

		FOR BHF USE					

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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

I. IDPH License ID Number: <u>0012864</u>					II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																				
Facility Name: <u>Pleasant View Luther Home</u>																																																									
Address: <u>505 College Avenue</u> <u>Ottawa</u> <u>61350</u>																																																									
Number City Zip Code																																																									
County: <u>LaSalle</u>																																																									
Telephone Number: <u>(815) 434-1130</u> Fax # <u>(815) 434-1135</u>																																																									
HFS ID Number: _____																																																									
Date of Initial License for Current Owners: <u>1/28/2013</u>																																																									
Type of Ownership:																																																									
<table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code _____</td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table>					☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☒	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code _____		☐	Corporation	☐	Other _____			☐	"Sub-S" Corp.					☐	Limited Liability Co.					☐	Trust					☐	Other _____							
☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL																																																				
☒	Charitable Corp.	☐	Individual	☐	State																																																				
☐	Trust	☐	Partnership	☐	County																																																				
IRS Exemption Code _____		☐	Corporation	☐	Other _____																																																				
		☐	"Sub-S" Corp.																																																						
		☐	Limited Liability Co.																																																						
		☐	Trust																																																						
		☐	Other _____																																																						
In the event there are further questions about this report, please contact:																																																									
Name: <u>Joshua S. Banach, CPA</u>																																																									
Telephone Number: <u>847-628-8784</u>																																																									
Email Address: _____																																																									
					<table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Type or Print Name) <u>Daniel Noonan</u></td></tr><tr><td>(Title) <u>CFO</u></td></tr><tr><td>(Signed) <u>Patrick McCormick</u></td></tr><tr><td>(Date) <u>12/1/2025</u></td></tr><tr><td>(Print Name and Title) <u>Patrick McCormick Partner</u></td></tr><tr><td rowspan="3"></td><td>(Firm Name & Address) <u>Plante & Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114</u></td></tr><tr><td>(Telephone) <u>(216) 274-6524</u> Fax # <u>(248) 233-7349</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 2200 Churchill Rd. Springfield, IL 62702-3406 Phone # (217) 782-1630</td></tr></table>					Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) <u>Daniel Noonan</u>	(Title) <u>CFO</u>	(Signed) <u>Patrick McCormick</u>	(Date) <u>12/1/2025</u>	(Print Name and Title) <u>Patrick McCormick Partner</u>		(Firm Name & Address) <u>Plante & Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114</u>	(Telephone) <u>(216) 274-6524</u> Fax # <u>(248) 233-7349</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 2200 Churchill Rd. Springfield, IL 62702-3406 Phone # (217) 782-1630																																			
Officer or Administrator of Provider	(Signed) _____																																																								
	(Date) _____																																																								
Paid Preparer	(Type or Print Name) <u>Daniel Noonan</u>																																																								
	(Title) <u>CFO</u>																																																								
	(Signed) <u>Patrick McCormick</u>																																																								
	(Date) <u>12/1/2025</u>																																																								
	(Print Name and Title) <u>Patrick McCormick Partner</u>																																																								
	(Firm Name & Address) <u>Plante & Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114</u>																																																								
	(Telephone) <u>(216) 274-6524</u> Fax # <u>(248) 233-7349</u>																																																								
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 2200 Churchill Rd. Springfield, IL 62702-3406 Phone # (217) 782-1630																																																								

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

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	90	Skilled (SNF)	90	32,850	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	90	TOTALS	90	32,850	7

B. Census-For the entire report period.

1

2

3

4

5

6

7

8

9

	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF	2,845	2,324	494		12,944	4,637	4,828	28,072	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	2,845	2,324	494		12,944	4,637	4,828	28,072	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.)

85.46%

D. How many bed reserve days during this year were paid by the Department?

None (Do not include bed reserve days in Section B.)

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

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 6/28/1937

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

YES ☐ Date 6/28/1937 NO ☒

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

YES ☒ NO ☐ If YES, enter certified beds.

number of certified beds 90

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒ NO ☐

Tax Year: 6/30/2025 Fiscal Year: 6/30/2025

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

Facility Name & ID Number		Pleasant View Luther Home				#	0012864	Report Period Beginning:		7/1/2024	Ending:		Page 3 6/30/2025
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	462,763	48,613	38,285	549,661		549,661	21,433	571,094			1	
2	Food Purchase		334,423		334,423		334,423	(29,091)	305,332			2	
3	Housekeeping	145,900	15,164	-	161,064		161,064	(413)	160,651			3	
4	Laundry	24,625	10,004	-	34,629	-	34,629	-	34,629			4	
5	Heat and Other Utilities			237,116	237,116		237,116	(9,874)	227,242			5	
6	Maintenance	117,213	17,567	147,118	281,898		281,898	10,564	292,462			6	
7	Other (specify):*	-	-	-	-		-	1,701	1,701			7	
8	TOTAL General Services	750,501	425,771	422,519	1,598,791	-	1,598,791	(5,680)	1,593,111			8	
	B. Health Care and Programs												
9	Medical Director	-	-	17,445	17,445		17,445	-	17,445			9	
10	Nursing and Medical Records	3,834,628	4,752	194,389	4,033,769		4,033,769	21,393	4,055,162			10	
10a	Therapy	-	-	-	-		-	-	-			10a	
11	Activities	89,527	17,622	1,548	108,697		108,697	-	108,697			11	
12	Social Services	67,478	2,616	5,261	75,355		75,355	-	75,355			12	
13	CNA Training	-	-	-	-		-	-	-			13	
14	Program Transportation	-	-	360	360		360	-	360			14	
15	Other (specify):*	-	-	-	-		-	1,689	1,689			15	
16	TOTAL Health Care and Programs	3,991,633	24,990	219,003	4,235,626	-	4,235,626	23,082	4,258,708			16	
	C. General Administration												
17	Administrative	300,723	-	604,660	905,383		905,383	(409,247)	496,136			17	
18	Directors Fees			-	-		-	-	-			18	
19	Professional Services			173,347	173,347		173,347	354,105	527,452			19	
20	Dues, Fees, Subscriptions & Promotions			51,041	51,041		51,041	23,149	74,190			20	
21	Clerical & General Office Expenses	41,174	28,347	1,690,277	1,759,798		1,759,798	(1,356,451)	403,347			21	
22	Employee Benefits & Payroll Taxes			951,558	951,558		951,558	-	951,558			22	
23	Inservice Training & Education			-	-		-	-	-			23	
24	Travel and Seminar			7,340	7,340		7,340	7,212	14,552			24	
25	Other Admin. Staff Transportation		-	5,908	5,908		5,908	11,668	17,576			25	
26	Insurance-Prop.Liab.Malpractice			220,436	220,436		220,436	6,962	227,398			26	
27	Other (specify):*	-	-	-	-		-	23,085	23,085			27	
28	TOTAL General Administration	341,897	28,347	3,704,567	4,074,811	-	4,074,811	(1,339,517)	2,735,294			28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,084,031	479,108	4,346,089	9,909,228	-	9,909,228	(1,322,115)	8,587,113			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.

General Ledger		Description of Expense	Employee	Employee Function	Location of Travel	Net Cost	Adjustments&	Final Expense
Date	Accounts						Reclassifications	
8/29/2024	500-7760	Bill - Thomas Cuisine: 153000056	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	6,919.52	(3,382.85)	3,536.67
11/13/2024	500-7761	Bill - Thomas Cuisine: 153000060	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	120.53	(58.93)	61.60
11/13/2024	500-7762	Bill - Thomas Cuisine: 153000064	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	120.13	(58.73)	61.40
11/18/2024	500-7763	Bill - Thomas Cuisine: 153000062	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	120.53	(58.93)	61.60
1/29/2025	500-7764	Bill - Thomas Cuisine: 153000067	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	883.58	(431.97)	451.61
2/26/2025	500-7765	Bill - Thomas Cuisine: 153000069	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	377.58	(184.59)	192.99
3/28/2025	500-7766	Bill - Thomas Cuisine: 1530008	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	(337.13)	164.82	(172.31)
4/17/2025	500-7767	Bill - Thomas Cuisine: 153000075	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	251.72	(123.06)	128.66
4/22/2025	500-7768	Bill - Thomas Cuisine: 153000071	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	337.13	(164.82)	172.31
5/20/2025	500-7769	Bill - Thomas Cuisine: 153000077	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	210.98	(103.15)	107.83
6/30/2025	500-7770	Bill - Thomas Cuisine: 153000079	Mileage/Gas & Other Travel Reimbursement	Culinary	Within Illinois- Near Ottawa	232.51	(113.67)	118.84
10/14/2024	500-7771	Bill - JOELLE PATTERSON: JOELLEPATTERSON2408	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	66.33	(32.43)	33.90
10/31/2024	500-7772	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	356.94	(174.50)	182.44
11/30/2024	500-7773	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	40.00	(19.56)	20.44
12/21/2024	500-7774	Bill - JOELLE PATTERSON: JOELLEPATTERSON20241	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	364.40	(178.15)	186.25
12/31/2024	500-7775	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	104.69	(51.18)	53.51
4/30/2025	500-7776	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Life Enrichment	Within Illinois- Near Ottawa	136.85	(66.90)	69.95
9/30/2024	500-7777	Reclass CORYWIELERT20240918	Mileage/Gas & Other Travel Reimbursement	Pastoral Care	Within Illinois- Near Ottawa	139.36	(68.13)	71.23
7/22/2024	500-7778	Bill - ANEL KULASIC: EXP053124	Mileage/Gas & Other Travel Reimbursement	Building Services	Within Illinois- Near Ottawa	121.27	(59.29)	61.98
8/31/2024	500-7779	Reclass Anel Kulasic invoice EXP053124	Mileage/Gas & Other Travel Reimbursement	Building Services	Within Illinois- Near Ottawa	(121.27)	59.29	(61.98)
10/31/2024	500-7780	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Administration	Within Illinois- Near Ottawa	264.50	(129.31)	135.19
11/30/2024	500-7781	Bill - AMERICAN EXPRESS	Mileage/Gas & Other Travel Reimbursement	Administration	Within Illinois- Near Ottawa	217.48	(106.32)	111.16
10/15/2024	500-7782	Bill - NABILA ZUBERI: NABILAZUBERI20241015	Mileage/Gas & Other Travel Reimbursement	Human Resources	Within Illinois- Near Ottawa	508.32	(248.51)	259.81
11/13/2024	500-7783	Bill - NABILA ZUBERI: NABILAZUBERI20241101	Mileage/Gas & Other Travel Reimbursement	Human Resources	Within Illinois- Near Ottawa	127.08	(62.13)	64.95
Allocated from Lutheran Life Communities						11,668.00		11,668.00
Total						23,231.03	(5,653.00)	17,576.03

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			534,709	534,709		534,709	4,872	539,581			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			668,418	668,418		668,418	(14,335)	654,083			32
33	Real Estate Taxes			114,215	114,215		114,215	-	114,215			33
34	Rent-Facility & Grounds			-	-		-	-	-			34
35	Rent-Equipment & Vehicles			1,642	1,642		1,642	96	1,738			35
36	Other (specify):*			-	-		-	-	-			36
37	TOTAL Ownership			1,318,984	1,318,984	-	1,318,984	(9,367)	1,309,617			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	244,059	906,676	1,150,735		1,150,735	-	1,150,735			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	421,574	421,574		421,574	-	421,574			42
43	Other (specify):*	1,379,410	322,860	3,238,030	4,940,300		4,940,300	(4,940,300)	(0)			43
44	TOTAL Special Cost Centers	1,379,410	566,919	4,566,280	6,512,609	-	6,512,609	(4,940,300)	1,572,309			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,463,441	1,046,027	10,231,353	17,740,821	-	17,740,821	(6,271,782)	11,469,039			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	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(29,091)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,995)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(30,833)	30		9
10	Interest and Other Investment Income	(14,335)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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				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	(146,640)	21		24
25	Fund Raising, Advertising and Promotional				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	(6,351,007)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (6,587,901)		\$ 0	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.)

		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	316,119	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 316,119		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (6,271,782)		37

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

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

		1	2	3	4	
38	Medically Necessary Transport.	Yes	No	Amount	Reference	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	Political Action Committee Payments	\$ (5,100)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Additional R&M	6,443	6	3
4	Assisted Living/IL Salaries	(320,915)	43	4
5	Assisted Living/IL Supplies	(7,944)	43	5
6	Other Assisted Living Expenses	(348,448)	43	6
7	Marketing/Sales/BD Salaries	(256,908)	43	7
8	Marketing/Sales/BD Supplies	(691)	43	8
9	Other Marketing/Sales/BD Expenses	(508,693)	43	9
10	Bank & Late Fees	(9,822)	21	10
11	Resident Needs	(413)	3	11
12	Additional IL & AL Salaries	(801,586)	43	12
13	Additional IL & AL Supplies	(314,225)	43	13
14	Other Additional IL & AL Expenses	(2,380,890)	43	14
15	Expense Allocation	(643,426)	21	15
16	Non-allowable Salary	(27,672)	21	16
17	Non-allowable Fees	(730,717)	21	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	(6,351,007)		49

Summary A

Facility Name & ID Number	Pleasant View Luther Home	#	0012864	Report Period Beginning:	7/1/2024	Ending:	6/30/2025
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	-	-	21,433	-	-	-	-	-	-	-	-	21,433	1
2	Food Purchase	(29,091)	-	-	-	-	-	-	-	-	-	-	(29,091)	2
3	Housekeeping	(413)	-	-	-	-	-	-	-	-	-	-	(413)	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	(15,995)	-	6,121	-	-	-	-	-	-	-	-	(9,874)	5
6	Maintenance	6,443	-	4,121	-	-	-	-	-	-	-	-	10,564	6
7	Other (specify):*	-	-	1,701	-	-	-	-	-	-	-	-	1,701	7
8	TOTAL General Services	(39,056)	-	33,376	-	-	-	-	-	-	-	-	(5,680)	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	-	-	21,393	-	-	-	-	-	-	-	-	21,393	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	1,689	-	-	-	-	-	-	-	-	1,689	15
16	TOTAL Health Care and Programs	-	-	23,082	-	-	-	-	-	-	-	-	23,082	16
	C. General Administration													
17	Administrative	-	-	(409,247)	-	-	-	-	-	-	-	-	(409,247)	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	-	-	354,105	-	-	-	-	-	-	-	-	354,105	19
20	Fees, Subscriptions & Promotions	(5,100)	-	28,249	-	-	-	-	-	-	-	-	23,149	20
21	Clerical & General Office Expenses	(1,558,277)	-	201,826	-	-	-	-	-	-	-	-	(1,356,451)	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	-	-	7,212	-	-	-	-	-	-	-	-	7,212	24
25	Other Admin. Staff Transportation	-	-	11,668	-	-	-	-	-	-	-	-	11,668	25
26	Insurance-Prop.Liab.Malpractice	-	-	6,962	-	-	-	-	-	-	-	-	6,962	26
27	Other (specify):*	-	-	23,085	-	-	-	-	-	-	-	-	23,085	27
28	TOTAL General Administration	(1,563,377)	-	223,860	-	-	-	-	-	-	-	-	(1,339,517)	28
29	TOTAL Operating Expense													
	(sum of lines 8,16 & 28)	(1,602,433)	-	280,318	-	-	-	-	-	-	-	-	(1,322,115)	29

Summary B

Facility Name & ID Number	Pleasant View Luther Home	#	0012864	Report Period Beginning:	7/1/2024	Ending:	6/30/2025
---------------------------	---------------------------	---	---------	--------------------------	----------	---------	-----------

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

[illegible]

VII. RELATED PARTIES

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

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

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V							\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

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

0

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 Salaries		Lutheran Life Communities	100.00%	21,401	\$	21,401
16	V	10	Nursing Administration Salaries		Lutheran Life Communities	100.00%	21,248		21,248
17	V	17	Administrative Salaries		Lutheran Life Communities	100.00%	195,019		195,019
18	V	21	Clerical, Finance, IT, & Accounting Salaries		Lutheran Life Communities	100.00%	95,749		95,749
19	V	1	Dietary Supplies & Other Expenses		Lutheran Life Communities	100.00%	32		32
20	V	7	Emp Benefits & Payroll Taxes- General Services		Lutheran Life Communities	100.00%	1,701		1,701
21	V	5	Utilities		Lutheran Life Communities	100.00%	6,121		6,121
22	V	6	Maintenance & Repairs Expense		Lutheran Life Communities	100.00%	4,121		4,121
23	V	10	Nursing & Direct Care Expenses		Lutheran Life Communities	100.00%	145		145
24	V	15	Emp Bens & PR Taxes- Direct Care & Nursing		Lutheran Life Communities	100.00%	1,689		1,689
25	V	17	Administrative Expenses		Lutheran Life Communities	100.00%	394		394
26	V	19	Professional Services		Lutheran Life Communities	100.00%	354,105		354,105
27	V	20	Dues, Licenses & Subscriptions		Lutheran Life Communities	100.00%	28,249		28,249
28	V	21	Office & Clerical Supplies & Expenses		Lutheran Life Communities	100.00%	106,077		106,077
29	V	24	Seminars		Lutheran Life Communities	100.00%	7,212		7,212
30	V	25	Travel Expenses		Lutheran Life Communities	100.00%	11,668		11,668
31	V	26	Insurance Expenses		Lutheran Life Communities	100.00%	6,962		6,962
32	V	27	Emp Benefits & Payroll Taxes-Gen Admin		Lutheran Life Communities	100.00%	23,085		23,085
33	V	30	Depreciation		Lutheran Life Communities	100.00%	35,705		35,705
34	V	35	Equipment Rental		Lutheran Life Communities	100.00%	96		96
35	V	17	Administrative Expenses	604,660	Lutheran Life Communities	100.00%			(604,660)
36	V								
37	V								
38	V								
39	Total			\$ 604,660			\$ 920,779	\$ *	316,119

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

VII. RELATED PARTIES (continued)

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

☐ YES

☒ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES

☒ NO

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

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

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

0

VII. RELATED PARTIES (continued)

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

☐ YES☒ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES☒ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES☒ NO

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES ☒ NO

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

☐ YES

☒ NO

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

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

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

Ownership Listing-1

ID# 0012864

ID# 0012864

Report Period Beginning: 7/1/2024

Ending: 6/30/2025

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

[illegible]

VII. RELATED PARTIES

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

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Lutheran Home for the Aged	Arlington Heights, IL			Lutheran Life	Arlington Heights, IL	Parent Holding	1
2	Luther Oaks	Bloomington, IL			Ministries		Company	2
3								3
4					Lutheran Life	Arlington Heights, IL	Management	4
5					Communities		Consulting	5
6								6
7					Lutheran Foundation	Arlington Heights, IL	Fundraising	7
8								8
9					Lutheran Community	Arlington Heights, IL	Child Day Care	9
10					Services		Adult Day Care	10
11							Home Health	11
12							Move Management	12
13								13
14					Wittenberg Village	Crown Point, Indiana	Residential &	14
15							Assisted Living	15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES

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

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

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								\$		1
2	No board members received compensation for their service on the board										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

YES

X

NO

0

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

Name of Related Organization

Lutheran Life Communities

Street Address

800 West Oakton St.

City / State / Zip Code

Arlington Heights, Illinois 60004

Phone Number

(847) 368-7400

Fax Number

(847) 368-7302

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary Salaries	Net Operating Expense	103,939,673	9	\$ 177,478	\$ 177,478	12,533,236	\$ 21,401	1
2	10	Nursing Administration Salaries	Net Operating Expense	103,939,673	9	176,216	176,216	12,533,236	21,248	2
3	17	Administrative Salaries	Net Operating Expense	103,939,673	9	1,617,314	1,617,314	12,533,236	195,019	3
4	21	Clerical, Finance, IT, & Accounting	Net Operating Expense	103,939,673	9	794,062	794,062	12,533,236	95,749	4
5	1	Dietary Supplies & Other Expenses	Net Operating Expense	103,939,673	9	269		12,533,236	32	5
6	7	Emp Benefits & Payroll Taxes- Gen	Net Operating Expense	103,939,673	9	14,109		12,533,236	1,701	6
7	5	Utilities	Net Operating Expense	103,939,673	9	50,766		12,533,236	6,121	7
8	6	Maintenance & Repairs Expense	Net Operating Expense	103,939,673	9	34,174		12,533,236	4,121	8
9	10	Nursing & Direct Care Expenses	Net Operating Expense	103,939,673	9	1,200		12,533,236	145	9
10	15	Emp Bens & PR Taxes- Direct Care	Net Operating Expense	103,939,673	9	14,009		12,533,236	1,689	10
11	17	Administrative Expenses	Net Operating Expense	103,939,673	9	3,271		12,533,236	394	11
12	19	Professional Services	Net Operating Expense	103,939,673	9	2,936,640		12,533,236	354,105	12
13	20	Dues, Licenses & Subscriptions	Net Operating Expense	103,939,673	9	234,269		12,533,236	28,249	13
14	21	Office & Clerical Supplies & Expens	Net Operating Expense	103,939,673	9	879,708		12,533,236	106,077	14
15	24	Seminars	Net Operating Expense	103,939,673	9	59,810		12,533,236	7,212	15
16	25	Travel Expenses	Net Operating Expense	103,939,673	9	96,760		12,533,236	11,668	16
17	26	Insurance Expenses	Net Operating Expense	103,939,673	9	57,737		12,533,236	6,962	17
18	27	Emp Benefits & Payroll Taxes-Gen A	Net Operating Expense	103,939,673	9	191,449		12,533,236	23,085	18
19	30	Depreciation	Net Operating Expense	103,939,673	9	296,109		12,533,236	35,705	19
20	35	Equipment Rental	Net Operating Expense	103,939,673	9	800		12,533,236	96	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,636,149	\$ 2,765,070		\$ 920,779	25

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.)

YES0NOX

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

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 0 NO X

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

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

0

NO

X

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/2024 Ending: 6/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

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

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	Series 2019 Bonds		X	Refinance Debt/Capital Imp			\$ 31,944,474	\$ 29,455,890	2049	Variable	\$ 1,407,189	1	
2	Deferred Financing Costs		X								(64,680)	2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 31,944,474	\$ 29,455,890			\$ 1,342,509	9	
	B. Non-Facility Related*												
10	Interest Income - SNF		X								(21,533)	10	
11	Other Misc. Interest Expense		X								76	11	
12	AL & IL Interest Alloc		X								(674,167)	12	
13	Interest Income - AL/IL		X								7,198	13	
14	TOTAL Non-Facility Related						\$ -	\$ -			\$ (688,426)	14	
15	TOTALS (line 9+line14)						\$ 31,944,474	\$ 29,455,890			\$ 654,083	15	

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

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

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

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

B. Real Estate Taxes

		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 2024 report.		\$	233,728	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.)		\$	2,120	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(231,608)	3	
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	345,823	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	114,215	7	
Assessed Value from Real Estate Tax Bill:		2024	2,147,036	8	
Real Estate Tax Bill for Calendar Year:		2020	229,503	9	
		2021	233,330	10	
		2022	232,173	11	
		2023	227,461	12	
		2024	221,940	13	
2025 Accrual: \$221,940 X 1.56 = \$345,823 (Rounded)					
The real estate parcel listed on page 10A is both care and non-care related; RE taxes have been adjusted out from page 4, line 33		14	FROM R. E. TAX STATEMENT FOR 2024	\$	14
The tax bill reflected on line 12 of this schedule reflects the 2024 real estate taxes payable in 2025		15	PLUS APPEAL COST FROM LINE 5	\$	15
		16	LESS REFUND FROM LINE 6	\$	16
		17	AMOUNT TO USE FOR RATE CALCULATION	\$	17

- 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.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Pleasant View Luther Home

COUNTY

LaSalle

FACILITY IDPH LICENSE NUMBER

0012864

CONTACT PERSON REGARDING THIS REPORT

Joshua S. Banach, CPA

TELEPHONE

847-628-8784

FAX #:

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2024 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 2024.

	(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.	<u>22-14-416-016</u>	<u>Non Care Property</u>	\$ <u>5,851.50</u>	\$ <u>-</u>
2.	<u>22-14-401-019</u>	<u>Long Term Care Property</u>	\$ <u>216,088.90</u>	\$ <u>107,590.66</u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>221,940.40</u></u>	\$ <u><u>107,590.66</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 125,137 B. General Construction Type: Exterior Brick Frame Brick/Concrete Number of Stories 4

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).
Pleasant View Luther Place - Duplexes For Independent Living - 20 Units
Pleasant View Luther Estates - Duplexes For Independent Living - 14 Units
Pleasant View Hearthstone - Apartments For Assited Living - 41 Units

F. List the bed capacity for the building if it differs from the licensed total. N/A
G. Have you properly capitalized all major repairs and equipment purchases? Yes
H. Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
I. Are you presently operating under a sublease agreement? No
J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO X If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over.
N/A

K. 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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(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	522,750		\$ 339,943	1
2	Alloc-Lutheran Life Communities		2006	120,582	2
3	TOTALS	522,750		\$ 460,525	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	90		1957	1957	\$ 170,416	\$		\$ -	\$	-	4
5			1960	1960	64,957			-		-	5
6			1962	1962	767,743			-		-	6
7			1977	1977	3,768,795			-		-	7
8								-		-	8
	Improvement Type**										
9	1980 Building & Land Improvements			1980	8,096			-		-	9
10	1981 Building & Land Improvements			1981	95,606			-		-	10
11	1982 Building & Land Improvements			1982	109,621			-		-	11
12	1983 Building & Land Improvements			1983	52,137			-		-	12
13	1984 Building & Land Improvements			1984	51,282			-		-	13
14	1985 Building & Land Improvements			1985	68,023			-		-	14
15	1986 Building & Land Improvements			1986	12,076			-		-	15
16	1987 Building & Land Improvements			1987	82,723			-		-	16
17	1988 Building & Land Improvements			1988	7,182			-		-	17
18	1991 Building & Land Improvements			1991	12,726			-		-	18
19	1992 Building & Land Improvements			1992	41,495			-		-	19
20	1995 Building & Land Improvements			1995	21,584			-		-	20
21	1996 Building & Land Improvements			1996	196,509			-		-	21
22	1997 Building & Land Improvements			1997	37,277			-		-	22
23	2001 Building & Land Improvements			2001	47,645			-		-	23
24	2002 Building & Land Improvements			2002	1,370,163			-		-	24
25	2003 Building & Land Improvements			2003	6,130			-		-	25
26	2004 Building & Land Improvements			2004	5,098			-		-	26
27	2005 Building & Land Improvements			2005	1,350			-		-	27
28	2007 Building & Land Improvements			2007	176,083			-		-	28
29	2008 Building & Land Improvements			2008	23,938			-		-	29
30	2009 Building & Land Improvements			2009	30,277			-		-	30
31	2011 Building & Land Improvements			2011	15,506,066			-		-	31
32	2012 Building & Land Improvements			2012	564,357			-		-	32
33	Hoffman Development Fees Ph1 and Ph2			2013	51,157			-		-	33
34	Remote Fire Alarm Annunciator			2013	1,848			-		-	34
35	Roof HVAC Silencer			2013	41,926			-		-	35
36	Hearthstone 17 unit addition Ph4			2014	2,984,440			-		-	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
0

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Village Square Building PH3	2014	\$ 5,220,883	\$		\$ -	\$	\$ -	37
38	Steps Voidfilled	2014	1,345			-		-	38
39	Bifold Doors	2015	3,660			-		-	39
40	Unit 101H Carpet	2015	3,348			-		-	40
41	Unit 103 Carpet	2015	2,107			-		-	41
42	Rood AC Unit	2016	4,761			-		-	42
43	Pipe Plumbing - Boiler Room	2016	3,862			-		-	43
44	Transistors in dining rooms	2016	681			-		-	44
45	Unit 207 Carpet and Flooring	2016	2,011			-		-	45
46	Sidewalk replacement	2016	14,875			-		-	46
47	Parking Lot Striping	2016	1,600			-		-	47
48	Sealcoat parking lot	2016	11,129			-		-	48
49	Christ Window and Scaffolding in Chapel	2017	17,529			-		-	49
50	Holby Mixing Valve	2017	8,202			-		-	50
51	Flooring - Unit 204	2017	2,159			-		-	51
52	Carpet - Unit 317	2017	1,372			-		-	52
53	Plumbing work for steam table replacement	2017	2,994			-		-	53
54	Sewer work 505 College	2018	2,803			-		-	54
55	Paint supplies to paint walls throughout main building	2018	1,398			-		-	55
56	Sewer Repair	2018	3,200			-		-	56
57	Parking Lot Repair	2018	4,649			-		-	57
58	Remove old floor and install new floor in 2nd floor bathroom	2018	980			-		-	58
59	Tiling and Drainage Repair	2018	8,760			-		-	59
60	Plumbing repair work to 908	2019	2,138			-		-	60
61	Flooring, steel door, heater, electical work for Villa 908	2019	9,310			-		-	61
62	Remove and replace kitchen cabinets and new lighting Villa 908	2019	4,997			-		-	62
63	HVAC repair	2019	21,760			-		-	63
64	Appliances	2019	3,259			-		-	64
65	Boiler - Replace pipes	2019	8,497			-		-	65
66	Air Conditioner	2019	2,485			-		-	66
67	Carper - Unit 212	2019	2,188			-		-	67
68	Condenser and Fan	2019	3,390			-		-	68
69	Non-Allowable	2019	(5,181)			-		-	69
70	TOTAL (lines 4 thru 69)		\$ 31,755,877	\$ -		\$ -	\$ -	\$ -	70

0

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

XL OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 31,755,877	\$ -		\$ -	\$ -	\$ -	1
2	Vinyl Flooring - resident room	2020	1,900			-		-	2
3	Recirculation pump and valve	2020	2,702			-		-	3
4	Furnace install PVLH Building	2020	5,250			-		-	4
5	Water main repair and backfill	2020	4,500			-		-	5
6	Carpeting for Hearthstone 116	2020	1,850			-		-	6
7	Carpeting for Hearthstone 208	2020	2,100			-		-	7
8	Garbage disposal motor - com	2020	1,565			-		-	8
9	Painting for Room 404	2020	750			-		-	9
10						-		-	10
11	Air conditioner repair for Villa 9	2021	2,900			-		-	11
12	Shuffleboard and Putting Green	2021	29,640			-		-	12
13	Carpet removal and installation - Room 209	2021	2,000			-		-	13
14	Carpeting for HS 111	2021	2,425			-		-	14
15	Wooden doors - 2 total	2021	1,670			-		-	15
16	Compressor for HRU 1 and 2	2021	9,907			-		-	16
17	Carpeting for HS 106	2021	3,300			-		-	17
18	Ptac/Amana Unit replacement	2021	5,450			-		-	18
19	Remodel of Villa 910 - new drywall, mud, tape in closet;					-		-	19
20	repaint room & closet; carpet removal and installation of					-		-	20
21	new vinyl plank flooring; dehumidifier w/ pump	2021	6,895			-		-	21
22						-		-	22
23	Remodel of Villa 920 - carpet removal and installation of new					-		-	23
24	vinyl plank flooring; repaint unit and build closet; drywall;					-		-	24
25	laundry tub and LED lights	2021	9,159			-		-	25
26						-		-	26
27	Furnace for Cottage 945	2021	2,575			-		-	27
28	Nurse dome light controller	2021	3,567			-		-	28
29	Carpeting in 202H	2021	2,500			-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 31,858,482	\$ -		\$ -	\$ -	\$ -	34

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

Facility Name & ID Number	Pleasant View Luther Home
--------------------------------------	----------------------------------

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 31,858,482	\$ -		\$ -	\$ -	\$ -	1
2	Remodel of Villa 953 - repaint ceiling, walls, doors and trim	2022	7,580			-		-	2
3	and replace quartz counters in kitchen area					-		-	3
4	Exhaust Flex replacement	2022	4,951			-		-	4
5	Flooring outside restaurant/kitc	2022	15,230			-		-	5
6	Aluminum doors for Bistro	2022	3,272			-		-	6
7	Carpeting for 210H	2022	2,575			-		-	7
8	Flooring in Main Hallways	2022	560			-		-	8
9	AL/IL Dining Room - architectural design, mechanical, electrical.	2022	12,600			-		-	9
10	and plumbing design and engineering, fire protection					-		-	10
11	Boiler Pump and gaskets	2022	3,337			-		-	11
12	Carpeting for H104	2022	2,825			-		-	12
13	Carpeting for H203	2022	2,825			-		-	13
14	Carpeting for 105H	2022	3,675			-		-	14
15	Carpeting for 107H	2022	2,500			-		-	15
16	Replacement water pipes in M	2022	8,404			-		-	16
17	Lochinvar hot water tanks (2)	2022	21,625			-		-	17
18						-		-	18
19	Non-Allowable	2022	(32,529)			-		-	19
20						-		-	20
21	220V Fredrich P-tacs (2) for heating/cooling units	2023	6,774			-		-	21
22	Carpeting for H207	2023	2,825			-		-	22
23	Utility Room renovation - demolition, plumbing, clean up	2023	11,150			-		-	23
24	Carpeting for 103H	2023	3,025			-		-	24
25	Wiring of Cat5e cables (phone lines for facility)	2023	1,230			-		-	25
26	Windows Caulk and Trim all windows in facility	2023	22,817			-		-	26
27	PV2 - Outpatient Therapy Building - architect design, direct					-		-	27
28	supply and labor for interior & exterior alterations	2023	189,092			-		-	28
29	PV4 - Skilled Therapy Expansion - architect design, mechanical					-		-	29
30	electrical, plumbing & engineering	2023	109,210			-		-	30
31	PV2 - Outpatient Therapy Design - plans for therapy room	2023	9,177			-		-	31
32	Condenser and compressor motors for north uni	2023	7,329			-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 32,280,541	\$ -		\$ -	\$ -	\$ -	34

0

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 32,280,541	\$ -		\$ -	\$ -	\$ -	1
2	Boiler pump	2023	6,740			-		-	2
3	Condensers/Motors/Contactors for 1st and 4th floor A/C	2023	33,292			-		-	3
4	AL 112H Unit remodel - flooring, kitchen appliances,					-		-	4
5	bathroom fixtures, paint, light fixtures, doors & baseboards	2023	39,520			-		-	5
6	AL 219H Unit remodel - flooring, kitchen appliances,					-		-	6
7	bathroom fixtures, paint, light fixtures, doors & baseboards	2023	34,240			-		-	7
8	AL 217H Unit remodel - flooring, kitchen appliances,					-		-	8
9	bathroom fixtures, paint, light fixtures, doors & baseboards	2023	32,830			-		-	9
10	AL 218H Unit remodel - flooring, kitchen appliances,					-		-	10
11	bathroom fixtures, paint, light fixtures, doors & baseboards	2023	32,830			-		-	11
12	AL 220H Unit remodel - flooring, kitchen appliances,					-		-	12
13	bathroom fixtures, paint, light fixtures, doors & baseboards	2023	32,830			-		-	13
14	AL 206H Unit turn - new carpeting, install trim, paint	2023	6,240			-		-	14
15	Boiler pump	2023	6,740			-		-	15
16	Electrical Breaker in utility closet	2023	2,190			-		-	16
17	Unit 114H mini-turn - carpeting, trim, paint	2023	5,780			-		-	17
18	Water Damage Restoration from a burst sprinkler pipe					-		-	18
19	on the 2nd floor (room 225) - including labor and materials					-		-	19
20	for drying, electrical work, and new carpeting					-		-	20
21		2023	16,452			-		-	21
22	Roof Repair	2023	48,579			-		-	22
23	Asphalt improvements	2023	76,713			-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 32,655,517	\$ -		\$ -	\$ -	\$ -	34

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

XL OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 32,655,517	\$ -		\$ -	\$ -	\$ -	1
2	Redesign of the AV System in the Chapel (TC: \$23,610)	2024	11,754		20	-		-	2
3	Push Meter Drinking Faucets Through AL/SNF Areas(TC: \$4,374)	2024	2,177		20	-		-	3
4	Utility Shed with Ramp 10 x 16- Exterior of Facility (TC: \$5,336)	2024	2,657		20	-		-	4
5	Generator Replacement -Design,Install in SNF/AL (TC: \$88,730)	2024	44,175		20	-		-	5
6	Heat Pump Inverters- HVAC/Boiler System (TC: \$9032)	2024	4,497		20	-		-	6
7	Phone System-Electrical/Wiring Through Full Facility(TC:\$173,324)	2024	86,291		20	-		-	7
8	Wall Heater Convactor+Blower-HVAC- SNF & AL(TC: \$3,695)	2023	1,840		20	-		-	8
9	Wall Mounted HVAC Units-Resident Rooms SNF & AL(TC: \$16,809)	2023	8,368		20	-		-	9
10	Wall Mounted HVAC Units-Resident Rooms SNF & AL(TC: \$19,641)	2023	9,778		20	-		-	10
11	Generator Replacement -Design, Install in SNF/AL (TC: \$735,685)	2023	366,267		20	-		-	11
12	Boiler Replacement- Wiring and Piping - SNF AND AL (TC: \$53,722)	2023	26,746		20	-		-	12
13	Replace Generator-Electrical Equip+Doors/Walls Repairs(TC:\$23,680)	2023	11,789		20	-		-	13
14						-		-	14
15	Engineering- Work on site grading, prefixing plans (TC: \$3,774)	2024	1,879		20	-		-	15
16	Install new circuits&breakers in kitchen&upper floors (TC: \$3,975)	2024	1,979		20	-		-	16
17	Install HVAC Condenser motor and blades (TC: \$4,412)	2024	2,196		20	-		-	17
18	Install HVAC - Mitsubishi P-Series (TC: \$11,090)	2024	5,522		20	-		-	18
19	Install Oil Cooler in Kitchen Elevator (TC: \$16,226)	2024	8,079		20	-		-	19
20	HVAC - Vertical Heat Pump Inverter 205V 12000BTU (TC: \$2,584)	2024	1,287		20	-		-	20
21	A/C Units - Resident Rooms (TC: \$5,754)	2025	2,865		20	-		-	21
22	A/C Units - Resident Rooms (TC: \$5,754)	2025	2,865		20	-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27	Financial Statement Depreciation (all SNF fixed assets)			534,709		534,709		16,335,426	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 33,258,529	\$ 534,709		\$ 534,709	\$ -	\$ 16,335,426	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 33,258,529	\$ 534,709		\$ 534,709	\$ -	\$ 16,335,426	1
2	Allocated From Lutheran Life Communities							-	2
3	2007 Improvements	2007	154,877		Various			-	3
4	2008 Improvements	2008	43,469		Various			-	4
5	2009 Improvements	2009	17,632		Various			-	5
6	2010 Improvements	2010	1,040		Various			-	6
7	2011 Improvements	2011	13,642		Various			-	7
8	2012 Improvements	2012	16,614		Various			-	8
9	2013 Improvements	2013	15,501		Various			-	9
10	2014 Improvements	2014	11,021		Various			-	10
11	2020 Improvements	2020	1,875		Various			-	11
12	2021 Improvements	2021	39,734		Various			-	12
13	2022 Improvements	2022	20,067		Various			-	13
14								-	14
15								-	15
16	Building Allocated From Lutheran Life Communities	2006	221,282		Various			-	16
17								-	17
18								-	18
19								-	19
20	Depreciation Allocated From Lutheran Life Communities			35,705	Various	4,872	(30,833)	1,104,368	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 33,815,283	\$ 570,414		\$ 539,581	\$ (30,833)	\$ 17,439,794	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,216,442	\$	\$	\$-	10	\$	71
72	Current Year Purchases	17,466			-	10		72
73	Fully Depreciated Assets	2,530,974			-	10		73
74	See Attached	845,183	-	-	-	10	-	74
75	TOTALS	\$4,610,065	\$-	\$-	\$-		\$-	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	Facility			\$117,575	\$	\$	\$-	Various	\$117,575	76
77	Facility	TESCO Bus	2024	59,634			-	5		77
78	Allocated From Lutheran Life Communities		2021	3,120			-			78
79							-			79
80	TOTALS			\$180,329	\$-	\$-	\$-		\$117,575	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$39,066,202	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$570,414	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$539,581	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(30,833)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$17,557,369	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	Non-Care Assets	\$7,275,667	\$539,309	\$6,176,112	86
87					87
88					88
89					89
90					90
91	TOTALS	\$7,275,667	\$539,309	\$6,176,112	91

G. Construction-in-Progress

	Description	Cost	
92	Facility Renovation & Repair	\$24,922	92
93			93
94			94
95		\$24,922	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.

Pleasant View Luther Home
0012864
6/30/2025
Supplemental Schedule of Related Party Equipment

Current Year Purchases		Cost
Allocated From Lutheran Life Communties		6,184
		6,184
Prior Year Purchases		Cost
Allocated From Lutheran Life Communties		111,810
		-
		-
		-
		-
		111,810
Fully Depreciated Equipment		Cost
Allocated From Lutheran Life Communties		727,189
		-
		-
		-
		-
		727,189
Total Equipment		Cost
Allocated From Lutheran Life Communties		845,183
		-
		-
		-
		-
		845,183

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

X

NO

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12	6/30/2026	\$
13	6/30/2027	\$
14	6/30/2028	\$

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:
- YESNO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- YESNO
16. Rental Amount for movable equipment: \$ 1,738
- Description: Kitchen Equipment Rental, Allocated from Lutheran Life Communities
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

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.

0

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

	Service	Schedule V Line & Column Reference	2	3	4		6	7	8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
					Units	Cost				
1	Licensed Occupational Therapist	V10A/V39	hrs	\$ -	5,715	\$ 388,075	\$ -	5,715	\$ 388,075	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	2,027	25,211	-	2,027	25,211	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	5,936	441,449	-	5,936	441,449	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39	# of prescrpts	-		-	162,637		162,637	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify): See Attached	V39		-		51,942	81,423		133,365	13
14	TOTAL			\$	13,678	\$ 906,677	\$ 244,059	13,678	\$ 1,150,736	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.

Pleasant View Luther Home
0012864
6/30/2025
Supplemental Schedule of Schedule XIV
Special Services - Line 13 Detail

Staffing - Scheudle XIV, Column 3		
	Facility ACCOUNT NUMBER	BALANCE

Total Salaries	-
----------------	---

Supplies - Scheudle XIV, Column 6		
	Facility ACCOUNT NUMBER	BALANCE

AJE	500-7200--Chargeable Supplies Ancillary Services-35 - Ancillary Services & Supplies	307
	504-7200--Chargeable Supplies Ancillary Services-35 - Ancillary Services & Supplies	141,442
	Additional Ancillary	(70,939)
	504-7000--Department's Major Supply Expense-35 - Ancillary Services & Supplies	10,612

Total Supplies	81,423
----------------	--------

Other Costs - Scheudle XIV, Column 5		
Facility ACCOUNT NUMBER	Facility ACCOUNT NUMBER	BALANCE

	504-7210--Lab Tests Ancillary Services-35 - Ancillary Services & Supplies	37,418
	504-7290--Xrays Ancillary Services-35 - Ancillary Services & Supplies	14,484
	504-7400--Consulting Fees-35 - Ancillary Services & Supplies	39

Total Other Costs	51,942
-------------------	--------

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	\$2,349,299	\$	1
2	Cash-Patient Deposits	199		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance0	357,448		3
4	Supply Inventory (priced at)	16,273		4
5	Short-Term Investments	1,101,967		5
6	Prepaid Insurance	352,102		6
7	Other Prepaid Expenses	46,500		7
8	Accounts Receivable (owners or related parties)	-		8
9	Other(specify): See Attached & TB	(49,904)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$4,173,884	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-		11
12	Long-Term Investments	-		12
13	Land	347,068		13
14	Buildings, at Historical Cost	37,507,164		14
15	Leasehold Improvements, at Historical Cost	1,980,038		15
16	Equipment, at Historical Cost	5,003,834		16
17	Accumulated Depreciation (book methods)	(22,719,775)		17
18	Deferred Charges	-		18
19	Organization & Pre-Operating Costs	-		19
	Accumulated Amortization - Organization & Pre-Operating Costs	-		20
21	Restricted Funds	-		21
22	Other Long-Term Assets (see See Attached & TB	24,921		22
23	Other(specify): See Attached & TB	367,336		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$22,510,586	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$26,684,470	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$1,510,720	\$	26
27	Officer's Accounts Payable	-		27
28	Accounts Payable-Patient Deposits	203		28
29	Short-Term Notes Payable	29,455,890		29
30	Accrued Salaries Payable	444,291		30
	Accrued Taxes Payable (excluding real estate taxes)	3,443		31
32	Accrued Real Estate Taxes(Sch.IX-B)	345,823		32
33	Accrued Interest Payable	346,648		33
34	Deferred Compensation	-		34
35	Federal and State Income Taxes	-		35
	Other Current Liabilities(specify):			
36	See Attached & TB	6,461,305		36
37	See Attached & TB	-		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$38,568,323	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-		39
40	Mortgage Payable	-		40
41	Bonds Payable	-		41
42	Deferred Compensation	-		42
	Other Long-Term Liabilities(specify):			
43	See Attached & TB	2,492,512		43
44	See Attached & TB	-		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$2,492,512	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$41,060,835	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$(14,376,365)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$26,684,470	\$	48

PG 17 Line 9 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
	500-1100-Entire Fee Receivable (No Dept)	(50,000)
	501-1150-Entrance Fee Receivable (No Dept)	90
	504-1110-Team Member POC Receivable (No Dept)	(19,380)
	504-1110-Team Member POC Receivable-99 - FCC Non-specific Revenue	10,089
Total		(49,201)

PG 17 Line 32 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
	500-1800-Construction In Progress (No Dept)	30,490
	500-1800-Construction In Progress-40- Building Services	12,112
	500-1800-Construction In Progress-51- Business Development	4,000
	500-1800-Construction In Progress-80- Property	(205,380)
	500-1800-Construction In Progress - Bond Project Fund (No Dept)	860,024
	500-1800-Construction In Progress - Bond Project Fund-80 - Property	(953,740)
	500-1800-Construction In Progress - Bond Project Fund-99 - FCC Non-use	80,730
	501-1800-Construction In Progress-40- Building Services	988
	501-1800-Construction In Progress-80- Property	1,000
	501-1800-Construction In Progress-99 - FCC Non-specific Revenue	7,540
Total		24,931

PG 17 Line 33 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
	500-1900-Bond Insurance Costs(No Dept)	302,338
	500-1900-Refunding Costs-99 - FCC Non-specific Revenue	5,000
Total		307,338

PG 17 Line 36 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
	500-1301-Covid-19 Health Insurance	9,485
	500-1301-Covid-19 P&OH Marsh	60
	500-1301-Covid-19 Flia	8,382
	500-1301-Covid-19 Staff Cost - AGST Direct Staff	10,148
	500-1301-Covid-19 Staff Cost - Indirect Staff	188,905
	500-1301-Covid-19 Supplies- PPE	338,381
	500-1301-Covid-19 Supplies- PPE-10- Life Enrichment	100
	500-1301-Covid-19 Supplies- PPE-22- Housing Administration	100
	500-1301-Covid-19 Supplies- PPE-30- Laundry	33,119
	500-1310-Covid-19 Staff Differentials	148,184
	500-1310-Covid-19 Staff Differentials-20- Care Giving Salaries & Non-w	(1,870)
	500-1311-Covid-19 Covid Pandemic Pay-44- Housing	71,288
	500-1311-Covid-19 Covid Pandemic Pay-48- Housing	10,204
	500-1311-Covid-19 Covid Pandemic Pay-48- Laundry	1,236
	500-1311-Covid-19 Covid Pandemic Pay-62- Nursing Administration	10,110
	500-1312-Covid-19 PFSNk Bonus	53,700
	500-1312-Covid-19 Infection Control	220,424
	500-1312-Covid-19 Infection Control of-35- Ancillary Services & Supplies	501
	500-1312-Covid-19 Infection Control of-99 - FCC Non-specific Revenue	847
	500-1380-Covid-19 Costs to Infect ctrl Expense	(613,852)
	500-1381-Covid-19 Costs to General Distribution Expense	(281,907)
	500-1382-Covid-19 Costs to HSP Grant	(158,575)
	500-2420-Commitment 26 (No Dept)	(16,452)
	500-2420-Commitment 26-15- Resident Life	564
	500-2420-Commitment 26-20- Foodbanking	895
	500-2420-Commitment 26-99 - FCC Non-specific Revenue	13,224
	500-2450-Tax Payable (No Dept)	(111)
	500-2460-Accrued SR Liabilities (No Dept)	(180,812)
	500-2460-Resident Refund Clearing Account (No Dept)	(99,121)
	500-2460-Resident Refund Clearing Account-99 - FCC Non-specific Reve	84,688
	500-2460-Other current liabilities (No Dept)	(59,973)
	500-2460-Other current liabilities-40- Administration	34,483
	500-2460-Other current liabilities-62- Other Operating	9
	500-2460-Other current liabilities-99 - FCC Non-specific Revenue	9
	500-2500-Refundable Entrance Fees (No Dept)	(4,530,001)
	500-2500-Entrance Fee A/R Offsets (No Dept)	692,715
	500-2500-Reservation Deposits (No Dept)	50,000
	500-2500-Reservation Deposits-40- Administration	(50,000)
	500-2500-Reservation Deposits-40- Security	6,061
	500-2700-In and Out (No Dept)	(9,915)
	500-2700-In and Out (No Dept)- FCC Non-specific Revenue	9,915
	501-2450-Tax Payable-99 - FCC Non-specific Revenue	(2)
	501-2460-Resident Refund Clearing Account (No Dept)	(15,997)
	501-2460-Resident Refund Clearing Account-99 - FCC Non-specific Reve	15,997
	501-2500-Refundable Entrance Fees (No Dept)	(1,297,148)
	501-2500-Refundable Entrance Fees-99 - FCC Non-specific Revenue	75,000
	501-2500-Entrance Fee A/R Offsets-99 - FCC Non-specific Revenue	290
	501-2510-Unrefundable Entrance Fees (No Dept)	(65,424)
	501-2500-Reservation Deposits (No Dept)	183,790
	501-2500-Reservation Deposits-99 - FCC Non-specific Revenue	68,881
	501-1301-Covid-19 Staff Cost - AGST Direct Staff-20- Care Giving Salari	901
	500-1301-Covid-19 Supplies- PPE-30- Care Giving Salaries & Non-wage	200
	500-1310-Covid-19 Staff Differentials-20- Care Giving Salaries & Non-w	1,000
	500-1311-Covid-19 Covid Pandemic Pay-30- Care Giving Salaries & Non	1,781
	500-2420-Commitment 26 (No Dept)	(99)
	500-2450-Tax Payable (No Dept)	(23)
	500-2450-Tax Payable-99 - FCC Non-specific Revenue	(160)
	500-2460-Resident Refund Clearing Account (No Dept)	(6,180)
	500-2460-Resident Refund Clearing Account-99 - FCC Non-specific Reve	6,180
	500-2500-Refundable Entrance Fees (No Dept)	(82,900)
	500-2500-Entrance Fee A/R Offsets-99 - FCC Non-specific Revenue	90,841
	500-2540-Priority Deposits Payable (No Dept)	(13,410)
	500-2540-Priority Deposits Payable-99 - FCC Non-specific Revenue	26,837
	500-2500-Reservation Deposits (No Dept)	145,000
	500-2710-Security deposits (No Dept)	32,400
	500-2700-In and Out (No Dept)	6,817
	500-2700-In and Out (No Dept)- FCC Non-specific Revenue	(4,817)
	504-1301-Covid-19 Staff Cost - AGST Direct Staff-20- Care Giving Salari	5,613
	504-1301-Covid-19 Supplies- PPE-30- Care Giving Salaries & Non-wage	600
	504-1301-Covid-19 Supplies- PPE-35- Ancillary Services & Supplies	792
	504-1310-Covid-19 Staff Differentials-20- Care Giving Salaries & Non-w	13,750
	504-1311-Covid-19 Covid Pandemic Pay-30- Care Giving Salaries & Non	42,295
	504-2420-Commitment 26 (No Dept)	(99)
	504-2450-Tax Payable (No Dept)	715.2
	504-2460-Tax Payable-99 - FCC Non-specific Revenue	(72,627)
	504-2460-Accrued SR Liabilities (No Dept)	(28,076)
	504-2460-Resident Refund Clearing Account (No Dept)	51,009
	504-2460-Resident Refund Clearing Account-99 - FCC Non-specific Reve	(44,460)
	504-2460-Other current liabilities (No Dept)	(57,622)
	504-2460-Other current liabilities-99 - FCC Non-specific Revenue	57,622
	504-2500-Entrance Fee A/R Offsets (No Dept)	288,210
	504-2500-Entrance Fee A/R Offsets-99 - FCC Non-specific Revenue	(813,246)
	504-2540-Priority Deposits Payable (No Dept)	(32,061)
	504-2540-Priority Deposits Payable-99 - FCC Non-specific Revenue	118,179
	504-2500-Reservation Deposits (No Dept)	386,210
	504-2500-Reservation Deposits-10- FCC Non-specific Revenue	(888,991)
	504-2710-Security deposits (No Dept)	(44,887)
	504-2700-Resident Refund Liability-99 - FCC Non-specific Reve	(9)
	504-2700-In and Out (No Dept)	(19,806)
	504-2700-In and Out (No Dept)- FCC Non-specific Revenue	17,284
	F-500-2460-Resident Refund Clearing Account-99 - FCC Non-specific Re	14,413
Total		(6,461,305)

PG 17 Line 43 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
	500-1400-100-Intercompany Due to/from Ministry Center	(168,216)
	500-1400-112-Intercompany Due to/from LLC Payroll Company	(216,114)
	500-1400-200-Intercompany Due to/from LLC Foundation	(10,628)
	500-1400-300-Intercompany Due to/from Camerette Services	(21,710)
	500-1400-400-Intercompany Due to/from Pleasant View	(285,780)
	500-1400-500-Intercompany Due to/from Pleasant View	(5,307,770)
	500-1400-700-Intercompany Due to/from Luther Oaks	(107,780)
	500-2710-Security deposits (No Dept)	50,000
	501-1400-500-Intercompany Due to/from Pleasant View (No Dept)	(15,064)
	500-1400-112-Intercompany Due to/from LLC Payroll Company	818
	500-1400-300-Intercompany Due to/from Pleasant View (No Dept)	(488,671)
	500-1400-112-Intercompany Due to/from LLC Payroll Company (No De	30,711
	500-1400-500-Intercompany Due to/from Pleasant View (No Dept)	(4,976,866)
	F-500-1400-500-Intercompany Due to/from Pleasant View (No Dept)	(1,976,506)
Total		(2,492,312)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,707,133)	1
2	Restatements (describe):		2
3	Rounding Adjustment	(11)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,707,144)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,669,221)	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)	\$ (2,669,221)	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)	\$ (14,376,365)	24 *

* This must agree with page 17, line 47.

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		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,146,181	1
2	Discounts and Allowances for all Levels	(1,648,330)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,497,851	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,862,164	6
7	Oxygen	15,522	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,877,686	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	36	12
13	Barber and Beauty Care	1,479	13
14	Non-Patient Meals	29,091	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	197,543	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	30,227	19
20	Radiology and X-Ray	11,246	20
21	Other Medical Services	89,489	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 359,111	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	21,534	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 21,534	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	3,315,418	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,315,418	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,071,600	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,598,791	31
32	Health Care	4,235,626	32
33	General Administration	4,074,811	33
B. Capital Expense			
34	Ownership	1,318,984	34
C. Ancillary Expense			
35	Special Cost Centers	6,091,035	35
36	Provider Participation Fee	421,574	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,740,821	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,669,221)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,669,221)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 705,369	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	576,196	45
46	MMAI-Medicaid is the Primary Payer	122,479	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	4,948,089	48
49	Medicare Part A	2,330,934	49
50	Other-(specify) HMO/Commercial/Medicare Managed/Med B	814,784	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,497,851	56

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
	500-4470--Product Sales-19 - Life Enrichment	(5,262)
	500-4475--Other Revenue-60 - Administration	(7,417)
	501-4000--Amortization of Entrance Fee Revenue	(100,220)
	501-4010--Monthly Fees 1st person-99 - PCC Non-specific	(649,141)
	501-4220--Other Services Ancillary Services Revenue	5
	501-4440--Fee for Service Revenue-60 - Administration	(140)
	501-4454--Guest Meal Revenue-11 - Culinary	6,166
	501-4470--Product Sales-19 - Life Enrichment	(402)
	501-4540--ACH Discount - IP-99 - PCC Non-specific	3,839
	501-4550--Marketing Discount - IP-99 - PCC Non-specific	394
	502-4010--Monthly Fees 1st person-99 - PCC Non-specific	(2,149,934)
	502-4200--Chargeable Supplies Ancillary Services Revenue	(531)
	502-4220--Other Services Ancillary Services Revenue	(4,467)
	502-4310--Monthly Care Fees - IP-99 - PCC Non-specific	(379,009)
	502-4440--Fee for Service Revenue-19 - Life Enrichment	(576)
	502-4440--Fee for Service Revenue-28 - Beauty Services	(547)
	502-4440--Fee for Service Revenue-60 - Administration	(1,444)
	502-4454--Guest Meal Revenue-11 - Culinary	(5,987)
	502-4470--Product Sales-19 - Life Enrichment	(388)
	502-4475--Other Revenue-60 - Administration	(125)
	502-4540--ACH Discount - IP-99 - PCC Non-specific	2,724
	502-4550--Marketing Discount - IP-99 - PCC Non-specific	8,239
	502-4560--Respite Discount - IP-99 - PCC Non-specific	1,500
	502-4590--Benevolence Discount - IP-99 - PCC Non-specific	46,691
	504-4440--Fee for Service Revenue-19 - Life Enrichment	(2,640)
	504-4440--Fee for Service Revenue-60 - Administration	(3,646)
	504-4470--Product Sales-19 - Life Enrichment	(102)
	504-4475--Other Revenue-60 - Administration	(14,622)
	504-4475--Other Revenue-99 - PCC Non-specific	(55,203)
	Interest Income- IL/AL	(43,421)
	Interest Income- IL/AL	50,619
	IL/AL - Food Revenues	(12,352)
	IL/AL - Food Revenues	(2,137)
	AJE	4,118
Total		(3,315,417)

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	10,296	11,365	\$ 448,711	\$ 39.48	1
2	Assistant Director of Nursing			-		2
3	Registered Nurses	17,422	29,214	893,208	30.57	3
4	Licensed Practical Nurses	10,440	17,473	480,550	27.50	4
5	CNAs & Orderlies	76,432	124,569	2,012,159	16.15	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director	2,000	2,038	85,624	42.01	9
10	Activity Assistants	200	205	3,903	19.04	10
11	Social Service Workers	876	999	30,804	30.83	11
12	Dietician			-		12
13	Food Service Supervisor	700	726	17,869	24.61	13
14	Head Cook			-		14
15	Cook Helpers/Assistants	26,854	27,230	444,894	16.34	15
16	Dishwashers			-		16
17	Maintenance Workers	5,501	5,889	117,213	19.90	17
18	Housekeepers	7,681	8,237	145,900	17.71	18
19	Laundry	1,534	1,647	24,625	14.95	19
20	Administrator	2,080	2,080	300,723	144.58	20
21	Assistant Administrator			-		21
22	Other Administrative	800	856	41,174	48.10	22
23	Office Manager			-		23
24	Clerical			-		24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator			-		29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(specify)			-		32
33	Other(specify)	37,633	46,373	1,416,084	30.54	33
34	TOTAL (lines 1 - 33)	200,449	278,901	\$ 6,463,441 *	\$ 23.17	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 Fees	17,445	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant	Monthly Fees	5,108	V10-3	38
39	Pharmacist Consultant		-		39
40	Physical Therapy Consultant	Monthly Fees	39	V39-3	40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant		-		44
45	Social Service Consultant		-		45
46	Other(specify)		-		46
47			-		47
48	Dietary Mgmt Fees	Monthly Fees	40,205	V01-3	48
49	TOTAL (lines 35 - 48)		\$ 62,797		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	30	\$ 2,341	V10-3	50
51	Licensed Practical Nurses	1,560	101,381	V10-3	51
52	Certified Nurse Assistants/Aides	406	16,595	V10-3	52
53	TOTAL (lines 50 - 52)	1,996	\$ 120,317		53

Pleasant View Luther Home
0012864
6/30/2025
Supplemental Schedule of Schedule XVIII - A
Line 33 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	Reporting Period			
		Number of Hours Actually Worked	Number of Hours Paid & Accrued	Total Salary & Wages	Average Hourly Wage
Various	Assisted & Independent Living Sala	31,360	39,470	1,122,502	28.44
Various	Pastoral Care	636	705	31,244	44.33
Various	Marketing & Sales	5,313	5,859	256,908	43.85
Various	Transportation	324	339	5,430	16.02

Facility Name & ID Number		Pleasant View Luther Home		STATE OF ILLINOIS		Report Period Beginning:		7/1/2024		Page 21		Ending:		6/30/2025	
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			
Dawn St. Clair- Davis		Exec. Director	0.00%	\$ 250,000		Workers' Compensation Insurance		\$ 89,866		IDPH License Fee		\$			
Amy L. Zellars		Exec. Director/	0.00%	50,723		Unemployment Compensation Insurance				Advertising: Employee Recruitment		7,302			
		Admin				FICA Taxes		420,989		Health Care Worker Background Check		7,846			
						Employee Health Insurance		179,294		(Indicate # of checks performed 785)					
						Employee Meals				Patient Background Checks					
						Illinois Municipal Retirement Fund (IMRF)*				Association Dues (total from pg 22, #4)		10,200			
						Life & Disability Insurance		26,959		Dues & Subscriptions (inc. AL/IL Adj)		21,671			
						Vision Insurance		6,869		Licenses & Fees		4,022			
						Other Benefits & Misc. Expenses		206,632		Allocated From Lutheran Life Communit		28,250			
TOTAL (agree to Schedule V, line 17, col. 1)															
(List each licensed administrator separately.)				\$ 300,723											
B. Administrative - Other															
Description				Amount											
Administrative Fees - Lutheran Life Communities				\$ 604,660											
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 604,660											
(Attach a copy of any management service agreement)															
C. Professional Services						E. Schedule of Non-Cash Compensation Paid to Owners or Employees						G. Schedule of Travel and Seminar**			
Vendor/Payee		Type	Amount		Description		Line #	Amount		Description		Amount			
See Attached		Legal Services	\$ 111,447					\$		Out-of-State Travel		\$			
Clifton Larson Allen		Accounting- Audit	12,007												
Carlin & Associates		Financial Consulting	1,069												
Achieve Accreditation		Accreditation Services	4,864							In-State Travel					
Plante Moran		Accounting Services	8,923												
Pathway Health		IT Consulting	236												
SocialWork Consultation Group, Inc		Social Work Consulting	255												
Bamboo Health		Data Consulting	6,500							Seminar Expense		7,340			
Inovalon Provider, Inc		IT Consulting	10,521							Allocated From Lutheran Life Communit		7,212			
Bradley& Associates		Business Consulting	204												
OneNeck IT Solutions		IT Consulting	2,390												
See Supplemental Page 21			14,930							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)				\$ 173,347						TOTAL		\$ 14,552			

* Attach copy of IMRF notifications

**See instructions.

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
			\$	Workers' Compensation Insurance	\$		IDPH License Fee	\$
				Unemployment Compensation Insurance			Advertising: Employee Recruitment	
				FICA Taxes			Health Care Worker Background Check	
				Employee Health Insurance			(Indicate # of checks performed)	
				Employee Meals			Patient Background Checks	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues (total from pg 22, #4)	
TOTAL (agree to Schedule V, line 17, col. 1)			\$					
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
			\$				Less: Public Relations Expense	()
							PAC and Lobbying payments	()
							All non-allowable advertising	()
				TOTAL (agree to Schedule V, line 22, col.8)	\$		TOTAL (agree to Sch. V, line 20, col. 8)	\$
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount			\$	Out-of-State Travel	\$
Richter Healthcare Consulting	HC Consulting Services		(785)					
Cortex Health Inc	IT Consulting		3,235					
Digital Assurance Certification LLC	Accounting Services		413					
RF Technologies	IT Consulting		5,410				In-State Travel	
T4 Medical	Medical Consulting		5,467					
Netsmart	IT Consulting		1,190					
							Seminar Expense	
See Supplemental Page 21 (2)							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)			\$ 14,930				TOTAL	\$

* Attach copy of IMRF notifications

**See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Description		
			\$	Workers' Compensation Insurance		IDPH License Fee		
				Unemployment Compensation Insurance		Advertising: Employee Recruitment		
				FICA Taxes		Health Care Worker Background Check		
				Employee Health Insurance		(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Association Dues (total from pg 22, #4)		
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)								
\$								
B. Administrative - Other								
Description			Amount			Less: Public Relations Expense ()		
			\$			PAC and Lobbying payments ()		
						All non-allowable advertising ()		
				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
			\$			\$		
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)								
C. Professional Services				Description		Description		
Vendor/Payee	Type		Amount	Line #	Amount	Amount		
			\$		\$	Out-of-State Travel		
						\$		
						In-State Travel		
						Seminar Expense		
						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)				\$		TOTAL		
\$						\$		

* Attach copy of IMRF notifications

**See instructions.

Pleasant View Luther Home
0012864
6/30/2025
Detail of Legal Expense

General Ledger			Adjustments&			
Date	Accounts	Vendor	Description of Expense	Invoice Expense	Reclassifications	Final Expense
8/1/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	543.00	(116.96)	426.04
8/1/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	2,042.00	(439.85)	1,602.15
8/1/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	713.00	(153.58)	559.42
8/19/2024	500-7404	Chuhak & Tecson PC	Regulatory Compliance, Contracting, Organiz	1,680.00	(361.87)	1,318.13
8/31/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	(3,750.60)	807.88	(2,942.72)
9/3/2024	500-7404	WELTMAN WEINBERG & REIS CO LPA	Financial Compliance and Other Risk Assess	1,092.00	(235.22)	856.78
11/14/2024	500-7404	Carden & Tracy	General Legal Matters and Consultations	516.00	(111.15)	404.85
11/14/2024	500-7404	Carden & Tracy	General Legal Matters and Consultations	66.00	(14.22)	51.78
11/14/2024	500-7404	Carden & Tracy	General Legal Matters and Consultations	346.00	(74.53)	271.47
8/31/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	(3,037.32)	654.24	(2,383.08)
12/9/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	1,807.00	(389.23)	1,417.77
8/31/2024	500-7404	Mcvey Law LLC	General Legal Matters and Consultations	(5,146.86)	1,108.63	(4,038.23)
12/24/2024	500-7404	Carden & Tracy	General Legal Matters and Consultations	415.00	(89.39)	325.61
12/31/2024	500-7404	WELTMAN WEINBERG & REIS CO LPA	Financial Compliance and Other Risk Assess	50.00	(10.77)	39.23
12/31/2024	500-7404	Accrue Legal Fees for Early Termination	General Legal Matters and Consultations	175.70	(37.85)	137.85
4/7/2025	500-7404	WELTMAN WEINBERG & REIS CO LPA	Financial Compliance and Other Risk Assess	500.00	(107.70)	392.30
4/9/2025	500-7404	Carden & Tracy	General Legal Matters and Consultations	132.00	(28.43)	103.57
4/17/2025	500-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	2,184.00	(470.43)	1,713.57
4/23/2025	500-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	4,524.00	(974.47)	3,549.53
4/23/2025	500-7404	Carden & Tracy	General Legal Matters and Consultations	88.00	(18.96)	69.04
4/24/2025	500-7404	Carden & Tracy	General Legal Matters and Consultations	387.00	(83.36)	303.64
4/24/2025	500-7404	Carden & Tracy	General Legal Matters and Consultations	2,494.00	(537.21)	1,956.79
4/25/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	31,671.90	(6,822.13)	24,849.77
5/12/2025	500-7404	WELTMAN WEINBERG & REIS CO LPA	Financial Compliance and Other Risk Assess	1,400.00	(301.56)	1,098.44
6/30/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	6,318.00	(1,360.90)	4,957.10
6/30/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	256.50	(55.25)	201.25
6/30/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	18,406.80	(3,964.82)	14,441.98
6/30/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	5,991.30	(1,290.53)	4,700.77
6/30/2025	500-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	4,851.90	(1,045.10)	3,806.80
8/19/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	3,037.32	-	3,037.32
8/24/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	5,146.86	-	5,146.86
7/16/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	3,476.80	-	3,476.80
8/19/2024	504-7404	Carden & Tracy	General Legal Matters and Consultations	1,204.00	-	1,204.00
8/19/2024	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	4,883.00	-	4,883.00
8/19/2024	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	4,047.00	-	4,047.00
8/21/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	3,570.60	-	3,570.60
9/3/2024	504-7404	WELTMAN WEINBERG & REIS CO LPA	Financial Compliance and Other Risk Assess	1,092.00	-	1,092.00
9/11/2024	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	1,069.00	-	1,069.00
9/22/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	405.00	-	405.00
10/25/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	1,287.35	-	1,287.35
10/25/2024	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	1,125.00	-	1,125.00
12/9/2024	504-7404	Carden & Tracy	General Legal Matters and Consultations	520.00	-	520.00
12/24/2024	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	1,058.00	-	1,058.00
12/24/2024	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	450.00	-	450.00
1/12/2025	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	230.00	-	230.00
2/11/2025	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	115.00	-	115.00
3/15/2025	504-7404	Mcvey Law LLC	General Legal Matters and Consultations	253.00	-	253.00
3/21/2025	504-7404	ICE MILLER LLP	Healthcare Law, Regulatory, Surveys, Compli	3,978.00	-	3,978.00
4/24/2025	504-7404	DUANE MORRIS LLP	Healthcare Law, Regulatory, Surveys, Compli	14,310.00	-	14,310.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
				</		

General Ledger						Adjustments&	
Date	Accounts	Description of Expense	Employee Function	Location of Seminar	Net Cost	Reclassifications	Final Expense
11/13/2024	500-7750	Bill - Thomas Cuisine: 153000i	Culinary	Within Illinois/Online	1,200.00	(586.68)	613.32
2/26/2025	500-7750	Bill - Thomas Cuisine: 153000i	Culinary	Within Illinois/Online	187.00	(91.42)	95.58
2/28/2025	500-7750	Accr Bill - Thomas Cuisine: 15	Culinary	Within Illinois/Online	166.96	(81.63)	85.33
3/1/2025	500-7750	Reversed -- Accr Bill - Thomas	Culinary	Within Illinois/Online	(166.96)	81.63	(85.33)
3/28/2025	500-7750	Bill - Thomas Cuisine: 153000i	Culinary	Within Illinois/Online	(166.96)	81.63	(85.33)
3/31/2025	500-7750	Accr-03/25-Thomas Cuisine ar	Culinary	Within Illinois/Online	166.96	(81.63)	85.33
4/1/2025	500-7750	Reversed -- Accr-03/25-Thom	Culinary	Within Illinois/Online	(166.96)	81.63	(85.33)
4/22/2025	500-7750	Bill - Thomas Cuisine: 153000i	Culinary	Within Illinois/Online	166.96	(81.63)	85.33
8/31/2024	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	406.86	(198.91)	207.95
9/17/2024	500-7750	Bill - ICAA SERVICES INC: 24	Life Enrichment	Within Illinois/Online	99.00	(48.40)	50.60
9/30/2024	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	773.00	(377.92)	395.08
9/30/2024	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	773.00	(377.92)	395.08
9/30/2024	500-7750	Bill - AMERICAN EXPRESS: A	Life Enrichment	Within Illinois/Online	(773.00)	377.92	(395.08)
12/31/2024	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	4,107.16	(2,007.99)	2,099.17
1/31/2025	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	196.60	(96.12)	100.48
4/30/2025	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	225.00	(110.00)	115.00
5/31/2025	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	1,104.47	(539.98)	564.49
6/30/2025	500-7750	Bill - AMERICAN EXPRESS	Life Enrichment	Within Illinois/Online	400.00	(195.56)	204.44
9/30/2024	500-7750	Bill - AMERICAN EXPRESS	Building Services	Within Illinois/Online	187.00	(91.42)	95.58
9/30/2024	500-7750	Bill - AMERICAN EXPRESS	Building Services	Within Illinois/Online	187.00	(91.42)	95.58
9/30/2024	500-7750	Bill - AMERICAN EXPRESS: A	Building Services	Within Illinois/Online	(187.00)	91.42	(95.58)
5/31/2025	500-7750	Bill - AMERICAN EXPRESS	Building Services	Within Illinois/Online	453.62	(221.77)	231.85
7/11/2024	500-7750	Bill - AMY ZELLERS: AMYZEL	Administration	Within Illinois/Online	107.00	(52.31)	54.69
7/31/2024	500-7750	Bill - AMERICAN EXPRESS	Administration	Within Illinois/Online	25.00	(12.22)	12.78
8/21/2024	500-7750	Bill - VOLANTE CONSULTING	Administration	Within Illinois/Online	2,625.00	(1,283.36)	1,341.64
8/31/2024	500-7750	Department Reclasses 08.202	Administration	Within Illinois/Online	396.75	(193.97)	202.78
8/31/2024	500-7750	Bill - AMERICAN EXPRESS	Administration	Within Illinois/Online	399.00	(195.07)	203.93
10/31/2024	500-7750	Bill - AMERICAN EXPRESS	Administration	Within Illinois/Online	289.00	(141.29)	147.71
11/30/2024	500-7750	Bill - AMERICAN EXPRESS	Administration	Within Illinois/Online	100.00	(48.89)	51.11
6/30/2025	500-7750	Bill - AMERICAN EXPRESS	Administration	Within Illinois/Online	500.00	(244.45)	255.55
7/19/2024	500-7750	Bill - OSF SAINT ELIZABETH	Nursing Admin	Within Illinois/Online	15.00	(7.33)	7.67
10/29/2024	500-7750	Bill - MARISSA THOMAS: MAI	Nursing Admin	Within Illinois/Online	123.28	(60.27)	63.01
10/31/2024	500-7750	Bill - AMERICAN EXPRESS	Nursing Admin	Within Illinois/Online	65.00	(31.78)	33.22
2/28/2025	500-7750	Bill - AMERICAN EXPRESS	Nursing Admin	Within Illinois/Online	2,511.00	(1,227.63)	1,283.37
4/30/2025	500-7750	Bill - GABRIELLA RODRIGUE	Nursing Admin	Within Illinois/Online	118.43	(57.90)	60.53
6/30/2025	500-7750	Bill - AMERICAN EXPRESS	Nursing Admin	Within Illinois/Online	500.00	(244.45)	255.55
7/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
8/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
9/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
10/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
11/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
12/16/2024	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
1/16/2025	500-7750	Amort. OpenSeasame inv SI-2	Human Resources	Within Illinois/Online	718.54	(351.29)	367.25
2/28/2025	500-7750	Reverse Amort. OpenSesame	Human Resources	Within Illinois/Online	(7,903.95)	3,864.24	(4,038.71)
4/10/2025	504-7750	Bill - OSF Healthcare: 102003	Ancillary	Within Illinois/Online	25.00	-	25.00
5/20/2025	504-7750	Bill - OSF Healthcare: 102001	Ancillary	Within Illinois/Online	30.00	-	30.00
5/20/2025	504-7750	Bill - OSF Healthcare: 102002	Ancillary	Within Illinois/Online	5.00	-	5.00
Allocated From Lutheran Life Communit					7,211.97		7,211.97
Total					21,511.97	(6,961.94)	14,552.03

XX. GENERAL INFORMATION:

- 1 Are nursing employees (RN,LPN,NA) represented by a union? No
- 2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.
- | Association Name | Amount |
|--------------------|--------------------|
| <u>Leading Age</u> | <u>5,100</u> |
| | |
| | |
| | <u>5,100</u> Total |
- 3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|--------------------|--------------------|
| <u>Leading Age</u> | <u>5,100</u> |
| | |
| | |
| | <u>5,100</u> Total |
- 4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)
- | | |
|--------------------|---------------------|
| <u>Leading Age</u> | <u>10,200</u> |
| | |
| | |
| | <u>10,200</u> Total |
- 5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 27,641 Line 10-2
- 6 Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- 7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 421,574
This amount is to be recorded on line 42 of Schedule V.
- 8 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.

- 9 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
- 10 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.
- 11 Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 29,091
- 12 Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100%ln14
- d. Have vehicle usage logs been maintained? Yes
- 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.** \$ N/A No
- 13 Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- 14 Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- 15 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.