		FOR BHF USE					

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

I. IDPH License ID Number: 0052852

Facility Name: Avantara Park Ridge

Address: 1601 N Western Ave (Number) Park Ridge (City) 60068 (Zip Code)

County: Cook

Telephone Number: (847)825-5531 **Fax #** (847)318-6659

HFS ID Number:

Date of Initial License for Current Owners: 7/25/2014

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda **Telephone Number:** (847) 282-6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) * (Date)
** Subject to the attached Accountants Consulting Report*
(Print Name and Title)
(Firm Name & Address) Marcum, LLP, 111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	140	Skilled (SNF)	140	51,240	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	140	TOTALS	140	51,240	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	15,491	15,825	12,558	43,874	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,491	15,825	12,558	43,874	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.62%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 7/25/2014

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 7/25/2014 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 140 and days of care provided 10,475

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	436,979	31,488		468,467		468,467		468,467			1
2	Food Purchase		311,865		311,865		311,865	(12,175)	299,690			2
3	Housekeeping	173,262	45,695		218,957		218,957	98	219,055			3
4	Laundry	38,732	7,619	163,101	209,452		209,452		209,452			4
5	Heat and Other Utilities			232,280	232,280		232,280	(21,213)	211,067			5
6	Maintenance	108,525	3,657	162,724	274,906		274,906	142,189	417,095			6
7	Other (specify):*											7
8	TOTAL General Services	757,498	400,324	558,105	1,715,927		1,715,927	108,898	1,824,825			8
	B. Health Care and Programs											
9	Medical Director			135,871	135,871		135,871		135,871			9
10	Nursing and Medical Records	4,032,374	52,767	54,038	4,139,179		4,139,179	29,613	4,168,792			10
10a	Therapy	121,148		15,484	136,632		136,632	(5,763)	130,869			10a
11	Activities	199,634	19,489		219,123		219,123		219,123			11
12	Social Services	220,996	47,280	2,115	270,391		270,391	97,362	367,753			12
13	CNA Training											13
14	Program Transportation			50,550	50,550		50,550	6	50,556			14
15	Other (specify):*							9,706	9,706			15
16	TOTAL Health Care and Programs	4,574,152	119,536	258,058	4,951,746		4,951,746	130,924	5,082,670			16
	C. General Administration											
17	Administrative	164,720		6,289	171,009		171,009	(41,506)	129,503			17
18	Directors Fees											18
19	Professional Services			279,766	279,766	(627)	279,139	(171,297)	107,843			19
20	Dues, Fees, Subscriptions & Promotions			126,508	126,508		126,508	(89,017)	37,491			20
21	Clerical & General Office Expenses	528,264	3,922	577,124	1,109,310		1,109,310	(256,029)	853,281			21
22	Employee Benefits & Payroll Taxes			1,156,834	1,156,834		1,156,834		1,156,834			22
23	Inservice Training & Education			30,643	30,643		30,643		30,643			23
24	Travel and Seminar			8,084	8,084		8,084	1,926	10,010			24
25	Other Admin. Staff Transportation			1,200	1,200		1,200		1,200			25
26	Insurance-Prop.Liab.Malpractice			167,787	167,787		167,787	4,016	171,803			26
27	Other (specify):*							36,558	36,558			27
28	TOTAL General Administration	692,984	3,922	2,354,235	3,051,141	(627)	3,050,514	(515,348)	2,535,166			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,024,634	523,782	3,170,398	9,718,814	(627)	9,718,187	(275,526)	9,442,661			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Avantara Park Ridge #0052852 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							322,187	322,187			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,886	34,886		34,886	2,817	37,703			32
33	Real Estate Taxes			252,000	252,000	627	252,627	1,525	254,151			33
34	Rent-Facility & Grounds			595,800	595,800		595,800	(595,717)	83			34
35	Rent-Equipment & Vehicles			22,322	22,322		22,322	52	22,374			35
36	Other (specify):*											36
37	**TOTAL Ownership**			905,008	905,008	627	905,635	(269,136)	636,499			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	18,899	675,394	1,544,530	2,238,823		2,238,823		2,238,823			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			270,803	270,803		270,803		270,803			42
43	Other (specify):*			747,310	747,310		747,310	(747,310)	0			43
44	**TOTAL Special Cost Centers**	18,899	675,394	2,562,643	3,256,936		3,256,936	(747,310)	2,509,626			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,043,533	1,199,176	6,638,049	13,880,758		13,880,758	(1,291,972)	12,588,786			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 Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(23,141)	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	320,150	30		9
10	Interest and Other Investment Income	(1,121)	32		10
11	Discounts, Allowances, Rebates & Refunds	(11,674)	02		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,125)	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	(16)	21		18
19	Entertainment	(3,411)	21		19
20	Contributions	(72,588)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(271,976)	21		24
25	Fund Raising, Advertising and Promotional	(13,341)	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	(789,321)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (867,564)		$	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 Amount	2 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)	(424,408)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (424,408)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,291,972)		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 Yes	2 No	3 Amount	4 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

