

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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.

I. IDPH License ID Number: <u>0052340</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>The Villa at South Holland</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/20</u> to <u>12/31/20</u> 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.																							
Address: <u>16300 Wausau Street</u> <u>South Holland</u> <u>60473</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(708) 596-5500</u> Fax # <u>(708) 596-5527</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="5">Paid Preparer</td><td><i>* Subject to the attached Accountants' Consulting Report</i> (Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) <u>Marcum, LLP</u> <u>9 Parkway North, Suite 200 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 282-6300</u> Fax # <u>(847) 282-6301</u></td></tr><tr><td>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</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) _____	Paid Preparer	<i>* Subject to the attached Accountants' Consulting Report</i> (Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Marcum, LLP</u> <u>9 Parkway North, Suite 200 Deerfield, IL 60015</u>	(Telephone) <u>(847) 282-6300</u> Fax # <u>(847) 282-6301</u>	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											
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	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																								
Date of Initial License for Current Owners: <u>5/1/2013</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☒ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☒ Limited Liability Co.			☐ Trust			☐ Other _____	
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	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282-6300</u>																									
Email Address: _____																									

Facility Name & ID Number The Villa at South Holland

0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>171</u>	Skilled (SNF)	<u>171</u>	<u>62,586</u>	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	<u>171</u>	TOTALS	<u>171</u>	<u>62,586</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>5,886</u>	<u>5,886</u>	8
9	SNF/PED					9
10	ICF	<u>29,296</u>	<u>1,630</u>	<u>3,693</u>	<u>34,619</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>29,296</u>	<u>1,630</u>	<u>9,579</u>	<u>40,505</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.72%

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

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

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

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

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

I. On what date did you start providing long term care at this location? Date started 05/01/2013

J. Was the facility purchased or leased after January 1, 1978? YES ☒ Date 05/01/2013 NO ☐

K. Was the facility certified for Medicare during the reporting year? YES ☒ NO ☐ If YES, enter number of beds certified 171 and days of care provided 5,886

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number The Villa at South Holland # 0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary		39,353	755,122	794,475		794,475		794,475			1
2	Food Purchase		5,853		5,853		5,853	521	6,374			2
3	Housekeeping		14,103	284,801	298,904		298,904	(48,967)	249,937			3
4	Laundry			189,412	189,412		189,412	(32,566)	156,846			4
5	Heat and Other Utilities			264,044	264,044		264,044	(18,641)	245,403			5
6	Maintenance	99,896	586	114,026	214,508		214,508	9,359	223,867			6
7	Other (specify):*											7
8	TOTAL General Services	99,896	59,895	1,607,405	1,767,196		1,767,196	(90,294)	1,676,902			8
	B. Health Care and Programs											
9	Medical Director			39,815	39,815		39,815		39,815			9
10	Nursing and Medical Records	3,744,637	275,088	157,104	4,176,829		4,176,829	11,098	4,187,927			10
10a	Therapy	26,908	2,718	17,663	47,289		47,289	(0)	47,289			10a
11	Activities	114,504	3,508		118,012		118,012		118,012			11
12	Social Services	190,732		2,888	193,620		193,620		193,620			12
13	CNA Training											13
14	Program Transportation			35,534	35,534		35,534	(119)	35,415			14
15	Other (specify):*							1,427	1,427			15
16	TOTAL Health Care and Programs	4,076,781	281,314	253,004	4,611,099		4,611,099	12,406	4,623,505			16
	C. General Administration											
17	Administrative	127,914			127,914		127,914		127,914			17
18	Directors Fees											18
19	Professional Services			739,444	739,444	(2,900)	736,544	(636,193)	100,351			19
20	Dues, Fees, Subscriptions & Promotions			99,990	99,990		99,990	(18,827)	81,163			20
21	Clerical & General Office Expenses	206,954	1,499	771,664	980,117		980,117	(238,162)	741,955			21
22	Employee Benefits & Payroll Taxes			631,201	631,201		631,201	(241)	630,960			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,057	3,057		3,057	330	3,387			24
25	Other Admin. Staff Transportation			8,755	8,755		8,755	3,835	12,590			25
26	Insurance-Prop.Liab.Malpractice			217,553	217,553		217,553	(847)	216,706			26
27	Other (specify):*							40,332	40,332			27
28	TOTAL General Administration	334,868	1,499	2,471,664	2,808,031	(2,900)	2,805,131	(849,773)	1,955,358			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,511,545	342,708	4,332,073	9,186,326	(2,900)	9,183,426	(927,661)	8,255,765			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			778,587	778,587		778,587	(173,230)	605,357			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			14,335	14,335		14,335	1,036,759	1,051,094			32
33	Real Estate Taxes					2,900	2,900	896,037	898,937			33
34	Rent-Facility & Grounds			2,341,445	2,341,445		2,341,445	(2,341,444)	1			34
35	Rent-Equipment & Vehicles			11,787	11,787		11,787	788	12,575			35
36	Other (specify):*											36
37	TOTAL Ownership			3,146,154	3,146,154	2,900	3,149,054	(581,091)	2,567,963			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		404,591	777,389	1,181,980		1,181,980	(3,458)	1,178,522			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			304,017	304,017		304,017		304,017			42
43	Other (specify):*		807	29,283	30,090		30,090	(30,090)	0			43
44	TOTAL Special Cost Centers		405,398	1,110,689	1,516,087		1,516,087	(33,548)	1,482,539			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,511,545	748,106	8,588,916	13,848,567		13,848,567	(1,542,300)	12,306,267			45

