Training										13
14	Program Transportation			21,800	21,800		21,800		21,800		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,793,394	295,497	196,495	4,285,386		4,285,386	(6,058)	4,279,329		16
	C. General Administration										
17	Administrative	174,489			174,489		174,489		174,489		17
18	Directors Fees										18
19	Professional Services			858,765	858,765		858,765	(737,737)	121,028		19
20	Dues, Fees, Subscriptions & Promotions			75,237	75,237		75,237	(11,726)	63,511		20
21	Clerical & General Office Expenses	407,133	2,061	811,798	1,220,992		1,220,992	(242,596)	978,396		21
22	Employee Benefits & Payroll Taxes			768,454	768,454		768,454	(651)	767,803		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,002	1,002		1,002	769	1,771		24
25	Other Admin. Staff Transportation			17,809	17,809		17,809	3,583	21,392		25
26	Insurance-Prop.Liab.Malpractice			277,274	277,274		277,274	24	277,298		26
27	Other (specify):*							53,259	53,259		27
28	TOTAL General Administration	581,622	2,061	2,810,339	3,394,022		3,394,022	(935,074)	2,458,948		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,529,114	365,761	4,554,445	9,449,320		9,449,320	(945,314)	8,504,006		29

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

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

Facility Name & ID Number

Villa At South Holland

#0052340

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	
	D. Ownership											
30	Depreciation			766,710	766,710		766,710	(570,737)	195,973			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			71,444	71,444		71,444	8,423	79,867			32
33	Real Estate Taxes							8,020	8,020			33
34	Rent-Facility & Grounds			1,962,776	1,962,776		1,962,776	0	1,962,776			34
35	Rent-Equipment & Vehicles			16,397	16,397		16,397	979	17,376			35
36	Other (specify):*			4,150	4,150		4,150	(4,150)				36
37	TOTAL Ownership			2,821,477	2,821,477		2,821,477	(557,464)	2,264,013			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		713,927	1,763,979	2,477,906		2,477,906	(21,797)	2,456,109			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			255,178	255,178		255,178		255,178			42
43	Other (specify):*		1,521	39,030	40,551		40,551	(40,551)	(0)			43
44	TOTAL Special Cost Centers		715,448	2,058,187	2,773,635		2,773,635	(62,348)	2,711,287			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,529,114	1,081,209	9,434,109	15,044,432		15,044,432	(1,565,126)	13,479,306			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 Villa At South Holland

0052340

Report Period Beginning:

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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(20,025)	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	(643,826)	30		9
10	Interest and Other Investment Income	(2,140)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		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	(2,232)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(439,091)	21		24
25	Fund Raising, Advertising and Promotional	(4,917)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(237,081)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,349,312)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(215,814)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (215,814)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,565,126)		37

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

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

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

BHF USE ONLY

48		49		50		51		52	
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Villa At South Holland

ID# 0052340

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Travel	\$ (103)	25	1
2	Sequestration Reduction	(139,075)	21	2
3	Veterans - Pharmacy	(2,950)	10	3
4	Marketing Supplies	(1,521)	43	4
5	Promotional Materials	(5,360)	43	5
6	Internet Advertising	(3,376)	20	6
7	Marketing Entertainment	(6,862)	43	7
8	Resident Retention	(12,880)	43	8
9	Locater/Promo/Gifts	(6,734)	43	9
10	Bank Fees	(17,999)	21	10
11	Donations	(1,113)	20	11
12	Acquisition Costs	(4,150)	36	12
13	Manufacture Rebate	(1,181)	01	13
14	Prior Period Insurance Finance Fee	(1,574)	26	14
15	Employee Benefits - 2016	(651)	22	15
16	Non-Allowable Expense	(4,140)	21	16
17	Medical Records Income	(2,320)	10	17
18	Miscellaneous Income	(1,509)	21	18
19	Additional R&M	9,860	06	19
20	Capitalized R&M	(2,818)	06	20
21	Annual Report	(250)	20	21
22	PAC Dues	(11,115)	20	22
23	Marketing Expense - Consultants	(7,157)	43	23
24	Marketing Expense - Professional	(36)	43	24
25	Non-Allowable Legal Fees	(12,066)	19	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(237,081)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Villa At South Holland