Avantara Park Ridge

ID# 0052852

Report Period Beginning: 01/01/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Patient Personal Items	$ (8,164)	10	1
2	Marketing	(10,418)	43	2
3	Bank Charges	(11,555)	21	3
4	Sequestration	(125,287)	21	4
5	Therapy Discounts	(5,763)	10A	5
6	Non-Allowable Legal	(7,876)	19	6
7	Additional R&M	129,285	06	7
8	Capitalized R&M	(4,200)	06	8
9	PAC Dues	(4,983)	20	9
10	Annual Report	(250)	20	10
11	Non-Allowable Expense	(736,892)	43	11
12	Building Co - License and Permits	(250)	20	12
13	Building Co - Professional Fees	(2,967)	19	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(789,321)		49

Avantara Park Ridge

ID# 0052852

Report Period Beginning: 01/01/16

Ending: 12/31/16

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Avantara Park Ridge **#** 0052852 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(12,799)		137		487							(12,175)	2
3	Housekeeping			98									98	3
4	Laundry													4
5	Heat and Other Utilities	(23,141)		428			1,499						(21,213)	5
6	Maintenance	125,085		5,685		9,740	1,679						142,189	6
7	Other (specify):*													7
8	**TOTAL General Services**	89,145		6,348		10,227	3,178						108,898	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(8,164)				37,778							29,613	10
10a	Therapy	(5,763)											(5,763)	10a
11	Activities													11
12	Social Services					97,362							97,362	12
13	CNA Training													13
14	Program Transportation					6							6	14
15	Other (specify):*					9,706							9,706	15
16	**TOTAL Health Care and Programs**	(13,927)				144,851							130,924	16
	C. General Administration													
17	Administrative			8,836		(50,343)							(41,506)	17
18	Directors Fees													18
19	Professional Services	(10,843)	2,967	(159,914)	58	1,435	678	(5,678)					(171,297)	19
20	Fees, Subscriptions & Promotions	(91,412)	250	1,742		401	2						(89,017)	20
21	Clerical & General Office Expenses	(412,246)		154,743		1,453	21						(256,029)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,157		769							1,926	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			998		2,716	301						4,016	26
27	Other (specify):*			33,475		3,084							36,558	27
28	**TOTAL General Administration**	(514,501)	3,217	41,037	58	(40,485)	1,003	(5,678)					(515,348)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(439,283)	3,217	47,385	58	114,593	4,182	(5,678)					(275,526)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Avantara Park Ridge # 0052852 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	320,150		459	1,578								322,187	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(1,121)		7	572		3,359						2,817	32
33	Real Estate Taxes			812			713						1,525	33
34	Rent-Facility & Grounds		(595,800)	43,009		33	(42,959)						(595,717)	34
35	Rent-Equipment & Vehicles			52									52	35
36	Other (specify):*													36
37	TOTAL Ownership	319,029	(595,800)	44,339	2,150	33	(38,887)						(269,136)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(747,310)											(747,310)	43
44	TOTAL Special Cost Centers	(747,310)											(747,310)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(867,564)	(592,583)	91,724	2,208	114,626	(34,705)	(5,678)					(1,291,972)	45

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 595,800	Park Ridge Property Holdings, LLC	100.00%	$	$ (595,800)	1
2	V	20	License and Permits		Park Ridge Property Holdings, LLC	100.00%	250	250	2
3	V	19	Professional Fees		Park Ridge Property Holdings, LLC	100.00%	2,967	2,967	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 595,800			$ 3,217	$ * (592,583)	14

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	FOOD	$	Legacy Healthcare Financial Services	100.00%	$ 137	$ 137	15
16	V	3	HOUSEKEEPING SUPPLIES		Legacy Healthcare Financial Services	100.00%	98	98	16
17	V	5	UTILITIES		Legacy Healthcare Financial Services	100.00%	428	428	17
18	V	6	GROUNDS & MAINTENANCE		Legacy Healthcare Financial Services	100.00%	4,273	4,273	18
19	V	6	MAINTENANCE SALARY		Legacy Healthcare Financial Services	100.00%	1,412	1,412	19
20	V	17	CFO SALARY		Legacy Healthcare Financial Services	100.00%	8,836	8,836	20
21	V	19	PROFESSIONAL FEES		Legacy Healthcare Financial Services	100.00%	20,086	20,086	21
22	V	20	FEES, SUBSCRIPTIONS		Legacy Healthcare Financial Services	100.00%	1,742	1,742	22
23	V	21	CLERICAL & GENERAL WAGES		Legacy Healthcare Financial Services	100.00%	134,016	134,016	23
24	V	21	CLERICAL & GENERAL OTHER COSTS		Legacy Healthcare Financial Services	100.00%	20,726	20,726	24
25	V	24	SEMINARS		Legacy Healthcare Financial Services	100.00%	1,157	1,157	25
26	V	26	INSURANCE		Legacy Healthcare Financial Services	100.00%	998	998	26
27	V	27	EMP. BEN.-GEN. ADMIN.		Legacy Healthcare Financial Services	100.00%	33,475	33,475	27
28	V	30	DEPRECIATION		Legacy Healthcare Financial Services	100.00%	459	459	28
29	V	32	INTEREST		Legacy Healthcare Financial Services	100.00%	7	7	29
30	V	33	REAL ESTATE TAXES		Legacy Healthcare Financial Services	100.00%	812	812	30
31	V	34	RENT		Legacy Healthcare Financial Services	100.00%	42,959	42,959	31
32	V	34	STORAGE		Legacy Healthcare Financial Services	100.00%	50	50	32
33	V	35	EQUIPMENT RENTAL		Legacy Healthcare Financial Services	100.00%	52	52	33
34	V								34
35	V	19	BOOKKEEPING	180,000	Legacy Healthcare Financial Services	100.00%		(180,000)	35
36	V	17	MANAGEMENT FEES	6,289	Legacy Healthcare Financial Services	100.00%		(6,289)	36
37	V	17	MANAGEMENT FEES - YAIR ZUCKERMAN		Legacy Healthcare Financial Services	100.00%	6,289	6,289	37
38	V								38
39	Total			$ 186,289			$ 278,013	$ * 91,724	39

