

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014 Report Period Beginning: 7/1/12 Ending: 6/30/13

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	98	Skilled (SNF)	98	35,770	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	98	TOTALS	98	35,770	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	17,307	10,588	2,629	30,524	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,307	10,588	2,629	30,524	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.33%

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

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

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 3/01/1976

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 98 and days of care provided 2,629

Medicare Intermediary NATIONAL GOVERNMENT SERVICES

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/13 Fiscal Year: 6/30/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	210,033	19,117	4,608	233,758		233,758	233,758		1	
2	Food Purchase		192,980		192,980		192,980	192,980		2	
3	Housekeeping	89,926	11,469		101,395		101,395	101,395		3	
4	Laundry	67,560	8,103	5,665	81,328		81,328	81,328		4	
5	Heat and Other Utilities			119,253	119,253	(2,991)	116,262	116,262		5	
6	Maintenance	57,085	5,757	20,010	82,852		82,852	(8,280)	74,572	6	
7	Other (specify):*									7	
8	TOTAL General Services	424,604	237,426	149,536	811,566	(2,991)	808,575	(8,280)	800,295	8	
	B. Health Care and Programs										
9	Medical Director			15,750	15,750		15,750	15,750		9	
10	Nursing and Medical Records	1,477,911	68,324	142,728	1,688,963		1,688,963	1,688,963		10	
10a	Therapy	43,236		491,125	534,361		534,361	534,361		10a	
11	Activities	78,565	3,937	3,462	85,964		85,964	85,964		11	
12	Social Services	27,357	1,877		29,234		29,234	29,234		12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):* CHAPLAIN	30,752	453		31,205		31,205	31,205		15	
16	TOTAL Health Care and Programs	1,657,821	74,591	653,065	2,385,477		2,385,477	2,385,477		16	
	C. General Administration										
17	Administrative	164,521			164,521		164,521	(13,323)	151,198	17	
18	Directors Fees									18	
19	Professional Services			158,573	158,573		158,573	158,573		19	
20	Dues, Fees, Subscriptions & Promotions			43,898	43,898		43,898	(28,244)	15,654	20	
21	Clerical & General Office Expenses	46,060	13,158	16,006	75,224		75,224	(12,455)	62,769	21	
22	Employee Benefits & Payroll Taxes			336,807	336,807		336,807	336,807		22	
23	Inservice Training & Education									23	
24	Travel and Seminar			13,788	13,788		13,788	13,788		24	
25	Other Admin. Staff Transportation			1,029	1,029		1,029	1,029		25	
26	Insurance-Prop.Liab.Malpractice			119,119	119,119		119,119	119,119		26	
27	Other (specify):*	45,159			45,159		45,159	(5,790)	39,369	27	
28	TOTAL General Administration	255,740	13,158	689,220	958,118		958,118	(59,812)	898,306	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,338,165	325,175	1,491,821	4,155,161	(2,991)	4,152,170	(68,092)	4,084,078	29	

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

Facility Name & ID Number PLEASANT HILL VILLAGE

#0021014

Report Period Beginning:

7/1/12

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			82,928	82,928		82,928		82,928			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			9,819	9,819		9,819	(7,830)	1,989			32
33	Real Estate Taxes			66,921	66,921		66,921		66,921			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			3,807	3,807		3,807		3,807			35
36	Other (specify):*											36
37	TOTAL Ownership			163,475	163,475		163,475	(7,830)	155,645			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					2,991	2,991		2,991			40
41	Coffee and Gift Shops			11,163	11,163		11,163		11,163			41
42	Provider Participation Fee			221,069	221,069		221,069		221,069			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			232,232	232,232	2,991	235,223		235,223			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,338,165	325,175	1,887,528	4,550,868		4,550,868	(75,922)	4,474,946			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning: 7/1/12

Ending: 6/30/13

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.)

