

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243 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	240	Skilled (SNF)	240	87,600	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	240	TOTALS	240	87,600	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			8,770	8,770	8
9	SNF/PED					9
10	ICF	16,384	2,660	39,653	58,697	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,384	2,660	48,423	67,467	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.02%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

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

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

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

I. On what date did you start providing long term care at this location?
Date started 11/01/2010

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 240 and days of care provided 8,770

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE # 0051243 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	440,735	106,746	23,239	570,720		570,720		570,720		1
2	Food Purchase		357,137		357,137	(47,468)	309,669	1,383	311,051		2
3	Housekeeping		30,109	350,516	380,625		380,625		380,625		3
4	Laundry			233,678	233,678		233,678		233,678		4
5	Heat and Other Utilities			317,105	317,105		317,105	(16,658)	300,447		5
6	Maintenance	72,812	61	176,249	249,122		249,122	(995)	248,127		6
7	Other (specify):*										7
8	TOTAL General Services	513,547	494,053	1,100,787	2,108,387	(47,468)	2,060,919	(16,271)	2,044,648		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	5,259,853	266,941	34,511	5,561,305		5,561,305	(229)	5,561,076		10
10a	Therapy		2,475	28,052	30,527		30,527		30,527		10a
11	Activities	240,648	15,781	2,291	258,720		258,720		258,720		11
12	Social Services	199,092	7,198		206,290		206,290		206,290		12
13	CNA Training										13
14	Program Transportation			47,570	47,570		47,570	(3,307)	44,263		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,699,593	292,395	130,424	6,122,412		6,122,412	(3,536)	6,118,876		16
	C. General Administration										
17	Administrative	100,251			100,251		100,251		100,251		17
18	Directors Fees										18
19	Professional Services			978,671	978,671		978,671	(822,509)	156,162		19
20	Dues, Fees, Subscriptions & Promotions			102,811	102,811		102,811	(12,891)	89,920		20
21	Clerical & General Office Expenses	539,967	1,445	937,569	1,478,981		1,478,981	(119,358)	1,359,623		21
22	Employee Benefits & Payroll Taxes			1,362,049	1,362,049	47,468	1,409,517	(2,305)	1,407,212		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,641	4,641		4,641	(326)	4,315		24
25	Other Admin. Staff Transportation			31,970	31,970		31,970	20	31,990		25
26	Insurance-Prop.Liab.Malpractice			175,840	175,840		175,840	18,165	194,005		26
27	Other (specify):*							56,264	56,264		27
28	TOTAL General Administration	640,218	1,445	3,593,551	4,235,214	47,468	4,282,682	(882,940)	3,399,742		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,853,358	787,893	4,824,762	12,466,013		12,466,013	(902,747)	11,563,266		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			102,487	102,487		102,487	716,760	819,247			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			99,307	99,307		99,307	843,182	942,489			32
33	Real Estate Taxes							631,679	631,679			33
34	Rent-Facility & Grounds			2,169,585	2,169,585		2,169,585	(2,169,585)	(0)			34
35	Rent-Equipment & Vehicles			13,883	13,883		13,883	893	14,776			35
36	Other (specify):*							150,958	150,958			36
37	TOTAL Ownership			2,385,262	2,385,262		2,385,262	173,887	2,559,149			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	979,551	408,239	3,045	1,390,835		1,390,835	(5,276)	1,385,559			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			487,697	487,697		487,697		487,697			42
43	Other (specify):*		2,025	40,788	42,813		42,813	(42,813)	(0)			43
44	TOTAL Special Cost Centers	979,551	410,264	531,530	1,921,345		1,921,345	(48,089)	1,873,256			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,832,909	1,198,157	7,741,554	16,772,620		16,772,620	(776,950)	15,995,670			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 WINDSOR PARK THE**

0051243

Report Period Beginning:

01/01/18

Ending:

12/31/18

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(20,312)	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	(82,081)	30		9
10	Interest and Other Investment Income	(33,259)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(141)	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	(3,351)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(483,834)	21		24
25	Fund Raising, Advertising and Promotional	(6,628)	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	(282,869)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (912,475)		\$	30

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)	135,525		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 135,525		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (776,950)		37

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

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

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

VILLA AT WINDSOR PARK THE

ID# 0051243

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Auto Expense	\$ (9,166)	25	1
2	Sequestration	(88,399)	21	2
3	Marketing Supplies	(2,025)	43	3
4	Locater/Promo/Gifts	(4,633)	43	4
5	Promo/Art/Design/Print	(4,041)	43	5
6	Marketing/Entertainment	(14,861)	43	6
7	Resident Retention	(17,253)	43	7
8	Bank Fees	(20,641)	21	8
9	Donations	(4,025)	20	9
10	Medical Records Income	(229)	10	10
11	Rebates/Refunds	(3,097)	21	11
12	Miscellaneous Income	(2,237)	21	12
13	Non-Allowable Seminar Expense	(1,429)	24	13
14	Capitalized R&M	(12,824)	06	14
15	Prior Year Employee Benefits Expense	(2,305)	22	15
16	Prior Year Insurance Expense	(12,978)	26	16
17	Prior Year Office Expenses	(28,722)	21	17
18	PAC Dues	(10,800)	20	18
19	Annual Report	(75)	20	19
20	Non-Allowable Professional Fees	(15,341)	19	20
21	Lobbying Expense	(4,238)	20	21
22	Non-Allowable Legal Fees	(9,356)	19	22
23	Additional R&M	6,677	06	23
24	Building Co - Accounting Fees	(11,640)	19	24
25	Building Co - Legal/Collection Fees	(368)	19	25
26	Building Co - Professional Fees	(2,750)	19	26
27	Building Co - Licensing & Permitting	(75)	20	27
28	Building Co - Amortization	(6,039)	36	28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(282,869)		49

VILLA AT WINDSOR PARK THE

Report Period Beginning: 01/01/18
 Ending: 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	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number VILLA AT WINDSOR PARK THE# 0051243

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	(141)		1,524									1,383	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(20,312)		3,654									(16,658)	5
6	Maintenance	(6,147)		5,152									(995)	6
7	Other (specify):*													7
8	TOTAL General Services	(26,600)		10,329									(16,271)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(229)											(229)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation					(3,307)							(3,307)	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(229)				(3,307)							(3,536)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(39,454)	14,757	(797,903)	91								(822,509)	19
20	Fees, Subscriptions & Promotions	(25,841)	75	12,871	4								(12,891)	20
21	Clerical & General Office Expenses	(630,281)		510,923									(119,358)	21
22	Employee Benefits & Payroll Taxes	(2,305)											(2,305)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,429)		1,103									(326)	24
25	Other Admin. Staff Transportation	(9,166)		9,186									20	25
26	Insurance-Prop.Liab.Malpractice	(12,978)	29,289	1,215	639								18,165	26
27	Other (specify):*			56,264									56,264	27
28	TOTAL General Administration	(721,454)	44,122	(206,342)	734								(882,940)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(748,283)	44,122	(196,013)	734	(3,307)							(902,747)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number VILLA AT WINDSOR PARK THE # 0051243 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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(82,081)	752,366	33,781	12,694								716,760	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(33,259)	866,093	913	9,435								843,182	32
33	Real Estate Taxes		624,276		7,403								631,679	33
34	Rent-Facility & Grounds		(2,169,585)	11,643	(11,643)								(2,169,585)	34
35	Rent-Equipment & Vehicles			893									893	35
36	Other (specify):*	(6,039)	156,996										150,958	36
37	TOTAL Ownership	(121,379)	230,146	47,230	17,889								173,887	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(5,276)						(5,276)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(42,813)											(42,813)	43
44	TOTAL Special Cost Centers	(42,813)					(5,276)						(48,089)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(912,475)	274,268	(148,782)	18,623	(3,307)	(5,276)						(776,950)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	34 Rental Income	\$ 2,169,585	Windsor Park Realty, LLC		\$	(2,169,585)	1	
2	V	32 Interest	192	Windsor Park Realty, LLC		866,285	866,093	2	
3	V	19 Accounting Fees		Windsor Park Realty, LLC		11,640	11,640	3	
4	V	19 Legal/Collection Fees		Windsor Park Realty, LLC		368	368	4	
5	V	19 Professional Fees		Windsor Park Realty, LLC		2,750	2,750	5	
6	V	20 Licensing & Permitting		Windsor Park Realty, LLC		75	75	6	
7	V	33 Real Estate Taxes		Windsor Park Realty, LLC		624,276	624,276	7	
8	V	26 Insurance - Property/Flood		Windsor Park Realty, LLC		29,289	29,289	8	
9	V	36 Mortgage Insurance Premium		Windsor Park Realty, LLC		150,958	150,958	9	
10	V	30 Depreciation		Windsor Park Realty, LLC		752,366	752,366	10	
11	V	36 Amortization		Windsor Park Realty, LLC		6,039	6,039	11	
12	V							12	
13	V							13	
14	Total		\$ 2,169,777			\$ 2,444,045	\$ *	274,268	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		\$ 1,524	\$ 1,524	15
16	V	5	UTILITIES	VILLA FINANCIAL SERVICES, LLC		3,654	3,654	16
17	V	6	REPAIRS AND MAINTENANCE	VILLA FINANCIAL SERVICES, LLC		5,152	5,152	17
18	V	19	PROFESSIONAL FEES	VILLA FINANCIAL SERVICES, LLC		8,487	8,487	18
19	V	20	FEES SUBSCRIPTIONS	VILLA FINANCIAL SERVICES, LLC		12,871	12,871	19
20	V	21	CLERICAL & GENERAL - SALARIES	VILLA FINANCIAL SERVICES, LLC		512,639	512,639	20
21	V	21	CLERICAL & GENERAL - OTHER EXPENSE	VILLA FINANCIAL SERVICES, LLC		(1,716)	(1,716)	21
22	V	24	SEMINARS AND EDUCATION	VILLA FINANCIAL SERVICES, LLC		1,103	1,103	22
23	V	25	ADMIN. STAFF TRAVEL	VILLA FINANCIAL SERVICES, LLC		9,186	9,186	23
24	V	26	INSURANCE	VILLA FINANCIAL SERVICES, LLC		1,215	1,215	24
25	V	27	EMPLOYEE BEN. GEN. ADMIN.	VILLA FINANCIAL SERVICES, LLC		56,264	56,264	25
26	V	30	DEPRECIATION	VILLA FINANCIAL SERVICES, LLC		33,781	33,781	26
27	V	32	INTEREST	VILLA FINANCIAL SERVICES, LLC		913	913	27
28	V	34	RENT	VILLA FINANCIAL SERVICES, LLC		11,643	11,643	28
29	V	35	EQUIPMENT RENTAL	VILLA FINANCIAL SERVICES, LLC		893	893	29
30	V							30
31	V	19	HOME OFFICE				(806,390)	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 806,390			\$ 657,608	\$ * (148,782)	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	19 PROFESSIONAL FEES		3737 Chase, LLC		91	91	16
17	V	20 DUES & SUBSCRIPTIONS		3737 Chase, LLC		4	4	17
18	V	26 INSURANCE		3737 Chase, LLC		639	639	18
19	V	30 DEPRECIATION		3737 Chase, LLC		12,694	12,694	19
20	V	32 INTEREST EXPENSE		3737 Chase, LLC		9,435	9,435	20
21	V	33 REAL ESTATE TAXES		3737 Chase, LLC		7,403	7,403	21
22	V							22
23	V							23
24	V	34 RENT	11,643	3737 Chase, LLC			(11,643)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 11,643			\$ 30,266	\$ * 18,623	39

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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	14	Ambulance	\$ 34,847	Lifeline Ambulance		\$ 31,540	\$ (3,307)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 34,847			\$ 31,540	\$ * (3,307)	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	39	DME & Medical Supplies	\$ 33,970	Integra Healthcare Equipment LLC		\$ 28,694	\$ (5,276)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 33,970			\$ 28,694	\$ * (5,276)	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	10A	Respiratory Services	\$ 17,752	Integra Respiratory Service, LLC		\$ 17,752	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 17,752			\$ 17,752	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning: 01/01/18

Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number

VILLA AT WINDSOR PARK THE

0051243

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	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$		13	

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

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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 WINDSOR PARK THE

0051243

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	\$	806,390	\$ 1,524	1
2	5	UTILITIES	FINCL. CONSLT. REV.	13,724,750	32	62,183		806,390	3,654	2
3	6	REPAIRS AND MAINTENANCE	FINCL. CONSLT. REV.	13,724,750	32	87,685		806,390	5,152	3
4	19	PROFESSIONAL FEES	FINCL. CONSLT. REV.	13,724,750	32	144,447		806,390	8,487	4
5	20	FEES SUBSCRIPTIONS	FINCL. CONSLT. REV.	13,724,750	32	219,061		806,390	12,871	5
6	21	CLERICAL & GENERAL - SAL	FINCL. CONSLT. REV.	13,724,750	32	8,725,104	8,725,104	806,390	512,639	6
7	21	CLERICAL & GENERAL - OTH	FINCL. CONSLT. REV.	13,724,750	32	(29,206)		806,390	(1,716)	7
8	24	SEMINARS AND EDUCATION	FINCL. CONSLT. REV.	13,724,750	32	18,770		806,390	1,103	8
9	25	ADMIN. STAFF TRAVEL	FINCL. CONSLT. REV.	13,724,750	32	156,350		806,390	9,186	9
10	26	INSURANCE	FINCL. CONSLT. REV.	13,724,750	32	20,680		806,390	1,215	10
11	27	EMPLOYEE BEN. GEN. ADMIN	FINCL. CONSLT. REV.	13,724,750	32	957,610		806,390	56,264	11
12	30	DEPRECIATION	FINCL. CONSLT. REV.	13,724,750	32	574,948		806,390	33,781	12
13	32	INTEREST	FINCL. CONSLT. REV.	13,724,750	32	15,547		806,390	913	13
14	34	RENT	FINCL. CONSLT. REV.	13,724,750	32	198,162		806,390	11,643	14
15	35	EQUIPMENT RENTAL	FINCL. CONSLT. REV.	13,724,750	32	15,206		806,390	893	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		\$ 657,608	25

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1									1
2	19	PROFESSIONAL FEES	FINCL. CONSLT. REV. 13,724,750	32	1,545		806,390	91	2
3	20	DUES & SUBSCRIPTIONS	FINCL. CONSLT. REV. 13,724,750	32	75		806,390	4	3
4	26	INSURANCE	FINCL. CONSLT. REV. 13,724,750	32	10,882		806,390	639	4
5	30	DEPRECIATION	FINCL. CONSLT. REV. 13,724,750	32	216,050		806,390	12,694	5
6	32	INTEREST EXPENSE	FINCL. CONSLT. REV. 13,724,750	32	160,582		806,390	9,435	6
7	33	REAL ESTATE TAXES	FINCL. CONSLT. REV. 13,724,750	32	126,000		806,390	7,403	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	\$		\$ 30,267	25

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Ambulance	Direct Allocation		\$	\$		\$ 31,540	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				\$	\$		\$ 31,540	25

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 28,694	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				\$	\$		\$ 28,694	25

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Respiratory Service LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10A	Respiratory Services	Direct Allocation		\$	\$		\$ 17,752	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				\$	\$		\$ 17,752	25

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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 WINDSOR PARK THE

0051243

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 WINDSOR PARK THE

0051243 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 WINDSOR PARK THE

0051243

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 WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending:

12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Private Bank		X	Mortgage			\$	23,046,652		\$	866,285	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Private Bank		X	Line of Credit				1,428,000			99,307	6								
7												7								
8												8								
9	TOTAL Facility Related						\$	24,474,652		\$	965,592	9								
B. Non-Facility Related*																				
10	Interest Income		X								(33,259)	10								
11	Interest Income - Bldg Co.		X								(192)	11								
12	Allocated - Villa Financial	X									913	12								
13	Allocated - 3737 Chase, LLC	X									9,435	13								
14	TOTAL Non-Facility Related						\$			\$	(23,103)	14								
15	TOTALS (line 9+line14)						\$	24,474,652		\$	942,489	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 150,958 Line # 36

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2017 report.

\$ **574,652** 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.)

\$ **592,331** 2

3. Under or (over) accrual (line 2 minus line 1).

\$ **17,679** 3

4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)

\$ **614,000** 4

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.

(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)

\$ 5

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.

TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

\$ 6

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

\$ **631,679** 7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<u>424,872</u>	8
	2014	<u>433,176</u>	9
	2015	<u>505,442</u>	10
	2016	<u>547,275</u>	11
	2017	<u>584,928</u>	12

2018 Accrual = \$584,928 x 1.05 = \$614,000 (Rounded)

Allocated - 3737 Chase, LLC - \$7,403

FOR BHF USE ONLY

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 WINDSOR PARK THE COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051243

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.	<u>21-30-200-001-0000</u>	<u>Long Term Care Property</u>	\$ <u>481,355.95</u>	\$ <u>481,355.95</u>
2.	<u>21-30-200-002-0000</u>	<u>Long Term Care Property</u>	\$ <u>6,493.04</u>	\$ <u>6,493.04</u>
3.	<u>21-30-200-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>91,606.99</u>	\$ <u>91,606.99</u>
4.	<u>21-30-121-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,816.04</u>	\$ <u>1,816.04</u>
5.	<u>21-30-121-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>3,655.62</u>	\$ <u>3,655.62</u>
6.	<u>10-26-318-023-0000</u>	<u>Allocated - 3737 Chase, LLC</u>	\$ <u>128,381.74</u>	\$ <u>7,543.00</u>
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>713,309.38</u></u>	\$ <u><u>592,470.64</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 WINDSOR PARK THE COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0051243
 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</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2014</u>	<u>\$ 238,709</u>	<u>1</u>
2	<u>Allocated - 3737 Chase, LLC</u>			<u>15,115</u>	<u>2</u>
3	TOTALS			\$ 253,824	3

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

0051243

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	240		2014	1998	\$ 18,828,721	\$ 752,366	39	\$ 482,788	\$ (269,578)	\$ 2,413,940	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2010		91,852		20	9,185	9,185	65,062	9
10	Various		2011		507,113		20	30,833	30,833	214,579	10
11	Various		2012		32,382		20	2,029	2,029	11,349	11
12	Various		2013		88,561		20	7,093	7,093	33,074	12
13	Various		2014		109,480		20	5,957	5,957	21,957	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

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		1,242,421			69,276	69,276	347,976	67
68		197,700	12,940		7,935	(5,005)	32,393	68
69			102,487			(102,487)		69
70		\$ 21,098,230	\$ 867,793		\$ 615,097	\$ (252,697)	\$ 3,140,330	70

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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		\$ 21,098,230	\$ 867,793		\$ 615,097	\$ (252,697)	\$ 3,140,330	1
2	Install 2 New Flex Connections On 4" Heating Water Lines	2015	6,828		20	341	341	711	2
3	Replaced Fuse & Body Gasket For Return Pump For Hot Water	2015	2,700		20	135	135	394	3
4	Replaced City Tie Assembly	2016	2,930		20	147	147	293	4
5	Installed Sewage Ejector System	2016	7,700		20	385	385	770	5
6	Plumbing Rough-In For Dialysis Stations	2016	5,000		20	250	250	500	6
7	Installed Water Stations For Dialysis And Framed Walls In Storag	2016	5,035		20	252	252	504	7
8	Installed Diaphragm In Outside Air Damper And Mixed Air Tran	2016	4,000		20	200	200	400	8
9	Installed Fish Tank Cabinet	2016	18,125		20	906	906	1,813	9
10	Installed Purified Water Loop In Dialysis Center	2016	3,853		20	193	193	385	10
11	Installed Branch Circuit For Dialysis Center	2016	2,500		20	125	125	250	11
12	Replace Boiler And Heat Exchanger	2016	16,911		20	846	846	1,691	12
13	Replace Refractory Panels & Flame Sensor On Boiler	2016	3,341		20	167	167	334	13
14	Main Sewer Line Repair	2016	3,739		20	187	187	374	14
15	Parking Lot Renovation	2017	69,500		20	3,475	3,475	6,950	15
16	Install Fire Rated Doors In 1St Flr Spa, 3Rd Flr Lounge, Basemen	2017	5,296		20	265	265	530	16
17	Parking Lot - Sewer Repair	2017	11,640		20	582	582	1,164	17
18	Pneumatic Panel Repairs	2017	6,878		20	344	344	688	18
19	Fire Damper Repairs/Replacement	2017	2,834		20	142	142	283	19
20	Fire Damper Repairs/Replacement	2017	5,394		20	270	270	539	20
21	Elevator Pump Motor	2017	2,975		20	149	149	298	21
22	Repair 3Rd Floor Drain, Leak In Kitchen Coil	2017	4,281		20	214	214	428	22
23	Repair Leak - Chill Water Coil	2017	2,616		20	131	131	262	23
24	Boiler Repair	2018	5,600		20	280	280	280	24
25	Roof Repair - Apply Patch To Wall Flashings	2018	9,925		20	496	496	496	25
26	Laundry Rm/Kitchen Piping - Install Back Flow Preventors, Valve	2018	4,800		20	240	240	240	26
27	Common Area - Flooring	2018	3,879		20	194	194	194	27
28	Air Compressor Replacement	2018	12,075		20	604	604	604	28
29	Replace Pump Motor	2018	3,092		20	155	155	155	29
30	Plumbing Work - Kitchen, Elevator Pit, 2Nd Flr, Bsmnt, Jazz Roo	2018	17,050		20	853	853	853	30
31	Common Area - Vinyl Flooring	2018	3,900		20	195	195	195	31
32	Pump Replacement - Basement	2018	13,274		20	664	664	664	32
33	Generator Repairs	2018	12,824		20	641	641	641	33
34	TOTAL (lines 1 thru 33)		\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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	
1		\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	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)	\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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	
1		\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	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)	\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	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)	\$ 21,378,727	\$ 867,793		\$ 629,121	\$ (238,672)	\$ 3,164,211	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Painting 2Nd & 3Rd Floor Resident Rooms/Corridor	2012	90,370		20	4,519	4,519	31,633	9
10	Magnetic Locks Installed W/Push Button And Keypads	2012	25,853		20	1,293	1,293	9,051	10
11	New Camera System, Wiring And Labor	2012	3,224		20	161	161	1,127	11
12	Installation Of New Model 30Rbx Series 460 Volt Chiller	2012	199,579		20	9,979	9,979	69,853	12
13	2Nd Floor Corridor Remodel: Millwork/Handrails, Wallcoverings	2012	112,889		20	5,644	5,644	39,508	13
14	Granite For 2Nd Floor Built In Nurses Station	2012	4,857		20	243	243	1,701	14
15	2Nd Floor Dining Room Remodel: Flooring, Wallcovering And Li	2012	37,869		20	1,893	1,893	13,251	15
16	2Nd Flr Resident Room Remodel: Windsow Treatments, Cubicle C	2012	59,934		20	6,571	6,571	45,997	16
17	3Rd Flr Dining Room Remodel: Flooring And Wallevoerings	2012	28,325		20	1,416	1,416	9,912	17
18	Built-In Work Station For Physicians Office	2012	3,330		20	167	167	1,169	18
19	3Rd Floor Corridor: Millwork, Wallcoverings Flooring And Signa	2012	115,885		20	5,794	5,794	40,558	19
20	Granite For 3Rd Floor Built In Nurses Station	2012	4,867		20	243	243	1,701	20
21	3Rd Floor Dining Room Remodel: Cornices And Light Fixtures	2012	9,081		20	454	454	3,178	21
22	3Rd Flr Resident Room Remodel: Built-In Furniture, Window Tr	2012	55,540		20	6,358	6,358	44,506	22
23	Granite Installation For Built-In Transacaion Areas	2012	5,380		20	269	269	1,883	23
24	Special order steel door, Rim Exit device aluminum, universal arm	2012	4,752		20	238	238	1,666	24
25	Convection Pallet Heater	2012	3,851		20	193	193	1,351	25
26	Weatherproof Camera, Dome Camera, Pigtail Connector, dvr, Po	2012	11,805		20	590	590	4,130	26
27	Install 76 power outlets and TV Cables in the 2nd and 3rd floors	2012	8,500		20	425	425	2,975	27
28	Elevator Modernization	2018	456,530		20	22,826	22,826	22,826	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,242,421	\$		\$ 69,276	\$ 69,276	\$ 347,976	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 1,242,421	\$		\$ 69,276	\$ 69,276	\$ 347,976	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)	\$ 1,242,421	\$		\$ 69,276	\$	\$ 347,976	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from 3737 Chase, LLC	2013	85,654	2,855	20	2,447	(408)	12,746	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Villa Financial Services, LLC	2015	934	187	20	47	(140)	154	9
10	Allocated from Villa Financial Services, LLC	2017	206	41	20	10	(31)	20	10
11	Allocated from Villa Financial Services, LLC	2018	2,598	19	20	15	(3)	15	11
12	Allocated from 3737 Chase, LLC	2014	54,344		20	2,717	2,717	12,341	12
13	Allocated from 3737 Chase, LLC	2015	29,870	5,974	20	1,493	(4,480)	4,729	13
14	Allocated from 3737 Chase, LLC	2016	9,785	1,957	20	489	(1,468)	1,195	14
15	Allocated from 3737 Chase, LLC	2017	14,310	1,908	20	716	(1,192)	1,192	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)		\$ 197,700	\$ 12,940		\$ 7,935	\$ (5,005)	\$ 32,393	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 197,700	\$ 12,940		\$ 7,935	\$ (5,005)	\$ 32,393	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)	\$ 197,700	\$ 12,940		\$ 7,935	\$ (5,005)	\$ 32,393	34

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,663,853	\$ 32,905	\$ 188,588	\$ 155,683	10	\$ 1,009,642	71
72	Current Year Purchases	33,400	629	1,537	908	10	1,537	72
73	Fully Depreciated Assets	22,660				10	22,660	73
74								74
75	TOTALS	\$ 1,719,913	\$ 33,534	\$ 190,125	\$ 156,591		\$ 1,033,839	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)	\$ 23,352,464	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 901,327	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 819,247	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (82,081)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,198,050	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	Boiler Replacement/Elevator	\$ 28,917	92
93	Work		93
94			94
95		\$ 28,917	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /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? _____

16. Rental Amount for movable equipment: \$ 14,777 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 345,284		\$			\$ 345,284	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	186,782					186,782	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	447,485					447,485	4
5	Physician Care	39 - 03	visits			3,045			3,045	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				163,567		163,567	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):						244,672		244,672	13
14	TOTAL			\$ 979,551		\$ 3,045	\$ 408,239		\$ 1,390,835	14

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE# 0051243Report Period Beginning: 01/01/18

Ending:

12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 379,438	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,584,257	5,584,257	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	606	30,302	6
7	Other Prepaid Expenses	151,319	163,882	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>		667,822	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,736,182	\$ 6,825,701	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,000	13
14	Buildings, at Historical Cost		22,338,721	14
15	Leasehold Improvements, at Historical Cost	1,250,488	1,745,727	15
16	Equipment, at Historical Cost	2,022,681	2,845,251	16
17	Accumulated Depreciation (book methods)	(2,933,613)	(7,204,525)	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>	28,917	216,116	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 368,473	\$ 20,141,290	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,104,655	\$ 26,966,991	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 814,068	\$ 814,068	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,428,000	1,828,716	29
30	Accrued Salaries Payable	718,586	718,586	30
31	Accrued Taxes Payable (excluding real estate taxes)	345	345	31
32	Accrued Real Estate Taxes(Sch.IX-B)		614,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	1,325	72,962	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,962,324	\$ 4,048,677	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		22,645,936	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>	6,606,839	6,001,670	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,606,839	\$ 28,647,606	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,569,163	\$ 32,696,283	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,464,508)	\$ (5,729,292)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,104,655	\$ 26,966,991	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,894,819)	1
2	Restatements (describe):		2
3	Equity Restatement	169,125	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,725,694)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(558,814)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(180,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (738,814)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (3,464,508)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,916,823	1
2	Discounts and Allowances for all Levels	(2,383,255)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,533,568	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,311,967	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,311,967	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	264,259	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,147	19
20	Radiology and X-Ray	24,810	20
21	Other Medical Services	233	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 329,449	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	33,259	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33,259	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	5,563	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,563	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,213,806	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,108,387	31
32	Health Care	6,122,412	32
33	General Administration	4,235,214	33
B. Capital Expense			
34	Ownership	2,385,262	34
C. Ancillary Expense			
35	Special Cost Centers	1,433,648	35
36	Provider Participation Fee	487,697	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,772,620	40
41	Income before Income Taxes (line 30 minus line 40)**	(558,814)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (558,814)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,890,370	44
45	Private Pay - Net Inpatient Revenue	467,239	45
46	Medicare - Net Inpatient Revenue	678,485	46
47	Other-(specify) <u>Hospice</u>	858,212	47
48	Other-(specify) <u>Managed Care</u>	5,639,262	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,533,568	49

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

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

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

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

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning: 01/01/18

Ending: 12/31/18

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,951	2,086	\$ 116,588	\$ 55.89	1
2	Assistant Director of Nursing	1,854	2,086	112,405	53.89	2
3	Registered Nurses	24,869	26,868	1,069,093	39.79	3
4	Licensed Practical Nurses	62,852	65,133	1,875,526	28.80	4
5	CNAs & Orderlies	166,395	172,386	2,013,045	11.68	5
6	CNA Trainees					6
7	Licensed Therapist	22,107	24,413	979,551	40.12	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,796	2,086	43,126	20.67	9
10	Activity Assistants	13,212	14,441	197,522	13.68	10
11	Social Service Workers	9,066	9,952	199,092	20.01	11
12	Dietician					12
13	Food Service Supervisor	1,926	2,086	45,265	21.70	13
14	Head Cook					14
15	Cook Helpers/Assistants	27,832	28,941	395,470	13.66	15
16	Dishwashers					16
17	Maintenance Workers	3,194	3,497	72,812	20.82	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,931	2,086	100,251	48.06	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,891	2,086	57,061	27.35	23
24	Clerical	24,809	26,621	482,906	18.14	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	2,272	2,522	40,558	16.08	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Attached</u>	2,061	2,177	32,638	14.99	33
34	TOTAL (lines 1 - 33)	370,018	389,467	\$ 7,832,909 *	\$ 20.11	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	501	\$ 23,239	01-03	35
36	Medical Director	Monthly	18,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	26,283	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	20,812	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,291	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Therapy Consulting</u>	Monthly	7,240	10a-03	47
48	<u>Psychologist</u>	Monthly	8,228	10-03	48
49	TOTAL (lines 35 - 48)	549	\$ 106,093		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Levi Israel	Administrator	0	\$ 100,251	Workers' Compensation Insurance	\$ 260,393	IDPH License Fee	\$ 3,723	
				Unemployment Compensation Insurance	81,507	Advertising: Employee Recruitment	17,761	
				FICA Taxes	541,981	Health Care Worker Background Check (Indicate # of checks performed <u>585</u>)	5,851	
				Employee Health Insurance	394,410	Patient Background Checks		
				Employee Meals	47,468	Dues & Subscriptions	46,475	
				Illinois Municipal Retirement Fund (IMRF)*		Licensing & Permitting	3,235	
				401k Employer Contribution	51,061	Allocated - Villa Financial Services	12,871	
				Dental/Vision/Life Insurance	10,356	Allocated - 3737 Chase, LLC	4	
				Employee Retention	20,037			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 100,251			Less: Public Relations Expense	()	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
			\$					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Villa Financial Services	Bookkeeping		\$ 806,390			\$	Out-of-State Travel	\$
MTS Consulting	Tax Consulting		4,398					
JK Seva Inc	Workforce Mngmt Software		2,419					
LeadingWave Consulting	Leadership Development		471				In-State Travel	
Kronos	Workforce Mngmt Software		40,497					
See Attached	Legal Fees		64,582					
Prospect Resources	Energy Procurement		2,527				Seminar Expense	3,213
Personnel Planners	Unemployment Consulting		1,764				Allocated - Villa Financial Services	1,103
Achieve Accreditation	Accreditation		12,439					
Alliance for Strategic Advantage	Revenue Cycle Consulting		499					
Illinois Rytes Corp.	Liability Management		10,330				Entertainment Expense	()
See Supplemental Schedule			32,354					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 978,670	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,316

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number VILLA AT WINDSOR PARK THE

0051243

Report Period Beginning:

01/01/18

Ending:

12/31/18

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. HCCI - \$21,600
- (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. \$ 719 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. \$ 487,697
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? No
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 47,468 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.