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	PROFESSIONAL FEES	$	Legacy Real Properties	100.00%	$ 58	$ 58	15
16	V	30	DEPRECIATION		Legacy Real Properties	100.00%	1,578	1,578	16
17	V	32	INTEREST EXPENSE		Legacy Real Properties	100.00%	572	572	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			$			$ 2,208	$ * 2,208	39

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	FOOD	$	Progressive Healthcare Consulting	100.00%	$ 487	$ 487	15
16	V	6	MAINTENANCE SALARY		Progressive Healthcare Consulting	100.00%	9,405	9,405	16
17	V	6	BUILDING MAINTENANCE AND R&M		Progressive Healthcare Consulting	100.00%	335	335	17
18	V	10	MEDICAL AND NURSING SUPPLIES		Progressive Healthcare Consulting	100.00%	130	130	18
19	V	10	NURSING SALARIES		Progressive Healthcare Consulting	100.00%	93,572	93,572	19
20	V	12	ACTIVITIES PROGRAM		Progressive Healthcare Consulting	100.00%	117	117	20
21	V	12	CLERGY SALARY		Progressive Healthcare Consulting	100.00%	1,698	1,698	21
22	V	12	ADMISSIONS SALARY		Progressive Healthcare Consulting	100.00%	95,546	95,546	22
23	V	14	PATIENT TRANSPORTATION		Progressive Healthcare Consulting	100.00%	6	6	23
24	V	15	EMP. BEN.-NURSING		Progressive Healthcare Consulting	100.00%	14,009	14,009	24
25	V	17	ADMIN SALARY- NON OWNER		Progressive Healthcare Consulting	100.00%	98,293	98,293	25
26	V	19	PROFESSIONAL FEES		Progressive Healthcare Consulting	100.00%	1,435	1,435	26
27	V	20	FEES, SUBSCRIPTIONS		Progressive Healthcare Consulting	100.00%	401	401	27
28	V	21	CLERICAL & GENERAL		Progressive Healthcare Consulting	100.00%	1,453	1,453	28
29	V	24	SEMINARS		Progressive Healthcare Consulting	100.00%	769	769	29
30	V	27	EMP. BEN.-NON-NURSING		Progressive Healthcare Consulting	100.00%	29,020	29,020	30
31	V	26	INSURANCE		Progressive Healthcare Consulting	100.00%	2,716	2,716	31
32	V	34	STORAGE RENTAL		Progressive Healthcare Consulting	100.00%	33	33	32
33	V								33
34	V	10	NURSING	55,924	Progressive Healthcare Consulting	100.00%		(55,924)	34
35	V	17	ADMINISTRATIVE	148,636	Progressive Healthcare Consulting	100.00%		(148,636)	35
36	V	15	PAYROLL TAXES - NURSING	4,303	Progressive Healthcare Consulting	100.00%		(4,303)	36
37	V	27	PAYROLL TAXES - NON-NURSING	25,936	Progressive Healthcare Consulting	100.00%		(25,936)	37
38	V								38
39	Total			$ 234,799			$ 349,425	$ * 114,626	39

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	CF ST. LOUIS, LLC	100.00%	$ 1,499	$ 1,499	15
16	V	6	REPAIRS & MAINTENANCE		CF ST. LOUIS, LLC	100.00%	1,679	1,679	16
17	V	19	PROFESSIONAL FEES		CF ST. LOUIS, LLC	100.00%	678	678	17
18	V	20	DUES & SUBSCRIPTIONS		CF ST. LOUIS, LLC	100.00%	2	2	18
19	V	21	OFFICE EXPENSE		CF ST. LOUIS, LLC	100.00%	21	21	19
20	V	26	INSURANCE		CF ST. LOUIS, LLC	100.00%	301	301	20
21	V	32	INTEREST EXPENSE		CF ST. LOUIS, LLC	100.00%	3,359	3,359	21
22	V	33	REAL ESTATE TAXES		CF ST. LOUIS, LLC	100.00%	713	713	22
23	V								23
24	V	34	RENT	42,959	CF ST. LOUIS, LLC	100.00%		(42,959)	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			$ 42,959			$ 8,254	$ * (34,705)	39