		1	2	3	
	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				4
5	Telephone, TV & Radio in Resident Rooms	(4,755)	21		5
6	Rented Facility Space	(1,700)	21		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,830)	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				24
25	Fund Raising, Advertising and Promotional	(20,035)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(8,209)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (42,529)		\$	30

BHF USE ONLY					
48		49	50	51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		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)	(33,393)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (33,393)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (75,922)		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	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		2,991	5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		XX			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$ 2,991		47

SEE ACCOUNTANTS' COMPILATION REPORT

PLEASANT HILL VILLAGE

ID# 0021014

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Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

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
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		0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PLEASANT HILL VILLAGE# 0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	(8,280)	0	0	0	0	0	0	0	0	0	(8,280)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	(8,280)	0	0	0	0	0	0	0	0	0	(8,280)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(13,323)	0	0	0	0	0	0	0	0	0	(13,323)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(28,244)	0	0	0	0	0	0	0	0	0	0	(28,244)	20
21	Clerical & General Office Expenses	(6,455)	(6,000)	0	0	0	0	0	0	0	0	0	(12,455)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	(5,790)	0	0	0	0	0	0	0	0	0	(5,790)	27
28	TOTAL General Administration	(34,699)	(25,113)	0	0	0	0	0	0	0	0	0	(59,812)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(34,699)	(33,393)	0	0	0	0	0	0	0	0	0	(68,092)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,830)	0	0	0	0	0	0	0	0	0	0	(7,830)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,830)	0	0	0	0	0	0	0	0	0	0	(7,830)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(42,529)	(33,393)	0	(75,922)	45								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A	N/A	N/A		PLEASANT HILL RESIDENCE	GIRARD	INDEPENDENT LIVING CENTER

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 ADMINISTRATIVE WAGES	\$	PLEASANT HILL RESIDENCE		\$	(13,323)	1
2	V	6 MAINTENANCE WAGES		PLEASANT HILL RESIDENCE			(8,280)	2
3	V	27 MARKETING DEVELOPMENT WAGES		PLEASANT HILL RESIDENCE			(5,790)	3
4	V	21 OFFICE SPACE RENT		PLEASANT HILL RESIDENCE			(6,000)	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		\$			\$	* (33,393)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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0021014

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7/1/12

Ending:

6/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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	Name of Lender	2		3	4	5	6		8	9	10						
		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	HICKORY POINT BANK		X	REFI FACILITY CONSTRUC	\$7,276.00	9/15/09	\$ 554,644	\$ 152,607	10/15/2023	0.0425	\$ 9,616						
2	CHN CAPITAL		X	PUR TRACTOR & LOADER	\$318.00	1/28/09	115,246		1/28/2013								
3	LSN TRUST		X	ADD ASSESSMENT WORK	\$2,876.00	1/15/09	103,536		12/31/12								
4																	
5																	
Working Capital																	
6	VARIOUS VENDORS		X								203						
7																	
8																	
9	TOTAL Facility Related				\$10,470.00		\$ 773,426	\$ 152,607			\$ 9,819						
B. Non-Facility Related*																	
10																	
11																	
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$						
15	TOTALS (line 9+line14)						\$ 773,426	\$ 152,607			\$ 9,819						

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 2012 report.		\$			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	
3. Under or (over) accrual (line 2 minus line 1).		\$			3	
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	66,921		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.		\$	66,921		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	44,614	12			
TOTAL REAL ESTATE TAX BILL FOR 2012 WAS 52,486.28; OF THIS TOTAL 7,872.28 WAS ALLOCATED AND PAID BY THE INDEPENDENT LIVING CENTER AND IS NOT INCLUDED ON THIS COST REPORT. THE BALANCE OF 44,614 (2012 TAX) WAS ACCRUED AT 6/30/13 PLUS AND ADDITIONAL 6 MONTHS WAS ACCRUED FOR JANUARY-JUNE 2013 (44614/12*6=22307 TOTAL 44,614+22307=66921 IS THE TOTAL ACCRUAL @ 6/30/13				13	FROM R. E. TAX STATEMENT FOR 2012 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME PLEASANT HILL VILLAGE COUNTY MACOUPIN

FACILITY IDPH LICENSE NUMBER 0021014

CONTACT PERSON REGARDING THIS REPORT PAULETTE BUCH-MILLER

TELEPHONE (217)627-9502 FAX #: (217)627-9703

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>07-000-313-00</u>	<u>S29 T12 R6 OFF S SIDE SW SW</u>	\$ <u>52,486.28</u>	\$ <u>44,614.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>52,486.28</u></u>	\$ <u><u>44,614.00</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 a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014 Report Period Beginning:

7/1/12 Ending:

6/30/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 26,000 B. General Construction Type: Exterior BRICK Frame STEEL & FIRE RESI Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

1. Total Amount Incurred: 29,505 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: 1973-1976

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>FACILITY & GROUNDS</u>	<u>243,065</u>	<u>1905-1975*</u>	<u>\$ 28,500</u>	1
2					2
3	TOTALS	<u>243,065</u>		<u>\$ 28,500</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

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	98	1976	1976	\$ 975,998	\$ 24,400	40	\$ 24,400	\$	\$ 910,932
5									
6									
7									
8									
Improvement Type**									
9	LANDSCAPING, PA SYSTEM PHV SIGN DIRECTORY BOARD		1976	5,916					
10	DIRECTORY BOARD LETTERS, PATIO CEMENT, LANDSCAPING		1977	1,273					
11	LANDSCAPING, AIR CONDITIONER, FLAG PLE LIGHT		1978	6,194					
12	LANDSCAPING, FENCE, CABINETS, INTERCOM, & MIKE MIXER		1980	3,688					
13	REMODELING		1981	485					
14	ENERGY CONTROL SYSTEM, REMODELING		1982	19,060					
15	CABINETS		1983	271					
16	CABINET TOP		1984	408					
17	GARAGE SHOP, STORAGE BLDG, REMODELING, DRIVEWAY		1985	74,072					
18	REMODELING		1986	5,469					
19	BACKFLOW PREVENTOR, WINDOW, & MIXING VALVE		1989	8,180					
20	FIRE ALARM		1991	1,298	35,209		35,209		721,988
21	NEW ROOF, STORM WINDOWS, PAVILION		1992	61,405					
22	LANDSCAPING		1993	1,240					
23	LANDSCAPING, ROOF		1994	43,344					
24	NEW ROOF, REMODELING, AIR CONDITIONERS		1994	32,226					
25	SECURITY SYSTEM, REMODELING		1994	6,907					
26	ARCHITECH, REMODELING, A/C, CARPET, FLOOR, PAINT & PAP		1995	40,250					
27	DRIVEWAY, ARCHITECH, LANDSCAPING, A/C WINDOW TREATM		1995	28,013					
28	ROOF, WATERLINE, COVEBASE, & HAND RAIL		1996	40,657					
29	LANDSCAPING		1997	915					
30	ROOF TOP AIR CONDITIONER		1997	6,795					
31	PAINT & WALL PAPER		1997	24,720					
32	FLOORING		1997	12,182					
33	COVEBASE		1997	2,713					
34	REPLACE CEILING		1997	16,220					
35	EXHAUST FAN		1997	428					
36	WATER HYDRANT		1997	527					

*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
SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	PARKING AREA	1998	\$ 17,920	\$		\$	\$	\$	37
38	LANDSCAPING	1998	715						38
39	ARCHITECH FEES	1998	8,912						39
40	PAINT & WALL PAPER	1998	4,691						40
41	FLOORING	1998	428						41
42	WALL TREATMENTS & PICTURES	1998	442						42
43	WINDOWS	1998	2,123						43
44	OUTDOOR LIGHTING	1998	2,761						44
45	FIRE ALARM SYSTEM	1998	3,218						45
46	HEATING & COOLING SYSTEM	1998	1,824						46
47	LANDSCAPING	1999	1,439						47
48	DEMENTIA WING	1999	287,249						48
49	DEMENTIA WING ELECTRICAL	1999	589						49
50	DEMENTIA WING SURVEY	1999	3,250						50
51	PAINT & WALL PAPER	1999	4,025						51
52	WINDOW TREATMENT	1999	526						52
53	CARPET	1999	2,531						53
54	HEATING & COOLING SYSTEM	1999	4,384						54
55	ROOF TOP AIR CONDITIONER	1999	6,940						55
56	LANDSCAPING	2000	1,600						56
57	DEMENTIA WING	2000	19,566						57
58	SURVEY INDEPENDENT LIVING CENTER	2000	1,875						58
59	SECURITY DOOR ALARM	2000	1,415						59
60	HOT WATER HEATING SYSTEM	2000	26,436						60
61	CARPET	2000	4,462						61
62	VINAL SLIDING DOOR	2000	2,359						62
63	HEATING & COOLING SYSTEM	2000	6,368						63
64	LANDSCAPING	2001	1,600						64
65	ELECTRICAL WORK	2001	850						65
66	MASTER PLAN	2001	10,000						66
67	NEW LAUNDRY ROOM WALL	2001	497						67
68	DUCT WORK	2001	344						68
69	WATER LINE	2001	60,000						69
70	TOTAL (lines 4 thru 69)		\$ 1,912,193	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,912,193	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	1
2	SLIDER WINDOWS	2001	2,469						2
3	FLOORING	2001	2,364						3
4	PAINT	2001	475						4
5	FIRE ALARM SYSTEM	2001	3,317						5
6	INTERIOR DECORATING	2001	1,863						6
7	ELECTRIC HEAT UNITS	2001	7,940						7
8	DRIVEWAY	2002	21,209						8
9	SIDEWALK	2002	960						9
10	DOORS	2002	2,515						10
11	AC CONDENSER	2002	1,572						11
12	WINDOWS	2002	266						12
13	EXHAUST FAN	2002	1,802						13
14	COUNTER TOP & WALL REPAIR	2002	604						14
15	ELECTRICAL GROUNDING	2002	2,581						15
16	POLE LIGHT	2002	3,337						16
17	ELECTRIC HEAT	2002	704						17
18	ENTRYWAY CULVERT	2003	2,600						18
19	700' 6" TILE	2003	1,561						19
20	CONCRETE WASHER BASE	2003	750						20
21	PERGOLA	2003	2,800						21
22	MASTER PLAN DEVELOPMENT	2003	892						22
23	HEATER	2003	1,064						23
24	SIGN LIGHTING	2003	2,529						24
25	CARPET	2003	378						25
26	LANDSCAPING	2004	4,748						26
27	ELECTRICAL WORK	2004	1,025						27
28	SECURITY DOOR ALARM	2004	812						28
29	GENERATOR & TRANSFER SWITHC	2004	9,151						29
30	LAUNDRY ROOM A.C.	2004	11,320						30
31	RETAINING WALL GAZEBO AREA	2005	7,254						31
32	ALUMINUM DOORS	2005	2,700						32
33	GAZEBO	2005	7,778						33
34	TOTAL (lines 1 thru 33)		\$ 2,023,533	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,023,533	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	1
2	WINDOW TREATMENT	2005	868						2
3	HEAT & COOL SYSTEM	2005	566						3
4	FIRE SAFETY SYSTEM	2005	1,041						4
5	SIDEWALK	2006	5,230						5
6	GAZEBO	2005	3,139						6
7	PAVILLION	2006	576						7
8	OUTSIDE EMERGENCY LIGHTING	2005	1,081						8
9	NEW SOFFIT, FASCIA, GUTTERING	2007	1,352						9
10	SIDEWALK	2008	3,774						10