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

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 Refer- ence	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	(22,168)	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	(767,401)	30		9
10	Interest and Other Investment Income	(5,232)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2)	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	(46,681)	21		18
19	Entertainment				19
20	Contributions	(2,491)	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	(368,500)	21		24
25	Fund Raising, Advertising and Promotional	(4,449)	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	(261,431)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,478,355)		\$	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)	(63,944)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (63,944)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,542,299)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medical Records Income	\$ (877)	10	1
2	Miscellaneous Income	(20)	21	2
3	Prior Year Seminar	(114)	24	3
4	Prior Year Employee Benefits	(241)	22	4
5	Prior Year Insurance Expense	(2,579)	26	5
6	Prior Year DME Rental	(3,458)	39	6
7	Sequestration Expense	(31,079)	21	7
8	VA - Pharmacy	(333)	10	8
9	Marketing Supplies	(807)	43	9
10	Locater/Promo/Gifts	(1,705)	43	10
11	Promo,Art/Design/Print	(246)	43	11
12	Marketing/Entertainment	(5,459)	43	12
13	Resident Retention	(12,574)	43	13
14	Bank Fees	(19,281)	21	14
15	Additional R&M	14,318	06	15
16	Capitalized R&M	(8,875)	06	16
17	PAC Dues	(13,937)	20	17
18	Business Development	(5,623)	43	18
19	Marketing Expense	(2,788)	43	19
20	Collections	(138,485)	21	20
21	Market Research	(888)	43	21
22	Non-Allowable Legal	(22,824)	19	22
23	Building Co. - Accounting Fees	(3,028)	19	23
24	Building Co. - Legal/Collection Fees	(455)	19	24
25	Buildng Co. - Licensing & Permiting	(75)	20	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	(261,431)		49

Summary A

12/31/20

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Villa at South Holland # 0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	(767,401)	577,663	8,931	7,577								(173,230)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,232)	1,035,621	462	5,909								1,036,759	32
33	Real Estate Taxes		888,452		7,585								896,037	33
34	Rent-Facility & Grounds		(2,341,444)	22,845	(22,845)								(2,341,444)	34
35	Rent-Equipment & Vehicles			788									788	35
36	Other (specify):*													36
37	TOTAL Ownership	(772,633)	160,291	33,025	(1,774)								(581,091)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(3,458)											(3,458)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(30,090)											(30,090)	43
44	TOTAL Special Cost Centers	(33,548)											(33,548)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,478,355)	163,850	(144,815)	(1,326)	(81,533)	(119)	(0)					(1,542,300)	45

Facility Name & ID Number	The Villa at South Holland	#	0052340	Report Period Beginning:	01/01/20	Ending:	12/31/20
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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.