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Payroll Services	$ 23,660	ProPay HR LLC	24.00%	$ 17,982	$ (5,678)	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			$ 23,660			$ 17,982	$ * (5,678)	39

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	CHAIM RAJCHENBACH	14.61%	ASTORIA PLACE SKILLED NURSING FACILITY LLC	CHICAGO	PARK RIDGE PROPERTY HOLDINGS, LLC		BUILDING CO	1
2	MENACHEM SHABAT	14.61%	BETHANY TERRACE	MORTON GROVE	LEGACY REAL PROPERTIES	LINCOLNWOOD	BUILDING CO	2
3	THE RAJCHENBACH FAMILY TRUST	1.33%	CARLTON SKILLED NURSING FACILITY LLC	CHICAGO	LEGACY HC & FINANCIAL SER	LINCOLNWOOD	HOME OFFICE/BOOKKEEPI	3
4	RONALD SHABAT	5.48%	ELMBROOK SKILLED NURSING FACILITY LLC	ELMHURST	ML GROUP DESIGN & DEV	SKOKIE	ASSET MANAGEMENT	4
5	YOSEF AND NAOMI RAJCHENBACH	1.98%	EVANSTON SKILLED NURSING FACILITY LLC	EVANSTON	REMED SERVICES LLC	LINCOLNWOOD	NURSING EQUIPMENT	5
6	YAIR ZUCKERMAN	10.00%	GROVE OF FOX VALLEY	AURORA	AURORA SUPPORTIVE LIVING	AURORA	SUPPORTIVE LIVING	6
7	ROSS BOTTNER	2.00%	LAGRANGE SKILLED NURSING FACILITY LLC	LAGRANGE PARK	TERRACE GARDENS	MORTON GROVE	ASSISTED LIVING	7
8	BENJAMIN ISRAEL	14.40%	GROVE AT THE LAKE SKILLED NURSING FACILITY LLC	ZION	LINCOLNSHIRE ASSISTED LIVI	LINCOLNSHIRE	ASSISTED LIVING	8
9	BERGER FAMILY TRUST, TRUSTEE	19.20%	LAKEFRONT SKILLED NURSING FACILITY LLC	CHICAGO	PROGRESSIVE HC	LINCOLNWOOD	NURSE CONSULTANT	9
10	RAPHAELA STERN	11.40%	LINCOLN PARK SKILLED NURSING FACILITY LLC	CHICAGO	PROPAY HR	EVANSTON	PAYROLL PROCESSING	10
11	WHITNEY ARADO	1.00%	LINCOLNSHIRE LIVING & REHAB CENTER LLC	LINCOLNSHIRE	CF ST. LOUIS LLC	SKOKIE	BUILDING CO	11
12	SANDRA REIS	1.00%	AVANTARA LONG GROVE	LONG GROVE				12
13	GABRIEL KROLL	1.00%	SKOKIE SKILLED NURSING FACILITY LLC	SKOKIE				13
14	EITAN SCHECHTER	1.00%	NORTHBROOK SKILLED NURSING FACILITY LLC	NORTHBROOK				14
15	MARK GOLDSON	1.00%	WARREN BARR NORTH SHORE	HIGHLAND PARK				15
16			CHALET SKILLED NURSING FACILITY LLC	CHICAGO				16
17			PETERSON PARK ASSOCIATES LIMITED PARTNERSHIP	CHICAGO				17
18			WARREN BARR SOUTH LOOP	CHICAGO				18
19			WARREN BARR LIVING AND REHAB	CHICAGO				19
20			CEDAR SKILLED NURSING FACILITY	CEDAR CITY, UT				20
21			ST. GEORGE SKILLED NURSING FACILITY	ST. GEORGE, UT				21
22			CLARK SKILLED NURSING FACILITY	CHICAGO				22
23			PARKER SKILLED NURSING FACILITY LLC	PARKER, CO				23
24			AZRIA MONTCLAIR	OMAHA, NE				24
25			AZRIA OLATHE	OLATHE, KS				25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Hours	6 Percent	7 Compensation Included in Costs for this Reporting Period** Description	7 Amount	8 Schedule V. Line & Column Reference	
1	Yair Zuckerman	Owner	Administrative	10.00%	See Attached	1.57	3.14%	Mgmt Fee	$ 6,289	17-3	1
2	Ross Bottner	Owner	Administrative	2.00%	See Attached	1.26	3.15%	Alloc Salary	6,289	17-7	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	$ 12,578		13

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X]

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	FOOD	AVAIL. BED DAYS	1,629,488	29	$ 4,354	$	51,240	$ 137	1
2	3	HOUSEKEEPING SUPPLIES	AVAIL. BED DAYS	1,629,488	29	3,107		51,240	98	2
3	5	UTILITIES	AVAIL. BED DAYS	1,629,488	29	13,622		51,240	428	3
4	6	GROUNDS & MAINTENANCE	AVAIL. BED DAYS	1,629,488	29	135,883		51,240	4,273	4
5	6	MAINTENANCE SALARY	AVAIL. BED DAYS	1,629,488	29	44,897	44,897	51,240	1,412	5
6	17	CFO SALARY	AVAIL. BED DAYS	1,629,488	29	281,003	281,003	51,240	8,836	6
7	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,629,488	29	638,760		51,240	20,086	7
8	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	1,629,488	29	55,387		51,240	1,742	8
9	21	CLERICAL & GENERAL WAG	AVAIL. BED DAYS	1,629,488	29	4,261,866	4,261,866	51,240	134,016	9
10	21	CLERICAL & GENERAL OTH	AVAIL. BED DAYS	1,629,488	29	659,124		51,240	20,726	10
11	24	SEMINARS	AVAIL. BED DAYS	1,629,488	29	36,800		51,240	1,157	11
12	26	INSURANCE	AVAIL. BED DAYS	1,629,488	29	31,752		51,240	998	12
13	27	EMP. BEN.-GEN. ADMIN.	AVAIL. BED DAYS	1,629,488	29	1,064,526		51,240	33,475	13
14	30	DEPRECIATION	AVAIL. BED DAYS	1,629,488	29	14,600		51,240	459	14
15	32	INTEREST	AVAIL. BED DAYS	1,629,488	29	234		51,240	7	15
16	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,629,488	29	25,813		51,240	812	16
17	34	RENT	AVAIL. BED DAYS	1,629,488	29	1,366,146		51,240	42,959	17
18	34	STORAGE	AVAIL. BED DAYS	1,629,488	29	1,600		51,240	50	18
19	35	EQUIPMENT RENTAL	AVAIL. BED DAYS	1,629,488	29	1,654		51,240	52	19
20										20
21	17	MANAGEMENT FEES- Y. ZUC	AVG HOURS WKD	50	29	200,000		3.13	6,289	21
22										22
23										23
24										24
25	TOTALS					$ 8,841,129	$ 4,587,766		$ 278,013	25

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,629,488	29	$ 1,852	$	51,240	$ 58	1
2	30	DEPRECIATION	AVAIL. BED DAYS	1,629,488	29	50,196		51,240	1,578	2
3	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,629,488	29	18,179		51,240	572	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					$ 70,227	$		$ 2,208	25

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	FOOD	AVAIL. BED DAYS	1,167,679	21	$ 11,123	$	51,100	$ 487	1
2	6	MAINTENANCE SALARY	AVAIL. BED DAYS	1,167,679	21	214,912	214,912	51,100	9,405	2
3	6	BUILDING MAINTENANCE AI	AVAIL. BED DAYS	1,167,679	21	7,646		51,100	335	3
4	10	MEDICAL AND NURSING SUP	AVAIL. BED DAYS	1,167,679	21	2,971		51,100	130	4
5	10	NURSING SALARIES	AVAIL. BED DAYS	1,167,679	21	2,138,189	2,138,189	51,100	93,572	5
6	12	ACTIVITIES PROGRAM	AVAIL. BED DAYS	1,167,679	21	2,679		51,100	117	6
7	12	CLERGY SALARY	AVAIL. BED DAYS	1,167,679	21	38,812	38,812	51,100	1,698	7
8	12	ADMISSIONS SALARY	AVAIL. BED DAYS	1,167,679	21	2,183,313	2,183,313	51,100	95,546	8
9	14	PATIENT TRANSPORTATION	AVAIL. BED DAYS	1,167,679	21	128		51,100	6	9
10	15	EMP. BEN.-NURSING	AVAIL. BED DAYS	1,167,679	21	320,111		51,100	14,009	10
11	17	ADMIN SALARY- NON OWNE	AVAIL. BED DAYS	1,167,679	21	2,246,090	2,246,090	51,100	98,293	11
12	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,167,679	21	32,793		51,100	1,435	12
13	20	FEES, SUBSCRIPTIONS	AVAIL. BED DAYS	1,167,679	21	9,154		51,100	401	13
14	21	CLERICAL & GENERAL	AVAIL. BED DAYS	1,167,679	21	33,203		51,100	1,453	14
15	24	SEMINARS	AVAIL. BED DAYS	1,167,679	21	17,580		51,100	769	15
16	27	EMP. BEN.-NON-NURSING	AVAIL. BED DAYS	1,167,679	21	663,131		51,100	29,020	16
17	26	INSURANCE	AVAIL. BED DAYS	1,167,679	21	62,063		51,100	2,716	17
18	34	STORAGE RENTAL	AVAIL. BED DAYS	1,167,679	21	750		51,100	33	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 7,984,649	$ 6,821,317		$ 349,425	25

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X] NO [ ]

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

Name of Related Organization: CF St. Louis LLC
Street Address: 3450 Oakton Street
City / State / Zip Code: Skokie, IL 60076
Phone Number: (847) 676-5300
Fax Number: (847) 676-5348

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. BED DAYS	1,629,488	29	$ 47,675	$	51,240	$ 1,499	1
2	6	REPAIRS & MAINTENANCE	AVAIL. BED DAYS	1,629,488	29	53,400		51,240	1,679	2
3	19	PROFESSIONAL FEES	AVAIL. BED DAYS	1,629,488	29	21,572		51,240	678	3
4	20	DUES & SUBSCRIPTIONS	AVAIL. BED DAYS	1,629,488	29	76		51,240	2	4
5	21	OFFICE EXPENSE	AVAIL. BED DAYS	1,629,488	29	678		51,240	21	5
6	26	INSURANCE	AVAIL. BED DAYS	1,629,488	29	9,585		51,240	301	6
7	32	INTEREST EXPENSE	AVAIL. BED DAYS	1,629,488	29	106,824		51,240	3,359	7
8	33	REAL ESTATE TAXES	AVAIL. BED DAYS	1,629,488	29	22,674		51,240	713	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					$ 262,484	$		$ 8,254	25

