

		FOR BHF USE					

LL1

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: 0047522

Facility Name: Timbercreek Reh & Hlth C Ctr

Address: 2220 State Street Pekin 61554
Number City Zip Code

County: Tazewell

Telephone Number: (309) 347-1110 Fax # (309) 347-1043

HFS ID Number:

Date of Initial License for Current Owners: 10/1/05

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) _____ (Date) _____
(Type or Print Name) Mark B. Petersen
(Title) Chief Executive Officer

Paid
Preparer

(Signed) _____ (Date) _____
(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 Timbercreek Reh & Hlth C Ctr

0047522 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>202</u>	Skilled (SNF)	<u>202</u>	<u>73,730</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>202</u>	TOTALS	<u>202</u>	<u>73,730</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>34,338</u>	<u>3,207</u>	<u>3,580</u>	<u>41,125</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>34,338</u>	<u>3,207</u>	<u>3,580</u>	<u>41,125</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 55.78%

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 10/1/2005

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

YES ☒ Date 10/1/2005 NO ☐

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

YES ☒ NO ☐ If YES, enter number of beds certified 202 and days of care provided 3,258

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 Timbercreek Reh & Hlth C Ctr # 0047522 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	205,092	40,377		245,469		245,469	8,447	253,916			1
2	Food Purchase		288,143		288,143		288,143	(5,412)	282,731			2
3	Housekeeping	194,061	45,413		239,474		239,474	147	239,621			3
4	Laundry	45,312	13,880		59,192		59,192		59,192			4
5	Heat and Other Utilities			172,559	172,559		172,559	492	173,051			5
6	Maintenance	55,096	27,594	40,992	123,682		123,682	6,070	129,752			6
7	Other (specify):* Home Office Ben. Allocation											7
8	TOTAL General Services	499,561	415,407	213,551	1,128,519		1,128,519	9,744	1,138,263			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	1,960,829	250,240	58,989	2,270,058		2,270,058	(839)	2,269,219			10
10a	Therapy		806	581,153	581,959		581,959		581,959			10a
11	Activities	110,005		85	110,090		110,090	(6,688)	103,402			11
12	Social Services	36,668			36,668		36,668		36,668			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Home Office Ben. Allocation											15
16	TOTAL Health Care and Programs	2,107,502	251,046	649,227	3,007,775		3,007,775	(7,527)	3,000,248			16
	C. General Administration											
17	Administrative	3,045		443,500	446,545		446,545	(373,250)	73,295			17
18	Directors Fees											18
19	Professional Services			4,882	4,882		4,882	48,591	53,473			19
20	Dues, Fees, Subscriptions & Promotions			13,673	13,673		13,673	399	14,072			20
21	Clerical & General Office Expenses	50,523	8,688	31,419	90,630		90,630	101,975	192,605			21
22	Employee Benefits & Payroll Taxes			351,018	351,018		351,018	55,065	406,083			22
23	Inservice Training & Education			2,600	2,600		2,600	189	2,789			23
24	Travel and Seminar							92	92			24
25	Other Admin. Staff Transportation			11,316	11,316		11,316	7,747	19,063			25
26	Insurance-Prop.Liab.Malpractice			48,740	48,740		48,740	36,541	85,281			26
27	Other (specify):* Home Office Ben. Allocation											27
28	TOTAL General Administration	53,568	8,688	907,148	969,404		969,404	(122,651)	846,753			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,660,631	675,141	1,769,926	5,105,698		5,105,698	(120,434)	4,985,264			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			1,044	1,044		1,044	242,235	243,279			30
31	Amortization of Pre-Op. & Org.							13,397	13,397			31
32	Interest							190,250	190,250			32
33	Real Estate Taxes							60,879	60,879			33
34	Rent-Facility & Grounds			421,381	421,381		421,381	(421,381)				34
35	Rent-Equipment & Vehicles			120,342	120,342		120,342	1,772	122,114			35
36	Other (specify):*											36
37	TOTAL Ownership			542,767	542,767		542,767	87,152	629,919			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		136,458		136,458		136,458		136,458			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			340,132	340,132		340,132		340,132			42
43	Other (specify):*		163	145,597	145,760		145,760	(145,760)				43
44	TOTAL Special Cost Centers		136,621	485,729	622,350		622,350	(145,760)	476,590			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,660,631	811,762	2,798,422	6,270,815		6,270,815	(179,042)	6,091,773			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	(5,565)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,989)	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	1,017	30		9
10	Interest and Other Investment Income	(954)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(464)	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	(54,824)	43		18
19	Entertainment				19
20	Contributions	(500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(54,000)	43		24
25	Fund Raising, Advertising and Promotional	(6,129)	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	(25,463)	Various		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (159,871)		\$	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)	(39,435)	Various	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (39,435)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (199,306)		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	\$ (8,035)	43	1
2	X-Rays-Part A	(6,636)	43	2
3	Offset Transportation Revenue	(6,688)	11	3
4	Disallowed Special Events	(2,183)	43	4
5	Offset Miscellaneous Office Supplies Revenue	(332)	21	5
6	Disallowed Chamber of Commerce Dues	(500)	20	6
7	Offset Miscellaneous Nursing Supplies	(1,089)	10	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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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	(25,463)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Timbercreek Reh & Hlth C Ctr# 0047522

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	8,098	0	0	0	0	0	0	0	0	0	8,098	1
2	Food Purchase	(5,565)	13	0	0	0	0	0	0	0	0	0	(5,552)	2
3	Housekeeping	0	64	0	0	0	0	0	0	0	0	0	64	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	466	0	0	0	0	0	0	0	0	0	466	5
6	Maintenance	0	3,212	0	0	1,458	0	0	0	0	0	0	4,670	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(5,565)	11,853	0	0	1,458	0	0	0	0	0	0	7,746	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	(1,089)	247	0	0	0	0	0	0	0	0	0	(842)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(6,688)	0	0	0	0	0	0	0	0	0	0	(6,688)	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	(7,777)	247	0	0	0	0	0	0	0	0	0	(7,530)	16
	C. General Administration													
17	Administrative	0	(373,250)	0	0	0	0	0	0	0	0	0	(373,250)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	14,325	0	22,759	4,320	0	0	0	0	0	0	41,404	19
20	Fees, Subscriptions & Promotions	(500)	0	257	0	0	0	0	0	0	0	0	(243)	20
21	Clerical & General Office Expenses	(332)	0	90,793	0	3,828	0	0	0	0	0	0	94,289	21
22	Employee Benefits & Payroll Taxes	0	0	60,719	0	0	0	0	0	0	0	0	60,719	22
23	Inservice Training & Education	0	0	625	0	0	0	0	0	0	0	0	625	23
24	Travel and Seminar	0	0	142	0	0	0	0	0	0	0	0	142	24
25	Other Admin. Staff Transportation	0	0	6,373	0	0	0	0	0	0	0	0	6,373	25
26	Insurance-Prop.Liab.Malpractice	0	0	979	0	35,450	0	0	0	0	0	0	36,429	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(832)	(358,925)	159,888	22,759	43,598	0	0	0	0	0	0	(133,512)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(14,174)	(346,825)	159,888	22,759	45,056	0	0	0	0	0	0	(133,296)	29

Summary B

12/31/2016

	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)
	Depreciation	1,017	0	14,544	2,748	216,678	0	0	0	0	0	0	234,987
	Amortization of Pre-Op. & Org.	0	0	0	5,036	8,361	0	0	0	0	0	0	13,397
	Interest	(954)	0	469	34,295	156,269	0	0	0	0	0	0	190,079
	Real Estate Taxes	0	0	1,061	0	60,377	0	0	0	0	0	0	61,438
	Rent-Facility & Grounds	0	0	0	0	(421,381)	0	0	0	0	0	0	(421,381)
	Rent-Equipment & Vehicles	0	0	1,230	0	0	0	0	0	0	0	0	1,230
	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL Ownership	63	0	17,304	42,079	20,304	0	0	0	0	0	0	79,750
	Ancillary Expense												
	E. Special Cost Centers												
	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0
	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0
	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0
	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0
	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0
	Other (specify):*	(145,760)	0	0	0	0	0	0	0	0	0	0	(145,760)
	TOTAL Special Cost Centers	(145,760)	0	0	0	0	0	0	0	0	0	0	(145,760)
	GRAND TOTAL COST												
	(sum of lines 29, 37 & 44)	(159,871)	(346,825)	177,192	64,838	65,360	0	0	0	0	0	0	(199,306)

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%	\$ 8,098	\$ 8,098	1
2	V	2	Food		Petersen Health Care Management, Inc.	100.00%	13	13	2
3	V	3	Housekeeping		Petersen Health Care Management, Inc.	100.00%	64	64	3
4	V	5	Utilities		Petersen Health Care Management, Inc.	100.00%	466	466	4
5	V	6	Maintenance		Petersen Health Care Management, Inc.	100.00%	3,212	3,212	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%	247	247	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	443,500	Petersen Health Care Management, Inc.	100.00%	70,250	(373,250)	11
12	V	19	Professional Services		Petersen Health Care Management, Inc.	100.00%	14,325	14,325	12
13	V								13
14	Total			\$ 443,500			\$ 96,675	\$ * (346,825)	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.

☒ 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	20	Dues, Fees, Subs & Promotions	\$	Petersen Health Care Management, Inc.	100.00%	\$ 257	\$ 257	15
16	V	21	Clerical and General Office		Petersen Health Care Management, Inc.	100.00%	90,793	90,793	16
17	V	22	Employee Benefits and Payroll Taxes		Petersen Health Care Management, Inc.	100.00%	60,719	60,719	17
18	V	23	Inservice Training & Education		Petersen Health Care Management, Inc.	100.00%	625	625	18
19	V	24	Travel and Seminar		Petersen Health Care Management, Inc.	100.00%	142	142	19
20	V	25	Other Admin. Staff Transport.		Petersen Health Care Management, Inc.	100.00%	6,373	6,373	20
21	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Care Management, Inc.	100.00%	979	979	21
22	V	27	Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		22
23	V	30	Depreciation		Petersen Health Care Management, Inc.	100.00%	14,544	14,544	23
24	V	32	Interest		Petersen Health Care Management, Inc.	100.00%	469	469	24
25	V	33	Real Estate Taxes		Petersen Health Care Management, Inc.	100.00%	1,061	1,061	25
26	V	35	Rent-Equipment & Vehicles		Petersen Health Care Management, Inc.	100.00%	1,230	1,230	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			\$			\$ 177,192	\$ * 177,192	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	1	Dietary	\$	Petersen Health Operations, LLC	100.00%	\$ 0	\$	15
16	V	2	Food		Petersen Health Operations, LLC	100.00%	0		16
17	V	3	Housekeeping		Petersen Health Operations, LLC	100.00%	0		17
18	V	4	Laundry		Petersen Health Operations, LLC	100.00%	0		18
19	V	5	Utilities		Petersen Health Operations, LLC	100.00%	0		19
20	V	6	Maintenance		Petersen Health Operations, LLC	100.00%	0		20
21	V	7	Mgmt. Allocation of Benefits		Petersen Health Operations, LLC	100.00%	0		21
22	V	10	Nursing and Medical Records		Petersen Health Operations, LLC	100.00%	0		22
23	V	15	Mgmt. Allocation of Benefits		Petersen Health Operations, LLC	100.00%	0		23
24	V	17	Administrative		Petersen Health Operations, LLC	100.00%	0		24
25	V	19	Professional Services		Petersen Health Operations, LLC	100.00%	22,759	22,759	25
26	V	20	Dues, Fees, Subs & Promotions		Petersen Health Operations, LLC	100.00%	0		26
27	V	21	Clerical and General Office		Petersen Health Operations, LLC	100.00%	0		27
28	V	22	Employee Benefits & Payroll		Petersen Health Operations, LLC	100.00%	0		28
29	V	23	Inservice Training & Education		Petersen Health Operations, LLC	100.00%	0		29
30	V	24	Travel and Seminar		Petersen Health Operations, LLC	100.00%	0		30
31	V	25	Other Admin. Staff Transport.		Petersen Health Operations, LLC	100.00%	0		31
32	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Operations, LLC	100.00%	0		32
33	V	30	Depreciation		Petersen Health Operations, LLC	100.00%	2,748	2,748	33
34	V	31	Amortization		Petersen Health Operations, LLC	100.00%	5,036	5,036	34
35	V	32	Interest		Petersen Health Operations, LLC	100.00%	34,295	34,295	35
36	V	33	Real Estate Taxes		Petersen Health Operations, LLC	100.00%	0		36
37	V	34	Rent-Facility and Grounds		Petersen Health Operations, LLC	100.00%	0		37
38	V	35	Rent-Equipment & Vehicles		Petersen Health Operations, LLC	100.00%	0		38
39	Total			\$			\$ 64,838	\$ * 64,838	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	6	Mainteance	\$	Timbercreek Land, LLC	100.00%	\$ 1,458	\$	1,458
16	V	19	Professional Services	\$	Timbercreek Land, LLC	100.00%	4,320		4,320
17	V	21	Equipment		Timbercreek Land, LLC	100.00%	3,828		3,828
18	V	26	Insurance-Property		Timbercreek Land, LLC	100.00%	8,866		8,866
19	V	26	Insurance-Mortgage Insurance		Timbercreek Land, LLC	100.00%	26,584		26,584
20	V	30	Depreciation		Timbercreek Land, LLC	100.00%	216,678		216,678
21	V	31	Amortization		Timbercreek Land, LLC	100.00%	8,361		8,361
22	V	32	Interest	1,200	Timbercreek Land, LLC	100.00%	157,469		156,269
23	V	33	Real Estate Taxes		Timbercreek Land, LLC	100.00%	60,377		60,377
24	V	34	Rent-Income and Grounds	421,381	Timbercreek Land, LLC	100.00%	0		(421,381)
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			\$ 422,581			\$ 487,941	\$ *	65,360

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

Facility Name & ID Number

Timbercreek Reh & Hlth C Ctr

0047522

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

Timbercreek Reh & Hlth C Ctr

0047522

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

Timbercreek Reh & Hlth C Ctr

0047522

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

Timbercreek Reh & Hlth C Ctr

0047522

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 Timbercreek Reh & Hlth C Ctr # 0047522 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 Timbercreek Reh & Hlth C Ctr# 0047522

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	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary		Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units		
1	1	Dietary	Resident Days	1,529,234	75	\$ 301,135	\$ 332,773	41,125	\$ 8,098	1
2	2	Food	Resident Days	1,529,234	75	480	0	41,125	13	2
3	3	Housekeeping	Resident Days	1,529,234	75	2,362	2,687	41,125	64	3
4	5	Utilities	Resident Days	1,529,234	75	17,327	0	41,125	466	4
5	6	Maintenance	Resident Days	1,529,234	75	119,427	100,000	41,125	3,212	5
6	7	Mgmt. Allocation of Benefits	Resident Days	1,529,234	75	0	0	41,125	0	6
7	9	Medical Director	Resident Days	1,529,234	75	0	0	41,125	0	7
8	10	Nursing and Medical Records	Resident Days	1,529,234	75	9,192	2,054,132	41,125	247	8
9	10A	Therapy	Resident Days	1,529,234	75	0	0	41,125	0	9
10	15	Mgmt. Allocation of Benefits	Resident Days	1,529,234	75	0	0	41,125	0	10
11	17	Administrative	Resident Days	1,529,234	75	4,799,018	5,404,166	41,125	70,250	11
12	19	Professional Services	Resident Days	1,529,234	75	532,666	0	41,125	14,325	12
13	20	Dues, Fees, Subs & Promotions	Resident Days	1,529,234	75	9,548	0	41,125	257	13
14	21	Clerical and General Office	Resident Days	1,529,234	75	3,376,139	3,458,155	41,125	90,793	14
15	22	Employee Benefits and Payroll Ta	Resident Days	1,529,234	75	2,257,824	0	41,125	60,719	15
16	23	Inservice Training & Education	Resident Days	1,529,234	75	23,223	0	41,125	625	16
17	24	Travel and Seminar	Resident Days	1,529,234	75	5,279	0	41,125	142	17
18	25	Other Admin. Staff Transport.	Resident Days	1,529,234	75	236,965	0	41,125	6,373	18
19	26	Insurance-Prop./Liab./Malprac.	Resident Days	1,529,234	75	36,398	0	41,125	979	19
20	27	Mgmt. Allocation of Benefits	Resident Days	1,529,234	75	0	0	41,125	0	20
21	30	Depreciation	Resident Days	1,529,234	75	540,826	0	41,125	14,544	21
22	32	Interest	Resident Days	1,529,234	75	17,439	0	41,125	469	22
23	33	Real Estate Taxes	Resident Days	1,529,234	75	39,471	0	41,125	1,061	23
24	35	Rent-Equipment & Vehicles	Resident Days	1,529,234	75	45,727	0	41,125	1,230	24
25	TOTALS					\$ 12,370,446	\$ 11,351,913		\$ 273,867	25

Facility Name & ID Number Timbercreek Reh & Hlth C Ctr# 0047522

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 Operations, 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 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	197,666	9	\$	\$	41,125	\$	1
2	2	Food	Resident Days	197,666	9			41,125		2
3	3	Housekeeping	Resident Days	197,666	9			41,125		3
4	4	Laundry	Resident Days	197,666	9			41,125		4
5	5	Utilities	Resident Days	197,666	9			41,125		5
6	6	Maintenance	Resident Days	197,666	9			41,125		6
7	7	Mgmt. Allocation of Benefits	Resident Days	197,666	9			41,125		7
8	10	Nursing and Medical Records	Resident Days	197,666	9			41,125		8
9	15	Mgmt. Allocation of Benefits	Resident Days	197,666	9			41,125		9
10	17	Administrative	Resident Days	197,666	9			41,125		10
11	19	Professional Services	Resident Days	197,666	9	109,392		41,125	22,759	11
12	20	Dues, Fees, Subs & Promotions	Resident Days	197,666	9			41,125		12
13	21	Clerical and General Office	Resident Days	197,666	9			41,125		13
14	22	Employee Benefits & Payroll	Resident Days	197,666	9			41,125		14
15	23	Inservice Training & Education	Resident Days	197,666	9			41,125		15
16	24	Travel and Seminar	Resident Days	197,666	9			41,125		16
17	25	Other Admin. Staff Transport.	Resident Days	197,666	9			41,125		17
18	26	Insurance-Prop./Liab./Malprac.	Resident Days	197,666	9			41,125		18
19	30	Depreciation	Resident Days	197,666	9	13,207		41,125	2,748	19
20	31	Amortization	Resident Days	197,666	9	24,205		41,125	5,036	20
21	32	Interest	Resident Days	197,666	9	164,836		41,125	34,295	21
22	33	Real Estate Taxes	Resident Days	197,666	9			41,125		22
23	34	Rent-Facility and Grounds	Resident Days	197,666	9			41,125		23
24	35	Rent-Equipment & Vehicles	Resident Days	197,666	9			41,125		24
25	TOTALS					\$ 311,640	\$		\$ 64,838	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	Capital Finance		X	Mortgage	Varies	9/15/14	\$ 4,222,400	\$ 4,053,264	12/31/34	Varies	\$ 157,469	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 4,222,400	\$ 4,053,264			\$ 157,469	9	
	B. Non-Facility Related*												
10								Interest Income Offset			(2,154)	10	
11								Home Office Allocation-PHO			34,295	11	
12								Home Office Allocation-PHCM			640	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 32,781	14	
15	TOTALS (line 9+line14)						\$ 4,222,400	\$ 4,053,264			\$ 190,250	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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2015 report.			\$	110,688	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.)			\$	84,269	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(26,419)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	86,796	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.				502	
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.			\$	60,879	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	97,105	8		
	2012	105,183	9		
	2013	105,064	10		
	2014	107,463	11		
	2015	84,269	12		
Accrual based on prior year tax bill.					

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 Timbercreek Reh & Hlth C Ctr COUNTY Tazewell

FACILITY IDPH LICENSE NUMBER 0047522

CONTACT PERSON REGARDING THIS REPORT MIKE KOCHER

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

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.

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.)

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.**

A. Square Feet:

B. General Construction Type:

Exterior Brick

Frame

Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

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:

250,839

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

20

3. Current Period Amortization:

13,397

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	334,995	2005	\$ 220,500	1
2					2
3	TOTALS	334,995		\$ 220,500	3

Facility Name & ID Number Timbercreek Reh & Hlth C Ctr

0047522

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	202		2005	1974	\$ 4,040,000	\$	25	\$ 161,600	\$ 161,600	\$ 1,858,400	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Original Land Improvements			2005	15,000		15	1,000	1,000	11,500	9
10	Nurses Station			2006	33,290		25	1,332	1,332	13,986	10
11	J.C. Painting			2006	10,951		5			10,951	11
12	G-M Mechanical of Canton, Inc			2006	4,998		15	333	333	3,497	12
13	Sidewalks			2007	12,569		15	838	838	7,961	13
14	Carpeting			2007	2,909		5			2,909	14
15	Roof Top Air Conditioner			2007	2,500		15	167	167	1,586	15
16	Kitchen Suppression System			2007	2,701		15	180	180	1,710	16
17	Wiring for Generator-Nurses Station			2007	2,910		15	194	194	1,843	17
18	Remodel Hallways			2007	9,177		15	612	612	5,814	18
19	Generator			2007	20,130		15	1,342	1,342	12,749	19
20	Air Conditioner			2007	4,578		15	305	305	3,935	20
21	Roof Repairs			2008	7,086		25	284	284	2,414	21
22	Rooftop Unit			2008	5,600		15	374	374	3,179	22
23	Painting of B & C Wings			2008	9,337		39	240	240	2,040	23
24	Grease Seperator			2008	6,127		7			6,127	24
25	Roof Repairs			2008	3,953		39	102	102	867	25
26	Water Heater			2008	9,500		5			9,500	26
27	Plumbing Repair			2008	6,013		20	300	300	2,550	27
28	Water & Drain Line			2008	6,200		39	158	158	1,343	28
29	Compressor Install (2)			2008	9,484		15	632	632	5,381	29
30	Roof Repairs			2008	2,607		15	174	174	1,479	30
31	Sprinkler System Installment			2009	130,800		25	5,232	5,232	39,240	31
32	Removal and Cap of Water Line			2009	5,692		7	401	401	5,692	32
33	Roof Installation			2009	78,359		20	3,918	3,918	29,385	33
34	Parking Lot Resurfacing			2009	52,100		15	3,474	3,474	26,055	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 Timbercreek Reh & Hlth C Ctr

0047522

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	
37	Water Heater	2010	\$ 5,385	\$	10	\$ 538	\$ 538	\$ 3,497	37
38	Roof Replacement	2010	89,845		20	4,492	4,492	29,198	38
39	Water Filtration System	2011	3,636		7	520	520	2,860	39
40	Completion of 2010 Roof	2011	13,568		25	542	542	2,981	40
41	Nurses Station Remodel	2011	16,804		20	840	840	4,620	41
42	Air Conditioning Unit	2012	22,800		15	1,520	1,520	6,840	42
43	Call Station Repairs	2013	8,360		7	1,194	1,194	4,179	43
44	Water Heater	2013	5,782		7	826	826	2,891	44
45	Nurses Station Remodel Completion	2013	4,518		15	302	302	1,057	45
46	Patio and Sidewalk Replacement	2013	15,489		15	1,032	1,032	3,612	46
47	Roof Replacement	2013	160,330		25	6,414	6,414	22,449	47
48	Retaining Wall	2013	7,319		15	488	488	1,708	48
49	Alarm System Panel Replacement	2013	2,582		7	368	368	1,288	49
50	A/C Unit Rooftop	2014	7,690		15	513	513	1,283	50
51	Nurse Station Replacement	2014	15,741		15	1,049	1,049	2,623	51
52	A/C Unit	2014	6,550		15	437	437	1,093	52
53	Water Heater	2015	6,520		7	932	932	1,398	53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63	Land Improvements Booked			5,833			(5,833)		63
64	Building Booked			161,699			(161,699)		64
65	Building Improvement Booked			36,955			(36,955)		65
66									66
67	2016-Home Office Allocation-Building Improvements		18,157			436	436		67
68	2016-Home Office Allocation-Land Improvements		1,671			108	108		68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,907,318	\$ 204,487		\$ 205,743	\$ 1,256	\$ 2,165,670	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	\$ 127,399	\$ 12,716	\$ 12,502	\$ (214)	5-10 yrs.	\$ 70,610	71
72	Current Year Purchases	14,531	519	1,038	519	7 yrs.	1,038	72
73	Fully Depreciated Assets	779,782					779,782	73
74	Home Office Allocation			23,996	23,996			74
75	TOTALS	\$ 921,712	\$ 13,235	\$ 37,536	\$ 24,301		\$ 851,430	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)	\$ 6,049,530	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 217,722	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 243,279	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 25,557	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,017,100	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	Timbercreek Reh & Hlth C Ctr
--------------------------------------	---

0047522

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: \$ 110,206 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	2015 Ford E-150 Van	\$ 992.33	\$ 11,908	17
18					18
19					19
20					20
21	TOTAL		\$ 992.33	\$ 11,908	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.**

Timbercreek Reh & Hlth C Ctr
0047522

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	\$ 100,686
Dishwasher	704
Copier	7,044
Home Office Allocation	<u>1,772</u>
	<u><u>110,206</u></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	\$	15,669	\$ 235,035	\$	15,669	\$ 235,035	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		4,476	67,144		4,476	67,144	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		18,598	278,974	806	18,598	279,780	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				136,458		136,458	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	38,743	\$ 581,153	\$ 137,264	38,743	\$ 718,417	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	\$ 144,574	\$ 144,574	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 168,784)	2,504,496	2,504,496	3
4	Supply Inventory (priced at Cost)	23,194	23,194	4
5	Short-Term Investments			5
6	Prepaid Insurance	57,125	79,711	6
7	Other Prepaid Expenses		34,853	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Sec Dep, Employee Edu. Loan	4,747	4,747	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,734,136	\$ 2,791,575	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		220,500	13
14	Buildings, at Historical Cost		4,058,157	14
15	Leasehold Improvements, at Historical Cost	7,871	849,161	15
16	Equipment, at Historical Cost	14,531	921,712	16
17	Accumulated Depreciation (book methods)	(1,831)	(3,017,100)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		250,839	19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs		(18,813)	20
21	Restricted Funds		435,006	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,571	\$ 3,699,462	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,754,707	\$ 6,491,037	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 997,647	\$ 997,647	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	133,374	133,374	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	63,625	63,625	31
32	Accrued Real Estate Taxes(Sch.IX-B)		86,796	32
33	Accrued Interest Payable		13,004	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll Withholdings	549,047	549,047	36
37	Accrued Management Fees	(115,720)	(115,720)	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,627,973	\$ 1,727,773	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,053,264	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Intercompany Loans	(64,289)	(155,269)	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (64,289)	\$ 3,897,995	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,563,684	\$ 5,625,768	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,191,023	\$ 865,269	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,754,707	\$ 6,491,037	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 116,640	1
2	Restatements (describe):		2
3	Prior Period Adjustments Made After Cost Report Was Filed	(24,747)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 91,893	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	965,944	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	133,186	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)	\$ 1,099,130	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,191,023	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Timbercreek Reh & Hlth C Ctr

0047522

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	\$ 6,378,504	1
2	Discounts and Allowances for all Levels	(437,248)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,941,256	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,033,115	6
7	Oxygen	3,769	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,036,884	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	5,565	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	208,647	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	15,615	20
21	Other Medical Services	17,655	21
22	Laundry	2,074	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 249,556	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	954	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 954	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Transportation Revenue</u>	6,688	28
28a	<u>Miscellaneous Revenue</u>	1,421	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,109	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,236,759	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,128,519	31
32	Health Care	3,007,775	32
33	General Administration	969,404	33
	B. Capital Expense		
34	Ownership	542,767	34
	C. Ancillary Expense		
35	Special Cost Centers	282,218	35
36	Provider Participation Fee	340,132	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,270,815	40
41	Income before Income Taxes (line 30 minus line 40)**	965,944	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 965,944	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 4,814,825	44
45	Private Pay - Net Inpatient Revenue	495,551	45
46	Medicare - Net Inpatient Revenue	557,892	46
47	Other-(specify) <u>Veterans -Net Patient Revenue</u>	55,112	47
48	Other-(specify) <u>Insurance -Net Patient Revenue</u>	17,876	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,941,256	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.

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	2,215	2,280	\$ 50,663	\$ 22.22	1
2	Assistant Director of Nursing	1,750	1,845	40,558	21.98	2
3	Registered Nurses	3,627	3,644	105,935	29.07	3
4	Licensed Practical Nurses	30,080	30,611	682,018	22.28	4
5	CNAs & Orderlies	83,443	86,116	982,138	11.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,093	2,093	37,163	17.76	9
10	Activity Assistants	2,017	2,017	31,474	15.60	10
11	Social Service Workers	2,589	2,589	36,668	14.16	11
12	Dietician					12
13	Food Service Supervisor	2,090	2,090	39,879	19.08	13
14	Head Cook					14
15	Cook Helpers/Assistants	14,667	15,240	165,213	10.84	15
16	Dishwashers					16
17	Maintenance Workers	4,828	4,976	55,096	11.07	17
18	Housekeepers	20,090	20,770	194,061	9.34	18
19	Laundry	4,303	4,638	45,312	9.77	19
20	Administrator	2,080	2,080	73,295	35.24	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	3,812	3,812	50,523	13.25	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	401	401	8,124	20.26	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care <u>CPC</u>	3,316	3,319	91,393	27.54	32
33	Other(specify) <u>Transportation</u>	3,015	3,317	41,368	12.47	33
34	TOTAL (lines 1 - 33)	186,416	191,838	\$ 2,730,881 *	\$ 14.24	34

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		\$	L1, C3	35
36	Medical Director	Monthly	9,000	L9,C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	9,057	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	6	347		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)	6	\$ 18,404		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,319	\$ 46,018	L10, C3	50
51	Licensed Practical Nurses	17	507	L10, C3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,336	\$ 46,525		53

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Lisa McCoy	Administrator	0	\$ 70,250
Steven Richter	Administrator	0	3,045
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 73,295
B. Administrative - Other			
Description			Amount
Management Fees-See Page 6, Eliminated on P 3, C 7			\$ 443,500
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 443,500
C. Professional Services			
Vendor/Payee	Type		Amount
E-Health Data Solutions	Computer Services		\$ 4,190
Comcast	Computer Services		1,593
Capitol Finance Group	Refund of Refinancing Fee		(4,320)
Honkamp Krueger & Co.	Accounting Fees		1,335
Tazewell County Circuit Clerk	Filing Fees		40
CSE Software	Computer Services		306
US Dept of Labor	Legal Fees		1,612
ProTitle	Legal Fees		96
Woodford Co Circuit Clerk	Legal Fees		30
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 4,882
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance			\$ 69,198
Unemployment Compensation Insurance			70,308
FICA Taxes			201,002
Employee Health Insurance			8,781
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Employee Relations			1,729
Home Office Allocation			55,065
TOTAL (agree to Schedule V, line 22, col.8)			\$ 406,083
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
			\$
N/A			
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee			\$ 1,990
Advertising: Employee Recruitment			1,355
Health Care Worker Background Check (Indicate # of checks performed 123)			1,570
Patient Background Checks 46			581
Miscellaneous Licenses & Permits			1,160
Miscellaneous Dues & Subscriptions			7,017
Home Office Allocation			899
Less: Public Relations Expense			(500)
Non-allowable advertising			()
Yellow page advertising			()
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 14,072
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel			\$
In-State Travel			
Seminar Expense			
Home Office Allocation			92
Entertainment Expense			()
TOTAL (agree to Sch. V, line 24, col. 8)			\$ 92

*** Attach copy of IMRF notifications**

****See instructions.**

Timbercreek Reh & Hlth C Ctr
0047522

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)		4,882
Home Office Allocation		
Lucie, Scalf, and Bougher	Legal	96
Miscellaneous	Legal	33
Miller Hall and Triggs	Legal	166
Healthcare Resources International	Legal	829
Hunziker Law	Legal	198
Lexis Nexis	Legal	17
Illinois Secretary of State	Legal	57
Lane and Waterman	Legal	339
Quinn and Johnston	Legal	1,504
Peoria County Recorder	Legal	42
Capital Finance Group	Legal	250
CliftonLarson Allen	Accountants	862
Ginoli & Co.	Accountants	11,987
Capital Finance Group	Accountants	6,769
Miscellaneous	Computer Services	109
Change Healthcare	Computer Services	16
PTC Select	Computer Services	10
Advanced Answers on Demand	Computer Services	7,573
Stratus Networks	Computer Services	771
Kemper Technology	Computer Services	508
AT&T	Computer Services	11
Ability Network	Computer Services	3,229
CIAN	Computer Services	385
Comcast	Computer Services	63
CCH	Computer Services	25
Charter Communications	Computer Services	75
Allscripts	Computer Services	1,126
ATS	Computer Services	508
Allpayer Exchange	Computer Services	26
Optimizer	Other Prof Fees	78
Ankura	Other Prof Fees	588
David Budde	Other Prof Fees	67
Bruner, Cooper, Zuck	Other Prof Fees	171
Marotta, Gund, Budd, Dzerda	Other Prof Fees	10,004
Professional Software and Services	Other Prof Fees	42
Hughes Valuation Services	Other Prof Fees	53
Alan Litwiller	Other Prof Fees	4

Total (agree to Schedule V, line 19, column 8)	<u>53,473</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?
If YES, give association name and amount.

Yes
IHCA \$6517
- (3)

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

No
N/A
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A
- (5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
7 yrs.
- (6)

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

\$ 40,186 Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes
- (8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
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.
This amount is to be recorded on line 42 of Schedule V.

\$ 340,132
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

- (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?
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.

No
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 0
Yes
Indicate the amount. \$ 5,565
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

Yes
\$ 6,688

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

No
\$ N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

Yes
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.
Attach invoices and a summary of services for all architect and appraisal fees

No

RECONCILIATION REPORT		Timbercreek Reh & Hltd		12:52 PM	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	-199,306	equal to	-179,042	-20,264	FAILED	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	190,250	equal to	190,250	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	60,879	equal to	60,879	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	13,397	equal to	13,397	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	243,279	equal to	243,279	0	O.K.	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	122,114	equal to	122,114	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	581,959	equal to	581,959	0	O.K.	Pg16 Z12+Z14..	N/A,B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	137,264	equal to	137,264	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,128,519	equal to	1,128,519	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	3,007,775	equal to	3,007,775	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	969,404	equal to	969,404	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	542,767	equal to	542,767	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	282,218	equal to	282,218	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..,H24+I	N/A	38to41+43	4
Income Stat. Prov. Partic.	340,132	equal to	340,132	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,960,829	equal to	1,960,829	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	110,005	equal to	110,005	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	36,668	equal to	36,668	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	205,092	equal to	205,092	0	O.K.	Pg20 K22..,K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	55,096	equal to	55,096	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	194,061	equal to	194,061	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	45,312	equal to	45,312	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	73,295	equal to	73,295	0	O.K.	Pg20 K30..,K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	50,523	equal to	50,523	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	2,730,881	equal to	2,660,631	70,250	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	9,000	< or = to	9,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	55,929	< or = to	58,989	-3,060	O.K.	Pg20 X14..,X16+	B. & C.	7to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	85	-85	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.	73,295	equal to	73,295	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	443,500	equal to	443,500	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	4,882	equal to	4,882	0	FAILED	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	406,083	equal to	406,083	0	FAILED	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	14,072	equal to	14,072	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	92	equal to	92	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	340,132	equal to	340,132	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	3,258	equal to	3,580	-322	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-39,435	equal to	-39,435	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4I	B.	14	8
Total loan balance	4,053,264	equal to	4,053,264	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	86,796	equal to	86,796	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	220,500	equal to	220,500	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	4,907,318	equal to	4,907,318	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	921,712	equal to	921,712	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,017,100	equal to	3,017,100	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,191,023	equal to	1,191,023	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	965,944	equal to	965,944	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	2,754,707	equal to	2,754,707	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	Adjusted Total
1. Dietary	205,092	40,377	0	245,469	0	245,469	8,447	253,916
2. Food Purchase	0	288,143	0	288,143	0	288,143	-5,412	282,731
3. Housekeeping	194,061	45,413	0	239,474	0	239,474	147	239,621
4. Laundry	45,312	13,880	0	59,192	0	59,192	0	59,192
5. Heat and Other Utilities	0	0	172,559	172,559	0	172,559	492	173,051
6. Maintenance	55,096	27,594	40,992	123,682	0	123,682	6,070	129,752
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	499,561	415,407	213,551	1,128,519	0	1,128,519	9,744	#####
9. Medical Director	0	0	9,000	9,000	0	9,000	0	9,000
10. Nursing & Medical Records	1,960,829	250,240	58,989	2,270,058	0	2,270,058	-839	#####
10a. Therapy	0	806	581,153	581,959	0	581,959	0	581,959
11. Activities	110,005	0	85	110,090	0	110,090	-6,688	103,402
12. Social Services	36,668	0	0	36,668	0	36,668	0	36,668
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	2,107,502	251,046	649,227	3,007,775	0	3,007,775	-7,527	#####
17. Administrative	3,045	0	443,500	446,545	0	446,545	-373,250	73,295
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	4,882	4,882	0	4,882	48,591	53,473
20. Fees, Subscriptions & Promotion	0	0	13,673	13,673	0	13,673	399	14,072
21. Clerical & General Office	50,523	8,688	31,419	90,630	0	90,630	101,975	192,605
22. Employee Benefits & Payroll	0	0	351,018	351,018	0	351,018	55,065	406,083
23. Inservice Training & Education	0	0	2,600	2,600	0	2,600	189	2,789
24. Travel and Seminar	0	0	0	0	0	0	92	92
25. Other Admin. Staff Trans	0	0	11,316	11,316	0	11,316	7,747	19,063
26. Insurance-Prop.Liab.Malpractice	0	0	48,740	48,740	0	48,740	36,541	85,281
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	53,568	8,688	907,148	969,404	0	969,404	-122,651	846,753
29. Total General Administrative	2,660,631	675,141	1,769,926	5,105,698	0	5,105,698	-120,434	#####
30. Depreciation	0	0	1,044	1,044	0	1,044	242,235	243,279
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	13,397	13,397
32. Interest	0	0	0	0	0	0	190,250	190,250
33. Real Estate	0	0	0	0	0	0	60,879	60,879
34. Rent - Facility & Grounds	0	0	421,381	421,381	0	421,381	-421,381	0
35. Rent - Equipment & Vehicles	0	0	120,342	120,342	0	120,342	1,772	122,114
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	542,767	542,767	0	542,767	87,152	629,919
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	136,458	0	136,458	0	136,458	0	136,458
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	340,132	340,132	0	340,132	0	340,132
43. Other (specify):*	0	163	145,597	145,760	0	145,760	-145,760	0
44. Total Special Cost Ce	0	136,621	485,729	622,350	0	622,350	-145,760	476,590
45. Grand Total	2,660,631	811,762	2,798,422	6,270,815	0	6,270,815	-179,042	#####

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	144,574	144,574
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	2,504,496	2,504,496
4. Supply Inventory	23,194	23,194
5. Short-Term Investments	0	0
6. Prepaid Insurance	57,125	79,711
7. Other Prepaid Expenses	0	34,853
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	4,747	4,747
10. Total current assets	2,734,136	2,791,575
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	220,500
14. Buildings, at Historical Cost	0	4,058,157
15. Leasehold Improvements, Historical Cost	7,871	849,161
16. Equipment, at Historical Cost	14,531	921,712
17. Accumulated Depreciation (book methods)	-1,831	-3,017,100
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	250,839
20. Accum Amort - Org/Pre-Op Costs	0	-18,813
21. Restricted Funds	0	435,006
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	20,571	3,699,462
25. Total Assets	2,754,707	6,491,037
CURRENT LIABILITIES		
26. Accounts Payable	997,647	997,647
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	133,374	133,374
31. Accrued Taxes Payable	63,625	63,625
32. Accrued Real Estate Taxes	0	86,796
33. Accrued Interest Payable	0	13,004
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	549,047	549,047
37. Other Current Liabilities (specify):	-115,720	-115,720
38. Total Current Liabilities	1,627,973	1,727,773
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	4,053,264
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	-64,289	-155,269
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	-64,289	3,897,995
46.Total Liabilities	1,563,684	5,625,768
47.Total Equity	1,191,023	865,269
48.Total Liabilities and Equity	2,754,707	6,491,037

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,378,504
2. Discounts and Allowances for all Levels	-437,248
Subtotal - Inpatient Care	5,941,256
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,033,115
7. Oxygen	3,769
Subtotal - Ancillary Revenue	1,036,884
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	5,565
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	208,647
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	15,615
21. Other Medical Services	17,655
22. Laundry	2,074
Subtotal - Other Operating Revenue	249,556
24. Contributions	0
25. Interest and Other Investments Income	954
Subtotal - Non-Operating Revenue	954
27. Other Revenue (specify):	6,688
28. Other Revenue (specify):	1,421
Subtotal - Other Revenue	8,109
30. Total Revenue	7,236,759
31. General Services	1,120,232
32. Health Care	3,085,803
33. General Administration	1,017,955
34. Ownership	550,560
35. Special Cost Centers	547,799
35. Provider Participation Fee	364,049
37. Other	0
40. Total Expenses	6,686,398
41. Income Before Income Taxes	550,361
42. Income Taxes	0
43. Net Income or Loss for the Year	550,361