[illegible]

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	\$ 2,341,444	The Villa ast South Holland Realty		\$	\$ (2,341,444)	1
2	V	19	Accounting Fees		The Villa ast South Holland Realty		3,028	3,028	2
3	V	19	Legal/Collection Fees		The Villa ast South Holland Realty		455	455	3
4	V	20	Licensing & Permiting		The Villa ast South Holland Realty		75	75	4
5	V	33	Real Estate Taxes		The Villa ast South Holland Realty		888,452	888,452	5
6	V	32	Interest	3,285	The Villa ast South Holland Realty		1,038,906	1,035,621	6
7	V	30	Depreciation		The Villa ast South Holland Realty		577,663	577,663	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,344,729			\$ 2,508,579	\$ * 163,850	14

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

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	AVIVA GREEN	1.00%	Park Villa	Palos Heights, IL	VILLA AT SOUTH HOLLAND R	LINCOLNWOOD	BUILDING CO	1
2	TZVI SCHNELL	1.00%	The Villa at Bradley Estates	Milwaukee, WI	VILLA FINANCIAL SERVICES	LINCOLNWOOD	MANAGEMENT CO	2
3	ORA AARON	2.00%	The Villa at Bryn Mawr	Minneapolis, MN	3701 LUNT LLC	LINCOLNWOOD	BUILDING CO	3
4	ILANA AARON	4.00%	The Villa at City Center	Warren, MI	LIFELINE AMBULANCE LLC	CHICAGO	AMBULANCE	4
5	JONATHAN AARON	4.00%	The Villa at Great Lakes Crossing	Detroit, MI	REMED SERVICES LLC	LINCOLNWOOD	DME SALES	5
6	DAVID SCHNELL	4.00%	The Villa at Green Lake Estates	Orchard Lake, MI	INTEGRA HC EQUIP	ELMHURST	DME	6
7	BATSHEVA SCHNELL	4.00%	The Villa at Lincoln Park	Racine, WI	INTEGRA RESP SERV	ELMHURST	RESPIRATORY SUPP.	7
8	ABM LIMITED PARTNERSHIP	14.90%	The Villa at Middleton Village	Middleton, WI	YONA SOLUTIONS	SKOKIE	LAUNDRY	8
9	RAPHAELA STERN	16.10%	The Villa at Osseo	Osseo, MN	CONCERTO DIALYSIS, LLC	LINCOLNWOOD	DIALYSIS	9
10	MENACHEM BERGER	28.00%	The Villa at Parkridge	Ypsilanti, MI				10
11	BENJAMIN ISRAEL	21.00%	The Villa at Rose City	Rose City, MI				11
12			The Villa at Silverbell Estates	Orion, MI				12
13			The Villa at South Holland	South Holland, IL				13
14			The Villa at St. Louis Park	St. Louis Park, MN				14
15			The Villa at The Bay	Petoskey, MI				15
16			The Villa at The Park	Highland Park, MI				16
17			The Villa at Traverse Point	Traverse City, MI				17
18			The Villa at West Branch	West Branch, MI				18
19			The Villa at Windsor Park	Chicago, IL				19
20			Ambassador, a Villa Center	Detroit, MI				20
21			Father Murray, a Villa Center	Center Line, MI				21
22			Imperial, a Villa Center	Dearborn Heights, MI				22
23			Regency, a Villa Center	Taylor, MI				23
24			St. Joseph, a Villa Center	Hamtramck, MI				24
25			Westland, a Villa Center	Westland, MI				25
26			Spring Meadows, a Villa Center	Holland, OH				26
27			Harbor House of Wheeling (Shelter Care)	Wheeling, IL				27
28								28
29								29
30			(CONTINUED ON NEXT PAGE)					30

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			Brookview a Villa Center	Golden Valley, MN				1
2			New Brighton a Villa Center	New Brighton, MN				2
3			Cedars at St. Louis Park, a Villa Center	St. Louis Park, MN				3
4			Park Health a Villa Center	St. Louis Park, MN				4
5			Richfield a Villa Center	Richfield, MN				5
6			Robbinsdale a Villa Center	Robbinsdale, MN				6
7			Rose of Sharon a Villa Center	Roseville, MN				7
8			Galtier a Villa Center	Saint Pual, MN				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

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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Food	\$	Villa Financial Services, LLC		\$ 523	\$ 523	15
16	V	5	Utilities		Villa Financial Services, LLC		3,527	3,527	16
17	V	6	Repairs & Maintenance		Villa Financial Services, LLC		3,916	3,916	17
18	V	10	Nursing		Villa Financial Services, LLC		12,307	12,307	18
19	V	15	Healthcare Benefits		Villa Financial Services, LLC		1,427	1,427	19
20	V	19	Professional Fees		Villa Financial Services, LLC		6,151	6,151	20
21	V	20	Fees, Subscriptions		Villa Financial Services, LLC		2,047	2,047	21
22	V	21	Clerical & General - Salaries		Villa Financial Services, LLC		343,722	343,722	22
23	V	21	Clerical & General - Other Expense		Villa Financial Services, LLC		22,162	22,162	23
24	V	24	Seminars & Education		Villa Financial Services, LLC		444	444	24
25	V	25	Admin. Staff Travel		Villa Financial Services, LLC		3,835	3,835	25
26	V	26	Insurance		Villa Financial Services, LLC		1,437	1,437	26
27	V	27	Employee Ben. - Gen. Admin.		Villa Financial Services, LLC		40,332	40,332	27
28	V	30	Depreciation		Villa Financial Services, LLC		8,931	8,931	28
29	V	32	Interest		Villa Financial Services, LLC		462	462	29
30	V	34	Rent		Villa Financial Services, LLC		22,845	22,845	30
31	V	35	Equipment Rental		Villa Financial Services, LLC		788	788	31
32	V								32
33	V	19	Home Office	619,670	Villa Financial Services, LLC			(619,670)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 619,670			\$ 474,855	\$ * (144,815)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees		3701 Lunt, LLC		149	\$	149
16	V	19	Real Estate Tax Protest Fees		3701 Lunt, LLC				
17	V	20	Dues & Subscriptions		3701 Lunt, LLC		3		3
18	V	26	Insurance		3701 Lunt, LLC		295		295
19	V	30	Depreciation		3701 Lunt, LLC		7,577		7,577
20	V	32	Interest Expense		3701 Lunt, LLC		5,909		5,909
21	V	33	Real Estate Taxes		3701 Lunt, LLC		7,585		7,585
22	V								
23	V								
24	V	34	Rent	22,845	3701 Lunt, LLC				(22,845)
25	V								
26	V								
27	V								
28	V								
29	V								
30	V								
31	V								
32	V								
33	V								
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$ 22,845			\$ 21,518	\$ *	(1,326)

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	03	Housekeeping Services	\$ 284,801	Yona Solutions, LLC		\$ 235,834	\$ (48,967)	15
16	V	04	Laundry Services	189,412	Yona Solutions, LLC		156,846	(32,566)	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			\$ 474,213			\$ 392,680	\$ * (81,533)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	14	Ambulance	\$ 631	Lifeline Ambulance		\$ 512	\$ (119)	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			\$ 631			\$ 512	\$ * (119)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10A	Respiratory Services	\$ 18,263	Integra Respiratory Service, LLC		\$ 18,263	\$ (0)	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			\$ 18,263			\$ 18,263	\$ * (0)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

Facility Name & ID Number The Villa at South Holland # 0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

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

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

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

Ending: 12/31/20

Facility Name & ID Number The Villa at South Holland # 0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Villa Financial Services, LLC
Street Address 3701 West Lunt Avenue
City / State / Zip Code Lincolnwood, IL 60712
Phone Number (847) 440-2660
Fax Number (847) 430-3538

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	2	Food	Patient Days	1,292,465	35	\$ 16,679	\$	40,505	\$ 523	1
2	5	Utilities	Patient Days	1,292,465	35	112,553		40,505	3,527	2
3	6	Repairs & Maintenance	Patient Days	1,292,465	35	124,946		40,505	3,916	3
4	10	Nursing	Patient Days	1,292,465	35	392,704	374,881	40,505	12,307	4
5	15	Healthcare Benefits	Patient Days	1,292,465	35	45,545		40,505	1,427	5
6	19	Professional Fees	Patient Days	1,292,465	35	196,277		40,505	6,151	6
7	20	Fees, Subscriptions	Patient Days	1,292,465	35	65,302		40,505	2,047	7
8	21	Clerical & General - Salaries	Patient Days	1,292,465	35	10,967,738	10,967,738	40,505	343,722	8
9	21	Clerical & General - Other Expen	Patient Days	1,292,465	35	707,177		40,505	22,162	9
10	24	Seminars & Education	Patient Days	1,292,465	35	14,159		40,505	444	10
11	25	Admin. Staff Travel	Patient Days	1,292,465	35	122,371		40,505	3,835	11
12	26	Insurance	Patient Days	1,292,465	35	45,856		40,505	1,437	12
13	27	Employee Ben. - Gen. Admin.	Patient Days	1,292,465	35	1,286,948		40,505	40,332	13
14	30	Depreciation	Patient Days	1,292,465	35	284,969		40,505	8,931	14
15	32	Interest	Patient Days	1,292,465	35	14,729		40,505	462	15
16	34	Rent	Patient Days	1,292,465	35	728,952		40,505	22,845	16
17	35	Equipment Rental	Patient Days	1,292,465	35	25,133		40,505	788	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 15,152,037	\$ 11,342,619		\$ 474,855	25

Ending: 12/31/20

(847) 430-3538

IL478-2471

Ending: 12/31/20

((224) 339-8497

Facility Name & ID Number The Villa at South Holland # 0052340 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Lifeline Ambulance
Street Address 2424 S. Wabash Avenue
City / State / Zip Code Chicago, IL 60616
Phone Number (312) 949-9595
Fax Number (312) 949-9262

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Ambulance	Direct Allocation			\$	\$		\$ 512	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					\$	\$		\$ 512	25

Ending: 12/31/20

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

IL478-2471

Ending: 12/31/20

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

IL478-2471

Ending: 12/31/20

Ending: 12/31/20

Ending: 12/31/20

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

IL478-2471

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	Note Payable		X	Purchase of Facility			\$	21,500,000			\$ 1,038,906	1
2												2
3												3
4												4
5												5
	Working Capital											
6	CIBC		X	Line of Credit							14,335	6
7												7
8												8
9	TOTAL Facility Related						\$	21,500,000			\$ 1,053,241	9
	B. Non-Facility Related*											
10	Interest Income		X								(5,232)	10
11	Interest Income - Bldg Co.		X								(3,285)	11
12	Allocated - Villa Financial										462	12
13	Allocated - 3701 Lunt, LLC										5,909	13
14	TOTAL Non-Facility Related						\$				\$ (2,146)	14
15	TOTALS (line 9+line14)						\$	21,500,000			\$ 1,051,095	15

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

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	1,006,920	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.)				\$	932,157	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(74,763)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	970,800	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.)				\$	2,900	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.				\$	898,937	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2015		8		
		2016		9		
		2017		10		
		2018	958,970	11		
		2019	924,572	12		
2020 Accrual = \$924,572 x 1.05 = \$970,800 (rounded)						
Allocated - 3701 Lunt, LLC - \$7,585						

		FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2019	\$		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.

FACILITY NAME The Villa at South Holland COUNTY Cook
FACILITY IDPH LICENSE NUMBER 0052340
CONTACT PERSON REGARDING THIS REPORT Steven Lavenda
TELEPHONE (847) 282-6330 FAX #: ()

Enter the tax index number and real estate tax assessed for 2019 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 2019.

B. Real Estate Tax Cost Allocations

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.)

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

Page 10A

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2019 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 2019 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2019.

Please complete the Real Estate Tax Statement below and include it in the 2020 cost report along with a copy of your 2019 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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Villa at South Holland COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052340

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE () FAX #: ()

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 67,515 **B. General Construction Type:** **Exterior** Frame **Number of Stories** 1

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

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

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

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

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

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

None

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

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility			\$ 3,498,850	1
2	Allocated from 3701 Lunt, LLC			13,985	2
3	TOTALS			\$ 3,512,835	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	171		2016	1977	\$ 13,995,400	\$ 577,663	39	\$ 358,856	\$ (218,807)	\$ 1,525,140	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2013		36,471		20	1,824	1,824	8,497	9
10	Various		2014		31,198		20	1,561	1,561	5,268	10
11	Various		2015		324,883		20	16,245	16,245	75,255	11
12	Various		2016		1,536,775		20	76,839	76,839	384,194	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		270,724	5,687		4,910	(777)	6,395	68
69	Financial Statement Depreciation			778,587			(778,587)		69
70	TOTAL (lines 4 thru 69)		\$ 16,195,451	\$ 1,361,937		\$ 460,235	\$ (901,701)	\$ 2,004,749	70

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 16,195,451	\$ 1,361,937		\$ 460,235	\$ (901,701)	\$ 2,004,749	1
2	Hollow Metal Doors And Labor	2017	5,630		20	282	282	1,127	2
3	Water Heater	2017	14,009		20	700	700	2,801	3
4	Elevator Pit Ladders	2017	7,869		20	393	393	1,573	4
5	Fire Damper Installation	2017	3,250		20	163	163	651	5
6	Pipe Replacement Repairs	2017	16,171		20	809	809	3,235	6
7	Repair Drain Line In Kitchen	2017	4,362		20	218	218	872	7
8	Pipe Repairs And Removal Of Mold Insulation	2017	36,148		20	1,807	1,807	7,229	8
9	Repair And Relamp Parking Lot Lights	2017	2,818		20	141	141	564	9
10	Elavator Repair - Breaker Units, Volt Motors	2017	7,000		20	350	350	1,050	10
11	Rooftop Unit - 10 Ton Trane, Hail Gaurds,Electrical Connections,	2018	16,714		20	836	836	2,507	11
12	Rooftop Unit Installation	2018	41,854		20	2,093	2,093	6,278	12
13	Kitchen - Pipe Replacement	2018	4,607		20	230	230	691	13
14	Piping/Temperature Control - Hall	2018	8,520		20	426	426	1,278	14
15	Excavate & Replace P-Trap In Floor - Women'S Washroom	2018	2,610		20	131	131	392	15
16	Rooftop Unit Repairs	2018	4,477		20	224	224	672	16
17	Replace 4" Cast Iron Line In Lobby Ceiling	2018	3,269		20	163	163	490	17
18	Installed Wood Door Slab-B Lower/Main Floor	2019	4,964		20	248	248	496	18
19	Installed Boiler Water Control	2019	7,085		20	354	354	708	19
20	Repaired/Repiped Lines With 2" Copper	2019	4,200		20	210	210	420	20
21	Install Emergency Stops	2019	3,204		20	160	160	320	21
22	Repaired Units With Rtu Replacement	2019	15,534		20	777	777	1,554	22
23	Replaced Two Boilers By Entair	2019	38,250		20	1,913	1,913	3,826	23
24	North Side New Monument Sign	2019	2,968		20	148	148	296	24
25	Repaired Dialysis Room-Plumbing/Demolition/Electric/Drywall	2019	157,970		20	7,899	7,899	15,798	25
26	Repaired Leaks In Units	2019	9,998		20	500	500	1,000	26
27	Repaired Cont Motor,Fan Blade	2019	4,155		20	208	208	416	27
28	Insulated/Repaired Pipes	2019	6,455		20	323	323	646	28
29	Installed Security Cameras	2019	2,825		20	141	141	282	29
30	Repaired Air Handler	2019	3,538		20	177	177	354	30
31	Cast Iron Drain Pipe	2019	4,800		20	240	240	480	31
32	Temperature Kiosk	2020	3,000		20	150	150	150	32
33	Installed 4 New Cameras And 2 Monitors	2020	3,301		20	165	165	165	33
34	TOTAL (lines 1 thru 33)		\$ 16,647,006	\$ 1,361,937		\$ 482,814	\$ (879,122)	\$ 2,063,070	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 16,647,006	\$ 1,361,937		\$ 482,814	\$ (879,122)	\$ 2,063,070	1
2	Wet Booth Unit And Station With Tilting Bowl	2020	3,730		20	187	187	187	2
3	Replaced Three Condenser Fan Motors And Blades For Chiller	2020	5,732		20	287	287	287	3
4	Chiller Line Leak Repairs	2020	9,096		20	455	455	455	4
5	Sealcoat The Parking Lot	2020	14,398		20	720	720	720	5
6	Injector Pump Replacement	2020	29,992		20	1,500	1,500	1,500	6
7	Installation Of Security Guard System	2020	8,875		20	444	444	444	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
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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)		\$ 16,718,828	\$ 1,361,937		\$ 486,406	\$ (875,531)	\$ 2,066,661	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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		\$ 16,718,828	\$ 1,361,937		\$ 486,406	\$ (875,531)	\$ 2,066,661	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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18									18
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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)		\$ 16,718,828	\$ 1,361,937		\$ 486,406	\$ (875,531)	\$ 2,066,661	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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		\$ 16,718,828	\$ 1,361,937		\$ 486,406	\$ (875,531)	\$ 2,066,661	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)		\$ 16,718,828	\$ 1,361,937		\$ 486,406	\$ (875,531)	\$ 2,066,661	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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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)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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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)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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 3701 Lunt, LLC	2019	79,249	2,032	20	2,264	232	3,396	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Villa Financial Services, LLC	2015	498	100	20	25	(75)	132	9
10	Allocated from Villa Financial Services, LLC	2017	110	22	20	5	(16)	21	10
11	Allocated from Villa Financial Services, LLC	2018	1,386	277	20	69	(208)	147	11
12	Allocated from Villa Financial Services, LLC	2019	4,734	947	20	237	(710)	389	12
13									13
14	Allocated from 3701 Lunt, LLC	2020	184,747	2,309	20	2,309		2,309	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 270,724	\$ 5,687		\$ 4,910	\$ (777)	\$ 6,395	34

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

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning:

01/01/20

Ending:

12/31/20

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		\$ 270,724	\$ 5,687		\$ 4,910	\$ (777)	\$ 6,395	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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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 270,724	\$ 5,687		\$ 4,910	\$ (777)	\$ 6,395	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,169,041	\$ 7,024	\$ 116,217	\$ 109,193	10	\$ 537,656	71
72	Current Year Purchases	75,881	3,797	2,735	(1,062)	10	2,735	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,244,923	\$ 10,821	\$ 118,952	\$ 108,131		\$ 540,391	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				\$	\$	\$	\$		\$
77									
78									
79									
80	TOTALS			\$	\$	\$	\$		\$

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$	21,476,586
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	1,372,758
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	605,357
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(767,401)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	2,607,052

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	Repair for Kitchen	\$ 2,100
93		
94		
95		\$ 2,100

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$ 12,574
- Description: See Attached

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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.	/2021	\$
13.	/2022	\$
14.	/2023	\$

* 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.

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

☒ 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
		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)	\$			

- (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.

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	

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

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

		1	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	\$		\$ 327,237	\$		\$ 327,237	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			66,445			66,445	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			383,707			383,707	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				148,531		148,531	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Attached						256,060		256,060	13
14	TOTAL			\$		\$ 777,389	\$ 404,591		\$ 1,181,980	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.

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	\$	\$ 164,581	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,772,920	1,772,920	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	297,338	297,338	6
7	Other Prepaid Expenses	48,078	50,778	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	141,160	2,389,660	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,259,496	\$ 4,675,277	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		3,498,850	13
14	Buildings, at Historical Cost		13,995,400	14
15	Leasehold Improvements, at Historical Cost	3,879,143	3,879,143	15
16	Equipment, at Historical Cost	563,733	1,119,483	16
17	Accumulated Depreciation (book methods)	(3,830,715)	(6,237,646)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	2,100	2,100	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 614,261	\$ 16,257,330	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,873,757	\$ 20,932,607	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,531,196	\$ 2,531,196	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	321,547	321,547	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		970,800	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,852,743	\$ 3,823,543	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		21,500,000	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached	6,283,829	4,670,330	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,283,829	\$ 26,170,330	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,136,572	\$ 29,993,873	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,262,815)	\$ (9,061,266)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,873,757	\$ 20,932,607	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,738,121)	1
2	Restatements (describe):		2
3	Equity Adjustment	(1,103,410)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,841,531)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,563,659)	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	(857,625)	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)	\$ (2,421,284)	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)	\$ (6,262,815)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number The Villa at South Holland

0052340

Report Period Beginning: 01/01/20

Ending: 12/31/20

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,183,282	1
2	Discounts and Allowances for all Levels	(1,567,247)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,616,035	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,538,013	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,538,013	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	93,844	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	29,598	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 123,442	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,232	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,232	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached	2,186	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,186	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,284,908	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,767,196	31
32	Health Care	4,611,099	32
33	General Administration	2,808,031	33
	B. Capital Expense		
34	Ownership	3,146,154	34
	C. Ancillary Expense		
35	Special Cost Centers	1,212,070	35
36	Provider Participation Fee	304,017	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,848,567	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,563,659)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,563,659)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,494,859	44
45	Private Pay - Net Inpatient Revenue	334,483	45
46	Medicare - Net Inpatient Revenue	1,264,374	46
47	Other-(specify) Hospice	354,179	47
48	Other-(specify) Managed Care	1,168,140	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,616,035	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.

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,526	1,641	\$ 106,212	\$ 64.72	1
2	Assistant Director of Nursing	877	943	41,516	44.03	2
3	Registered Nurses	9,415	10,124	381,679	37.70	3
4	Licensed Practical Nurses	44,562	47,916	1,680,419	35.07	4
5	CNAs & Orderlies	80,285	86,328	1,494,725	17.31	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,518	1,632	26,908	16.49	8
9	Activity Director	1,556	1,674	35,586	21.26	9
10	Activity Assistants	5,103	5,487	78,918	14.38	10
11	Social Service Workers	7,714	8,295	190,732	22.99	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	3,899	4,192	99,896	23.83	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,017	2,169	127,914	58.97	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,445	1,553	39,442	25.40	23
24	Clerical	8,277	8,900	167,512	18.82	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) See Attached	2,108	2,267	40,086	17.68	33
34	TOTAL (lines 1 - 33)	170,302	183,121	\$ 4,511,545 *	\$ 24.64	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 755,122	01-03	35
36	Medical Director	Monthly	39,815	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	15,333	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	17,663	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	Monthly	2,888	12-03	45
46	Other(specify)				46
47	Doctor Visits	Per Visit	3,643	10-03	47
48	Psychiatrist	Monthly	3,750	10-03	48
49	TOTAL (lines 35 - 48)		\$ 838,214		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	926	\$ 59,044	10-03	50
51	Licensed Practical Nurses	1,301	59,316	10-03	51
52	Certified Nurse Assistants/Aides	610	16,018	10-03	52
53	TOTAL (lines 50 - 52)	2,838	\$ 134,378		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Renee Mills	Administrator	0	\$ 8,954	Workers' Compensation Insurance		\$ 89,335	IDPH License Fee	\$ 1,824	
Michelle Negron	Administrator	0	118,960	Unemployment Compensation Insurance		27,833	Advertising: Employee Recruitment	33,285	
				FICA Taxes		345,133	Health Care Worker Background Check		
				Employee Health Insurance		121,698	(Indicate # of checks performed <u>73</u>)	731	
				Employee Meals			Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions	36,002	
				Dental/Vision/Life Insurance		5,669	Licenses & Fees	7,271	
				Employee Retention		41,292			
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 127,914						
B. Administrative - Other							See Supplemental Schedule	2,050	
Description			Amount				Less: Public Relations Expense	()	
			\$				Non-allowable advertising	()	
							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				TOTAL (agree to Sch. V, line 20, col. 8)	\$ 81,163	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount						
Crowe LLP	Accounting		\$ 695			\$	Out-of-State Travel	\$	
Marcum LLP	Accounting		20,889						
Villa Financial Services	Bookkeeping Fees		619,670						
G2 Tech Inc	IT Consulting		2,476				In-State Travel		
Alliance for Strategic Advantage	Revenue Cycle Consulting		329						
Zimmet HC Services Group	HC Innovative Solutions		5,198						
Mix Solutions, Inc.	Managed Care Consulting		3,506						
Maven Health Partners	Joint Commission Consultant		2,711				Seminar Expense	2,943	
JPS Consulting Partners	Site and Structural Consultant		2,764						
Illinois Rytes Corp	Compliance		10,457						
MTS Consulting	Tax Consulting		1,491				See Supplemental Schedule	444	
See Supplemental Schedule			69,257				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
(For legal fee disclosure, see page 39 of instructions)			\$ 739,444				TOTAL	\$ 3,387	

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name & ID Number <u>The Villa at South Holland</u>	STATE OF ILLINOIS # <u>0052340</u>	Report Period Beginning: <u>01/01/20</u>	Ending: <u>12/31/20</u>
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XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes
 If YES, give association name and amount. HCCI - \$27,873

(3) Did the nursing home make political contributions or payments to a political 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. \$ 2,275 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. \$ 304,017
 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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$

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