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X] NO [ ]

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

Name of Related Organization: ProPay HR LLC
Street Address: 2201 W. Main Street
City / State / Zip Code: Evanston, IL 60202
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	Payroll Services	Direct			$	$		$ 17,982	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					$	$		$ 17,982	25

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Mortgage Payable		X	Mortgage			$	$ 8,600,000			$	1
2	Members Loan Payable		X	Members Loan Payable				2,074,135				2
3												3
4												4
5					-							5
	Working Capital											
6	The Private Bank		X					1,596,562			34,886	6
7	Allocated from Legacy HC	X									7	7
8	See Supplemental Schedule				-						3,931	8
9	TOTAL Facility Related						$	$ 12,270,697			$ 38,824	9
	B. Non-Facility Related*											
10	Interest Income		X								(1,121)	10
11												11
12												12
13					-							13
14	TOTAL Non-Facility Related						$	$			$ (1,121)	14
15	TOTALS (line 9+line14)						$	$ 12,270,697			$ 37,703	15

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8	Alloc from Legacy Real Propert	X					$	$			$ 572	8
9	Allocated from CF St. Louis	X									3,359	9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital										3,931	14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 83,741	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.)		$ 316,266	2
3. Under or (over) accrual (line 2 minus line 1).		$ 232,525	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 21,000	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.)		$ 627	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.		$ 254,151	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011		8
2012		9
2013		10
2014		11
2015	314,741	12

Beginning Accrual Adjusted
Allocated from Legacy HC: $812
Allocated from CF St. Louis LLC: $713

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Avantara Park Ridge COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052852

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-23-101-018-0000	Long Term Care Facility	$ 314,740.83	$ 314,740.83
2.	10-35-104-076-0000	Home Office Allocation	$ 40,927.41	$ 1,286.98
3.	10-23-406-034-0000	Home Office Allocation	$ 440,762.19	$ 4,208.18
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 796,430.43	$ 320,235.99

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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: 2015 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 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Avantara Park Ridge COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052852

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 0.00	$ 0.00

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] NO
If so, please complete the following:

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		2014	$ 548,551	1
2	Allocated from Legacy Real Properties			2,573	2
3	TOTALS			$ 551,124	3

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	140		2014	1959	$ 6,926,641	$	39	$ 177,606	$ 177,606	$ 532,818	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		72,535	1,155		3,260	2,105	13,472	68
69	Financial Statement Depreciation								69
70	TOTAL (lines 4 thru 69)		$ 6,999,176	$ 1,155		$ 180,866	$ 179,711	$ 546,290	70