0052340

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	(1,181)											(1,181)	1
2	Food Purchase			1,165									1,165	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(20,025)		3,864									(16,161)	5
6	Maintenance	7,042		4,933	20								11,996	6
7	Other (specify):*													7
8	TOTAL General Services	(14,164)		9,962	20								(4,182)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(5,270)											(5,270)	10
10a	Therapy						(788)						(788)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(5,270)					(788)						(6,058)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(12,066)		(725,882)	211								(737,737)	19
20	Fees, Subscriptions & Promotions	(20,771)		9,028	17								(11,726)	20
21	Clerical & General Office Expenses	(604,046)		361,451									(242,596)	21
22	Employee Benefits & Payroll Taxes	(651)											(651)	22
23	Inservice Training & Education													23
24	Travel and Seminar			769									769	24
25	Other Admin. Staff Transportation	(103)		3,686									3,583	25
26	Insurance-Prop.Liab.Malpractice	(1,574)		883	715								24	26
27	Other (specify):*			53,259									53,259	27
28	TOTAL General Administration	(639,211)		(296,806)	943								(935,074)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(658,645)		(286,844)	963		(788)						(945,314)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Villa At South Holland # 0052340 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	(643,826)		38,275	34,814								(570,737)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(2,140)		1,141	9,422								8,423	32
33	Real Estate Taxes				8,020								8,020	33
34	Rent-Facility & Grounds			13,277	(13,277)								0	34
35	Rent-Equipment & Vehicles			979									979	35
36	Other (specify):*	(4,150)											(4,150)	36
37	TOTAL Ownership	(650,116)		53,673	38,979								(557,464)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(21,797)							(21,797)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(40,551)											(40,551)	43
44	TOTAL Special Cost Centers	(40,551)				(21,797)							(62,348)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,349,312)		(233,171)	39,942	(21,797)	(788)						(1,565,126)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 FOOD	\$	VILLA FINANCIAL SERVICES, LLC	100.00%	\$ 1,165	\$ 1,165
16	V	5 UTILITIES		VILLA FINANCIAL SERVICES, LLC	100.00%	3,864	3,864
17	V	6 REPAIRS AND MAINTENANCE		VILLA FINANCIAL SERVICES, LLC	100.00%	4,933	4,933
18	V	19 PROFESSIONAL FEES		VILLA FINANCIAL SERVICES, LLC	100.00%	5,937	5,937
19	V	20 FEES SUBSCRIPTIONS		VILLA FINANCIAL SERVICES, LLC	100.00%	9,028	9,028
20	V	21 CLERICAL & GENERAL - SALARIES		VILLA FINANCIAL SERVICES, LLC	100.00%	355,826	355,826
21	V	21 CLERICAL & GENERAL - OTHER EXPENSE		VILLA FINANCIAL SERVICES, LLC	100.00%	5,625	5,625
22	V	24 SEMINARS AND EDUCATION		VILLA FINANCIAL SERVICES, LLC	100.00%	769	769
23	V	25 ADMIN. STAFF TRAVEL		VILLA FINANCIAL SERVICES, LLC	100.00%	3,686	3,686
24	V	26 INSURANCE		VILLA FINANCIAL SERVICES, LLC	100.00%	883	883
25	V	27 EMPLOYEE BEN. GEN. ADMIN.		VILLA FINANCIAL SERVICES, LLC	100.00%	53,259	53,259
26	V	30 DEPRECIATION		VILLA FINANCIAL SERVICES, LLC	100.00%	38,275	38,275
27	V	32 INTEREST		VILLA FINANCIAL SERVICES, LLC	100.00%	1,141	1,141
28	V	34 RENT		VILLA FINANCIAL SERVICES, LLC	100.00%	13,277	13,277
29	V	35 EQUIPMENT RENTAL		VILLA FINANCIAL SERVICES, LLC	100.00%	979	979
30	V						
31	V	19 HOME OFFICE	731,819				(731,819)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 731,819			\$ 498,648	\$ * (233,171)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 REPAIRS AND MAINTENANCE		3737 Chase, LLC	100.00%	20	\$	20	15
16	V	19 PROFESSIONAL FEES		3737 Chase, LLC	100.00%	211		211	16
17	V	20 DUES & SUBSCRIPTIONS		3737 Chase, LLC	100.00%	17		17	17
18	V	26 INSURANCE		3737 Chase, LLC	100.00%	715		715	18
19	V	30 DEPRECIATION		3737 Chase, LLC	100.00%	34,814		34,814	19
20	V	32 INTEREST EXPENSE		3737 Chase, LLC	100.00%	9,422		9,422	20
21	V	33 REAL ESTATE TAXES		3737 Chase, LLC	100.00%	8,020		8,020	21
22	V								22
23	V								23
24	V								24
25	V	34 RENT	13,277	3737 Chase, LLC	100.00%			(13,277)	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 13,277			\$ 53,219	\$ *	39,942	39

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

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Report Period Beginning: 01/01/17

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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	39 DME & Medical Supplies	\$ 102,480	Integra Healthcare Equipment LLC		\$ 80,683	\$ (21,797)
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		\$ 102,480			\$ 80,683	\$ * (21,797)

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

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning: 01/01/17

Ending: 12/31/17

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	10A Respiratory Services	\$ 6,522	Integra Respiratory Service, LLC		\$ 5,734	\$ (788)
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		\$ 6,522			\$ 5,734	\$ * (788)

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

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning: 01/01/17

Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Villa At South Holland # 0052340 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 Villa At South Holland

0052340

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 _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Villa At South Holland

0052340

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

1	2	3	4	5	6	7	8	9		
Schedule V 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	FINCL. CONSLT. REV.	10,922,183	23	\$ 17,384	\$ 731,819	\$ 1,165	1	
2	5	UTILITIES	FINCL. CONSLT. REV.	10,922,183	23	57,667	731,819	3,864	2	
3	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	10,922,183	23	73,628	731,819	4,933	3	
4	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	10,922,183	23	88,608	731,819	5,937	4	
5	20	FEES SUBSCRIPTIONS	FINCL. CONSLT. REV.	10,922,183	23	134,735	731,819	9,028	5	
6	21	CLERICAL & GENERAL - SAL	FINCL. CONSLT. REV.	10,922,183	23	5,310,600	5,310,600	731,819	355,826	6
7	21	CLERICAL & GENERAL - OTH	FINCL. CONSLT. REV.	10,922,183	23	83,946	731,819	5,625	7	
8	24	SEMINARS AND EDUCATION	FINCL. CONSLT. REV.	10,922,183	23	11,481	731,819	769	8	
9	25	ADMIN. STAFF TRAVEL	FINCL. CONSLT. REV.	10,922,183	23	55,011	731,819	3,686	9	
10	26	INSURANCE	FINCL. CONSLT. REV.	10,922,183	23	13,183	731,819	883	10	
11	27	EMPLOYEE BEN. GEN. ADMIN	FINCL. CONSLT. REV.	10,922,183	23	794,879	731,819	53,259	11	
12	30	DEPRECIATION	FINCL. CONSLT. REV.	10,922,183	23	571,244	731,819	38,275	12	
13	32	INTEREST	FINCL. CONSLT. REV.	10,922,183	23	17,034	731,819	1,141	13	
14	34	RENT	FINCL. CONSLT. REV.	10,922,183	23	198,161	731,819	13,277	14	
15	35	EQUIPMENT RENTAL	FINCL. CONSLT. REV.	10,922,183	23	14,615	731,819	979	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 7,442,175	\$ 5,310,600	\$ 498,648	25	

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	10,922,183	23	305	731,819	20	1
2	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	10,922,183	23	3,151	731,819	211	2
3	20	DUES & SUBSCRIPTIONS	FINCL. CONSLT. REV.	10,922,183	23	250	731,819	17	3
4	26	INSURANCE	FINCL. CONSLT. REV.	10,922,183	23	10,669	731,819	715	4
5	30	DEPRECIATION	FINCL. CONSLT. REV.	10,922,183	23	519,594	731,819	34,814	5
6	32	INTEREST EXPENSE	FINCL. CONSLT. REV.	10,922,183	23	140,625	731,819	9,422	6
7	33	REAL ESTATE TAXES	FINCL. CONSLT. REV.	10,922,183	23	119,703	731,819	8,020	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					\$ 794,297	\$	\$ 53,219	25

Facility Name & ID Number Villa At South Holland

0052340

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 Integra Healthcare Equipment, LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

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	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 80,683	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				\$	\$		\$ 80,683	25

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Respiratory Service LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

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	10A	Respiratory Services	Direct Allocation		\$	\$		\$ 5,734	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				\$	\$		\$ 5,734	25

Facility Name & ID Number Villa At South Holland

0052340

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Villa At South Holland

0052340

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Villa At South Holland

0052340

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Villa At South Holland

0052340 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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Villa At South Holland

0052340

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			
A. Directly Facility Related																				
Long-Term																				
1																				
2																				
3																				
4																				
5																				
Working Capital																				
6	The Private Bank		X	Line of Credit				1,190,000		0.0500	71,444									
7																				
8																				
9	TOTAL Facility Related							\$ 1,190,000			\$ 71,444									
B. Non-Facility Related*																				
10	Interest Income		X								(2,140)									
11	Allocated - Villa Financial	X									1,141									
12	Allocated - 3737 Chase, LLC	X									9,422									
13																				
14	TOTAL Non-Facility Related										\$ 8,424									
15	TOTALS (line 9+line14)							\$ 1,190,000			\$ 79,868									

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.)

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.		\$		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.)		\$	8,020	2
3. Under or (over) accrual (line 2 minus line 1).		\$	8,020	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	8,020	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	8
	2013	9
	2014	10
	2015	11
	2016	12

Real estate taxes are included in the building rental on page 14

Allocated - 3737 Chase, LLC - \$8,020

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

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 Villa At South Holland

0052340 Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 67,515 B. General Construction Type: Exterior Frame Number of Stories 1

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an unlabeled column. Rows include Facility (241,648), Allocated - 3737 Chase, LLC (17,238), and TOTALS (241,648).

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

01/01/17

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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					\$	\$		\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9	Various		2013		36,471		20	2,103	2,103	9,057
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
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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

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			222,493	26,899	8,759	(18,140)	27,893	68		
69				766,710		(766,710)		69		
70		\$	258,964	\$	10,862	\$	(782,746)	\$	36,950	70

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

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 258,964	\$ 793,609		\$ 10,862	\$ (782,746)	\$ 36,950	1
2	Physical Therapy Addition / Remodel, Architecture & Construction	2014	10,000		20	286	286	929	2
3	Repiped & Replaced 20 Heads In Boiler Room	2014	3,575		20	102	102	323	3
4	Installed Rebuilt Pump For Sewage Ejector System In Basement	2014	5,076		20	145	145	447	4
5	Pulled Data Cables To Move Nursing Station, Install New Data Ca	2014	4,217		20	211	211	685	5
6	Exterior Renovation Design For Therapy Wing	2014	4,630		20	232	232	463	6
7	Topographic Survey	2014	3,700		20	185	185	370	7
8	Installed Condensor For Basement Ac	2015	9,250		20	463	463	1,041	8
9	Piped Sprinkler Head Into Freight Elevator Pit	2015	8,500		20	425	425	1,240	9
10	Installed New Damper	2015	5,907		20	295	295	886	10
11	Elevator Work-Wall Panels, Handrails, Stainless Steel Ceiling	2015	27,970		20	1,399	1,399	4,196	11
12	Repaired 2"-3/4" Piping & Fittings	2015	2,982		20	149	149	323	12
13	3Rd Floor Corridor - Handrail, Bumper, Corner Guards	2015	15,862		20	793	793	1,586	13
14	3Rd Floor Corridor And Lounge - Install Drywall, Nurses Stations	2015	37,434		20	1,872	1,872	3,743	14
15	3Rd Floor Dining Room - Build Wing Walls And Soffits, Install Le	2015	36,572		20	1,829	1,829	3,657	15
16	3Rd Floor Resident Room - Corner And Bumper Guards, Cubicle	2015	47,460		20	2,373	2,373	4,746	16
17	3Rd Floor Resident Bathroom - Vinyl Flooring, Vanity Light, Mir	2015	62,765		20	3,138	3,138	6,277	17
18	3Rd Floor Shower Room - Install Plumbing, Light Fixtures, Mirro	2015	62,936		20	3,147	3,147	6,294	18
19	Structural Engineering - Design Work	2015	2,900		20	145	145	290	19
20	Ran Cables For Phones In New Offices On 1St, 2Nd & 3Rd Floor	2015	4,345		20	217	217	434	20
21	Installed 2 - 5" Storz Connections For Fire Sprinkler System	2016	3,900		20	195	195	390	21
22	Installed Hot Water Circulator Pump	2016	3,146		20	157	157	315	22
23	Furnish And Install New Face Panel Overlay And Paint Existing S	2016	6,232		20	312	312	623	23
24	Lower Level Rtu - Heat Exchanger, Blower Motor And Blower M	2016	5,278		20	264	264	528	24
25	Rtu Control Conversion - Remove Add-On Board And Installed 8	2016	3,613		20	181	181	361	25
26	North Hallway Ac - Replaced Both Compressors	2016	4,175		20	209	209	418	26
27	North Hallway - Replaced Evaporator Coil From Ductwork	2016	10,500		20	525	525	1,050	27
28	South Hallway Ac - New Custom Evaporator Coil	2016	16,865		20	843	843	1,687	28
29	New 48Tc-3-15 Carrier 5 Ton Rooftop Unit	2016	6,190		20	310	310	619	29
30	Installed New Phone System	2016	31,818		20	1,591	1,591	3,182	30
31	Installed Alarm Door And Delayed Egress For Therapy Room (Ex	2016	2,795		20	140	140	280	31
32	Therapy Room Renovation - Paint, Fire Protection, Electrical,	2016			20				32
33	Hvac, Carpentry, Concrete, Drywall, Insulation, Milwork,	2016			20				33
34	TOTAL (lines 1 thru 33)		\$ 709,557	\$ 793,609		\$ 32,992	\$ (760,616)	\$ 84,330	34

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

Facility Name & ID Number Villa At South Holland

0052340

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	Totals from Page 12B, Carried Forward		\$ 709,557	\$ 793,609		\$ 32,992	\$ (760,616)	\$ 84,330	1
2	Flooring, Plumbing, Lockers, Roofing	2016	1,199,857		20	59,993	59,993	119,986	2
3	3Rd Floor Nurses Station - Install Pure Vinyl Tile And Millwork B	2016	3,654		20	183	183	365	3
4	Lounge Bistro - Furnish And Install Ceiling Feature	2016	14,265		20	713	713	1,426	4
5	2Nd Floor Corridor - Wall Scones	2016	3,569		20	178	178	357	5
6	2Nd Floor Resident Room - Electric Work, Installed Corner And I	2016	11,824		20	591	591	1,182	6
7	2Nd Floor Resident Bathroom - Mirror, Vanity Lights, And Fauc	2016	7,102		20	355	355	710	7
8	3Rd Floor Signage And Light Fixtures	2016	3,625		20	181	181	362	8
9	3Rd Floor Dining Room - Installed New Recessed Lighting	2016	13,976		20	699	699	1,398	9
10	1St, 2Nd, And 3Rd Floor Corridor Wallcovering (Final Billing)	2016	127,510		20	6,375	6,375	12,751	10
11	Furnish And Install Belbien/Senstar On 1St, 2Nd, And 3Rd Floor	2016	4,499		20	225	225	450	11
12	Custom Signage	2016	2,818		20	141	141	282	12
13	New Flooring - 2 Elevators/Wallcovering And Flooring In Various	2016	5,782		20	289	289	578	13
14	Idph Plan Review Costs	2016	8,356		20	418	418	836	14
15	Electrical Work For Therapy Room - Light And Power Cables	2016	2,971		20	149	149	297	15
16	Installation Of Roller Shades In Therapy Gym	2016	18,850		20	942	942	1,885	16
17	Therapy Ceiling Lift	2016	13,605		20	680	680	1,360	17
18	Hollow Metal Doors And Labor	2017	5,630		20	282	282	282	18
19	Water Heater	2017	14,009		20	700	700	700	19
20	Elevator Pit Ladders	2017	7,869		20	393	393	393	20
21	Fire Damper Installation	2017	3,250		20	163	163	163	21
22	Pipe Replacement Repairs	2017	16,171		20	809	809	809	22
23	Repair Drain Line In Kitchen	2017	4,362		20	218	218	218	23
24	Pipe Repairs And Removal Of Mold Insulation	2017	36,148		20	1,807	1,807	1,807	24
25	Repair And Relamp Parking Lot Lights	2017	2,818		20	141	141	141	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,242,076	\$ 793,609		\$ 109,618	\$ (683,990)	\$ 233,070	34

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

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

01/01/17

Ending:

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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		\$ 2,242,076	\$ 793,609		\$ 109,618	\$ (683,990)	\$ 233,070	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)	\$ 2,242,076	\$ 793,609		\$ 109,618	\$ (683,990)	\$ 233,070	34

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

Facility Name & ID Number Villa At South Holland

0052340

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		\$ 2,242,076	\$ 793,609		\$ 109,618	\$ (683,990)	\$ 233,070	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		\$ 2,242,076	\$ 793,609		\$ 109,618	\$ (683,990)	\$ 233,070	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 Building Company		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8 Leasehold Improvements:							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34 TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated - 3737 Chase, LLC	2013	97,679	3,256	39	2,791	(465)	11,745	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated - Villa Financial Services	2015	1,065	260	20	53	(207)	123	9
10	Allocated - Villa Financial Services	2017	235	39	20	11	(28)	11	10
11									11
12	Allocated - 3737 Chase, LLC	2014	61,974	12,395	20	3,099	(9,296)	10,975	12
13	Allocated - 3737 Chase, LLC	2015	34,063	6,813	20	1,703	(5,110)	3,690	13
14	Allocated - 3737 Chase, LLC	2016	11,158	2,232	20	558	(1,674)	805	14
15	Allocated - 3737 Chase, LLC	2017	16,319	1,904	20	544	(1,360)	544	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)		\$ 222,493	\$ 26,899		\$ 8,759	\$ (18,140)	\$ 27,893	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		\$ 222,493	\$ 26,899		\$ 8,759	\$ (18,140)	\$ 27,893	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)	\$ 222,493	\$ 26,899		\$ 8,759	\$ (18,140)	\$ 27,893	34

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

Facility Name & ID Number Villa At South Holland

0052340

Report Period Beginning:

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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	\$ 632,050	\$ 42,733	\$ 82,693	\$ 39,960	10	\$ 260,034	71
72	Current Year Purchases	39,786	3,458	3,662	204	10	3,662	72
73	Fully Depreciated Assets	4,374				10	4,374	73
74								74
75	TOTALS	\$ 676,211	\$ 46,191	\$ 86,355	\$ 40,164		\$ 268,071	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)	\$ 2,935,524	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 839,800	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 195,973	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (643,826)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 501,140	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Villa At South Holland

0052340

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: FNR South Holland, LLC

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:	<u>1977</u>	<u>171</u>		\$ <u>1,962,776</u>			3
4	Additions							4
5								5
6								6
7	TOTAL		171		\$ 1,962,776			7

10. Effective dates of current rental agreement:

Beginning 04/17/2013

Ending 04/17/2018

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

Fiscal Year Ending Annual Rent

12.	<u>/2018</u>	\$ <u> </u>
13.	<u>/2019</u>	\$ <u> </u>
14.	<u>/2020</u>	\$ <u> </u>

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: \$ 17,377 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> </u>	\$ <u> </u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u> </u>	\$ <u> </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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs					\$ 806,486							\$ 806,486	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					142,738							142,738	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 03	hrs					808,292							808,292	4
5	Physician Care	39 - 03	visits					6,463							6,463	5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39 - 02	# of prescrpts							522,722					522,722	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):									191,205					191,205	13
14	TOTAL				\$			\$ 1,763,979		\$ 713,927				\$	2,477,906	14

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,048,277		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,604		6
7	Other Prepaid Expenses	25,350		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	141,160		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,230,391	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,462,432		15
16	Equipment, at Historical Cost	462,501		16
17	Accumulated Depreciation (book methods)	(1,486,262)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,438,671	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,669,062	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 695,055	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,190,000		29
30	Accrued Salaries Payable	382,303		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	4,308,763		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,576,121	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,576,121	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 92,941	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,669,062	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,256,342	1
2	Restatements (describe):		2
3	Distributions	(1,200,000)	3
4	Prior Year Bad Debt	158,195	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,214,537	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(268,971)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(852,625)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,121,596)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 92,941	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Villa At South Holland

0052340

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,562,675	1
2	Discounts and Allowances for all Levels	(5,961,474)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,601,201	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,457,642	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 8,457,642	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	631,239	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	39,119	19
20	Radiology and X-Ray	29,161	20
21	Other Medical Services	9,949	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 709,468	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,140	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,140	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	5,010	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,010	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,775,461	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,769,912	31
32	Health Care	4,285,386	32
33	General Administration	3,394,022	33
B. Capital Expense			
34	Ownership	2,821,477	34
C. Ancillary Expense			
35	Special Cost Centers	2,518,457	35
36	Provider Participation Fee	255,178	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,044,432	40
41	Income before Income Taxes (line 30 minus line 40)**	(268,971)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (268,971)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,882,551	44
45	Private Pay - Net Inpatient Revenue	598,055	45
46	Medicare - Net Inpatient Revenue	801,183	46
47	Other-(specify) Hospice, Insurance	299,397	47
48	Other-(specify) Various Managed Care	2,020,015	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,601,201	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 Villa At South Holland

0052340

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	1,912	2,072	\$ 109,600	\$ 52.90	1
2	Assistant Director of Nursing					2
3	Registered Nurses	14,632	15,572	454,402	29.18	3
4	Licensed Practical Nurses	57,354	62,615	1,644,177	26.26	4
5	CNAs & Orderlies	89,344	94,353	1,156,116	12.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,240	1,303	17,492	13.42	8
9	Activity Director	1,888	2,080	43,075	20.71	9
10	Activity Assistants	6,899	7,634	98,342	12.88	10
11	Social Service Workers	9,858	10,718	202,650	18.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	6,306	6,777	154,098	22.74	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,992	2,080	174,489	83.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,888	1,982	50,227	25.34	23
24	Clerical	25,540	26,835	356,906	13.30	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	1,895	2,076	33,382	16.08	31
32	Other Health Care(specify)					32
33	Other(specify)	2,171	2,291	34,158	14.91	33
34	TOTAL (lines 1 - 33)	222,919	238,388	\$ 4,529,114 *	\$ 19.00	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	71,537	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	11,967	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	7,722	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	Dietary Contract Services	Monthly	694,038	01-03	47
48	Psychiatrist	Monthly	8,500	10-03	48
49	TOTAL (lines 35 - 48)		\$ 793,764		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	10	\$ 496	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	2,979	74,473	10-03	52
53	TOTAL (lines 50 - 52)	2,989	\$ 74,969		53

Facility Name & ID Number **Villa At South Holland**

0052340

Report Period Beginning: **01/01/17**

Ending: **12/31/17**

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	
Sue Ahlgren	Administrator	0	\$ 174,488	Workers' Compensation Insurance	\$ 144,306	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	64,701	Advertising: Employee Recruitment	14,017	
				FICA Taxes	297,497	Health Care Worker Background Check		
				Employee Health Insurance	247,564	(Indicate # of checks performed <u>326</u>)	3,826	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Licensing & Permitting	3,898	
				Dental/Vision/Life Insurance	4,590	Dues & Subscriptions	30,734	
				Employee Retention	9,145	Allocated - Villa Financial Services	9,028	
						Allocated - 3737 Chase, LLC	17	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 174,488			Less: Public Relations Expense	()	
(List each licensed administrator separately.)						Non-allowable advertising	()	
						Yellow page advertising	()	
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 63,510	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)				
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	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			Amount	
C. Professional Services				Line #				
Vendor/Payee	Type		Amount	Amount				
Villa Financial Services	Bookkeeping		\$ 731,819	\$			Out-of-State Travel	
Marcum LLP	Accounting		35,184					
Achieve Accreditation	Accreditation Assistance		10,645				In-State Travel	
Illinois Rytes Corporation	Liability Management		10,908					
BDO	Reimbursement Consulting		1,935				Seminar Expense	
Alliance for Strategic Advantage	Revenue Cycle Consulting		1,115				1,002	
JPS Consulting Partners	Site and Structural Consulting		2,399				Allocated - Villa Financial Services	
Med-Rec Systems	Health Information Consulting		2,898				769	
MTS Consulting	Tax Consulting		7,509					
Proclaim Partners	LTC Claims Management		64				Entertainment Expense	
Widlak & Petriches	Payroll Services		5,808				()	
See Supplemental Schedule			48,481					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 858,765	TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)							TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 1,771	

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$22,230
- (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. \$ 10 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. \$ 255,178
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? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees