

		FOR BHF USE					

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

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: 0053520

Facility Name: Pleasant View Rehab & HCC

Address: 500 N Jackson Street Morrison 61270
Number City Zip Code

County: Whiteside

Telephone Number: (815) 772-7288 Fax # (815)772-2399

HFS ID Number:

Date of Initial License for Current Owners: 4/1/2009

Type of Ownership:

☐ VOLUNTARY,NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Mike Kocher Telephone Number: (309) 689-5850
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 1/1/2016 to 12/31/2016 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)
(Type or Print Name) Mark B. Petersen
(Title) Chief Executive Officer

Paid
Preparer

(Signed)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

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 Pleasant View Rehab & HCC

0053520 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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>74</u>	Skilled (SNF)	<u>74</u>	<u>27,010</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>74</u>	TOTALS	<u>74</u>	<u>27,010</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>11,701</u>	<u>3,502</u>	<u>886</u>	<u>16,089</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>11,701</u>	<u>3,502</u>	<u>886</u>	<u>16,089</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.57%

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 ☐

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 4/1/2009

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 4/1/2009 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number of beds certified 74 and days of care provided 704

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ 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 Pleasant View Rehab & HCC # 0053520 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	139,559	9,672		149,231		149,231	3,305	152,536			1
2	Food Purchase		105,124		105,124		105,124	(2,466)	102,658			2
3	Housekeeping	86,016	17,723		103,739		103,739	58	103,797			3
4	Laundry	6,698	7,979		14,677		14,677		14,677			4
5	Heat and Other Utilities			48,018	48,018		48,018	193	48,211			5
6	Maintenance	40,287	20,796	27,548	88,631		88,631	1,804	90,435			6
7	Other (specify):* Home Office Ben. Allocation											7
8	TOTAL General Services	272,560	161,294	75,566	509,420		509,420	2,894	512,314			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	798,321	91,674	128,083	1,018,078		1,018,078	78	1,018,156			10
10a	Therapy		31	144,381	144,412		144,412		144,412			10a
11	Activities	29,957		83	30,040		30,040	(3,787)	26,253			11
12	Social Services	32,583			32,583		32,583		32,583			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Home Office Ben. Allocation											15
16	TOTAL Health Care and Programs	860,861	91,705	296,547	1,249,113		1,249,113	(3,709)	1,245,404			16
	C. General Administration											
17	Administrative			210,700	210,700		210,700	(145,075)	65,625			17
18	Directors Fees											18
19	Professional Services			25,694	25,694		25,694	16,940	42,634			19
20	Dues, Fees, Subscriptions & Promotions			6,846	6,846		6,846	227	7,073			20
21	Clerical & General Office Expenses	24,309	1,504	18,493	44,306		44,306	38,486	82,792			21
22	Employee Benefits & Payroll Taxes			151,633	151,633		151,633	21,543	173,176			22
23	Inservice Training & Education			395	395		395	74	469			23
24	Travel and Seminar							36	36			24
25	Other Admin. Staff Transportation			7,403	7,403		7,403	3,031	10,434			25
26	Insurance-Prop.Liab.Malpractice			25,455	25,455		25,455	427	25,882			26
27	Other (specify):* Home Office Ben. Allocation											27
28	TOTAL General Administration	24,309	1,504	446,619	472,432		472,432	(64,311)	408,121			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,157,730	254,503	818,732	2,230,965		2,230,965	(65,126)	2,165,839			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			55,603	55,603		55,603	9,407	65,010			30
31	Amortization of Pre-Op. & Org.							5,209	5,209			31
32	Interest			101,601	101,601		101,601	24,096	125,697			32
33	Real Estate Taxes			34,983	34,983		34,983	196	35,179			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			16,218	16,218		16,218	693	16,911			35
36	Other (specify):*											36
37	TOTAL Ownership			208,405	208,405		208,405	39,601	248,006			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		28,358		28,358		28,358		28,358			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			133,092	133,092		133,092		133,092			42
43	Other (specify):*			226,172	226,172		226,172	(226,172)				43
44	TOTAL Special Cost Centers		28,358	359,264	387,622		387,622	(226,172)	161,450			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,157,730	282,861	1,386,401	2,826,992		2,826,992	(251,697)	2,575,295			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	(2,526)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,447)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	881	30		9
10	Interest and Other Investment Income	(34)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(378)	43		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	(139,590)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(68,700)	43		24
25	Fund Raising, Advertising and Promotional	(4,679)	43		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 See Page 5A	(12,351)	Various		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (231,824)		\$	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)	(19,873)	Various	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (19,873)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (251,697)		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	Labs-Part A	\$ (1,098)	43	1
2	X-Rays-Part A	(2,100)	43	2
3	Disallowed Pet Expense	(1,107)	43	3
4	Offset Miscellaneous Office Supplies Revenue	(41)	21	4
5	Offset Transportation Revenue	(3,787)	11	5
6	Offset Miscellaneous Office Supplies Revenue	(20)	10	6
7	Disallowed Special Events	(2,827)	43	7
8	Offset Cable TV Revenue	(1,246)	43	8
9	Disallowed Chamber of Commerce Dues	(125)	20	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(12,351)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	3,305	0	0	0	0	0	0	0	0	0	3,305	1
2	Food Purchase	(2,526)	60	0	0	0	0	0	0	0	0	0	(2,466)	2
3	Housekeeping	0	58	0	0	0	0	0	0	0	0	0	58	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	193	0	0	0	0	0	0	0	0	0	193	5
6	Maintenance	0	1,804	0	0	0	0	0	0	0	0	0	1,804	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,526)	5,420	0	0	0	0	0	0	0	0	0	2,894	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(20)	98	0	0	0	0	0	0	0	0	0	78	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(3,787)	0	0	0	0	0	0	0	0	0	0	(3,787)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,807)	98	0	0	0	0	0	0	0	0	0	(3,709)	16
	C. General Administration													
17	Administrative	0	(145,075)	0	0	0	0	0	0	0	0	0	(145,075)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	8,416	0	0	0	0	0	0	0	0	0	8,416	19
20	Fees, Subscriptions & Promotions	(125)	0	352	0	0	0	0	0	0	0	0	227	20
21	Clerical & General Office Expenses	(41)	0	38,527	8,524	0	0	0	0	0	0	0	47,010	21
22	Employee Benefits & Payroll Taxes	0	0	21,543	0	0	0	0	0	0	0	0	21,543	22
23	Inservice Training & Education	0	0	74	0	0	0	0	0	0	0	0	74	23
24	Travel and Seminar	0	0	36	0	0	0	0	0	0	0	0	36	24
25	Other Admin. Staff Transportation	0	0	3,031	0	0	0	0	0	0	0	0	3,031	25
26	Insurance-Prop.Liab.Malpractice	0	0	427	0	0	0	0	0	0	0	0	427	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(166)	(136,659)	63,990	8,524	0	0	0	0	0	0	0	(64,311)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(6,499)	(131,141)	63,990	8,524	0	0	0	0	0	0	0	(65,126)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant View Rehab & HCC # 0053520 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	881	0	8,526	0	0	0	0	0	0	0	0	9,407	30
31	Amortization of Pre-Op. & Org.	0	0	0	5,209	0	0	0	0	0	0	0	5,209	31
32	Interest	(34)	0	250	23,880	0	0	0	0	0	0	0	24,096	32
33	Real Estate Taxes	0	0	196	0	0	0	0	0	0	0	0	196	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	693	0	0	0	0	0	0	0	0	693	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	847	0	9,665	29,089	0	0	0	0	0	0	0	39,601	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(226,172)	0	0	0	0	0	0	0	0	0	0	(226,172)	43
44	TOTAL Special Cost Centers	(226,172)	0	0	0	0	0	0	0	0	0	0	(226,172)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(231,824)	(131,141)	73,655	37,613	0	0	0	0	0	0	0	(251,697)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Mark B. Petersen	100	See PG6-Supp		See PG6-Supp		

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	1	Dietary	\$	Petersen Health Care Management, Inc.	100.00%	\$ 3,305	\$ 3,305	1
2	V	2	Food		Petersen Health Care Management, Inc.	100.00%	60	60	2
3	V	3	Housekeeping		Petersen Health Care Management, Inc.	100.00%	58	58	3
4	V	5	Utilities		Petersen Health Care Management, Inc.	100.00%	193	193	4
5	V	6	Maintenance		Petersen Health Care Management, Inc.	100.00%	1,804	1,804	5
6	V	7	Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		6
7	V	9	Medical Director		Petersen Health Care Management, Inc.	100.00%	0		7
8	V	10	Nursing and Medical Records		Petersen Health Care Management, Inc.	100.00%	98	98	8
9	V	10A	Therapy		Petersen Health Care Management, Inc.	100.00%	0		9
10	V	15	Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		10
11	V	17	Administrative	210,700	Petersen Health Care Management, Inc.	100.00%	65,625	(145,075)	11
12	V	19	Professional Services		Petersen Health Care Management, Inc.	100.00%	8,416	8,416	12
13	V								13
14	Total			\$ 210,700			\$ 79,559	\$ * (131,141)	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	20	Dues, Fees, Subs & Promotions	\$	Petersen Health Care Management, Inc.	100.00%	\$ 352	\$	352
16	V	21	Clerical and General Office		Petersen Health Care Management, Inc.	100.00%	38,527		38,527
17	V	22	Employee Benefits and Payroll Taxes		Petersen Health Care Management, Inc.	100.00%	21,543		21,543
18	V	23	Inservice Training & Education		Petersen Health Care Management, Inc.	100.00%	74		74
19	V	24	Travel and Seminar		Petersen Health Care Management, Inc.	100.00%	36		36
20	V	25	Other Admin. Staff Transport.		Petersen Health Care Management, Inc.	100.00%	3,031		3,031
21	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Care Management, Inc.	100.00%	427		427
22	V	27	Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		
23	V	30	Depreciation		Petersen Health Care Management, Inc.	100.00%	8,526		8,526
24	V	32	Interest		Petersen Health Care Management, Inc.	100.00%	250		250
25	V	33	Real Estate Taxes		Petersen Health Care Management, Inc.	100.00%	196		196
26	V	35	Rent-Equipment & Vehicles		Petersen Health Care Management, Inc.	100.00%	693		693
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			\$			\$ 73,655	\$ *	73,655

* 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	1	Dietary	\$	Petersen Health Business, LLC	100.00%	\$ 0	\$	15
16	V	2	Food		Petersen Health Business, LLC	100.00%	0		16
17	V	3	Housekeeping		Petersen Health Business, LLC	100.00%	0		17
18	V	4	Laundry		Petersen Health Business, LLC	100.00%	0		18
19	V	5	Utilities		Petersen Health Business, LLC	100.00%	0		19
20	V	6	Maintenance		Petersen Health Business, LLC	100.00%	0		20
21	V	7	Mgmt. Allocation of Benefits		Petersen Health Business, LLC	100.00%	0		21
22	V	10	Nursing and Medical Records		Petersen Health Business, LLC	100.00%	0		22
23	V	15	Mgmt. Allocation of Benefits		Petersen Health Business, LLC	100.00%	0		23
24	V	17	Administrative		Petersen Health Business, LLC	100.00%	0		24
25	V	19	Professional Services		Petersen Health Business, LLC	100.00%	0		25
26	V	20	Dues, Fees, Subs & Promotions		Petersen Health Business, LLC	100.00%	0		26
27	V	21	Clerical and General Office		Petersen Health Business, LLC	100.00%	8,524	8,524	27
28	V	22	Employee Benefits & Payroll		Petersen Health Business, LLC	100.00%	0		28
29	V	23	Inservice Training & Education		Petersen Health Business, LLC	100.00%	0		29
30	V	24	Travel and Seminar		Petersen Health Business, LLC	100.00%	0		30
31	V	25	Other Admin. Staff Transport.		Petersen Health Business, LLC	100.00%	0		31
32	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Business, LLC	100.00%	0		32
33	V	30	Depreciation		Petersen Health Business, LLC	100.00%	0		33
34	V	31	Amortization		Petersen Health Business, LLC	100.00%	5,209	5,209	34
35	V	32	Interest		Petersen Health Business, LLC	100.00%	23,880	23,880	35
36	V	33	Real Estate Taxes		Petersen Health Business, LLC	100.00%	0		36
37	V	34	Rent-Facility and Grounds		Petersen Health Business, LLC	100.00%	0		37
38	V	35	Rent-Equipment & Vehicles		Petersen Health Business, LLC	100.00%	0		38
39	Total			\$			\$ 37,613	\$ * 37,613	39

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

Facility Name & ID Number

Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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			Aledo Health Care Center	Aledo	Petersen Companies, I	Peoria	Mgmt/Bookkeeping	1
2			Arcola Health Care Center	Arcola	Petersen Health Care I	Peoria	Mgmt/Bookkeeping	2
3			Aspen Rehab & Health Care	Silvis	Petersen Health Care,	Peoria	Mgmt/Bookkeeping	3
4			Batavia Rehab & Health Care Center	Batavia	Petersen Health Enter	Peoria	Mgmt/Bookkeeping	4
5			Bement Health Care Center	Bement	Petersen Health Opera	Peoria	Mgmt/Bookkeeping	5
6			Benton Rehab & Health Care Center	Benton	Petersen Health Syste	Peoria	Mgmt/Bookkeeping	6
7			Bloomington Rehab & Health Care Center	Bloomington	Petersen Hotels LLC	Peoria	Hospitality	7
8			Casey Health Care Center	Casey	Petersen Hospitality L	Peoria	Hospitality	8
9			Charleston Rehab & Health Care Center	Charleston	Petersen Health Care I	Peoria	Mgmt/Bookkeeping	9
10			Cisne Rehab & Health Care Center	Cisne	Petersen Management	Peoria	Mgmt/Bookkeeping	10
11			Countryview Care Center of Macomb	Macomb	Petersen Health Busin	Peoria	Mgmt/Bookkeeping	11
12			Countryview Terrace	Louisville	Petersen Health Care	Sullivan	Lessor	12
13			Cumberland Rehab & Health Care Center	Greenup	Petersen Health Care	Peoria	Lessor	13
14			Decatur Rehab & Health Care Center	Decatur	Midwest Health Opera	Peoria	Mgmt/Bookkeeping	14
15			Eastside Health & Rehabilitation Center	Pittsfield	Petersen Health Prope	Peoria	Mgmt/Bookkeeping	15
16			Eastview Terrace	Sullivan	Petersen Roseville, LL	Roseville	Lessor	16
17			El Paso Health Care Center	El Paso	Petersen Health Juncti	Peoria	Mgmt/Bookkeeping	17
18			Enfield Rehab & Health Care Center	Enfield	Petersen Health Qualit	Peoria	Mgmt/Bookkeeping	18
19			Farmer City Rehab & Health Care Center	Farmer City	Petersen Health and W	Peoria	Mgmt/Bookkeeping	19
20			Flanagan Rehab & Health Care Center	Flanagan	Petersen 24, LLC	Peoria	Hospitality	20
21			Flora Gardens Care Center	Flora				21
22			Flora Health Care Center	Flora				22
23			Fondulac Rehab & Health Care Center	East Peoria				23
24			Havana Health Care Center	Havana				24
25			Illini Heritage Rehab & Health Care	Champaign				25
26			Jonesboro Rehab & Health Care Center	Jonesboro				26
27			Kewanee Care Home	Kewanee				27
28			LaHarpe Davier Health Care Center	LaHarpe				28
29			Lebanon Care Center	Lebanon				29
30			Marigold Rehab & Health Care Center	Galesburg				30

Facility Name & ID Number

Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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			Mason Point	Sullivan				1
2			McLeansboro Rehab & Health Care Center	McLeansboro				2
3			Mt. Vernon Health Care Center	Mt. Vernon				3
4			Newman Rehab & Health Care Center	Newman				4
5			Nokomis Rehab & Health Care Center	Nokomis				5
6			North Aurora Care Center	North Aurora				6
7			Palm Terrace of Mattoon	Mattoon				7
8			Piper City Rehab & Living Center	Piper City				8
9			Pleasant View Rehab & Health Care Center	Morrison				9
10			Polo Rehabilitation & Health Care Center	Polo				10
11			Prairie City Rehab & Health Care Center	Prairie City				11
12			Robings Manor Nursing Home	Brighton				12
13			Rochelle Gardens	Rochelle				13
14			Rochelle Rehab & Health Care Center	Rochelle				14
15			Rock Falls Rehab & Health Care Center	Rock Falls				15
16			Arrow Wood Independent Living	Rock Falls				16
17			Roseville Rehab and Health Care Center	Roseville				17
18			Rosiclare Rehab & Health Care Center	Rosiclare				18
19			Royal Oaks Care Center	Kewanee				19
20			Sandwich Rehab & Health Care Center	Sandwich				20
21			Iron Wood Independent Living	Sandwich				21
22			Shawnee Rose Care Center	Harrisburg				22
23			Shelbyville Rehab & Health Care Center	Shelbyville				23
24			South Elgin Rehab & Health Care Center	South Elgin				24
25			Sullivan Health Care Center	Sullivan				25
26			Sunset Manor Nursing Home	Canton				26
27			Swansea Rehab & Health Care	Swansea				27
28			Timbercreek Rehab & Health Center	Pekin				28
29			Toulon Health Care Center	Toulon				29
30			Tuscola Health Care Center	Tuscola				30

Facility Name & ID Number

Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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			Twin Lakes Rehab & Health Care Center	Paris				1
2			Vandalia Rehab & Health Care Center	Vandalia				2
3			Watseka Health Care Center	Watseka				3
4			Westside Rehab & Care Center	West Frankfort				4
5			Whispering Oaks	Rosiclare				5
6			White Oak Rehab & Health Care Center	Mt. Vernon				6
7			Willow Rose Rehab & Health Care Center	Jerseyville				7
8			Sheldon Health Care Center	Sheldon				8
9			Tuscola Health Care Center	Tuscola				9
10			Effingham Health Care Center	Effingham				10
11			Collinsville Health Care Center	Collinsville				11
12			Ozark Rehab & Health Care Center	Osage Beach, MO				12
13			Tarkio Rehab & Health Care Center	Tarkio, MO				13
14			Shangri-la Rehab & Living Center	Blue Springs, MO				14
15			Prairie Rose Care Center	Pana				15
16			Illini Heritage Rehab & Health Center	Champaign				16
17			Courtyard Estates of Kewanee	Kewanee				17
18			Courtyard Estates of Bradford	Bradford				18
19			Courtyard Estates of Galva	Galva				19
20			Courtyard Estates of Walcott	Walcott				20
21			Courtyard Village of Kewanee	Kewanee				21
22			Lakewood Village	Charleston				22
23			Courtyard Estates of Monmouth	Monmouth				23
24			Riverview Estates	Havana				24
25			Simple Blessings	Casey				25
26			Courtyard Estates of Bushnell	Bushnell				26
27			Courtyard Estates of Canton	Canton				27
28			Legacy Estates of Monmouth	Monmouth				28
29			Courtyard Estates of Sullivan	Sullivan				29
30			Courtyard Estates of Peoria	Peoria				30

Facility Name & ID Number

Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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			Cornerstone Health and Rehabilitation	Peoria				1
2			Rock River Gardens	Sterling				2
3			Sauk Valley Senior Living & Rehabilitation	Rock Falls				3
4			Courtyard Estates of Farmington	Farmington				4
5			Courtyard Estates of Knoxville	Knoxville				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 Pleasant View Rehab & HCC # 0053520 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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									\$		1
2											2
3	N/A										3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Pleasant View Rehab & HCC# 0053520

Report Period Beginning:

1/1/2016Ending: 2/31/2016

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

Petersen Health Care Management, Inc.

Street Address

830 W. Trailcreek Drive

City / State / Zip Code

Peoria, IL 61614

Phone Number

(309) 691-8113

Fax Number

(309) 691-8622

	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	Dietary	Resident Days	1,521,544	75	\$ 312,540	\$ 357,910	16,089	\$ 3,305	1
2	2	Food	Resident Days	1,521,544	75	5,673	0	16,089	60	2
3	3	Housekeeping	Resident Days	1,521,544	75	5,456	2,897	16,089	58	3
4	5	Utilities	Resident Days	1,521,544	75	18,209	0	16,089	193	4
5	6	Maintenance	Resident Days	1,521,544	75	170,632	137,057	16,089	1,804	5
6	7	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	16,089	0	6
7	9	Medical Director	Resident Days	1,521,544	75	0	0	16,089	0	7
8	10	Nursing and Medical Records	Resident Days	1,521,544	75	9,261	1,782,521	16,089	98	8
9	10A	Therapy	Resident Days	1,521,544	75	0	0	16,089	0	9
10	15	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	16,089	0	10
11	17	Administrative	Resident Days	1,521,544	75	4,806,228	5,473,961	16,089	65,625	11
12	19	Professional Services	Resident Days	1,521,544	75	795,918	0	16,089	8,416	12
13	20	Dues, Fees, Subs & Promotions	Resident Days	1,521,544	75	33,278	0	16,089	352	13
14	21	Clerical and General Office	Resident Days	1,521,544	75	3,643,535	3,756,135	16,089	38,527	14
15	22	Employee Benefits and Payroll Ta	Resident Days	1,521,544	75	2,037,314	0	16,089	21,543	15
16	23	Inservice Training & Education	Resident Days	1,521,544	75	6,986	0	16,089	74	16
17	24	Travel and Seminar	Resident Days	1,521,544	75	3,389	0	16,089	36	17
18	25	Other Admin. Staff Transport.	Resident Days	1,521,544	75	286,637	0	16,089	3,031	18
19	26	Insurance-Prop./Liab./Malprac.	Resident Days	1,521,544	75	40,378	0	16,089	427	19
20	27	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	16,089	0	20
21	30	Depreciation	Resident Days	1,521,544	75	806,271	0	16,089	8,526	21
22	32	Interest	Resident Days	1,521,544	75	23,686	0	16,089	250	22
23	33	Real Estate Taxes	Resident Days	1,521,544	75	18,560	0	16,089	196	23
24	35	Rent-Equipment & Vehicles	Resident Days	1,521,544	75	65,550	0	16,089	693	24
25	TOTALS					\$ 13,089,501	\$ 11,510,481		\$ 153,214	25

Facility Name & ID Number Pleasant View Rehab & HCC

0053520

Report Period Beginning:

1/1/2016

Ending: 2/31/2016

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

Petersen Health Business, LLC

Street Address

830 W. Trailcreek Drive

City / State / Zip Code

Peoria, IL 61614

Phone Number

(309)691-8113

Fax Number

(309)691-8622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	1	Dietary	Resident Days	171,230	9	\$	\$	16,089	\$	1
2	2	Food	Resident Days	171,230	9			16,089		2
3	3	Housekeeping	Resident Days	171,230	9			16,089		3
4	4	Laundry	Resident Days	171,230	9			16,089		4
5	5	Utilities	Resident Days	171,230	9			16,089		5
6	6	Maintenance	Resident Days	171,230	9			16,089		6
7	7	Mgmt. Allocation of Benefits	Resident Days	171,230	9			16,089		7
8	10	Nursing and Medical Records	Resident Days	171,230	9			16,089		8
9	15	Mgmt. Allocation of Benefits	Resident Days	171,230	9			16,089		9
10	17	Administrative	Resident Days	171,230	9			16,089		10
11	19	Professional Services	Resident Days	171,230	9			16,089		11
12	20	Dues, Fees, Subs & Promotions	Resident Days	171,230	9			16,089		12
13	21	Clerical and General Office	Resident Days	171,230	9	90,714		16,089	8,524	13
14	22	Employee Benefits & Payroll	Resident Days	171,230	9			16,089		14
15	23	Inservice Training & Education	Resident Days	171,230	9			16,089		15
16	24	Travel and Seminar	Resident Days	171,230	9			16,089		16
17	25	Other Admin. Staff Transport.	Resident Days	171,230	9			16,089		17
18	26	Insurance-Prop./Liab./Malprac.	Resident Days	171,230	9			16,089		18
19	30	Depreciation	Resident Days	171,230	9			16,089		19
20	31	Amortization	Resident Days	171,230	9	55,441		16,089	5,209	20
21	32	Interest	Resident Days	171,230	9	254,149		16,089	23,880	21
22	33	Real Estate Taxes	Resident Days	171,230	9			16,089		22
23	34	Rent-Facility and Grounds	Resident Days	171,230	9			16,089		23
24	35	Rent-Equipment & Vehicles	Resident Days	171,230	9			16,089		24
25	TOTALS					\$ 400,304	\$		\$ 37,613	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Bank Leumi		X	Mortgage	Varies	1/1/15	\$ 2,047,904	\$ 1,978,781	12/31/24	Varies	\$ 101,601	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 2,047,904	\$ 1,978,781			\$ 101,601	9	
	B. Non-Facility Related*												
10								Interest Income Offset			(34)	10	
11								Home Office Allocation-PHB			23,880	11	
12								Home Office Allocation PHCM			250	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 24,096	14	
15	TOTALS (line 9+line14)						\$ 2,047,904	\$ 1,978,781			\$ 125,697	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 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.)

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pleasant View Rehab & HCC COUNTY Whiteside

FACILITY IDPH LICENSE NUMBER 0053520

CONTACT PERSON REGARDING THIS REPORT MIKE KOCHER

TELEPHONE (309)689-5850 FAX #: (309)691-8622

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)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. 09-17-130-001	Long-Term Care Facility	\$ 35,264.52	\$ 35,264.52
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 35,264.52	\$ 35,264.52

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 X 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 providecopies of their original second installment tax bill.

A. Square Feet: 23,743

B. General Construction Type: Exterior BrickFrame MetalNumber 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).

N/A

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: 95,556

2. Number of Years Over Which it is Being Amortized: 5

3. Current Period Amortization: 5,209

4. Dates Incurred: 2013-2014

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	23,743	2009	\$ 183,000	1
2					2
3	TOTALS	23,743		\$ 183,000	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	74		2009	1974	\$ 992,911	\$	25	\$ 39,716	\$ 39,716	\$ 297,870
5										
6										
7										
8										
	Improvement Type**									
9	Drain Line Repair			2010	2,567		7	366	366	2,379
10	Fire Alarm Panel			2010	3,300		7	471	471	3,297
11	Water Softener			2011	3,415		7	488	488	2,684
12	Generator Repair			2014	3,349		7	478	478	1,434
13	Air Conditioner			2015	4,035		15	135	135	270
14	Sewer Line Repair			2015	4,129		7	295	295	590
15	Water Heater			2016	4,309		7	308	308	308
16	Water Heater			2016	4,020		7	287	287	287
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31	Building Booked					39,716			(39,716)	
32	Building Improvement Booked					3,443			(3,443)	
33										
34	2016-Home Office Allocation-Building Improvements				7,103			170	170	
35	2016-Home Office Allocation-Land Improvements				654			42	42	
36										

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

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

See Page 12A, Line 70 for total

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

1 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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,029,792	\$ 43,159		\$ 42,756	\$ (404)	\$ 309,119	70

**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	\$301,085	\$12,444	\$21,923	\$9,479	5-10 yrs.	\$292,426	71
72	Current Year Purchases	4,632		331	331	7 yrs.	331	72
73	Fully Depreciated Assets							73
74	Home Office Allocation							74
75	TOTALS	\$305,717	\$12,444	\$22,254	\$9,810		\$292,757	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	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)	\$1,518,509	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$55,603	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$65,010	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$9,407	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$601,876	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	N/A				88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94	N/A		94
95		\$	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	Pleasant View Rehab & HCC
--------------------------------------	--------------------------------------

0053520

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

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: \$ **11,295** Description: **See Attached Schedule 14A**

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1	2	3	4	
	Use	Model Year and Make	Monthly Lease Payment	Rental Expense for this Period	
17	Facility	2012 Ford E250	\$ 468.00	\$ 5,616	17
18					18
19					19
20					20
21	TOTAL		\$ 468.00	\$ 5,616	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. 2017 \$

13. /2018 \$

14. /2019 \$

*** 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.**

Pleasant View Rehab & HCC
0053520

Period Beginning 1/1/2016
Period End 12/31/2016

Schedule 14A

XII. Rental Costs

B. Equipment

16. Description of rental amount for movable equipment

Medical Equipment	\$	7,933
Dishwasher		701
Copier		1,968
Home Office Allocation		693
		<u>11,295</u>

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
		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.

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	10A(3)	hrs	\$	4,586	\$ 68,795	\$	4,586	\$ 68,795	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		702	10,530		702	10,530	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		4,337	65,056	31	4,337	65,087	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				28,358		28,358	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	9,625	\$ 144,381	\$ 28,389	9,625	\$ 172,770	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	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 488,965	\$ 488,965	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 14,053)	1,726,580	1,726,580	3
4	Supply Inventory (priced at Cost)	8,197	8,197	4
5	Short-Term Investments			5
6	Prepaid Insurance	21,442	21,442	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposit & PPD Lease	1,457	1,457	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,246,641	\$ 2,246,641	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	183,000	183,000	13
14	Buildings, at Historical Cost	992,911	1,000,014	14
15	Leasehold Improvements, at Historical Cost	29,124	29,778	15
16	Equipment, at Historical Cost	305,717	305,717	16
17	Accumulated Depreciation (book methods)	(614,106)	(601,876)	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) Goodwill	650,000	650,000	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,546,646	\$ 1,566,633	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,793,287	\$ 3,813,274	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 484,348	\$ 484,348	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,156	80,156	30
31	Accrued Taxes Payable (excluding real estate taxes)	98,819	98,819	31
32	Accrued Real Estate Taxes(Sch.IX-B)	36,324	36,324	32
33	Accrued Interest Payable	8,520	8,520	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll Withholdings	281,916	281,916	36
37	Accrued Management Fees	244,829	244,829	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,234,912	\$ 1,234,912	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	1,978,781	1,978,781	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Intercompany Loans	2,500	2,500	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,981,281	\$ 1,981,281	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,216,193	\$ 3,216,193	46
47	TOTAL EQUITY(page 18, line 24)	\$ 577,094	\$ 597,081	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,793,287	\$ 3,813,274	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 751,023	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 751,023	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(173,929)	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	()	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)	\$ (173,929)	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)	\$ 577,094	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Pleasant View Rehab & HCC

0053520

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

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	\$ 2,458,183	1
2	Discounts and Allowances for all Levels	(150,172)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,308,011	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	261,946	6
7	Oxygen	564	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 262,510	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	2,526	14
15	Telephone, Television and Radio	1,246	15
16	Rental of Facility Space		16
17	Sale of Drugs	50,672	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	4,829	20
21	Other Medical Services	19,387	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 78,660	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	34	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 34	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Transportation Revenue</u>	3,787	28
28a	<u>Miscellaneous Revenue</u>	61	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,848	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,653,063	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	509,420	31
32	Health Care	1,249,113	32
33	General Administration	472,432	33
	B. Capital Expense		
34	Ownership	208,405	34
	C. Ancillary Expense		
35	Special Cost Centers	254,530	35
36	Provider Participation Fee	133,092	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,826,992	40
41	Income before Income Taxes (line 30 minus line 40)**	(173,929)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (173,929)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,289,731	44
45	Private Pay - Net Inpatient Revenue	877,247	45
46	Medicare - Net Inpatient Revenue	110,400	46
47	Other-(specify) <u>Insurance Net Inpatient Revenue</u>	30,633	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 2,308,011	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 Pleasant View Rehab & HCC# 0053520Report Period Beginning: 1/1/2016Ending: 12/31/2016

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	2,080	2,080	\$ 65,639	\$ 31.56	1
2	Assistant Director of Nursing	565	565	12,167	21.53	2
3	Registered Nurses	2,775	2,877	72,260	25.12	3
4	Licensed Practical Nurses	8,502	8,695	209,794	24.13	4
5	CNAs & Orderlies	33,459	33,651	401,148	11.92	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,579	1,621	22,388	13.81	9
10	Activity Assistants	614	614	5,649	9.20	10
11	Social Service Workers	1,945	1,993	32,583	16.35	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	13,577	13,836	139,559	10.09	15
16	Dishwashers					16
17	Maintenance Workers	2,931	2,968	40,287	13.57	17
18	Housekeepers	9,910	9,969	86,016	8.63	18
19	Laundry	724	724	6,698	9.25	19
20	Administrator	2,080	2,080	65,625	31.55	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,983	2,027	24,309	11.99	23
24	Clerical					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 <u>CPC</u>	1,544	1,544	37,313	24.17	32
33	Other(specify) <u>Transportation</u>	202	202	1,920	9.50	33
34	TOTAL (lines 1 - 33)	84,470	85,446	\$ 1,223,355 *	\$ 14.32	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	24,000	L9,C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,478	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	2	116	L10,C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	2	\$ 27,594		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	283	\$ 12,837	L10, C3	50
51	Licensed Practical Nurses	2,490	99,695	L10, C3	51
52	Certified Nurse Assistants/Aides	318	9,996	L10, C3	52
53	TOTAL (lines 50 - 52)	3,091	\$ 122,528		53

Facility Name & ID Number

Pleasant View Rehab & HCC

STATE OF ILLINOIS

0053520

Report Period Beginning:

1/1/2016

Page 21

Ending: 12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions				
Name		Function	Ownership %	Amount	Description		Amount	Description		Amount		
Amie Behrens		Administrator	0	\$ 65,625	Workers' Compensation Insurance		\$ 25,042	IDPH License Fee		\$ 2,383		
					Unemployment Compensation Insurance		37,354	Advertising: Employee Recruitment		1,104		
					FICA Taxes		87,388	Health Care Worker Background Check				
					Employee Health Insurance		1,424	(Indicate # of checks performed 65)		417		
					Employee Meals			Patient Background Checks		10 417		
					Illinois Municipal Retirement Fund (IMRF)*			Miscellaneous Licenses & Permits		650		
					Employee Relations		425	Miscellaneous Dues & Subscriptions		1,875		
					Home Office Allocation		21,543	Home Office Allocation		352		
TOTAL (agree to Schedule V, line 17, col. 1)												
(List each licensed administrator separately.)				\$ 65,625								
B. Administrative - Other												
Description				Amount								
Management Fees-See Page 6, Eliminated on P 3, C 7				\$ 210,700								
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 210,700	TOTAL (agree to Schedule V, line 22, col.8)			\$ 173,176	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 7,073
(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				Amount	Description		Line #	Amount	Description		Amount	
Vendor/Payee		Type							Out-of-State Travel		\$	
Honkamp Krueger & Co.		Accounting Fees		\$ 288								
Mediacom		Computer Services		1,631								
E-Health Data Services		Computer Services		2,940	N/A							
Abilty Network		Computer Services		842					In-State Travel			
Whiteside Co. Circuit Clerk		Filing Fees		30								
Spielberger Law Group		Legal Fees		1,600								
Sorling Northrup		Legal Fees		16,402								
Blue Cross Blue Shield		Medicare Fees		1,961					Seminar Expense			
									Home Office Allocation		36	
									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)				\$ 25,694					TOTAL		\$ 36	

* Attach copy of IMRF notifications

**See instructions.

Pleasant View Rehab & HCC
0053520
Period Beginning
Period End

1/1/2016
12/31/2016

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Vendor/Payee	Type	Amount
Total (agree to Schedule V, line 19, column 3)		25,694
Home Office Allocation		
Lucie, Scalf, and Bougher	Legal	38
Miscellaneous	Legal	11
Miller Hall and Triggs	Legal	65
Healthcare Resources International	Legal	324
Hunziker Law	Legal	77
Lexis Nexis	Legal	7
Illinois Secretary of State	Legal	47
Chicago Title Insurance	Legal	2,183
Bank Leumi	Legal	662
CliftonLarson Allen	Accountants	337
Ginoli & Co.	Accountants	2,881
Miscellaneous	Computer Services	43
Change Healthcare	Computer Services	6
PTC Select	Computer Services	4
Advanced Answers on Demand	Computer Services	2,963
Stratus Networks	Computer Services	301
Kemper Technology	Computer Services	199
AT&T	Computer Services	4
Ability Network	Computer Services	1,263
CIAN	Computer Services	151
Comcast	Computer Services	25
CCH	Computer Services	10
Charter Communications	Computer Services	29
Allscripts	Computer Services	441
ATS	Computer Services	199
Allpayer Exchange	Computer Services	10
Optimizer	Other Prof Fees	30
Ankura	Other Prof Fees	230
David Budde	Other Prof Fees	26
Bruner, Cooper, Zuck	Other Prof Fees	67
Marotta, Gund, Budd, Dzerda	Other Prof Fees	4,266
Professional Software and Services	Other Prof Fees	17
Hughes Valuation Services	Other Prof Fees	21
Alan Litwiller	Other Prof Fees	2

Total (agree to Schedule V, line 19, column 8)	<u><u>42,633</u></u>
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Pleasant View Rehab & Health
0053520

Period Beginning 1/1/2016
Period End 12/31/2016

Schedule 21A

XIX. SUPPORT SCHEDULE
Legal Fees

Home Office Allocation-PHC & PHCM

Lucie, Scalf, and Bougher	Legal	38
Miscellaneous	Legal	11
Miller Hall and Triggs	Legal	65
Healthcare Resources International	Legal	324
Hunziker Law	Legal	77
Lexis Nexis	Legal	7
Illinois Secretary of State	Legal	47
Chicago Title Insurance	Legal	2,183
Bank Leumi	Legal	662

Direct Facility Invoices

Sorling Northup-Ronnita Styles Case	1/8/2016	504
Sorling Northup-Ronnita Styles Case	3/7/2016	3,946
Sorling Northup-Ronnita Styles Case	4/7/2016	1,932
Sorling Northup-Ronnita Styles Case	5/6/2016	621
Sorling Northup-Ronnita Styles Case	6/8/2016	1,863
Whiteside County Circuit Clerk	6/27/2016	30
Sorling Northup-Ronnita Styles Case	7/15/2016	598
Sorling Northup-Ronnita Styles Case	2/8/2016	406
Spielberger Law Group-Jessica Soesbe Case	9/14/2016	1,600
Sorling Northup-Ronnita Styles Case	9/9/2016	322
Sorling Northup-Jessica Soesbe Case	9/9/2016	1,196
Sorling Northup-Ronnita Styles Case	8/5/2016	345
Sorling Northup-Jessica Soesbe Case	8/5/2016	759
Sorling Northup-Ronnita Styles Case	10/12/2016	690
Sorling Northup-Jessica Soesbe Case	10/12/2016	322
Sorling Northup-Ronnita Styles Case	11/7/2016	1,886
Sorling Northup-Ronnita Styles Case	12/5/2016	1,012

Total Legal Fees (agree to Schedule V, line 19, column 8)	21,446
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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. IHCA-\$1,000

(3) Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?

N/A

(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?

7 yrs.

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 25,002

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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 133,092

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

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

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.

\$ 0

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$ 2,526

(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?

Yes

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ 3,787

c. What percent of all travel expense relates to transportation of nurses and patients?

100

d. Have vehicle usage logs been maintained?

Adequate records have been maintained.

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A

(17) Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

Ginoli and Company

(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

RECONCILIATION REPORT			Pleasant View Rehab & C		11:37 AM	7/7/2017							
ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-251,697	equal to	-251,697	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	125,697	equal to	125,697	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	35,179	equal to	35,179	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	5,209	equal to	5,209	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	65,010	equal to	65,010	-1	FAILED	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	16,911	equal to	16,911	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	144,412	equal to	144,412	0	O.K.	Pg16 Z12+Z14..	N/A,B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	28,389	equal to	28,389	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	509,420	equal to	509,420	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,249,113	equal to	1,249,113	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	472,432	equal to	472,432	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	208,405	equal to	208,405	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	254,530	equal to	254,530	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..,H24+I	N/A	38to41+43	4
Income Stat. Prov. Partic.	133,092	equal to	133,092	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	798,321	equal to	798,321	0	O.K.	Pg20 K11..,K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	29,957	equal to	29,957	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	32,583	equal to	32,583	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	139,559	equal to	139,559	0	O.K.	Pg20 K22..,K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	40,287	equal to	40,287	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	86,016	equal to	86,016	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	6,698	equal to	6,698	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	65,625	equal to	65,625	0	O.K.	Pg20 K30..,K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	24,309	equal to	24,309	0	O.K.	Pg20 K33..,K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,223,355	equal to	1,157,730	65,625	FAILED	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to		#VALUE!	#VALUE!	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	24,000	< or = to	24,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	126,122	< or = to	128,083	-1,961	O.K.	Pg20 X14..,X16+	B. & C.	7to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	83	-83	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to		0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	65,625	equal to	65,625	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	210,700	equal to	210,700	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	25,694	equal to	25,694	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	173,176	equal to	173,176	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched. of dues..	7,073	equal to	7,073	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	36	equal to	36	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	133,092	equal to	133,092	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..,U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	704	equal to	886	-182	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-19,873	equal to	-19,873	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4I	B.	14	8
Total loan balance	1,978,781	equal to	1,978,781	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	36,324	equal to	36,324	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	183,000	equal to	183,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	1,029,792	equal to	1,029,792	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	305,717	equal to	305,717	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	601,876	equal to	601,876	-1	FAILED	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	577,094	equal to	577,094	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-173,929	equal to	-173,929	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..,I	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	3,793,287	equal to	3,793,287	0	O.K.	Pg17:H41	N/A	25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Total
1. Dietary	139,559	9,672	0	149,231	0	149,231	3,305	152,536
2. Food Purchase	0	105,124	0	105,124	0	105,124	-2,466	102,658
3. Housekeeping	86,016	17,723	0	103,739	0	103,739	58	103,797
4. Laundry	6,698	7,979	0	14,677	0	14,677	0	14,677
5. Heat and Other Utilities	0	0	48,018	48,018	0	48,018	193	48,211
6. Maintenance	40,287	20,796	27,548	88,631	0	88,631	1,804	90,435
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	272,560	161,294	75,566	509,420	0	509,420	2,894	512,314
9. Medical Director	0	0	24,000	24,000	0	24,000	0	24,000
10. Nursing & Medical Records	798,321	91,674	128,083	1,018,078	0	1,018,078	78	#####
10a. Therapy	0	31	144,381	144,412	0	144,412	0	144,412
11. Activities	29,957	0	83	30,040	0	30,040	-3,787	26,253
12. Social Services	32,583	0	0	32,583	0	32,583	0	32,583
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	860,861	91,705	296,547	1,249,113	0	1,249,113	-3,709	#####
17. Administrative	0	0	210,700	210,700	0	210,700	-145,075	65,625
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	25,694	25,694	0	25,694	16,940	42,634
20. Fees, Subscriptions & Promotion	0	0	6,846	6,846	0	6,846	227	7,073
21. Clerical & General Office	24,309	1,504	18,493	44,306	0	44,306	38,486	82,792
22. Employee Benefits & Payroll	0	0	151,633	151,633	0	151,633	21,543	173,176
23. Inservice Training & Education	0	0	395	395	0	395	74	469
24. Travel and Seminar	0	0	0	0	0	0	36	36
25. Other Admin. Staff Trans	0	0	7,403	7,403	0	7,403	3,031	10,434
26. Insurance-Prop.Liab.Malpractice	0	0	25,455	25,455	0	25,455	427	25,882
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	24,309	1,504	446,619	472,432	0	472,432	-64,311	408,121
29. Total General Administrative	1,157,730	254,503	818,732	2,230,965	0	2,230,965	-65,126	#####
30. Depreciation	0	0	55,603	55,603	0	55,603	9,407	65,010
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	5,209	5,209
32. Interest	0	0	101,601	101,601	0	101,601	24,096	125,697
33. Real Estate	0	0	34,983	34,983	0	34,983	196	35,179
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	16,218	16,218	0	16,218	693	16,911
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	208,405	208,405	0	208,405	39,601	248,006
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	28,358	0	28,358	0	28,358	0	28,358
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	133,092	133,092	0	133,092	0	133,092
43. Other (specify):*	0	0	226,172	226,172	0	226,172	-226,172	0
44. Total Special Cost Ce	0	28,358	359,264	387,622	0	387,622	-226,172	161,450
45. Grand Total	1,157,730	282,861	1,386,401	2,826,992	0	2,826,992	-251,697	#####

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	488,965	488,965
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	1,726,580	1,726,580
4. Supply Inventory	8,197	8,197
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,442	21,442
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	1,457	1,457
10. Total current assets	2,246,641	2,246,641
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	183,000	183,000
14. Buildings, at Historical Cost	992,911	1,000,014
15. Leasehold Improvements, Historical Cost	29,124	29,778
16. Equipment, at Historical Cost	305,717	305,717
17. Accumulated Depreciation (book methods)	-614,106	-601,876
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	650,000	650,000
23. other (specify):	0	0
24. Total Long-Term Assets	1,546,646	1,566,633
25. Total Assets	3,793,287	3,813,274
CURRENT LIABILITIES		
26. Accounts Payable	484,348	484,348
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	80,156	80,156
31. Accrued Taxes Payable	98,819	98,819
32. Accrued Real Estate Taxes	36,324	36,324
33. Accrued Interest Payable	8,520	8,520
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	281,916	281,916
37. Other Current Liabilities (specify):	244,829	244,829
38. Total Current Liabilities	1,234,912	1,234,912
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	1,978,781	1,978,781
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	2,500	2,500
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,981,281	1,981,281
46.Total Liabilities	3,216,193	3,216,193
47.Total Equity	577,094	597,081
48.Total Liabilities and Equity	3,793,287	3,813,274

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,458,183
2. Discounts and Allowances for all Levels	-150,172
Subtotal - Inpatient Care	2,308,011
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	261,946
7. Oxygen	564
Subtotal - Ancillary Revenue	262,510
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	2,526
15. Telephone, Television, and Radio	1,246
16. Rental of Facility Space	0
17. Sale of Drugs	50,672
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	4,829
21. Other Medical Services	19,387
22. Laundry	0
Subtotal - Other Operating Revenue	78,660
24. Contributions	0
25. Interest and Other Investments Income	34
Subtotal - Non-Operating Revenue	34
27. Other Revenue (specify):	3,787
28. Other Revenue (specify):	61
Subtotal - Other Revenue	3,848
30. Total Revenue	2,653,063
31. General Services	390,751
32. Health Care	947,415
33. General Administration	374,353
34. Ownership	219,505
35. Special Cost Centers	45,392
35. Provider Participation Fee	110,363
37. Other	0
40. Total Expenses	2,087,779
41. Income Before Income Taxes	565,284
42. Income Taxes	0
43. Net Income or Loss for the Year	565,284