

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243 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	240	Skilled (SNF)	240	87,600	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	240	TOTALS	240	87,600	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			9,069	9,069	8
9	SNF/PED					9
10	ICF	19,197	2,617	39,821	61,635	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,197	2,617	48,890	70,704	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.71%

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)

N/A

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 11/01/2010

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/2010 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 240 and days of care provided 9,069

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 WINDSOR PARK # 0051243 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	420,009	126,217	22,548	568,774		568,774		568,774		1
2	Food Purchase		354,568		354,568	(45,297)	309,272	1,175	310,446		2
3	Housekeeping		36,680	356,908	393,588		393,588		393,588		3
4	Laundry			233,972	233,972		233,972		233,972		4
5	Heat and Other Utilities			311,118	311,118		311,118	(9,476)	301,642		5
6	Maintenance	137,919	496	195,919	334,334		334,334	15,114	349,448		6
7	Other (specify):*										7
8	TOTAL General Services	557,928	517,961	1,120,465	2,196,354	(45,297)	2,151,058	6,812	2,157,870		8
	B. Health Care and Programs										
9	Medical Director			33,250	33,250		33,250		33,250		9
10	Nursing and Medical Records	4,993,926	371,086	29,925	5,394,937		5,394,937	(2,180)	5,392,758		10
10a	Therapy	113,778	2,310	18,852	134,940		134,940	(1,730)	133,210		10a
11	Activities	215,643	18,152	618	234,413		234,413		234,413		11
12	Social Services	227,290	4,955		232,245		232,245		232,245		12
13	CNA Training										13
14	Program Transportation			46,366	46,366		46,366	(4,797)	41,569		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,550,637	396,503	129,011	6,076,151		6,076,151	(8,707)	6,067,445		16
	C. General Administration										
17	Administrative	125,455			125,455		125,455		125,455		17
18	Directors Fees										18
19	Professional Services			972,411	972,411	(18,177)	954,234	(837,862)	116,372		19
20	Dues, Fees, Subscriptions & Promotions			101,783	101,783		101,783	(18,729)	83,054		20
21	Clerical & General Office Expenses	619,012	2,133	910,326	1,531,471		1,531,471	(209,716)	1,321,755		21
22	Employee Benefits & Payroll Taxes			1,311,177	1,311,177	45,297	1,356,474	(37,463)	1,319,011		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,264	2,264		2,264	1,062	3,326		24
25	Other Admin. Staff Transportation			38,973	38,973		38,973	(11,666)	27,307		25
26	Insurance-Prop.Liab.Malpractice			523,587	523,587		523,587	22,825	546,412		26
27	Other (specify):*							60,387	60,387		27
28	TOTAL General Administration	744,467	2,133	3,860,521	4,607,121	27,120	4,634,241	(1,031,162)	3,603,079		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,853,032	916,597	5,109,997	12,879,626	(18,177)	12,861,449	(1,033,057)	11,828,393		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 WINDSOR PARK

#0051243

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			259,592	259,592		259,592	537,015	796,607			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			92,517	92,517		92,517	883,036	975,553			32
33	Real Estate Taxes					18,177	18,177	615,458	633,635			33
34	Rent-Facility & Grounds			2,118,500	2,118,500		2,118,500	(2,118,500)	0			34
35	Rent-Equipment & Vehicles			14,715	14,715		14,715	1,110	15,825			35
36	Other (specify):*							153,425	153,425			36
37	TOTAL Ownership			2,485,324	2,485,324	18,177	2,503,501	71,545	2,575,046			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	921,665	560,283	63,723	1,545,671		1,545,671	(11,607)	1,534,064			39
40	Barber and Beauty Shops			56	56		56		56			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			504,699	504,699		504,699		504,699			42
43	Other (specify):*	17,044	55	58,963	76,062		76,062	(76,062)	(0)			43
44	TOTAL Special Cost Centers	938,709	560,338	627,441	2,126,488		2,126,488	(87,669)	2,038,819			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,791,741	1,476,935	8,222,762	17,491,438		17,491,438	(1,049,181)	16,442,257			45