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,999,176	$ 1,155		$ 180,866	$ 179,711	$ 546,290	1
2	Exterior/Hallway/Elevator Signage, Entrance Column Wrap	2014	22,960		20	1,148	1,148	2,392	2
3	Furnish And Fabricate Insulated Walk-In Panels Inside An Existi	2014	45,780		20	2,289	2,289	5,341	3
4	6' High Western Red Cedar Fence	2014	3,030		20	152	152	303	4
5	Replace Heat Exchanger For Dining Room	2014	4,433		20	222	222	480	5
6	Installed Sump Pump/Storm Basin Lower Level	2015	3,825		20	191	191	383	6
7	Excavate Floor Drain/Install Sump Pump/Sewer	2015	3,895		20	195	195	390	7
8	Architect Fees - Canopy Renovation	2015	24,708		20	1,235	1,235	1,956	8
9	Repaired A/C	2015	3,000		20	600	600	950	9
10	New Boiler	2015	23,317		20	1,166	1,166	1,652	10
11	Installed New Boiler System	2015	69,958		20	3,498	3,498	6,996	11
12	Fire Alarm Panel Replacement	2015	8,545		20	427	427	855	12
13	Wall Lamps	2015	17,623		20	881	881	1,175	13
14	Wallpaper - Short Term Wing	2015	6,748		20	337	337	450	14
15	Recover Existing Canopy Over Front/Back Entrance	2015	6,480		20	324	324	594	15
16	Audio System Repair Volts, Amps,Wiring	2015	6,528		20	326	326	381	16
17	Fence	2015	14,290		20	715	715	1,429	17
18	Provided Electrical Outlets And Piping For New Kiosks/Nurse Sta	2016	6,275		20	314	314	314	18
19	Short Term Wing Tiling	2016	9,858		20	493	493	493	19
20	1St Floor Lobby Tiling	2016	4,490		20	224	224	224	20
21	Installed Two Doors And Insulated Glass	2016	9,200		20	460	460	460	21
22	Replaced Backflow And Re-Piped Drain	2016	6,981		20	349	349	349	22
23	Repaired Nurse Call System/Install Fire Alarm	2016	2,725		20	136	136	136	23
24	Double Door Wanderguard System	2016	2,802		20	140	140	140	24
25	16 Patient Room Drapery	2016	6,150		20	308	308	308	25
26	Installed New Compressor	2016	20,788		20	1,039	1,039	1,039	26
27	1St Floor Lobby Tiling	2016	3,002		20	150	150	150	27
28	Patient Room Roller Shades	2016	10,666		20	533	533	533	28
29	1St Floor Cubicle Curtains	2016	3,938		20	197	197	197	29
30	Installed Double Doors For Main Entrance/Lobby	2016	9,630		20	482	482	482	30
31	Carpeting For Resident Rooms	2016	3,133		20	157	157	157	31
32	Lobby/Corridor/Pt/1St&2Nd Fl Rm/Common Areas Pods/Chapel	2016			20				32
33	Conversion/Demo/Electrical/Drywall/Carpentry/Stations/Lighting	2016			20				33
34	TOTAL (lines 1 thru 33)		$ 7,363,934	$ 1,155		$ 199,554	$ 198,399	$ 576,997	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,363,934	$ 1,155		$ 199,554	$ 198,399	$ 576,997	1
2	And Architect/Management/Permit/Idph Plan Review Fees	2016	1,005,857		20				2
3									3
4									4
5									5
6									6
7									7
8									8
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,369,791	$ 1,155		$ 199,554	$ 198,399	$ 576,997	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 8,369,791	$ 1,155		$ 199,554	$ 198,399	$ 576,997	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,369,791	$ 1,155		$ 199,554	$ 198,399	$ 576,997	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 8,369,791	$ 1,155		$ 199,554	$ 198,399	$ 576,997	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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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)		$ 8,369,791	$ 1,155		$ 199,554	$ 198,399	$ 576,997	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Legacy Real Properties	2009	19,932	740	30	664	(76)	4,983	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Legacy Healthcare & Financial Services	2012	897	20	20	45	25	224	9
10	Allocated from Legacy Healthcare & Financial Services	2013	2,868	63	20	143	80	574	10
11	Allocated from Legacy Healthcare & Financial Services	2014	280	6	20	14	8	42	11
12	Allocated from Legacy Healthcare & Financial Services	2015	386	8	20	19	11	39	12
13									13
14	Allocated from Legacy Real Properties	2009	11,319	183	20	566	383	3,820	14
15	Allocated from Legacy Real Properties	2010	3,442	56	20	138	82	896	15
16	Allocated from Legacy Real Properties	2011	4,892	79	20	245	166	1,468	16
17									17
18	Allocated from CF St. Louis LLC	2016	28,519		20	1,426	1,426	1,426	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)		$ 72,535	$ 1,155		$ 3,260	$ 2,105	$ 13,472	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 72,535	$ 1,155		$ 3,260	$ 2,105	$ 13,472	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 72,535	$ 1,155		$ 3,260	$ 2,105	$ 13,472	34

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 793,856	$ 794	$ 95,407	$ 94,613	10	$ 229,979	71
72	Current Year Purchases	272,276	90	27,227	27,137	10	27,227	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,066,132	$ 884	$ 122,634	$ 121,750		$ 257,206	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)	$ 9,987,047	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 2,039	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 322,189	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 320,150	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 834,203	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	1st and 2nd Floor PODS	$ 181,688	92
93			93
94			94
95		$ 181,688	95

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Allocated from Legacy HC				50			5
6	Allocated from Progressive HC				33			6
7	TOTAL				$ 83 **			7

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: *

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.	/2017	$
13.	/2018	$
14.	/2019	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 2,257 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	Facility	2015 GMC Yukon	$ 696.88	$ 20,116	17
18					18
19					19
20					20
21	TOTAL		$ 697	$ 20,116	21

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 526,327	$		$ 526,327	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			140,401			140,401	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			732,703			732,703	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				524,378		524,378	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			18,899		145,099	151,016		315,014	13
14	TOTAL			$ 18,899		$ 1,544,530	$ 675,394		$ 2,238,823	14

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

Facility Name & ID Number Avantara Park Ridge **#** 0052852 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/16 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 8,586	$ 88,963	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,146,263	2,146,263	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	160,425	160,425	6
7	Other Prepaid Expenses	132,245	132,245	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule	502,611	552,525	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,950,130	$ 3,080,421	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		548,551	13
14	Buildings, at Historical Cost		6,926,641	14
15	Leasehold Improvements, at Historical Cost	1,212,966	1,212,966	15
16	Equipment, at Historical Cost	818,300	1,320,636	16
17	Accumulated Depreciation (book methods)	(2,252)	(110,716)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	274,119	2,945,704	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,303,133	$ 12,843,782	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,253,263	$ 15,924,203	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,048,576	$ 1,048,576	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,596,562	1,596,562	29
30	Accrued Salaries Payable	621,663	621,663	30
31	Accrued Taxes Payable (excluding real estate taxes)	259,549	259,549	31
32	Accrued Real Estate Taxes(Sch.IX-B)	21,000	21,000	32
33	Accrued Interest Payable		45,698	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36			202,918	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,547,350	$ 3,795,966	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		2,074,135	39
40	Mortgage Payable		8,600,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	107,906	107,906	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 107,906	$ 10,782,041	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,655,256	$ 14,578,007	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,598,007	$ 1,346,196	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,253,263	$ 15,924,203	48

***(See instructions.)**

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 781,890	1
2	Restatements (describe):		2
3	**PY Project Management**	100,000	3
4	**PY Depreciation**	66,700	4
5	**PY RE Taxes/Advertising/Bad Debts**	237,159	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,185,749	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,412,265	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	(1,000,007)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 412,258	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,598,007	24 *

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 14,966,718	1
2	Discounts and Allowances for all Levels	(6,702,397)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,264,321	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,373,970	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,373,970	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	495,370	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	103,850	19
20	Radiology and X-Ray	23,230	20
21	Other Medical Services	13,725	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 636,175	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,121	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,121	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	17,436	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 17,436	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,293,023	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,715,927	31
32	Health Care	4,951,746	32
33	General Administration	3,051,141	33
	B. Capital Expense		
34	Ownership	905,008	34
	C. Ancillary Expense		
35	Special Cost Centers	2,986,133	35
36	Provider Participation Fee	270,803	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,880,758	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,412,265	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,412,265	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Various	8,264,321	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,264,321	49

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

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

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

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

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,160	2,348	$ 112,465	$ 47.90	1
2	Assistant Director of Nursing	2,021	2,197	87,487	39.82	2
3	Registered Nurses	41,852	45,491	1,482,486	32.59	3
4	Licensed Practical Nurses	32,162	34,959	980,538	28.05	4
5	CNAs & Orderlies	89,453	97,232	1,335,541	13.74	5
6	CNA Trainees					6
7	Licensed Therapist	487	530	18,899	35.66	7
8	Rehab/Therapy Aides	6,343	6,895	121,148	17.57	8
9	Activity Director	1,934	2,102	41,784	19.88	9
10	Activity Assistants	11,674	12,689	157,850	12.44	10
11	Social Service Workers	8,662	9,415	220,996	23.47	11
12	Dietician					12
13	Food Service Supervisor	4,599	4,999	93,793	18.76	13
14	Head Cook	4,983	5,416	64,479	11.91	14
15	Cook Helpers/Assistants	23,221	25,241	278,707	11.04	15
16	Dishwashers					16
17	Maintenance Workers	3,744	4,070	108,525	26.66	17
18	Housekeepers	15,788	17,160	173,262	10.10	18
19	Laundry	3,592	3,904	38,732	9.92	19
20	Administrator	2,005	2,179	164,720	75.59	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	952	1,035	20,517	19.82	23
24	Clerical	26,189	28,466	507,747	17.84	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	931	1,012	15,685	15.50	31
32	Other Health Care(specify)					32
33	Other(specify)	993	1,080	18,172	16.83	33
34	TOTAL (lines 1 - 33)	283,745	308,420	$ 6,043,533 *	$ 19.60	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	135,871	09-03	36
37	Medical Records Consultant	Monthly	3,600	10-03	37
38	Nurse Consultant	Monthly	39,266	10-03	38
39	Pharmacist Consultant	Monthly	2,730	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	15,484	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	38	2,115	12-03	45
46	Other(specify)				46
47	Clergy	Monthly	8,362	10-03	47
48					48
49	TOTAL (lines 35 - 48)	38	$ 207,428		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	3	80	10-03	52
53	TOTAL (lines 50 - 52)	3	$ 80		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Rani Stutz	Administrator	0.00%	$ 164,720
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 164,720

B. Administrative - Other

Description	Amount
Management Fees - Yair Zuckerman	$ 6,289
TOTAL (agree to Schedule V, line 17, col. 3)	$ 6,289
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Marcum LLP	Accounting	$ 22,715
Achieve Accreditation	Joint Commission Consult	6,401
IL Rytes Corporation	Compliance	10,005
Lexis Nexis	Data Processing	4,690
MTS Consulting	WOTC Services	485
ProPay HR LLC	Payroll Processing	23,660
Personnel Planners	Unemployment Tax Consult	1,350
Cukierski & Kowal, LLC	DOL Audit	324
Documentation Solutions	Compliance Audits	7,255
See Attached	Legal	17,704
Lighthouse Services, Inc.	Compliance	353
See Supplemental Schedule		184,824
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 279,766

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 154,668
Unemployment Compensation Insurance	94,884
FICA Taxes	462,330
Employee Health Insurance	393,577
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K	21,478
Other Employee Benefits	29,896
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,156,834

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	3,490
(Indicate # of checks performed 349)	
Patient Background Checks	
Dues and Subscriptions	15,412
License and Permits	16,443
Allocated from Legacy HC	1,742
Allocated from Progressive HC	401
Allocated from CF St. Louis LLC	2
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 37,490

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	8,084
Allocated from Legacy HC	1,157
Allocated from Progressive HC	769
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 10,010

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Avantara Park Ridge # 0052852 Report Period Beginning: 01/01/16 Ending: 12/31/16

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Council on LTC $15,101**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **51,727** 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. $ **270,803**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

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

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees