

Facility Name & ID Number Avantara Park Ridge, Llc

0052852 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	154	Skilled (SNF)	154	56,210	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	154	TOTALS	154	56,210	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	15,391	11,785	13,603	40,779	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,391	11,785	13,603	40,779	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.55%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 154 and days of care provided 9,125

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	442,306	26,293	78,929	547,528		547,528	940	548,468		1
2	Food Purchase		292,699		292,699		292,699	(38,285)	254,414		2
3	Housekeeping	166,167	46,281	28,050	240,498		240,498	1,478	241,976		3
4	Laundry	51,310	14,036	110,712	176,058		176,058	(2,843)	173,215		4
5	Heat and Other Utilities			226,808	226,808		226,808	(9,801)	217,007		5
6	Maintenance	113,995	22,064	189,116	325,175		325,175	11,505	336,680		6
7	Other (specify):*										7
8	TOTAL General Services	773,778	401,373	633,615	1,808,766		1,808,766	(37,005)	1,771,761		8
	B. Health Care and Programs										
9	Medical Director			85,898	85,898		85,898		85,898		9
10	Nursing and Medical Records	4,351,720	149,949	50,110	4,551,779		4,551,779	(165,130)	4,386,649		10
10a	Therapy	206,253			206,253		206,253		206,253		10a
11	Activities	160,457	16,905	4,526	181,888		181,888	59	181,947		11
12	Social Services	304,397	42,104	6,950	353,451		353,451	3,659	357,110		12
13	CNA Training										13
14	Program Transportation			56,970	56,970		56,970		56,970		14
15	Other (specify):*							6,740	6,740		15
16	TOTAL Health Care and Programs	5,022,827	208,958	204,454	5,436,239		5,436,239	(154,673)	5,281,566		16
	C. General Administration										
17	Administrative	100,274			100,274		100,274	77,826	178,100		17
18	Directors Fees										18
19	Professional Services			325,052	325,052		325,052	(218,987)	106,065		19
20	Dues, Fees, Subscriptions & Promotions			209,063	209,063		209,063	(151,476)	57,587		20
21	Clerical & General Office Expenses	595,199	3,837	575,717	1,174,753		1,174,753	(561,205)	613,548		21
22	Employee Benefits & Payroll Taxes			976,723	976,723		976,723	(80,458)	896,265		22
23	Inservice Training & Education										23
24	Travel and Seminar			852	852		852	2,578	3,430		24
25	Other Admin. Staff Transportation			1,344	1,344		1,344		1,344		25
26	Insurance-Prop.Liab.Malpractice			210,175	210,175		210,175	4,720	214,895		26
27	Other (specify):*							49,318	49,318		27
28	TOTAL General Administration	695,473	3,837	2,298,926	2,998,236		2,998,236	(877,684)	2,120,552		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,492,078	614,168	3,136,995	10,243,241		10,243,241	(1,069,362)	9,173,879		29

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

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

Facility Name & ID Number Avantara Park Ridge, Llc

#0052852

Report Period Beginning:

01/01/18

Ending:

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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			438,504	438,504		438,504	83,410	521,914			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			32,866	32,866		32,866	(16,873)	15,993			32
33	Real Estate Taxes			324,996	324,996		324,996	3,986	328,982			33
34	Rent-Facility & Grounds			604,500	604,500		604,500	(604,365)	135			34
35	Rent-Equipment & Vehicles			15,505	15,505		15,505	3,518	19,023			35
36	Other (specify):*											36
37	TOTAL Ownership			1,416,371	1,416,371		1,416,371	(530,324)	886,047			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	55,004	577,457	1,745,560	2,378,021		2,378,021		2,378,021			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			274,342	274,342		274,342		274,342			42
43	Other (specify):*			733,547	733,547		733,547	(733,547)				43
44	TOTAL Special Cost Centers	55,004	577,457	2,753,449	3,385,910		3,385,910	(733,547)	2,652,363			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,547,082	1,191,625	7,306,815	15,045,522		15,045,522	(2,333,233)	12,712,289			45

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

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,680)	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	83,410	30		9
10	Interest and Other Investment Income	(21,090)	32		10
11	Discounts, Allowances, Rebates & Refunds	(37,455)	02		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(846)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,937)	21		18
19	Entertainment	(7,088)	21		19
20	Contributions	(68,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(252,572)	21		24
25	Fund Raising, Advertising and Promotional	(67,005)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(14,863)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(939,136)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,337,262)		\$	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)	(995,970)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (995,970)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,333,232)		37

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

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

(See instructions.)