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

VILLA AT WINDSOR PARK

ID# 0051243

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Auto Leases	\$ (15,845)	25	1
2	Sequestration	(80,128)	21	2
3	Marketing Supplies	(55)	43	3
4	Locater/Promo/Gifts	(3,008)	43	4
5	Promo/Art/Design/Print	(7,007)	43	5
6	Marketing Salaries	(17,044)	43	6
7	Marketing/Entertainment	(10,518)	43	7
8	Resident Retention	(26,562)	43	8
9	Bank Fees	(34,426)	21	9
10	Donations	(1,712)	20	10
11	Medical Records Income	(2,180)	10	11
12	Prior Year Background Checks Expense	(3,990)	20	12
13	Miscellaneous Income	(1,514)	21	13
14	Prior Year Employee Benefits Expense	(37,463)	22	14
15	Bldg Co - Accounting Fees	(12,751)	19	15
16	Bldg Co - Legal/Collection Fees	(2,314)	19	16
17	Bldg Co - Bank Fees	(134)	21	17
18	Bldg Co - Licensing & Permitting	(250)	20	18
19	Bldg Co - Acquisition Costs	(12,000)	36	19
20	Bldg Co - Amortization	(6,039)	36	20
21	Additional R&M	16,394	06	21
22	Capitalized R&M	(6,897)	06	22
23	PAC Dues	(16,680)	20	23
24	Annual Report	(250)	20	24
25	Marketing - Professional Fees	(56)	43	25
26	Marketing - Consultant	(11,813)	43	26
27	2017 Seminar Expense Adj on 2016 Report	190	24	27
28	Non-Allowable Legal Fees	(15,080)	19	28
29	RE Tax - Convenience Fee	(36)	33	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	(309,166)		49

VILLA AT WINDSOR PARK

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

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number VILLA AT WINDSOR PARK# 0051243

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	(146)		1,321									1,175	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(13,857)		4,381									(9,476)	5
6	Maintenance	9,497		5,594	23								15,114	6
7	Other (specify):*													7
8	TOTAL General Services	(4,506)		11,295	23								6,812	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(2,180)											(2,180)	10
10a	Therapy							(1,730)					(1,730)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation					(4,797)							(4,797)	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(2,180)				(4,797)		(1,730)					(8,707)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(30,145)	15,065	(823,022)	239								(837,862)	19
20	Fees, Subscriptions & Promotions	(29,234)	250	10,236	19								(18,729)	20
21	Clerical & General Office Expenses	(619,671)	134	409,821									(209,716)	21
22	Employee Benefits & Payroll Taxes	(37,463)											(37,463)	22
23	Inservice Training & Education													23
24	Travel and Seminar	190		872									1,062	24
25	Other Admin. Staff Transportation	(15,845)		4,179									(11,666)	25
26	Insurance-Prop.Liab.Malpractice		21,013	1,002	811								22,825	26
27	Other (specify):*			60,387									60,387	27
28	TOTAL General Administration	(732,168)	36,462	(336,525)	1,069								(1,031,162)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(738,853)	36,462	(325,230)	1,092	(4,797)		(1,730)					(1,033,057)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number VILLA AT WINDSOR PARK# 0051243

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(412,467)	866,612	43,397	39,473								537,015	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(9,223)	880,282	1,294	10,683								883,036	32
33	Real Estate Taxes	(36)	606,400		9,094								615,458	33
34	Rent-Facility & Grounds		(2,118,500)	15,054	(15,054)								(2,118,500)	34
35	Rent-Equipment & Vehicles			1,110									1,110	35
36	Other (specify):*	(18,039)	171,464										153,425	36
37	TOTAL Ownership	(439,765)	406,258	60,856	44,196								71,545	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(11,607)						(11,607)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(76,062)											(76,062)	43
44	TOTAL Special Cost Centers	(76,062)					(11,607)						(87,669)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,254,680)	442,720	(264,375)	45,288	(4,797)	(11,607)	(1,730)					(1,049,181)	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:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	34 Rental Income	\$ 2,118,500	Windsor Park Realty, LLC	100.00%	\$	(2,118,500)	1	
2	V	32 Interest	160	Windsor Park Realty, LLC	100.00%	880,442	880,282	2	
3	V	36 Amortization		Windsor Park Realty, LLC	100.00%	6,039	6,039	3	
4	V	19 Accounting Fees		Windsor Park Realty, LLC	100.00%	12,751	12,751	4	
5	V	19 Legal/Collection Fees		Windsor Park Realty, LLC	100.00%	2,314	2,314	5	
6	V	21 Bank Fees		Windsor Park Realty, LLC	100.00%	134	134	6	
7	V	33 Real Estate Taxes		Windsor Park Realty, LLC	100.00%	606,400	606,400	7	
8	V	26 Insurance-Property/Flood		Windsor Park Realty, LLC	100.00%	21,013	21,013	8	
9	V	20 Licensing & Permitting		Windsor Park Realty, LLC	100.00%	250	250	9	
10	V	36 Mortgage Insurance Premium		Windsor Park Realty, LLC	100.00%	153,425	153,425	10	
11	V	30 Depreciation Expense		Windsor Park Realty, LLC	100.00%	866,612	866,612	11	
12	V	36 Acquisition Costs		Windsor Park Realty, LLC	100.00%	12,000	12,000	12	
13	V							13	
14	Total		\$ 2,118,660			\$ 2,561,380	\$ *	442,720	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%	\$ 1,321	\$ 1,321
16	V	5 UTILITIES		VILLA FINANCIAL SERVICES, LLC	100.00%	4,381	4,381
17	V	6 REPAIRS AND MAINTENANCE		VILLA FINANCIAL SERVICES, LLC	100.00%	5,594	5,594
18	V	19 PROFESSIONAL FEES		VILLA FINANCIAL SERVICES, LLC	100.00%	6,731	6,731
19	V	20 FEES SUBSCRIPTIONS		VILLA FINANCIAL SERVICES, LLC	100.00%	10,236	10,236
20	V	21 CLERICAL & GENERAL - SALARIES		VILLA FINANCIAL SERVICES, LLC	100.00%	403,444	403,444
21	V	21 CLERICAL & GENERAL - OTHER EXPENSE		VILLA FINANCIAL SERVICES, LLC	100.00%	6,377	6,377
22	V	24 SEMINARS AND EDUCATION		VILLA FINANCIAL SERVICES, LLC	100.00%	872	872
23	V	25 ADMIN. STAFF TRAVEL		VILLA FINANCIAL SERVICES, LLC	100.00%	4,179	4,179
24	V	26 INSURANCE		VILLA FINANCIAL SERVICES, LLC	100.00%	1,002	1,002
25	V	27 EMPLOYEE BEN. GEN. ADMIN.		VILLA FINANCIAL SERVICES, LLC	100.00%	60,387	60,387
26	V	30 DEPRECIATION		VILLA FINANCIAL SERVICES, LLC	100.00%	43,397	43,397
27	V	32 INTEREST		VILLA FINANCIAL SERVICES, LLC	100.00%	1,294	1,294
28	V	34 RENT		VILLA FINANCIAL SERVICES, LLC	100.00%	15,054	15,054
29	V	35 EQUIPMENT RENTAL		VILLA FINANCIAL SERVICES, LLC	100.00%	1,110	1,110
30	V						
31	V	19 BOOKKEEPING	829,753				(829,753)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 829,753			\$ 565,378	\$ * (264,375)

* 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%	23	23	15
16	V	19 PROFESSIONAL FEES		3737 Chase, LLC	100.00%	239	239	16
17	V	20 DUES & SUBSCRIPTIONS		3737 Chase, LLC	100.00%	19	19	17
18	V	26 INSURANCE		3737 Chase, LLC	100.00%	811	811	18
19	V	30 DEPRECIATION		3737 Chase, LLC	100.00%	39,473	39,473	19
20	V	32 INTEREST EXPENSE		3737 Chase, LLC	100.00%	10,683	10,683	20
21	V	33 REAL ESTATE TAXES		3737 Chase, LLC	100.00%	9,094	9,094	21
22	V							22
23	V							23
24	V	34 RENT	15,054	3737 Chase, LLC	100.00%		(15,054)	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		\$ 15,054			\$ 60,342	\$ * 45,288	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	14 Ambulance	\$ 43,371	Lifeline Ambulance	100.00%	\$ 38,574	\$ (4,797)
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		\$ 43,371			\$ 38,574	\$ * (4,797)

* 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	39 DME & Medical Supplies	\$ 54,570	Integra Healthcare Equipment LLC		\$ 42,963	\$ (11,607)
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		\$ 54,570			\$ 42,963	\$ * (11,607)

* 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	10A Respiratory Services	\$ 14,321	Integra Respiratory Service, LLC		\$ 12,591	\$ (1,730)
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		\$ 14,321			\$ 12,591	\$ * (1,730)

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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 WINDSOR PARK # 0051243 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 WINDSOR PARK

0051243

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 WINDSOR PARK

0051243

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	\$ 829,753	\$ 1,321	1	
2	5	UTILITIES	FINCL. CONSLT. REV.	10,922,183	23	57,667	829,753	4,381	2	
3	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	10,922,183	23	73,628	829,753	5,594	3	
4	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	10,922,183	23	88,608	829,753	6,731	4	
5	20	FEES SUBSCRIPTIONS	FINCL. CONSLT. REV.	10,922,183	23	134,735	829,753	10,236	5	
6	21	CLERICAL & GENERAL - SAL	FINCL. CONSLT. REV.	10,922,183	23	5,310,600	5,310,600	829,753	403,444	6
7	21	CLERICAL & GENERAL - OTH	FINCL. CONSLT. REV.	10,922,183	23	83,946	829,753	6,377	7	
8	24	SEMINARS AND EDUCATION	FINCL. CONSLT. REV.	10,922,183	23	11,481	829,753	872	8	
9	25	ADMIN. STAFF TRAVEL	FINCL. CONSLT. REV.	10,922,183	23	55,011	829,753	4,179	9	
10	26	INSURANCE	FINCL. CONSLT. REV.	10,922,183	23	13,183	829,753	1,002	10	
11	27	EMPLOYEE BEN. GEN. ADMIN	FINCL. CONSLT. REV.	10,922,183	23	794,879	829,753	60,387	11	
12	30	DEPRECIATION	FINCL. CONSLT. REV.	10,922,183	23	571,244	829,753	43,397	12	
13	32	INTEREST	FINCL. CONSLT. REV.	10,922,183	23	17,034	829,753	1,294	13	
14	34	RENT	FINCL. CONSLT. REV.	10,922,183	23	198,161	829,753	15,054	14	
15	35	EQUIPMENT RENTAL	FINCL. CONSLT. REV.	10,922,183	23	14,615	829,753	1,110	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	\$ 565,378	25	

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	10,922,183	23	305	829,753	23	1
2	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	10,922,183	23	3,151	829,753	239	2
3	20	DUES & SUBSCRIPTIONS	FINCL. CONSLT. REV.	10,922,183	23	250	829,753	19	3
4	26	INSURANCE	FINCL. CONSLT. REV.	10,922,183	23	10,669	829,753	811	4
5	30	DEPRECIATION	FINCL. CONSLT. REV.	10,922,183	23	519,594	829,753	39,473	5
6	32	INTEREST EXPENSE	FINCL. CONSLT. REV.	10,922,183	23	140,625	829,753	10,683	6
7	33	REAL ESTATE TAXES	FINCL. CONSLT. REV.	10,922,183	23	119,703	829,753	9,094	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	\$	\$ 60,342	25

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

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	14	Ambulance	Direct Allocation					38,574	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					\$	\$	38,574	25

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 42,963	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				\$	\$		\$ 42,963	25

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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 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

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		\$	\$		12,591	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				\$	\$		12,591	25

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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 WINDSOR PARK

0051243

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 WINDSOR PARK

0051243 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 WINDSOR PARK

0051243

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 WINDSOR PARK

0051243

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	Private Bank		X	Mortgage			\$	23,432,718		\$	880,442	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Private Bank		X	Line of Credit				1,593,000			92,517	6								
7												7								
8												8								
9	TOTAL Facility Related						\$	25,025,719		\$	972,959	9								
B. Non-Facility Related*																				
10	Interest Income		X								(9,223)	10								
11	Interest Income - Bldg Co.		X								(160)	11								
12	Allocated - Villa Financial	X									1,294	12								
13	Allocated - 3737 Chase, LLC	X									10,683	13								
14	TOTAL Non-Facility Related						\$			\$	2,593	14								
15	TOTALS (line 9+line14)						\$	25,025,719		\$	975,553	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 153,425 Line # 36

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2016 report.		\$	515,600	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.)		\$	556,369	2
3. Under or (over) accrual (line 2 minus line 1).		\$	40,769	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	574,688	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.)		\$	18,177	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 \$ 54,107 For 2013, 2014 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.		\$	633,634	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	419,614	8
	2013	424,872	9
	2014	433,176	10
	2015	505,442	11
	2016	547,275	12

2017 Accrual = \$547,275 x 1.05 = \$574,688 (Rounded)

Allocated - 3737 Chase, LLC - \$9,094

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2016 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2016 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2016.

Please complete the Real Estate Tax Statement below and include it in the 2017 cost report along with a copy of your 2016 real estate tax bill.

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME VILLA AT WINDSOR PARK COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0051243
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>21-30-200-001-0000</u>	<u>Long Term Care Property</u>	\$ <u> </u>	\$ <u> </u>
2.	<u>21-30-200-002-0000</u>	<u>Long Term Care Property</u>	\$ <u> </u>	\$ <u> </u>
3.	<u>21-30-200-008-0000</u>	<u>Long Term Care Property</u>	\$ <u> </u>	\$ <u> </u>
4.	<u>21-30-121-008-0000</u>	<u>Long Term Care Property</u>	\$ <u> </u>	\$ <u> </u>
5.	<u>21-30-121-009-0000</u>	<u>Long Term Care Property</u>	\$ <u> </u>	\$ <u> </u>
6.	<u>10-26-318-023-0000</u>	<u>Allocated - 3737 Chase, LLC</u>	\$ <u> </u>	\$ <u> </u>
7.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
TOTALS			\$ <u> </u>	\$ <u> </u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

Report Period Beginning:

01/01/17

Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 96,000 B. General Construction Type: Exterior Brick Frame Steel & Masonry Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2014</u>	<u>\$ 238,709</u>	<u>1</u>
2	<u>Allocated - 3737 Chase, LLC</u>			<u>19,544</u>	<u>2</u>
3	TOTALS			\$ 258,253	3

Facility Name & ID Number **VILLA AT WINDSOR PARK**

0051243

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	240	2014	1998	\$ 18,828,721	\$ 866,612	39	\$ 482,788	\$ (383,824)	\$ 1,931,152	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2010	91,852		20	9,185	9,185	55,877	9
10	Various		2011	507,113		20	30,833	30,833	183,746	10
11	Various		2012	32,382		20	2,029	2,029	9,320	11
12	Various		2013	88,561		20	7,093	7,093	25,981	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number **VILLA AT WINDSOR PARK**

0051243

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		785,891			46,450	46,450	278,700	67
68		252,266	30,497		9,930	(20,567)	31,624	68
69			259,592			(259,592)		69
70		\$ 20,586,786	\$ 1,156,701		\$ 588,308	\$ (568,393)	\$ 2,516,399	70

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

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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 12A, Carried Forward		\$ 20,586,786	\$ 1,156,701		\$ 588,308	\$ (568,393)	\$ 2,516,399	1
2	Installed 2 New Submersible Sewer Pumps & Motors	2014	13,808		20	690	690	1,956	2
3	New Pumps & Valves For Sump Pump System In Basement	2014	15,646		20	782	782	2,217	3
4	Dialysis Room-Plumbing For 8 Dialysis Stations, 2 Sinks, Data Wi	2014	26,000		20	1,300	1,300	3,358	4
5	New Circulating Pump For Hot Water Heater	2014	6,444		20	322	322	940	5
6	Replaced Motor/Repiped And Installed Water Valve	2014	2,500		20	125	125	354	6
7	Replace Chiller Contactors	2014	4,499		20	225	225	544	7
8	Emergency Switch To Generator Panel, Floor Around Nsg Station	2014	14,585		20	729	729	1,823	8
9	Ejector Pump	2014	16,602		20	830	830	2,214	9
10	Installed Alarm Remote Panel	2014	5,202		20	743	743	2,106	10
11	Bad Water Valve. Install Motor, Mounts, Water Valves, And Repi	2014	4,194		20	210	210	489	11
12	Install 2 New Flex Connections On 4" Heating Water Lines	2015	6,828		20	341	341	370	12
13	Replaced Fuse & Body Gasket For Return Pump For Hot Water	2015	2,700		20	135	135	259	13
14	Replaced City Tie Assembly	2016	2,930		20	147	147	147	14
15	Installed Sewage Ejector System	2016	7,700		20	385	385	385	15
16	Plumbing Rough-In For Dialysis Stations	2016	5,000		20	250	250	250	16
17	Installed Water Stations For Dialysis And Framed Walls In Stora	2016	5,035		20	252	252	252	17
18	Installed Diaphragm In Outside Air Damper And Mixed Air Tran	2016	4,000		20	200	200	200	18
19	Installed Fish Tank Cabinet	2016	18,125		20	906	906	906	19
20	Installed Purified Water Loop In Dialysis Center	2016	3,853		20	193	193	193	20
21	Installed Branch Circuit For Dialysis Center	2016	2,500		20	125	125	125	21
22	Replace Boiler And Heat Exchanger	2016	16,911		20	846	846	846	22
23	Replace Refractory Panels & Flame Sensor On Boiler	2016	3,341		20	167	167	167	23
24	Main Sewer Line Repair	2016	3,739		20	187	187	187	24
25	Parking Lot Renovation	2017	69,500		20	3,475	3,475	3,475	25
26	Install Fire Rated Doors In 1St Flr Spa, 3Rd Flr Lounge, Basemen	2017	5,296		20	265	265	265	26
27	Parking Lot - Sewer Repair	2017	11,640		20	582	582	582	27
28	Pneumatic Panel Repairs	2017	6,878		20	344	344	344	28
29	Fire Damper Repairs/Replacement	2017	2,834		20	142	142	142	29
30	Fire Damper Repairs/Replacement	2017	5,394		20	270	270	270	30
31	Elevator Pump Motor	2017	2,975		20	149	149	149	31
32	Repair 3Rd Floor Drain, Leak In Kitchen Coil	2017	4,281		20	214	214	214	32
33	Repair Leak - Chill Water Coil	2017	2,616		20	131	131	131	33
34	TOTAL (lines 1 thru 33)		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	34

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

Facility Name & ID Number **VILLA AT WINDSOR PARK**

0051243

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		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	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		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	34

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

Facility Name & ID Number **VILLA AT WINDSOR PARK**

0051243

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		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	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)	\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	34

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

Facility Name & ID Number **VILLA AT WINDSOR PARK**

0051243

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		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	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
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26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 20,890,344	\$ 1,156,701		\$ 603,969	\$ (552,732)	\$ 2,542,255	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Painting 2Nd & 3Rd Floor Resident Rooms/Corridor	2012	90,370		20	4,519	4,519	27,114	9
10	Magnetic Locks Installed W/Push Button And Keypads	2012	25,853		20	1,293	1,293	7,758	10
11	New Camera System, Wiring And Labor	2012	3,224		20	161	161	966	11
12	Installation Of New Model 30Rbx Series 460 Volt Chiller	2012	199,579		20	9,979	9,979	59,874	12
13	2Nd Floor Corridor Remodel: Millwork/Handrails, Wallcoverings	2012	112,889		20	5,644	5,644	33,864	13
14	Granite For 2Nd Floor Built In Nurses Station	2012	4,857		20	243	243	1,458	14
15	2Nd Floor Dining Room Remodel: Flooring, Wallcovering And Li	2012	37,869		20	1,893	1,893	11,358	15
16	2Nd Flr Resident Room Remodel: Window Treatments, Cubicle C	2012	59,934		20	6,571	6,571	39,426	16
17	3Rd Flr Dining Room Remodel: Flooring And Wallevoerings	2012	28,325		20	1,416	1,416	8,496	17
18	Built-In Work Station For Physicians Office	2012	3,330		20	167	167	1,002	18
19	3Rd Floor Corridor: Millwork, Wallcoverings Flooring And Signa	2012	115,885		20	5,794	5,794	34,764	19
20	Granite For 3Rd Floor Built In Nurses Station	2012	4,867		20	243	243	1,458	20
21	3Rd Floor Dining Room Remodel: Cornices And Light Fixtures	2012	9,081		20	454	454	2,724	21
22	3Rd Flr Resident Room Remodel: Built-In Furniture, Window Tr	2012	55,540		20	6,358	6,358	38,148	22
23	Granite Installation For Built-In Transacaion Areas	2012	5,380		20	269	269	1,614	23
24	Special order steel door, Rim Exit device aluminum, universal arm	2012	4,752		20	238	238	1,428	24
25	Convection Pallet Heater	2012	3,851		20	193	193	1,158	25
26	Weatherproof Camera, Dome Camera, Pigtail Connector, dvr, Po	2012	11,805		20	590	590	3,540	26
27	Install 76 power outlets and TV Cables in the 2nd and 3rd floors	2012	8,500		20	425	425	2,550	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 785,891	\$		\$ 46,450	\$ 46,450	\$ 278,700	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		\$ 785,891	\$		\$ 46,450	\$	\$ 278,700	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)	\$ 785,891	\$		\$ 46,450	\$	\$ 278,700	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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	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	110,750	3,692	39	3,164	(528)	13,316	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated - Villa Financial Services	2015	1,208	295	20	60	(235)	139	9
10	Allocated - Villa Financial Services	2017	266	44	20	12	(32)	12	10
11									11
12	Allocated - 3737 Chase, LLC	2014	70,267	14,053	20	3,513	(10,540)	12,443	12
13	Allocated - 3737 Chase, LLC	2015	38,621	7,724	20	1,931	(5,793)	4,184	13
14	Allocated - 3737 Chase, LLC	2016	12,651	2,530	20	633	(1,897)	913	14
15	Allocated - 3737 Chase, LLC	2017	18,503	2,159	20	617	(1,542)	617	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)		\$ 252,266	\$ 30,497		\$ 9,930	\$ (20,567)	\$ 31,624	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		\$ 252,266	\$ 30,497		\$ 9,930	\$ (20,567)	\$ 31,624	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)	\$ 252,266	\$ 30,497		\$ 9,930	\$ (20,567)	\$ 31,624	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,682,702	\$ 48,452	\$ 190,494	\$ 142,042	10	\$ 828,085	71
72	Current Year Purchases	25,024	3,921	2,144	(1,777)	10	2,144	72
73	Fully Depreciated Assets	22,660				10	22,660	73
74								74
75	TOTALS	\$ 1,730,387	\$ 52,373	\$ 192,638	\$ 140,265		\$ 852,888	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)	\$ 22,878,984	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,209,074	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 796,606	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (412,467)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,395,144	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	Parking Lot Drainage &	\$ 171,618	92
93	Sewer Repairs, Elevator Work		93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /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: \$ 15,824 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 243,731		\$			\$ 243,731	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	185,716					185,716	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	492,218		53,760			545,978	4
5	Physician Care	39 - 03	visits			9,963			9,963	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				298,652		298,652	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):						261,631		261,631	13
14	TOTAL			\$ 921,665		\$ 63,723	\$ 560,283		\$ 1,545,671	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	\$	\$ 389,383	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,910,455	4,910,455	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	46,792	46,792	6
7	Other Prepaid Expenses	155,774	168,543	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule		553,019	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,113,021	\$ 6,068,192	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,000	13
14	Buildings, at Historical Cost		22,338,721	14
15	Leasehold Improvements, at Historical Cost	1,173,020	1,211,729	15
16	Equipment, at Historical Cost	2,001,253	2,823,823	16
17	Accumulated Depreciation (book methods)	(2,831,126)	(6,349,673)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	171,618	364,856	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 514,765	\$ 20,589,456	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,627,786	\$ 26,657,648	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 755,675	\$ 755,674	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,593,000	1,593,000	29
30	Accrued Salaries Payable	700,761	700,761	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		574,688	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	5,473,169	4,486,142	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,522,605	\$ 8,110,265	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		23,432,718	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)	\$	\$ 23,432,718	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,522,605	\$ 31,542,983	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,894,819)	\$ (4,885,335)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,627,786	\$ 26,657,648	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,164,520)	1
2	Restatements (describe):		2
3	Equity Restatement	(789,616)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,954,136)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(760,683)	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	(180,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (940,683)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,894,819)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

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	\$ 13,457,233	1
2	Discounts and Allowances for all Levels	(2,650,765)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,806,468	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,389,837	6
7	Oxygen	100	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,389,937	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	15	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	336,220	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	70,237	19
20	Radiology and X-Ray	50,770	20
21	Other Medical Services	10,084	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 467,326	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,223	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,223	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	57,801	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 57,801	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,730,755	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,196,354	31
32	Health Care	6,076,151	32
33	General Administration	4,607,121	33
B. Capital Expense			
34	Ownership	2,485,324	34
C. Ancillary Expense			
35	Special Cost Centers	1,621,789	35
36	Provider Participation Fee	504,699	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,491,438	40
41	Income before Income Taxes (line 30 minus line 40)**	(760,683)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (760,683)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,776,805	44
45	Private Pay - Net Inpatient Revenue	618,078	45
46	Medicare - Net Inpatient Revenue	518,240	46
47	Other-(specify) <u>Hospice</u>	745,266	47
48	Other-(specify) <u>Managed Care</u>	6,148,079	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,806,468	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 WINDSOR PARK

0051243

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	1,960	2,160	\$ 135,269	\$ 62.62	1
2	Assistant Director of Nursing	1,504	1,640	93,554	57.05	2
3	Registered Nurses	24,155	26,114	1,000,931	38.33	3
4	Licensed Practical Nurses	59,851	65,197	1,796,291	27.55	4
5	CNAs & Orderlies	144,073	155,687	1,897,739	12.19	5
6	CNA Trainees					6
7	Licensed Therapist	20,831	22,544	921,665	40.88	7
8	Rehab/Therapy Aides	4,833	5,326	113,778	21.36	8
9	Activity Director	1,824	2,088	43,252	20.71	9
10	Activity Assistants	12,611	14,014	172,391	12.30	10
11	Social Service Workers	11,327	12,345	227,290	18.41	11
12	Dietician					12
13	Food Service Supervisor	1,952	2,120	46,579	21.97	13
14	Head Cook					14
15	Cook Helpers/Assistants	28,623	30,777	373,430	12.13	15
16	Dishwashers					16
17	Maintenance Workers	5,914	6,734	137,919	20.48	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,056	2,208	125,455	56.82	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,008	2,080	62,929	30.25	23
24	Clerical	28,970	32,500	556,083	17.11	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	1,898	2,138	36,719	17.17	31
32	Other Health Care(specify)					32
33	Other(specify)	2,647	2,775	50,468	18.19	33
34	TOTAL (lines 1 - 33)	357,037	388,447	\$ 7,791,742 *	\$ 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	486	\$ 22,548	01-03	35
36	Medical Director	Monthly	33,250	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	29,925	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	17,266	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	13	618	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Therapy Consulting	Monthly	1,586	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	499	\$ 105,193		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		
Karen Glaza	Administrator	0	\$ 99,362	Workers' Compensation Insurance	\$ 167,188	IDPH License Fee	\$		
Levi Israel	Administrator	0	26,093	Unemployment Compensation Insurance	40,570	Advertising: Employee Recruitment	20,157		
				FICA Taxes	524,814	Health Care Worker Background Check	4,687		
				Employee Health Insurance	451,941	(Indicate # of checks performed <u>469</u>)			
				Employee Meals	45,297	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	35,841		
				401k Employer Contribution	45,908	Licensing & Permitting	12,114		
				Dental/Vision/Life Insurance	10,048	Allocated - Villa Financial Services	10,236		
				Employee Retention	33,244	Allocated - 3737 Chase, LLC	19		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 125,455	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,319,010	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 83,054
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	2,454	
							Allocated - Villa Financial Services	872	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Entertainment Expense	()	
C. Professional Services							(agree to Sch. V, line 24, col. 8)		\$ 3,326
Vendor/Payee	Type		Amount						
Proclaim Partners	LTC Claims Management		\$ 64						
Marcum LLP	Accounting Fees		31,456						
See Attached	Legal Fees		34,030						
Personnel Planners	Unemployment Consulting		1,614						
Prospect Resources	Energy Procurement		1,331						
Widlak & Petriches	Payroll Services		7,560						
Achieve Accreditation	Accreditation		11,521						
Alliance for Strategic Advantage	Revenue Cycle Consulting		1,915						
Illinois Rytes Corp.	Liability Management		10,902						
JPS Consulting Partners	Site and Structural Consulting		3,690						
MTS Consulting	Tax Consulting		3,714						
See Supplemental Schedule			864,613						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 972,409						

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number VILLA AT WINDSOR PARK

0051243

Report Period Beginning:

01/01/17

Ending:

12/31/17

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 - \$33,360
- (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. \$ 753 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. \$ 504,699
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? No
- (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. \$ 45,297 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