11	TRANE 5 TON 3 PH ROOFTOP UNIT	2007	5,078						11
12	WINDOW TREATMENT	2007	2,923						12
13	MDM HEAT-COOL	2008	555						13
14	BATHROOM FIXTURES	2008	2,658						14
15	CARPET & COVEBASE	2008	758						15
16	OUTSIDE LIGHTING	2008	371						16
17	REMOTE ANNUNCIATOR FOR EMERGENCY GENERATOR	2008	4,097						17
18	HEADS FOR POSTS LIFE SAFETY CODE	2008	354						18
19	REPLACE SHINGLES ON 2 WINGS	2008	3,144						19
20	HEAT & COOL SYSTEM	2008	564						20
21	WINDOW TREATMENT	2008	4,024						21
22	PLUMBING TO CODE	2008	9,702						22
23	CEILING TILE	2008	582						23
24	ELECTRICAL WORK	2008	2,830						24
25	BATHROOM FIXTURES	2009	725						25
26	RAILING BETWEEN BUILDINGS	2009	1,699						26
27	5 TON COMPRESSOR UNIT	2009	2,683						27
28	HEAT & COOL SYSTEM	2009	614						28
29	GAZEBO BRICK WALL	2009	5,073						29
30	ROOF VALLEY REPAIR	2009	1,585						30
31	RETEXTURE B HALLWAY CEILING	2009	2,382						31
32	FLAT ROOF REPLACEMENT	2010	45,160						32
33	ROOF REPLACEMENT	2010	63,178						33
34	TOTAL (lines 1 thru 33)		\$ 2,201,899	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,201,899	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	1
2	PANACEA WALL DEFENDER	2009	2,274						2
3	GENERATOR CIRCUITS	2009	1,434						3
4	FLOORING KITCHEN & BREAKROOM	2010	1,300						4
5	MDM HEAT COOL	2010	1,064						5
6	LOWER MIXING VALVUE	2010	719						6
7	BACK DOOR	2010	2,800						7
8	SLAB FOR WASHER	2010	1,367						8
9	SPRINKLER HEADS	2010	504						9
10	WINDOW TREATMENTS	2010	591						10
11	CONCRETE PAD	2011	2,130						11
12	ELECTRICAL WIRING GENERATOR TRANSFER SWITCH	2011	11,115						12
13	ELECTRICAL WIRING MAIN BREAKER	2011	1,131						13
14	NEW WINDOWS COMMON AREA	2011	3,743						14
15	LANDSCAPE MEMORIAL AREA & GAZEBO	2011	1,515						15
16	DOOR BY KITCHEN	2011	1,252						16
17	COMMON AREA WINDOWS	2011	1,247						17
18	3" PUMP INSTALLATION	2011	9,318						18
19	2000 LIFE SAFTEY CODE IMPROVEMENTS	2011	7,540						19
20	MDM HEAT COOL UNITS FOR ROOMS	2012	8,580						20
21	LAMINATE FLOORING	2012	2,222						21
22	CONCRETE DAM AT EDGE OF POND	2012	1,540						22
23	ELECTRICAL HOOKUPS	2012	5,809						23
24	BULLDOZING POND AREA	2013	12,420						24
25	SPRINKLER SYSTEM	2013	1,084						25
26	LIGHTING	2013	1,442						26
27	SPRINKLER SYSTEM	2013	18,976						27
28	WATER COOLER	2013	720						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,305,736	\$ 59,609		\$ 59,609	\$	\$ 1,632,920	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 165,466	\$ 22,135	\$ 22,135	\$	VARIOUS	\$ 91,042	71
72	Current Year Purchases	20,389	1,184	1,184		VARIOUS	1,184	72
73	Fully Depreciated Assets	580,499				VARIOUS	580,499	73
74								74
75	TOTALS	\$ 766,354	\$ 23,319	\$ 23,319	\$		\$ 672,725	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	RESIDENTIAL OUTINGS	BUS	2003	\$ 57,588	\$	\$	\$	5	\$ 57,588	76
77										77
78										78
79										79
80	TOTALS			\$ 57,588	\$	\$	\$		\$ 57,588	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,158,178 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 82,928 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 82,928 83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,363,233 85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

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

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
 by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 3,807 Description: OFFICE COPIER

(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.

SEE ACCOUNTANTS' COMPILATION REPORT

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>AIDES WERE ALREADY TRAINED</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED		
1. From this facility		
2. From other facilities (f)		
DROP-OUTS		
1. From this facility		
2. From other facilities (f)		
TOTAL TRAINED		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	L10A;C3	hrs	\$	11,540	\$ 237,587	\$	11,540	\$ 237,587	1	
2	Licensed Speech and Language Development Therapist	L10A;C3	hrs		2,963	83,357		2,963	83,357	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	L10A;C3	hrs		8,448	170,181		8,448	170,181	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescripts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	22,951	\$ 491,125	\$	22,951	\$ 491,125	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning: 7/1/12

Ending:

6/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/13 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 991,886	\$	1
2	Cash-Patient Deposits	1,765		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 157,892)	745,865		3
4	Supply Inventory (priced at COST)	10,320		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,839		6
7	Other Prepaid Expenses	2,985		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,784,660	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	28,500		13
14	Buildings, at Historical Cost	2,170,625		14
15	Leasehold Improvements, at Historical Cost	135,617		15
16	Equipment, at Historical Cost	823,436		16
17	Accumulated Depreciation (book methods)	(2,363,233)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	29,505		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(13,763)		20
21	Restricted Funds	59,496		21
22	Other Long-Term Assets (spe CAP CONTRIBUTIC	130,332		22
23	Other(specify): <u>FARMLAND</u>	60,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,060,515	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,845,175	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 309,723	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,765		28
29	Short-Term Notes Payable	152,607		29
30	Accrued Salaries Payable	73,055		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	66,921		32
33	Accrued Interest Payable	270		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 604,341	\$	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				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 604,341	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,240,834	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,845,175	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,012,182	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,012,182	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	228,652	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)	\$ 228,652	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)	\$ 2,240,834	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,696,222	1
2	Discounts and Allowances for all Levels	(9,021)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,687,201	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	15,196	12
13	Barber and Beauty Care	2,991	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	4,755	15
16	Rental of Facility Space	1,700	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 24,642	23
D. Non-Operating Revenue			
24	Contributions	10,571	24
25	Interest and Other Investment Income***	7,830	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18,401	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	REIMB 27393; ENDOWMENT FUND 1793	29,186	28
28a	FUND RAISING	20,090	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 49,276	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,779,520	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	811,566	31
32	Health Care	2,385,477	32
33	General Administration	958,118	33
B. Capital Expense			
34	Ownership	163,475	34
C. Ancillary Expense			
35	Special Cost Centers	11,163	35
36	Provider Participation Fee	221,069	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,550,868	40
41	Income before Income Taxes (line 30 minus line 40)**	228,652	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 228,652	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,027,854	44
45	Private Pay - Net Inpatient Revenue	1,348,065	45
46	Medicare - Net Inpatient Revenue	1,320,303	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,696,222	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,904	2,080	\$ 73,782	\$ 35.47	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,113	5,339	120,267	22.53	3
4	Licensed Practical Nurses	20,611	22,001	431,364	19.61	4
5	CNAs & Orderlies	78,365	82,591	852,498	10.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,102	2,378	43,236	18.18	8
9	Activity Director	1,374	1,589	15,458	9.73	9
10	Activity Assistants	6,725	7,035	63,107	8.97	10
11	Social Service Workers	1,997	2,216	27,357	12.35	11
12	Dietician					12
13	Food Service Supervisor	2,172	2,220	37,567	16.92	13
14	Head Cook	3,532	3,881	39,631	10.21	14
15	Cook Helpers/Assistants	4,506	4,735	44,423	9.38	15
16	Dishwashers	9,727	9,969	88,412	8.87	16
17	Maintenance Workers	4,020	4,240	57,085	13.46	17
18	Housekeepers	9,273	9,929	89,926	9.06	18
19	Laundry	6,479	6,825	67,560	9.90	19
20	Administrator	3,844	4,160	164,521	39.55	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,690	3,893	46,060	11.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: <u>CHAPLAIN</u>	1,633	1,688	30,752	18.22	32
33	Other(specify) <u>DEVEL/MARKE</u>	2,268	2,348	45,159	19.23	33
34	TOTAL (lines 1 - 33)	169,335	179,117	\$ 2,338,165 *	\$ 13.05	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	144	\$ 4,608	L1;C3	35
36	Medical Director	114	15,750	L9;C3	36
37	Medical Records Consultant	23	584	L10;C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	83	4,136	L10;C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	65	3,462	L11;C3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	429	\$ 28,540		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	9	\$ 346	L10;C3	50
51	Licensed Practical Nurses	34	1,112	L10;C3	51
52	Certified Nurse Assistants/Aides	1,002	20,014	L10;C3	52
53	TOTAL (lines 50 - 52)	1,045	\$ 21,472		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number PLEASANT HILL VILLAGE

0021014

Report Period Beginning:

7/1/12

Ending: 6/30/13

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. ASSN BROTHERS CAREGIVERS 600; LSN 5206
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ N/A Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 221,069
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: GREGORY M. BIERMAN, CPA
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

SCHEDULE XI. OWNERSHIP COSTS: PAGE 11

FACILITY GROUNDS CONSIST OF 5.58 ACRES
ORIGINALLY THE LAND WAS SECURED BY DONATION IN 1905 BUT DESIGNATED AS HOME SITE IN 1975
AT WHICH TIME IT WAS APPRAISED AT A VALUATION OF \$28,500

SCHEDULE XI. OWNERSHIP COSTS: PAGE 12, 12A, 12B, 12C, 12D

IMPROVEMENTS:

SYSTEM DOES NOT DISTINGUISH BY YEAR, ONLY BY ASSET CLASSIFICATION.

STATE OF ILLINOIS

Page 25

Facility Name & ID Number PLEASANT HILL VILLAGE # 0021014 Report Period Beginning: 7/1/2012 Ending: 6/30/2013

<u>NAME</u>	<u>DATE</u>	<u>LOCATION</u>	<u>TITLE</u>	<u>SPONSOR</u>	<u>REGISTRATION</u>	<u>MEALS</u>	<u>LODGING</u>	<u>TRAVEL</u>	<u>MILEAGE</u>
DEPARTMENT HEADS	7/9/2012	GIRARD	VARIOUS	LSN	99				
DEPARTMENT HEADS	7/9/2012	GIRARD	VARIOUS	LSN	99				
ALL EMPLOYEES	7/24/2012	GIRARD	VARIOUS	CPR CLASSES	250				
KRISSY SPOOR	9/19/2012	BREEZE	SOC SERV	OUTCOME SERVICES	180				
DAWN SMITH	10/8/2012	DENVER	DIR OF FINANCE				663	230	
MOLLY HANNON	10/9/2012	SPRINGFIELD	MARKETING	SIU SCHOOL OF MEDIC	125				
KAMI HOPPER	11/2/2012	SPRINGFIELD	ADMINISTRA	INHAA	108				
KAMI HOPPER	11/2/2012	DECATUR	ADMINISTRA	INHAA	135				
MICHELLE CHENEY	#####	SPRINGFIELD	DON	FRED PRYOR SEMINAF	199				
MICHELLE CHENEY	#####	SPRINGFIELD	DON	LINCONLAND COMM C	100				
DEPARTMENT HEADS	1/11/2013	GIRARD	VARIOUS	LSN	99				
ALL EMPLOYEES	1/15/2013	GIRARD	VARIOUS	CPR CLASSES	125				
DEPARTMENT HEADS	1/28/2013	GIRARD	VARIOUS	LSN	228				
ALL EMPLOYEES	2/7/2013	GIRARD	VARIOUS	CPR CLASSES	125				
DEPARTMENT HEADS	2/27/2013	GIRARD	VARIOUS	LSN	168				
CHRISTY BUHL	3/22/2013	CARBONDALE	SOC SERV	LSN			73		51
KENDRA NIX	3/26/2013	SPRINGFIELD	HSKP/LAUND	FRED PRYOR SEMINAF	149				
KAMI HOPPER	3/26/2013	SPRINGFIELD	ADMINISTRA	IL PIONEER COALITION	40				
PAULETTE MILLER	3/26/2013	MARTINSBURG	EXECUTIVE	BRETHREN FOUNDATION			193	353	
ROD DOWELL	3/26/2013	MARTINSBURG	BOARD PRES	BRETHREN FOUNDATION			193	355	
DAWN SMITH	4/2/2013	NASHVILLE	DIR OF FINA	POLARIS GROUP	829		605	236	
BUHL, SPOOR, HALEY, HAI	4/3/2013	CHICAGO	DEPT HEADS	LSN	2,160		650		
KAMI HOPPER	4/26/2013	CHICAGO	ADMINISTRA	SPRING FORUM		12	382	299	142
ALL EMPLOYEES	5/13/2013	GIRARD	VARIOUS	CPR CLASSES	315				
ALL EMPLOYEES	6/5/2013	GIRARD	VARIOUS	CPR CLASSES	125				
BOARD MEMBERS & MILLE	6/14/2013	CHICAGO	BOARD MEM	ASCENSION CAPITAL	3,000			388	
SUZANNE MCLEAN	6/28/2013	ST LOUIS	DEVELOPME	AFP	305				
					8,963	12	2,759	1,861	193
									<u>13,788</u>