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

BHF USE ONLY

48		49		50		51		52	
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Avantara Park Ridge, Llc

ID# 0052852

Report Period Beginning: 01/01/18

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Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Patient Personal Items	\$ (9,892)	10	1
2	Bank Charges	(4,761)	21	2
3	Sequestration Expense	(133,618)	21	3
4	Building Co - Accounting Fees	(3,604)	19	4
5	Non-Allowable Expense	(733,547)	43	5
6	Additional R&M	2,941	06	6
7	PAC Dues	(16,510)	20	7
8	Non-Allowable Legal	(39,645)	19	8
9	Donations	(500)	20	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
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	(939,136)		49

Avantara Park Ridge, Llc

Report Period Beginning: ID# 0052852
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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/18

Ending:

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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			940									940	1
2	Food Purchase	(38,301)		16									(38,285)	2
3	Housekeeping			1,478									1,478	3
4	Laundry			9					(2,852)				(2,843)	4
5	Heat and Other Utilities	(10,680)				879							(9,801)	5
6	Maintenance	2,941		7,380		1,183							11,505	6
7	Other (specify):*													7
8	TOTAL General Services	(46,040)		9,824		2,063			(2,852)				(37,005)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(9,892)		60,562	(215,541)		(259)						(165,130)	10
10a	Therapy													10a
11	Activities			59									59	11
12	Social Services			3,659									3,659	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				6,740								6,740	15
16	TOTAL Health Care and Programs	(9,892)		64,280	(208,801)		(259)						(154,673)	16
	C. General Administration													
17	Administrative			77,826									77,826	17
18	Directors Fees													18
19	Professional Services	(43,249)	3,604	(170,538)		37		(8,840)					(218,987)	19
20	Fees, Subscriptions & Promotions	(152,015)		538		1							(151,476)	20
21	Clerical & General Office Expenses	(414,839)		325,602	(472,258)	290							(561,205)	21
22	Employee Benefits & Payroll Taxes				(80,458)								(80,458)	22
23	Inservice Training & Education													23
24	Travel and Seminar			2,578									2,578	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			4,380		339							4,720	26
27	Other (specify):*			49,318									49,318	27
28	TOTAL General Administration	(610,103)	3,604	289,705	(552,716)	666		(8,840)					(877,684)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(666,035)	3,604	363,809	(761,517)	2,729	(259)	(8,840)	(2,852)				(1,069,362)	29

STATE OF ILLINOIS

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

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Ending:

Summary B

12/31/18

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	83,410											83,410	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(21,090)		29		4,188							(16,873)	32
33	Real Estate Taxes					3,986							3,986	33
34	Rent-Facility & Grounds		(604,500)	36,349		(36,214)							(604,365)	34
35	Rent-Equipment & Vehicles				3,518								3,518	35
36	Other (specify):*													36
37	TOTAL Ownership	62,320	(604,500)	36,378	3,518	(28,040)							(530,324)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(733,547)											(733,547)	43
44	TOTAL Special Cost Centers	(733,547)											(733,547)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,337,262)	(600,896)	400,187	(757,999)	(25,311)	(259)	(8,840)	(2,852)				(2,333,233)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 604,500	Park Ridge Property Holdings, LLC		\$	\$ (604,500)	1
2	V	19 Accounting		Park Ridge Property Holdings, LLC		3,604	3,604	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		\$ 604,500			\$ 3,604	\$ * (600,896)	14

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

Facility Name & ID Number

Avantara Park Ridge, Llc

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Report Period Beginning:

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Ending:

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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	01	DIETICIAN SALARY	\$	Legacy Healthcare Financial Services		\$ 886	\$ 886	15
16	V	01	DIETARY SUPPLIES		Legacy Healthcare Financial Services		54	54	16
17	V	02	FOOD		Legacy Healthcare Financial Services		16	16	17
18	V	03	HOUSEKEEPING		Legacy Healthcare Financial Services		1,478	1,478	18
19	V	04	LINEN REPLACEMENT		Legacy Healthcare Financial Services		9	9	19
20	V	06	MAINTENANCE SALARY		Legacy Healthcare Financial Services		6,285	6,285	20
21	V	06	REPAIRS AND MAINTENANCE		Legacy Healthcare Financial Services		1,096	1,096	21
22	V	10	NURSING SALARY		Legacy Healthcare Financial Services		58,115	58,115	22
23	V	10	NURSE CONSULTANT		Legacy Healthcare Financial Services		2,380	2,380	23
24	V	10	MEDICAL SUPPLIES		Legacy Healthcare Financial Services		67	67	24
25	V	12	SOCIAL SERVICE SALARY		Legacy Healthcare Financial Services		3,638	3,638	25
26	V	11	ACTIVITIES PROGRAM		Legacy Healthcare Financial Services		59	59	26
27	V	12	SOCIAL SERVICE CONSULTANT		Legacy Healthcare Financial Services		21	21	27
28	V	17	CFO/ADMINISTRATIVE SALARY		Legacy Healthcare Financial Services		77,826	77,826	28
29	V	19	PROFESSIONAL FEES	180,000	Legacy Healthcare Financial Services		9,462	(170,538)	29
30	V	20	DUES/LICENSE/PERMITS		Legacy Healthcare Financial Services		538	538	30
31	V	21	CLERICAL AND GENERAL WAGES		Legacy Healthcare Financial Services		316,449	316,449	31
32	V	21	CLERICAL AND OFFICE EXPENSE		Legacy Healthcare Financial Services		9,153	9,153	32
33	V	24	EDUCATION AND SEMINARS		Legacy Healthcare Financial Services		2,578	2,578	33
34	V	26	INSURANCE- GENERAL		Legacy Healthcare Financial Services		4,380	4,380	34
35	V	27	NON-NURSING PAYROLL TAXES/BENEFITS		Legacy Healthcare Financial Services		49,318	49,318	35
36	V	32	INTEREST		Legacy Healthcare Financial Services		29	29	36
37	V	34	RENT		Legacy Healthcare Financial Services		36,214	36,214	37
38	V	34	OFFSITE STORAGE/PARKING		Legacy Healthcare Financial Services		135	135	38
39	Total			\$ 180,000			\$ 580,187	\$ * 400,187	39

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

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Report Period Beginning: 01/01/18

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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	35 EQUIPMENT RENTAL		Legacy Healthcare Financial Services		189	\$ 189 15
16	V	35 AUTO RENTAL		Legacy Healthcare Financial Services		3,329	3,329 16
17	V	15 NURSING PAYROLL TAXES/BENEFITS		Legacy Healthcare Financial Services		6,740	6,740 17
18	V						
19	V	10 NURSING SALARY	215,541	Legacy Healthcare Financial Services			(215,541) 19
20	V	21 ADMINISTRATIVE SALARY	472,258	Legacy Healthcare Financial Services			(472,258) 20
21	V	22 REIMBURSE PAYROLL TAXES	80,458	Legacy Healthcare Financial Services			(80,458) 21
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		\$ 768,257			\$ 10,258	\$ * (757,999) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	CF St. Louis LLC		\$ 879	\$ 879
16	V	6 REPAIRS & MAINTENANCE		CF St. Louis LLC		1,183	1,183
17	V	19 PROFESSIONAL FEES		CF St. Louis LLC		37	37
18	V	20 DUES & SUBSCRIPTIONS		CF St. Louis LLC		1	1
19	V	21 OFFICE EXPENSE		CF St. Louis LLC		290	290
20	V	26 INSURANCE		CF St. Louis LLC		339	339
21	V	32 INTEREST EXPENSE		CF St. Louis LLC		4,188	4,188
22	V	33 REAL ESTATE TAXES		CF St. Louis LLC		3,986	3,986
23	V						
24	V						
25	V						
26	V	34 RENT	36,214	CF St. Louis LLC			(36,214)
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		\$ 36,214			\$ 10,903	\$ * (25,311)

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Medical Supplies	\$ 9,000	ReMED Services		\$ 8,741	\$ (259)
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		\$ 9,000			\$ 8,741	\$ * (259)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19 Payroll Processing	\$ 33,765	ProPay HR LLC		\$ 24,925	\$ (8,840)	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		\$ 33,765			\$ 24,925	\$ * (8,840)	39

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

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	04 Laundry Services	\$ 122,397	EcoBrite Linen		\$ 119,545	\$ (2,852)
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		\$ 122,397			\$ 119,545	\$ * (2,852)

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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 Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V 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	01	DIETICIAN SALARY	AVAIL. BED DAYS	1,918,919	34	\$ 33,257	\$ 33,257	51,100	\$ 886	1
2	01	DIETARY SUPPLIES	AVAIL. BED DAYS	1,918,919	34	2,031		51,100	54	2
3	02	FOOD	AVAIL. BED DAYS	1,918,919	34	595		51,100	16	3
4	03	HOUSEKEEPING	AVAIL. BED DAYS	1,918,919	34	55,512		51,100	1,478	4
5	04	LINEN REPLACEMENT	AVAIL. BED DAYS	1,918,919	34	343		51,100	9	5
6	06	MAINTENANCE SALARY	AVAIL. BED DAYS	1,918,919	34	235,999	235,999	51,100	6,285	6
7	06	REPAIRS AND MAINTENANCE	AVAIL. BED DAYS	1,918,919	34	41,154		51,100	1,096	7
8	10	NURSING SALARY	AVAIL. BED DAYS	1,918,919	34	2,182,345	2,182,345	51,100	58,115	8
9	10	NURSE CONSULTANT	AVAIL. BED DAYS	1,918,919	34	89,384		51,100	2,380	9
10	10	MEDICAL SUPPLIES	AVAIL. BED DAYS	1,918,919	34	2,503		51,100	67	10
11	12	SOCIAL SERVICE SALARY	AVAIL. BED DAYS	1,918,919	34	136,611	136,611	51,100	3,638	11
12	11	ACTIVITIES PROGRAM	AVAIL. BED DAYS	1,918,919	34	2,204		51,100	59	12
13	12	SOCIAL SERVICE CONSULTANT	AVAIL. BED DAYS	1,918,919	34	800		51,100	21	13
14	17	CFO/ADMINISTRATIVE SALARY	AVAIL. BED DAYS	1,918,919	34	2,922,553	2,922,553	51,100	77,826	14
15	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,918,919	34	355,302		51,100	9,462	15
16	20	DUES/LICENSE/PERMITS	AVAIL. BED DAYS	1,918,919	34	20,207		51,100	538	16
17	21	CLERICAL AND GENERAL WAGES	AVAIL. BED DAYS	1,918,919	34	11,883,371	11,883,371	51,100	316,449	17
18	21	CLERICAL AND OFFICE EXPENSE	AVAIL. BED DAYS	1,918,919	34	343,715		51,100	9,153	18
19	24	EDUCATION AND SEMINARS	AVAIL. BED DAYS	1,918,919	34	96,819		51,100	2,578	19
20	26	INSURANCE- GENERAL	AVAIL. BED DAYS	1,918,919	34	164,496		51,100	4,380	20
21	27	NON-NURSING PAYROLL TAX	AVAIL. BED DAYS	1,918,919	34	1,852,008		51,100	49,318	21
22	32	INTEREST	AVAIL. BED DAYS	1,918,919	34	1,074		51,100	29	22
23	34	RENT	AVAIL. BED DAYS	1,918,919	34	1,359,900		51,100	36,214	23
24	34	OFFSITE STORAGE/PARKING	AVAIL. BED DAYS	1,918,919	34	5,072		51,100	135	24
25	TOTALS					\$ 21,787,253	\$ 17,394,136		\$ 580,187	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

Legacy Healthcare Financial Services

Street Address

3450 Oakton Street

City / State / Zip Code

Skokie, IL 60076

Phone Number

(847) 679-9797

Fax Number

(847) 683-2900

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	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	1,918,919	34	7,088	51,100	189	1
2	35	AUTO RENTAL	AVAIL. BED DAYS	1,918,919	34	125,028	51,100	3,329	2
3	15	NURSING PAYROLL TAXES/BE	AVAIL. BED DAYS	1,918,919	34	253,092	51,100	6,740	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					\$ 385,208	\$	\$ 10,258	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

CF St. Louis LLC

Street Address

3450 Oakton Street

City / State / Zip Code

Skokie, IL 60076

Phone Number

(847) 676-5300

Fax Number

(847) 676-5348

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. BED DAYS	1,916,917	34	\$ 32,982	\$ 51,100	\$ 879	1
2	6	REPAIRS & MAINTENANCE	AVAIL. BED DAYS	1,916,917	34	44,396	51,100	1,183	2
3	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,916,917	34	1,378	51,100	37	3
4	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	1,916,917	34	23	51,100	1	4
5	21	OFFICE EXPENSE	AVAIL. BED DAYS	1,916,917	34	10,860	51,100	290	5
6	26	INSURANCE	AVAIL. BED DAYS	1,916,917	34	12,721	51,100	339	6
7	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,916,917	34	157,106	51,100	4,188	7
8	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,916,917	34	149,528	51,100	3,986	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					\$ 408,994	\$	\$ 10,903	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

ReMED Services LLC

Street Address

3424 Oakton St, Suite 102

City / State / Zip Code

Skokie, IL 60077

Phone Number

(847) 440-2600

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	10	Medical Supplies	Direct		\$	\$		\$ 8,741	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				\$	\$		\$ 8,741	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

ProPay HR LLC

Street Address

2201 W Main St

City / State / Zip Code

Evanston, IL 60202

Phone Number

(847) 905-3268

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	19	Payroll Services	Direct		\$	\$		\$ 24,925	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				\$	\$		\$ 24,925	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

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

EcoBrite Linen

Street Address

3712 Jarvis Avenue

City / State / Zip Code

Skokie, IL 60076

Phone Number

(847) 582-4000

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	4	Laundry Services	Direct		\$	\$		\$ 119,545	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				\$	\$		\$ 119,545	25

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number

Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	Mortgage Payable		X	Mortgage			\$	\$ 8,600,000		\$	1									
2	Members Loan Payable		X	Members Loan Payable				1,162,067			2									
3											3									
4											4									
5											5									
Working Capital																				
6	The Private Bank		X	Line of Credit				2,250,000			32,866	6								
7											7									
8											8									
9	TOTAL Facility Related						\$	\$ 12,012,067		\$	32,866	9								
B. Non-Facility Related*																				
10	Interest Income		X								(21,090)	10								
11	Allocated from Legacy Healthcare		X								29	11								
12	Allocated from CF St. Louis		X								4,188	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$		\$	(16,873)	14								
15	TOTALS (line 9+line14)						\$	\$ 12,012,067		\$	15,993	15								

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

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

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Avantara Park Ridge, Llc COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052852

CONTACT PERSON REGARDING THIS REPORT _____

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 2017 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 2017.

	(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>09-23-101-018-0000</u>	<u>Long Term Care Facility</u>	\$ <u>314,870.05</u>	\$ <u>314,870.05</u>
2.	<u>10-23-406-034-0000</u>	<u>Home Office Allocation</u>	\$ <u>492,481.94</u>	\$ <u>3,986.02</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>807,351.99</u></u>	\$ <u><u>318,856.07</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2017 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 2017 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2017.

Please complete the Real Estate Tax Statement below and include it in the 2018 cost report along with a copy of your 2017 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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Avantara Park Ridge, Llc COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0052852
 CONTACT PERSON REGARDING THIS REPORT _____
 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 2017 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 2017.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18 Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 82,590 B. General Construction Type: Exterior Masonry Frame Steel Grids Number of Stories 2

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2014</u>	<u>\$ 707,443</u>	<u>1</u>
2	<u>Allocated from CF St. Louis</u>			<u>5,261</u>	<u>2</u>
3	TOTALS			\$ 712,704	3

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	154		2014	1959	\$ 8,932,992	\$	39	\$ 229,051	\$ 229,051	\$ 939,475	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2014		76,203		20	3,810	3,810	16,136	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

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			208,498		9,818	9,818	29,229	68
69				438,504		(438,504)		69
70		\$ 9,217,693	\$ 438,504		\$ 242,679	\$ (195,825)	\$ 984,840	70

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

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

Report Period Beginning:

01/01/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,217,693	\$ 438,504		\$ 242,679	\$ (195,825)	\$ 984,840	1
2	<u>Installed Sump Pump/Storm Basin Lower Level</u>	2015	3,825		20	191	191	765	2
3	<u>Excavate Floor Drain/Install Sump Pump/Sewer</u>	2015	3,895		20	195	195	779	3
4	<u>Architect Fees - Canopy Renovation</u>	2015	7,706		20	1,235	1,235	4,427	4
5	<u>Repaired A/C</u>	2015	3,000		20	600	600	2,150	5
6	<u>Installed New Boiler System</u>	2015	69,958		20	3,498	3,498	13,992	6
7	<u>Fire Alarm Panel Replacement</u>	2015	8,545		20	427	427	1,709	7
8	<u>Wall Lamps</u>	2015	14,952		20	881	881	2,937	8
9	<u>Wallpaper - Short Term Wing</u>	2015	6,748		20	337	337	1,125	9
10	<u>Recover Existing Canopy Over Front/Back Entrance</u>	2015	6,480		20	324	324	1,242	10
11	<u>Audio System Repair Volts, Amps,Wiring</u>	2015	6,528		20	326	326	1,034	11
12	<u>Provided Electrical Outlets And Piping For New Kiosks/Nurse Stati</u>	2016	6,275		20	314	314	941	12
13	<u>Short Term Wing Tiling</u>	2016	9,858		20	493	493	1,479	13
14	<u>1St Floor Lobby Tiling</u>	2016	4,490		20	224	224	673	14
15	<u>Installed Two Doors And Insulated Glass</u>	2016	9,200		20	460	460	1,380	15
16	<u>Replaced Backflow And Re-Piped Drain</u>	2016	6,981		20	349	349	1,047	16
17	<u>Repaired Nurse Call System/Install Fire Alarm</u>	2016	2,725		20	136	136	409	17
18	<u>Double Door Wanderguard System</u>	2016	2,802		20	140	140	420	18
19	<u>16 Patient Room Drapery</u>	2016	6,150		20	308	308	923	19
20	<u>1St Floor Lobby Tiling</u>	2016	3,002		20	150	150	450	20
21	<u>Patient Room Roller Shades</u>	2016	10,666		20	533	533	1,600	21
22	<u>1St Floor Cubicle Curtains</u>	2016	3,938		20	197	197	591	22
23	<u>Installed Double Doors For Main Entrance/Lobby</u>	2016	9,630		20	482	482	1,445	23
24	<u>Carpeting For Resident Rooms</u>	2016	3,133		20	157	157	470	24
25	<u>Lobby/Corridor/Pt/1St&2Nd Fl Rm/Common Areas Pods/Chapel</u>	2016			20				25
26	<u>Conversion/Demo/Electrical/Drvwall/Carpentry/Stations/Lighting</u>	2016			20				26
27	<u>And Architect/Management/Permit/Idph Plan Review Fees</u>	2016	925,532		20	50,293	50,293	150,879	27
28	<u>Architect Fees - Pods Conversion</u>	2017	46,000		20	2,300	2,300	4,600	28
29	<u>Replace 8" Drain Line Under Tunnel From Tool Room To Boiler R</u>	2017	9,330		20	467	467	933	29
30	<u>Resident Rooms/Common Area - Lvp Flooring</u>	2017	60,213		20	3,011	3,011	6,021	30
31	<u>Dining Room - Wallpaper Removal/Prime/Paint</u>	2017	3,795		20	190	190	380	31
32	<u>Electrical & Lighting-Rearrange Life Safety Circuits And Critical C</u>	2017	2,900		20	73	73	146	32
33	<u>Window Caulking</u>	2017	8,500		20	177	177	354	33
34	TOTAL (lines 1 thru 33)		\$ 10,484,450	\$ 438,504		\$ 311,147	\$ (127,357)	\$ 1,190,139	34

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

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

Report Period Beginning:

01/01/18

Ending:

12/31/18**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		\$ 10,484,450	\$ 438,504		\$ 311,147	\$ (127,357)	\$ 1,190,139	1
2	Cable Pulls For Patient Rooms	2017	3,615		20	181	181	362	2
3	Replace Condenser Fan Motors And Blades On Chiller	2017	12,000		20	1,200	1,200	2,400	3
4	Electrical Work For Mag-Lock Replacement	2017	2,650		20	265	265	530	4
5	Bedrms & Bathrms- Painted Walls, Doors, & Ceilings, & Replaced	2017	65,000		20	3,250	3,250	6,500	5
6	1St Floor Lobby Signage	2017	4,180		20	209	209	418	6
7	Polished Chrome Finish Leverset	2017	4,611		20	231	231	461	7
8	1St Floor Lobby Lighting	2017	5,379		20	538	538	1,076	8
9	2Nd Floor Shades	2017	9,697		20	970	970	1,939	9
10	Lounge Area Roller Shades	2017	12,025		20	1,203	1,203	2,405	10
11	Replaced 8" Drain Line Under Tunnel, Installed New Pvc To Boiler	2017	7,380		20	369	369	738	11
12	1St Flr Lobby Tiling And Carpeting (\$113,017)	2018	104,609		20	10,360	10,360	10,360	12
13	Nursing Station East And West Island Elevation (\$11,524)	2018	10,667		20	1,152	1,152	1,152	13
14	Resident Rooms - Flooring (\$59,880)	2018	55,425		20	5,988	5,988	5,988	14
15	Commercial Gas Heater (\$7,992)	2018	7,397		20	599	599	599	15
16	Push Button Installation-Reception/1St Floor Nurse Station (\$3,288)	2018	3,043		20	192	192	192	16
17	Maglock With Timer For Front Door (\$2,602)	2018	2,408		20	152	152	152	17
18	Replacement Of Fuses And Wiring, Replace Disconnect (\$2,524)	2018	2,336		20	337	337	337	18
19	Excavation, Plumbing, And Jetting - Main Entrance Area (\$2,745)	2018	2,541		20	275	275	275	19
20	Excavation At Main Foundation Crack (\$3,650)	2018	3,378		20	213	213	213	20
21	Install New Asco Ats - Power Transfer Switch (\$4,440)	2018	4,110		20	264	264	264	21
22	Additional Patient Rms Pods Conversion (\$178,053)	2018	164,806		20	8,240	8,240	8,240	22
23	1St Floor Lobby, Pt Gym, 2Nd Floor Pod Conversion (\$503,454)	2018	465,997		20	23,300	23,300	23,300	23
24	Resident Rms Lvp Flooring Installation (\$8,757)	2018	8,105		20	405	405	405	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)		\$ 11,445,808	\$ 438,504		\$ 371,039	\$ (67,465)	\$ 1,258,445	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	Totals from Page 12C, Carried Forward		\$ 11,445,808	\$ 438,504		\$ 371,039	\$ (67,465)	\$ 1,258,445	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
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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)		\$ 11,445,808	\$ 438,504		\$ 371,039	\$ (67,465)	\$ 1,258,445	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	Totals from Page 12D, Carried Forward		\$ 11,445,808	\$ 438,504		\$ 371,039	\$ (67,465)	\$ 1,258,445	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
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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)		\$ 11,445,808	\$ 438,504		\$ 371,039	\$ (67,465)	\$ 1,258,445	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

1	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	Totals from Page 12F, Carried Forward		\$	\$		\$	\$	\$	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.

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

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 from CF St. Louis, LLC	2016	28,328		35	809	809	2,428	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from CF St. Louis, LLC	2016	175,878		20	8,794	8,794	26,382	9
10	Allocated from CF St. Louis, LLC	2017	4,082		20	204	204	408	10
11									11
12									12
13	Allocated from Legacy HC	2018	210		20	10	10	10	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)		\$ 208,498	\$		\$ 9,818	\$ 9,818	\$ 29,229	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 208,498	\$		\$ 9,818	\$ 9,818	\$ 29,229	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)		\$ 208,498	\$		\$ 9,818	\$ 9,818	\$ 29,229	34

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	\$ 1,316,739	\$	\$ 148,574	\$ 148,574	10	\$ 534,141	71
72	Current Year Purchases	45,785		2,301	2,301	10	2,301	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,362,524	\$	\$ 150,875	\$ 150,875		\$ 536,443	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)	\$ 13,521,036	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 438,504	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 521,914	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 83,410	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,794,888	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 119,339	92
93			93
94			94
95		\$ 119,339	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	<u>Allocated Legacy HC</u>				<u>135</u>			5
6								6
7	TOTAL				\$ 135			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. _____ /2019 \$ _____

13. _____ /2020 \$ _____

14. _____ /2021 \$ _____

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: \$ 5,734 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Facility</u>		\$ <u>830.00</u>	\$ <u>9,960</u>	17
18	<u>Allocated Legacy HC</u>			<u>3,329</u>	18
19					19
20					20
21	TOTAL		\$ 830.00	\$ 13,289	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.

Facility Name & ID Number Avantara Park Ridge, Llc # 0052852 Report Period Beginning: 01/01/18 Ending: 12/31/18
 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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 609,897	\$		\$ 609,897	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			176,318			176,318	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			791,004			791,004	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				392,572		392,572	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):			55,004		168,341	184,885		408,230	13
14	TOTAL			\$ 55,004		\$ 1,745,560	\$ 577,457		\$ 2,378,021	14

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

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

0052852

Report Period Beginning: **01/01/18**

Ending: **12/31/18**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/18**

(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	\$ 367,289	\$ 367,289	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,376,716	1,376,716	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	41,439	41,439	6
7	Other Prepaid Expenses	319,305	319,305	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	856,043	1,232,995	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,960,792	\$ 3,337,744	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		548,551	13
14	Buildings, at Historical Cost		6,926,641	14
15	Leasehold Improvements, at Historical Cost	2,434,265	2,434,265	15
16	Equipment, at Historical Cost	1,023,097	1,525,433	16
17	Accumulated Depreciation (book methods)	(1,050,400)	(1,993,264)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	983,982	3,567,081	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,390,944	\$ 13,008,707	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,351,736	\$ 16,346,451	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 664,776	\$ 703,654	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		2,250,000	29
30	Accrued Salaries Payable	534,512	534,512	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,337	26,337	31
32	Accrued Real Estate Taxes(Sch.IX-B)		207,708	32
33	Accrued Interest Payable		43,021	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	619,682	620,396	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,845,307	\$ 4,385,628	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		1,162,067	39
40	Mortgage Payable		8,600,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>	3,325,898	2,715,599	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,325,898	\$ 12,477,666	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,171,205	\$ 16,863,294	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,180,531	\$ (516,843)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,351,736	\$ 16,346,451	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,889,764	1
2	Restatements (describe):		2
3	Prior Year Depreciation	306,832	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,196,596	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(316,058)	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	(700,007)	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)	\$ (1,016,065)	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)	\$ 1,180,531	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning: 01/01/18

Ending: 12/31/18

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		Amount	
I. Revenue			
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,989,230	1
2	Discounts and Allowances for all Levels	(6,700,326)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,288,904	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,815,180	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,815,180	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	413,548	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	103,801	19
20	Radiology and X-Ray		20
21	Other Medical Services	49,486	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 566,835	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	21,090	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 21,090	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	37,455	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 37,455	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,729,464	30

2		Amount	
II. Expenses			
A. Operating Expenses			
31	General Services	1,808,766	31
32	Health Care	5,436,239	32
33	General Administration	2,998,236	33
B. Capital Expense			
34	Ownership	1,416,371	34
C. Ancillary Expense			
35	Special Cost Centers	3,111,568	35
36	Provider Participation Fee	274,342	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,045,522	40
41	Income before Income Taxes (line 30 minus line 40)**	(316,058)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (316,058)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,156,321	44
45	Private Pay - Net Inpatient Revenue	3,071,207	45
46	Medicare - Net Inpatient Revenue	241,595	46
47	Other-(specify) <u>Insurance</u>	819,781	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,288,904	49

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

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

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

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

Facility Name & ID Number Avantara Park Ridge, Llc

0052852

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	1,952	2,080	\$ 115,195	\$ 55.38	1
2	Assistant Director of Nursing	1,928	2,080	89,555	43.06	2
3	Registered Nurses	40,531	45,419	1,503,824	33.11	3
4	Licensed Practical Nurses	37,173	40,617	1,190,810	29.32	4
5	CNAs & Orderlies	86,880	94,394	1,452,336	15.39	5
6	CNA Trainees					6
7	Licensed Therapist	1,595	1,647	55,004	33.40	7
8	Rehab/Therapy Aides	9,633	10,281	206,253	20.06	8
9	Activity Director	1,944	2,160	46,200	21.39	9
10	Activity Assistants	9,030	9,620	114,257	11.88	10
11	Social Service Workers	11,453	12,282	304,397	24.78	11
12	Dietician	272	352	12,071	34.29	12
13	Food Service Supervisor	3,410	3,848	52,628	13.68	13
14	Head Cook	4,383	4,650	54,946	11.82	14
15	Cook Helpers/Assistants	24,083	27,068	322,661	11.92	15
16	Dishwashers					16
17	Maintenance Workers	3,691	4,100	113,995	27.80	17
18	Housekeepers	14,432	16,438	166,167	10.11	18
19	Laundry	4,424	4,829	51,310	10.63	19
20	Administrator	2,000	2,080	100,274	48.21	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	27,706	29,480	595,199	20.19	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	286,520	313,425	\$ 6,547,082 *	\$ 20.89	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 78,929	01-03	35
36	Medical Director	Monthly	85,898	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	35,154	10-03	38
39	Pharmacist Consultant	Monthly	14,356	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	4,526	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Dental</u>	per visit	600	10-03	46
47	<u>Clergy</u>	Monthly	6,950	12-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 226,413		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
<u>Erin Levy</u>	<u>Administrator</u>	<u>0</u>	<u>\$ 100,274</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 148,886</u>	<u>IDPH License Fee</u>	<u>\$</u>		
				<u>Unemployment Compensation Insurance</u>	<u>23,339</u>	<u>Advertising: Employee Recruitment</u>	<u>331</u>		
				<u>FICA Taxes</u>	<u>436,912</u>	<u>Health Care Worker Background Check</u>			
				<u>Employee Health Insurance</u>	<u>219,745</u>	<u>(Indicate # of checks performed <u>296</u>)</u>	<u>2,959</u>		
				<u>Employee Meals</u>		<u>Patient Background Checks <u>583</u></u>	<u>5,825</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Dues and Subscriptions</u>	<u>34,945</u>		
				<u>Other Employee Benefits</u>	<u>30,266</u>	<u>Licenses and Permits</u>	<u>12,988</u>		
				<u>401K Expense</u>	<u>24,040</u>	<u>Allocated from Legacy Healthcare</u>	<u>538</u>		
				<u>Voluntary Benefit Contributions</u>	<u>11,782</u>	<u>Allocated from CF St Louis</u>	<u>1</u>		
				<u>Employee Physical Exams</u>	<u>1,295</u>				
						<u>Less: Public Relations Expense</u>	<u>()</u>		
						<u>Non-allowable advertising</u>	<u>()</u>		
						<u>Yellow page advertising</u>	<u>()</u>		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 100,274	TOTAL (agree to Schedule V, line 22, col.8)	\$ 896,265	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 57,587		
(List each licensed administrator separately.)									
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	852	
							Allocated from Legacy Healthcare	2,578	
							Entertainment Expense	()	
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	TOTAL	\$ 3,430	
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
<u>Marcum LLP</u>	<u>Accounting</u>		<u>\$ 28,817</u>						
<u>Compliance Resources Inc.</u>	<u>Compliance Audit</u>		<u>169</u>						
<u>ProPay HR</u>	<u>Payroll Services</u>		<u>33,765</u>						
<u>Legal</u>	<u>See Attached</u>		<u>57,830</u>						
<u>Legacy Financial Services</u>	<u>Bookkeeping</u>		<u>180,000</u>						
<u>AgileMD</u>	<u>E.H.R. Software</u>		<u>437</u>						
<u>Achieve Accreditation</u>	<u>Accreditation Services</u>		<u>8,105</u>						
<u>Intergra Scripts</u>	<u>Pharmacy Mngmt Services</u>		<u>500</u>						
<u>Moshe Calamaro & Associates</u>	<u>Structural Engineering</u>		<u>5,358</u>						
<u>MTS Consulting</u>	<u>Tax Consultant</u>		<u>958</u>						
<u>Murphy Consulting</u>	<u>Business Mngmt Consultant</u>		<u>950</u>						
<u>See Supplemental Schedule</u>			<u>8,163</u>						
TOTAL (agree to Schedule V, line 19, column 3)			\$ 325,051						
(For legal fee disclosure, see page 39 of instructions)									

* Attach copy of IMRF notifications

**See instructions.

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

Report Period Beginning:

01/01/18Ending: 12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. HCCI - \$26,541, IHCA - \$10,164
- (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. \$ 51,350 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. \$ 274,342
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 benefit on Schedule V. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees