



Facility Name & ID Number Villa At Evergreen Park, The

# 0052423 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	242	Skilled (SNF)	242	88,330	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	242	TOTALS	242	88,330	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	6,897	4,069	40,804	51,770	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,897	4,069	40,804	51,770	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.61%

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 08/01/2013

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 08/01/2013 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 242 and days of care provided 14,958

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCURAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Villa At Evergreen Park, The # 0052423 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
	<b>A. General Services</b>										
1	Dietary	500,009	78,385	25,543	603,937		603,937		603,937		1
2	Food Purchase		322,589		322,589		322,589	1,520	324,109		2
3	Housekeeping		32,509	275,524	308,033		308,033		308,033		3
4	Laundry			183,206	183,206		183,206		183,206		4
5	Heat and Other Utilities			311,327	311,327		311,327	(15,281)	296,046		5
6	Maintenance	86,462	414	147,183	234,059		234,059	31,541	265,600		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	586,471	433,897	942,783	1,963,151		1,963,151	17,780	1,980,931		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			123,500	123,500		123,500		123,500		9
10	Nursing and Medical Records	4,917,609	293,933	362,154	5,573,696		5,573,696	(808)	5,572,888		10
10a	Therapy	53,453	11,972	22,109	87,534		87,534		87,534		10a
11	Activities	113,791	18,525	3,038	135,354		135,354		135,354		11
12	Social Services	377,921	6,406		384,327		384,327		384,327		12
13	CNA Training										13
14	Program Transportation			14,260	14,260		14,260		14,260		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,462,774	330,836	525,061	6,318,671		6,318,671	(808)	6,317,863		16
	<b>C. General Administration</b>										
17	Administrative	226,478			226,478		226,478		226,478		17
18	Directors Fees										18
19	Professional Services			1,152,948	1,152,948	(6,500)	1,146,448	(938,316)	208,132		19
20	Dues, Fees, Subscriptions & Promotions			129,480	129,480		129,480	(30,978)	98,502		20
21	Clerical & General Office Expenses	259,307	2,242	1,059,332	1,320,881		1,320,881	(147,407)	1,173,474		21
22	Employee Benefits & Payroll Taxes			1,687,203	1,687,203		1,687,203		1,687,203		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,378	4,378		4,378	(524)	3,854		24
25	Other Admin. Staff Transportation			16,348	16,348		16,348	10,739	27,087		25
26	Insurance-Prop.Liab.Malpractice			374,303	374,303		374,303	2,168	376,471		26
27	Other (specify):*							65,776	65,776		27
28	<b>TOTAL General Administration</b>	485,785	2,242	4,423,992	4,912,019	(6,500)	4,905,519	(1,038,541)	3,866,978		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,535,030	766,975	5,891,836	13,193,841	(6,500)	13,187,341	(1,021,569)	12,165,772		29

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

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

Facility Name &amp; ID Number

Villa At Evergreen Park, The

#0052423

Report Period Beginning:

01/01/18

Ending:

12/31/18

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			444,252	444,252		444,252	153,790	598,042			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			127,476	127,476		127,476	1,063,758	1,191,234			32
33	Real Estate Taxes					6,500	6,500	400,655	407,155			33
34	Rent-Facility & Grounds			1,896,000	1,896,000		1,896,000	(1,896,000)	0			34
35	Rent-Equipment & Vehicles			18,411	18,411		18,411	1,044	19,455			35
36	Other (specify):*							0	0			36
37	<b>TOTAL Ownership</b>			2,486,139	2,486,139	6,500	2,492,639	(276,753)	2,215,886			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	2,284,078	1,030,855	37,143	3,352,076		3,352,076	(13,530)	3,338,546			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			355,946	355,946		355,946		355,946			42
43	Other (specify):*		1,204	66,249	67,453		67,453	(67,453)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	2,284,078	1,032,059	459,338	3,775,475		3,775,475	(80,983)	3,694,492			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	8,819,108	1,799,034	8,837,313	19,455,455		19,455,455	(1,379,305)	18,076,150			45

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

Report Period Beginning:

01/01/18

Ending:

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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	(19,552)	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	(624,667)	30		9
10	Interest and Other Investment Income	(25,915)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(254)	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	(8,883)	21		18
19	Entertainment				19
20	Contributions	(4,739)	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	(565,632)	21		24
25	Fund Raising, Advertising and Promotional	(22,179)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(247,079)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,518,900)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY							
48		49		50		51	
							52

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)	139,595		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 139,595</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,379,305)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

Villa At Evergreen Park, The

ID# 0052423

Report Period Beginning: 01/01/18

Ending: 12/31/18

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Sequestration	\$ (153,521)	21	1
2	Marketing Expense	(26,404)	43	2
3	Resident Retention	(25,304)	43	3
4	Bank Fees	(8,390)	21	4
5	Medical Records Income	(808)	10	5
6	Miscellaneous Income	(7,858)	21	6
7	Vending Income	(7)	02	7
8	Refund	(424)	21	8
9	Additional R&M	31,146	06	9
10	Capitalized R&M	(5,628)	06	10
11	Non Allowable Seminar	(1,813)	24	11
12	PAC Dues	(19,112)	20	12
13	Non Allowable Consulting	(15,745)	43	13
14	Non Allowable Legal	(5,623)	19	14
15	Bldg Co - Amortization	(7,589)	36	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(247,079)		49

Villa At Evergreen Park, The

Report Period Beginning: ID# 0052423  
 Ending: 01/01/18  
 12/31/18

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	<b>Total</b>		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Villa At Evergreen Park, The

# 0052423

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(261)		1,781									1,520	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(19,552)		4,271									(15,281)	5
6	Maintenance	25,518		6,023									31,541	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>5,705</b>		<b>12,075</b>									<b>17,780</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(808)											(808)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(808)</b>											<b>(808)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(5,623)		(932,799)	106								(938,316)	19
20	Fees, Subscriptions & Promotions	(46,030)		15,047	5								(30,978)	20
21	Clerical & General Office Expenses	(744,707)		597,301									(147,407)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,813)		1,289									(524)	24
25	Other Admin. Staff Transportation			10,739									10,739	25
26	Insurance-Prop.Liab.Malpractice			1,420	747								2,168	26
27	Other (specify):*			65,776									65,776	27
28	<b>TOTAL General Administration</b>	<b>(798,173)</b>		<b>(241,227)</b>	<b>859</b>								<b>(1,038,541)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(793,276)</b>		<b>(229,152)</b>	<b>859</b>								<b>(1,021,569)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Villa At Evergreen Park, The# 0052423

Report Period Beginning:

01/01/18

Ending:

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)	
	<b>D. Ownership</b>													
30	Depreciation	(624,667)	724,125	39,492	14,840								153,790	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(25,915)	1,077,575	1,068	11,030								1,063,758	32
33	Real Estate Taxes		392,000		8,655								400,655	33
34	Rent-Facility & Grounds		(1,896,000)	13,611	(13,611)								(1,896,000)	34
35	Rent-Equipment & Vehicles			1,044									1,044	35
36	Other (specify):*	(7,589)	7,589										0	36
37	<b>TOTAL Ownership</b>	<b>(658,171)</b>	<b>305,289</b>	<b>55,215</b>	<b>20,914</b>								<b>(276,753)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(13,530)							(13,530)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(67,453)											(67,453)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(67,453)</b>				<b>(13,530)</b>							<b>(80,983)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(1,518,900)</b>	<b>305,289</b>	<b>(173,936)</b>	<b>21,773</b>	<b>(13,530)</b>							<b>(1,379,305)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,896,000	The Villa at Evergreen Realty		\$	(1,896,000)	1
2	V	33 Real Estate Taxes		The Villa at Evergreen Realty		392,000	392,000	2
3	V	32 Other Interest Expense		The Villa at Evergreen Realty		1,077,575	1,077,575	3
4	V	30 Depreciation		The Villa at Evergreen Realty		724,125	724,125	4
5	V	36 Amortization		The Villa at Evergreen Realty		7,589	7,589	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		\$ 1,896,000			\$ 2,201,289	\$ * 305,289	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 FOOD	\$	VILLA FINANCIAL SERVICES, LLC		\$ 1,781	\$ 1,781
16	V	5 UTILITIES		VILLA FINANCIAL SERVICES, LLC		4,271	4,271
17	V	6 REPAIRS AND MAINTENANCE		VILLA FINANCIAL SERVICES, LLC		6,023	6,023
18	V	19 PROFESSIONAL FEES		VILLA FINANCIAL SERVICES, LLC		9,922	9,922
19	V	20 FEES SUBSCRIPTIONS		VILLA FINANCIAL SERVICES, LLC		15,047	15,047
20	V	21 CLERICAL & GENERAL - SALARIES		VILLA FINANCIAL SERVICES, LLC		599,307	599,307
21	V	21 CLERICAL & GENERAL - OTHER EXPENSE		VILLA FINANCIAL SERVICES, LLC		(2,006)	(2,006)
22	V	24 SEMINARS AND EDUCATION		VILLA FINANCIAL SERVICES, LLC		1,289	1,289
23	V	25 ADMIN. STAFF TRAVEL		VILLA FINANCIAL SERVICES, LLC		10,739	10,739
24	V	26 INSURANCE		VILLA FINANCIAL SERVICES, LLC		1,420	1,420
25	V	27 EMPLOYEE BEN. GEN. ADMIN.		VILLA FINANCIAL SERVICES, LLC		65,776	65,776
26	V	30 DEPRECIATION		VILLA FINANCIAL SERVICES, LLC		39,492	39,492
27	V	32 INTEREST		VILLA FINANCIAL SERVICES, LLC		1,068	1,068
28	V	34 RENT		VILLA FINANCIAL SERVICES, LLC		13,611	13,611
29	V	35 EQUIPMENT RENTAL		VILLA FINANCIAL SERVICES, LLC		1,044	1,044
30	V						
31	V	19 HOME OFFICE	942,721	VILLA FINANCIAL SERVICES, LLC			(942,721)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 942,721			\$ 768,785	\$ * (173,936)

\* 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						\$
16	V	19 PROFESSIONAL FEES		3737 Chase, LLC		106	106
17	V	20 DUES & SUBSCRIPTIONS		3737 Chase, LLC		5	5
18	V	26 INSURANCE		3737 Chase, LLC		747	747
19	V	30 DEPRECIATION		3737 Chase, LLC		14,840	14,840
20	V	32 INTEREST EXPENSE		3737 Chase, LLC		11,030	11,030
21	V	33 REAL ESTATE TAXES		3737 Chase, LLC		8,655	8,655
22	V						
23	V						
24	V	34 RENT	13,611	3737 Chase, LLC			(13,611)
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		\$ 13,611			\$ 35,384	\$ * 21,773

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME & Medical Supplies	\$ 87,118	Integra Healthcare Equipment		\$ 73,588	\$ (13,530)
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		\$ 87,118			\$ 73,588	\$ * (13,530)

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	<b>Total</b>		\$			\$	\$ *	39

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





Facility Name & ID Number Villa At Evergreen Park, The # 0052423 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 Villa At Evergreen Park, The

# 0052423

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 Villa At Evergreen Park, The

# 0052423

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

VILLA FINANCIAL SERVICES, LLC

Street Address

3755 WEST CHASE AVENUE

City / State / Zip Code

SKOKIE, IL 60076

Phone Number

( 847) 440-2660

Fax Number

( 847) 430-3538

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	2	FOOD	FINCL. CONSLT. REV.	13,724,750	32	\$ 25,934	\$ 942,721	\$ 1,781	1	
2	5	UTILITIES	FINCL. CONSLT. REV.	13,724,750	32	62,183	942,721	4,271	2	
3	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	13,724,750	32	87,685	942,721	6,023	3	
4	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	13,724,750	32	144,447	942,721	9,922	4	
5	20	FEES SUBSCRIPTIONS	FINCL. CONSLT. REV.	13,724,750	32	219,061	942,721	15,047	5	
6	21	CLERICAL & GENERAL - SALA	FINCL. CONSLT. REV.	13,724,750	32	8,725,104	8,725,104	942,721	599,307	6
7	21	CLERICAL & GENERAL - OTHI	FINCL. CONSLT. REV.	13,724,750	32	(29,206)	942,721	(2,006)	7	
8	24	SEMINARS AND EDUCATION	FINCL. CONSLT. REV.	13,724,750	32	18,770	942,721	1,289	8	
9	25	ADMIN. STAFF TRAVEL	FINCL. CONSLT. REV.	13,724,750	32	156,350	942,721	10,739	9	
10	26	INSURANCE	FINCL. CONSLT. REV.	13,724,750	32	20,680	942,721	1,420	10	
11	27	EMPLOYEE BEN. GEN. ADMIN.	FINCL. CONSLT. REV.	13,724,750	32	957,610	942,721	65,776	11	
12	30	DEPRECIATION	FINCL. CONSLT. REV.	13,724,750	32	574,948	942,721	39,492	12	
13	32	INTEREST	FINCL. CONSLT. REV.	13,724,750	32	15,547	942,721	1,068	13	
14	34	RENT	FINCL. CONSLT. REV.	13,724,750	32	198,162	942,721	13,611	14	
15	35	EQUIPMENT RENTAL	FINCL. CONSLT. REV.	13,724,750	32	15,206	942,721	1,044	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 11,192,479	\$ 8,725,104	\$ 768,785	25	

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1									1
2	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	13,724,750	32	1,545	942,721	106	2
3	20	DUES & SUBSCRIPTIONS	FINCL. CONSLT. REV.	13,724,750	32	75	942,721	5	3
4	26	INSURANCE	FINCL. CONSLT. REV.	13,724,750	32	10,882	942,721	747	4
5	30	DEPRECIATION	FINCL. CONSLT. REV.	13,724,750	32	216,050	942,721	14,840	5
6	32	INTEREST EXPENSE	FINCL. CONSLT. REV.	13,724,750	32	160,582	942,721	11,030	6
7	33	REAL ESTATE TAXES	FINCL. CONSLT. REV.	13,724,750	32	126,000	942,721	8,655	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					\$ 515,134	\$	\$ 35,384	25

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

( 630) 834-3700

Fax Number

( 630) 834-1500

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 73,588	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				\$	\$		\$ 73,588	25

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423 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 Villa At Evergreen Park, The

# 0052423

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 Villa At Evergreen Park, The

# 0052423

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 Villa At Evergreen Park, The

# 0052423

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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423 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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Lendco		X	Mortgage			\$	\$ 4,714,721		\$	1									
2	The Private Bank		X	Mortgage				15,890,289			1,077,575	2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	The Private Bank		X	Line of Credit				3,016,800			117,260	6								
7	The Private Bank		X	Capex				357,200			10,216	7								
8												8								
9	<b>TOTAL Facility Related</b>						\$	\$ 23,979,010		\$	1,205,051	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(25,914)	10								
11	Allocated from Villa Financial	X									1,068	11								
12	Allocated from 3737 Chase, LLC	X									11,030	12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$	(13,816)	14								
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 23,979,010		\$	1,191,235	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.)

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2017 report.	\$	<u>288,674</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>340,879</u>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<u>52,205</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>348,451</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$	<u>6,500</u>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>30,119</u> For <u>09</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>407,156</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<u>259,879</u>	8
	2014	<u>281,654</u>	9
	2015	<u>288,617</u>	10
	2016	<u>288,033</u>	11
	2017	<u>332,224</u>	12

2018 Accrual = \$332,224 x 1.049 = \$348,451

Allocated from 3737 Chase, LLC = \$8,655

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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

# 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Villa At Evergreen Park, The COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0052423  
 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>24-11-411-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>332,223.64</u>	\$ <u>332,223.64</u>
2.	<u>10-26-318-023-0000</u>	<u>Allocated - 3737 Chase, LLC</u>	\$ <u>128,382.00</u>	\$ <u>8,818.24</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>460,605.64</u></u>	\$ <u><u>341,041.88</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 Villa At Evergreen Park, The COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0052423  
 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.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**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 Villa At Evergreen Park, The

# 0052423

Report Period Beginning:

01/01/18 Ending:

12/31/18

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 82,212 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 1

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

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 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>2013</u>	<u>\$ 2,000,000</u>	<u>1</u>
2	<u>Allocated - 3737 Chase, LLC</u>			<u>17,671</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 2,017,671</b>	<b>3</b>

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	242		2013	1963	\$ 10,200,000	\$ 724,125	35	\$ 291,429	\$ (432,696)	\$ 3,823,047	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various		2013		141,554		20	7,078	7,078	35,388	9
10	Various		2014		606,621		20	30,331	30,331	151,257	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 Villa At Evergreen Park, The

# 0052423

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		231,124	15,128		9,277	(5,852)	37,870	68
69			444,252			(444,252)		69
70		\$ 11,179,298	\$ 1,183,505		\$ 338,114	\$ (845,391)	\$ 4,047,562	70

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

Facility Name &amp; ID Number Villa At Evergreen Park, The

# 0052423

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		\$ 11,179,298	\$ 1,183,505		\$ 338,114	\$ (845,391)	\$ 4,047,562	1
2	Power Repairs	2015	3,894		20	195	195	779	2
3	Installed New Magnetic Lock And Audio Alarm For Door	2015	3,175		20	159	159	635	3
4	Replaced Transformer In Ac Chiller	2015	7,414		20	371	371	1,483	4
5	Replaced Relay And Fan In Blower	2015	4,374		20	219	219	875	5
6	Patch Work On Roof	2015	2,800		20	140	140	560	6
7	Install Access Doors	2015	11,270		20	564	564	2,254	7
8	Installed 2 Propress Ball Valves For Main Boiler	2015	5,975		20	299	299	1,195	8
9	Installed New Oem Direct Replacement Heater Exchanger	2015	7,550		20	378	378	1,510	9
10	Front Entrance Biometrics Oma Was Replaced	2015	2,649		20	132	132	530	10
11	Installed New Pump Strainer For Chiller	2015	3,790		20	189	189	758	11
12	Repaired Leak On South Eat Bottom Side On Condensor Coil	2015	4,658		20	233	233	932	12
13	Boiler - Installed New Gasket, Motor Assembly, Capacitor, And Pil	2016	5,849		20	292	292	877	13
14	Installed Pit Ladder And Ladder Extension For Elevator	2016	4,974		20	249	249	746	14
15	Air Conditioner - Installed New Sight Glass Drier And Head Pressu	2016	3,243		20	162	162	486	15
16	Condensing Unit On Roof - Replaced Fan Motor And Site Glass	2016	4,371		20	219	219	656	16
17	Repair Water Leak In Boiler Room	2017	5,499		20	275	275	550	17
18	New Boiler Combustion Blower	2017	2,721		20	136	136	272	18
19	Replace Magnetic Locks In Corridor 300	2017	3,898		20	195	195	390	19
20	Hot Water Heater Repair	2017	8,914		20	446	446	891	20
21	Repair Walk In Freezer Compressor	2017	2,828		20	141	141	283	21
22	Front Lobby, Office, Hallways, Gym, Library, Dining Rm,	2017	1,849,715		20	92,486	92,486	184,971	22
23	100-500 Wing Floorings, Walls, Painting, Shades For New Office	2017			20				23
24	Hvac Replacement	2017	18,750		20	938	938	1,875	24
25	Code Locks & Code Alert	2018	11,599		20	580	580	580	25
26	Replace Copper Water Line	2018	4,450		20	223	223	223	26
27	Install Condenser Fan	2018	3,455		20	173	173	173	27
28	Wander Mgmt Code Alert System	2018	21,814		20	1,091	1,091	1,091	28
29	Replace Fan Motor In Condensers	2018	3,852		20	193	193	193	29
30	Boiler Repair - Leaking Pipe	2018	2,504		20	125	125	125	30
31	Sprinkler Repair	2018	3,124		20	156	156	156	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	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 12B, Carried Forward		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	34

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	Totals from Page 12C, Carried Forward		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	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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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	34

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	Totals from Page 12D, Carried Forward		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	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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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,198,408	\$ 1,183,505		\$ 439,069	\$ (744,436)	\$ 4,253,610	34

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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
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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 Villa At Evergreen Park, The

# 0052423

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 3737 Chase, LLC	2013	100,135	3,338	20	2,861	(477)	14,901	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Villa Financial Services, LLC	2015	1,092	218	20	55	(164)	181	9
10	Allocated from Villa Financial Services, LLC	2017	240	48	20	12	(36)	23	10
11	Allocated from Villa Financial Services, LLC	2018	3,037	22	20	18	(4)	18	11
12	Allocated from 3737 Chase, LLC	2014	63,532		20	3,177	3,177	14,427	12
13	Allocated from 3737 Chase, LLC	2015	34,919	6,984	20	1,746	(5,238)	5,529	13
14	Allocated from 3737 Chase, LLC	2016	11,439	2,288	20	572	(1,716)	1,397	14
15	Allocated from 3737 Chase, LLC	2017	16,729	2,231	20	836	(1,394)	1,394	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)		\$ 231,124	\$ 15,128		\$ 9,277	\$ (5,852)	\$ 37,870	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 12H, Carried Forward		\$ 231,124	\$ 15,128		\$ 9,277	\$ (5,852)	\$ 37,870	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)		\$ 231,124	\$ 15,128		\$ 9,277	\$ (5,852)	\$ 37,870	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,578,743	\$ 38,468	\$ 157,401	\$ 118,933	10	\$ 838,037	71
72	Current Year Purchases	29,242	736	1,571	835	10	1,571	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,607,985	\$ 39,204	\$ 158,972	\$ 119,769		\$ 839,608	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)	\$ 16,824,064	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,222,709	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 598,042	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (624,667)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,093,217	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	Dialysis Room Design	\$ 8,400	92
93			93
94			94
95		\$ 8,400	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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: \$ 19,318 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>Chrysler</u>	\$	\$ <u>137</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$ <u>137</u>	21

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

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

Facility Name & ID Number Villa At Evergreen Park, The # 0052423 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 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	3 Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 859,785		\$		\$	859,785	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	111,856					111,856	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	1,283,264					1,283,264	4
5	Physician Care	39 - 03	visits			37,143			37,143	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				636,578		636,578	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):			29,173			394,277		423,450	13
14	TOTAL			\$ 2,284,078		\$ 37,143	\$ 1,030,855		\$ 3,352,076	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 &amp; ID Number Villa At Evergreen Park, The

# 0052423

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 11,643	\$ 401,865	1
2	Cash-Patient Deposits	1,000	1,000	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	5,677,767	5,677,767	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,399	5,399	6
7	Other Prepaid Expenses	13,716	13,716	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,709,525	\$ 6,099,747	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		2,000,000	13
14	Buildings, at Historical Cost		7,692,086	14
15	Leasehold Improvements, at Historical Cost	2,967,039	2,967,039	15
16	Equipment, at Historical Cost	627,831	4,135,745	16
17	Accumulated Depreciation (book methods)	(1,594,060)	(6,469,456)	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>	3,805,067	4,830,862	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,805,877	\$ 15,156,276	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,515,402	\$ 21,256,023	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 818,887	\$ 818,887	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,374,000	2,842,951	29
30	Accrued Salaries Payable	832,713	832,713	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,295	1,295	31
32	Accrued Real Estate Taxes(Sch.IX-B)		348,451	32
33	Accrued Interest Payable		754,895	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,026,895	\$ 5,599,192	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,000,000	1,000,000	39
40	Mortgage Payable		20,136,059	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>	2,679,034	2,026,792	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,679,034	\$ 23,162,851	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,705,929	\$ 28,762,043	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,809,473	\$ (7,506,020)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 11,515,402	\$ 21,256,023	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>5,075,521</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Equity Adjustment</b>	<b>(898,461)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,177,060</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(367,587)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(367,587)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,809,473</b>	<b>24</b> *

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

Facility Name &amp; ID Number Villa At Evergreen Park, The

# 0052423

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

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 15,746,910	1
2	Discounts and Allowances for all Levels	(10,992,000)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,754,910	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	13,269,302	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 13,269,302	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	917,811	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	64,958	19
20	Radiology and X-Ray	14,730	20
21	Other Medical Services	1,025	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 998,524	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	25,915	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 25,915	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See Supplemental Schedule</b>	39,217	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 39,217	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 19,087,868	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,963,151	31
32	Health Care	6,318,671	32
33	General Administration	4,912,019	33
<b>B. Capital Expense</b>			
34	Ownership	2,486,139	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,419,529	35
36	Provider Participation Fee	355,946	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 19,455,455	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(367,587)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (367,587)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,221,872	44
45	Private Pay - Net Inpatient Revenue	752,098	45
46	Medicare - Net Inpatient Revenue	654,707	46
47	Other-(specify) <u>Hospice</u>	401,564	47
48	Other-(specify) <u>Managed Care</u>	1,724,669	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 4,754,910	49

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

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

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

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

Facility Name & ID Number Villa At Evergreen Park, The

# 0052423

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	3,794	4,053	\$ 198,125	\$ 48.88	1
2	Assistant Director of Nursing	1,868	1,925	75,265	39.10	2
3	Registered Nurses	27,844	29,643	1,014,526	34.22	3
4	Licensed Practical Nurses	59,540	63,692	1,966,825	30.88	4
5	CNAs & Orderlies	102,662	110,949	1,589,370	14.33	5
6	CNA Trainees					6
7	Licensed Therapist	57,119	63,399	2,284,078	36.03	7
8	Rehab/Therapy Aides	3,533	3,753	53,453	14.24	8
9	Activity Director	2,011	2,086	42,012	20.14	9
10	Activity Assistants	4,283	4,930	71,779	14.56	10
11	Social Service Workers	17,861	19,110	377,921	19.78	11
12	Dietician	1,549	1,684	52,474	31.16	12
13	Food Service Supervisor	1,822	1,879	56,900	30.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	27,942	30,481	390,635	12.82	15
16	Dishwashers					16
17	Maintenance Workers	3,641	3,835	86,462	22.55	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,955	2,142	175,371	81.87	20
21	Assistant Administrator	1,492	1,551	51,107	32.95	21
22	Other Administrative					22
23	Office Manager	1,646	1,696	53,376	31.47	23
24	Clerical	10,828	11,522	205,931	17.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,853	1,948	36,276	18.62	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Attached</u>	2,055	2,294	37,222	16.23	33
34	TOTAL (lines 1 - 33)	335,298	362,572	\$ 8,819,108 *	\$ 24.32	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	\$ 25,543	01-03	35
36	Medical Director	Monthly	123,500	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	22,449	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	12,049	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,038	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Therapy Consulting</u>	Monthly	10,060	10a-03	47
48	<u>Psychiatric Consulting Fees</u>	Monthly	24,000	10-03	48
49	TOTAL (lines 35 - 48)		\$ 220,639		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,189	\$ 89,143	10-03	50
51	Licensed Practical Nurses	1,202	60,077	10-03	51
52	Certified Nurse Assistants/Aides	6,659	166,485	10-03	52
53	TOTAL (lines 50 - 52)	9,050	\$ 315,705		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		
Valerie Ortiz	Administrator	0	\$ 175,371	Workers' Compensation Insurance	\$ 360,081	IDPH License Fee	\$ 1,990		
Sarah Simons	Asst. Admin.	0	51,107	Unemployment Compensation Insurance	97,733	Advertising: Employee Recruitment	14,261		
				FICA Taxes	652,849	Health Care Worker Background Check			
				Employee Health Insurance	485,362	(Indicate # of checks performed <u>1,227</u> )	12,275		
				Employee Meals		<b>Patient Background Checks</b>			
				Illinois Municipal Retirement Fund (IMRF)*		<b>Dues &amp; Subscriptions</b>	41,087		
				<b>401K Contribution</b>	47,615	<b>Licenses &amp; Permits</b>	13,838		
				<b>Life Insurance</b>	12,634	<b>Allocated from Villa Financial Services</b>	15,047		
				<b>Dental &amp; Vision</b>	2,676	<b>Allocated from 3737 Chase, LLC</b>	5		
				<b>Employee Retention</b>	16,796				
				<b>Pension Fund</b>	11,456	<b>Less: Public Relations Expense</b>	( )		
						<b>Non-allowable advertising</b>	( )		
						<b>Yellow page advertising</b>	( )		
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ 226,478</b>	<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ 1,687,202</b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ 98,503</b>		
<b>(List each licensed administrator separately.)</b>									
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$</b>	<b>TOTAL</b>		<b>\$</b>	<b>Seminar Expense</b>	<b>2,565</b>	
<b>(Attach a copy of any management service agreement)</b>							<b>Allocated from Villa Financial Services</b>	<b>1,289</b>	
<b>C. Professional Services</b>									
Vendor/Payee	Type		Amount						
Marcum LLP	Accounting		\$ 31,421						
PMA Companies, Inc.	Workers Comp Audit		4,058						
Villa Financial Servcies	Bookkeeping Fees		942,721						
See Attached	Legal		126,718						
Achieve Accreditation	Accreditation		12,569						
Kelly Appraisal Consultants Inc.	Appraisal		6,500						
LeadingWave Consulting	Interpersonal Insights		342						
MTS Consulting LLC	Tax Consulting		2,327						
Platinum Billing Solutions	E.H.R. Software		4,812						
Kaffter and Burke	Real Estate Tax Refund Legal		9,939						
Zimmet Healthcare Services Group,	HC Innovative Solutions		5,600						
See Supplemental Schedule			5,941						
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ 1,152,949</b>						
<b>(For legal fee disclosure, see page 39 of instructions)</b>									

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name &amp; ID Number Villa At Evergreen Park, The

# 0052423

Report Period Beginning:

01/01/18

Ending: 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 \$38,223
- (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. \$ 42,689 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. \$ 355,946  
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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**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