

Facility Name & ID Number Pleasant View Luther Home

0012864 Report Period Beginning: 07/01/2015 Ending: 06/30/2016

III. STATISTICAL DATA

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

	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 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,957	16,908	6,663	28,528	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,957	16,908	6,663	28,528	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.84%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 6/28/1937

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 90 and days of care provided 5,316

Medicare Intermediary National Government Services (NGS)

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/2016 Fiscal Year: 6/30/2016

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 07/01/2015 Ending: 06/30/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	523,509	37,178	8,226	568,913		568,913		568,913		1
2	Food Purchase		403,068		403,068		403,068	(107,352)	295,716		2
3	Housekeeping	160,495	32,247	595	193,337		193,337		193,337		3
4	Laundry	30,582	12,252		42,834		42,834		42,834		4
5	Heat and Other Utilities			310,832	310,832		310,832		310,832		5
6	Maintenance	166,925	24,234	321,476	512,635		512,635	(9,851)	502,784		6
7	Other (specify):*										7
8	TOTAL General Services	881,511	508,979	641,129	2,031,619		2,031,619	(117,203)	1,914,416		8
	B. Health Care and Programs										
9	Medical Director			15,620	15,620		15,620		15,620		9
10	Nursing and Medical Records	2,199,993	122,039	40,063	2,362,095		2,362,095	(3,960)	2,358,135		10
10a	Therapy										10a
11	Activities	122,165	3,739	7,857	133,761		133,761		133,761		11
12	Social Services	48,816	672	488	49,976		49,976		49,976		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,370,974	126,450	64,028	2,561,452		2,561,452	(3,960)	2,557,492		16
	C. General Administration										
17	Administrative			105,470	105,470	98,869	204,339		204,339		17
18	Directors Fees										18
19	Professional Services			52,523	52,523		52,523	(3,000)	49,523		19
20	Dues, Fees, Subscriptions & Promotions			23,719	23,719		23,719		23,719		20
21	Clerical & General Office Expenses	356,163	34,742	160,968	551,873	(98,869)	453,004	(50,779)	402,225		21
22	Employee Benefits & Payroll Taxes			859,421	859,421		859,421	(70,012)	789,409		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,378	9,378		9,378	(1,668)	7,710		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			28,319	28,319		28,319		28,319		26
27	Other (specify):*										27
28	TOTAL General Administration	356,163	34,742	1,239,798	1,630,703		1,630,703	(125,459)	1,505,244		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,608,648	670,171	1,944,955	6,223,774		6,223,774	(246,622)	5,977,152		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.

STATE OF ILLINOIS

Part V Supplement

Facility Name & ID Num Pleasant View Luther Home

0012864

Report Period Beginning 7/01/2014

Ending: 6/30/2015

Schedule V - Cost Center Expenses/Reclassifications - Supplemental Schedule

		To Line	From Line
Reclassify administrative wages	\$ 98,869	17	21

Facility Name & ID Number

Pleasant View Luther Home

#0012864

Report Period Beginning:

07/01/2015

Ending:

06/30/2016

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			1,219,392	1,219,392		1,219,392	(175,144)	1,044,248			30
31	Amortization of Pre-Op. & Org.			39,490	39,490		39,490		39,490			31
32	Interest			1,661,617	1,661,617		1,661,617	(45,317)	1,616,300			32
33	Real Estate Taxes			210,456	210,456		210,456	(124,645)	85,811			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,130,955	3,130,955		3,130,955	(345,106)	2,785,849			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		210,792	826,569	1,037,361		1,037,361		1,037,361			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			193,497	193,497		193,497		193,497			42
43	Other (specify):* Marketing/AL/IL	297,023	3,384	188,888	489,295		489,295	(489,295)				43
44	TOTAL Special Cost Centers	297,023	214,176	1,208,954	1,720,153		1,720,153	(489,295)	1,230,858			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,905,671	884,347	6,284,864	11,074,882		11,074,882	(1,081,023)	9,993,859			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.)

		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	(87,435)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(9,851)	6		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	(45,317)	32		10
11	Discounts, Allowances, Rebates & Refunds	(19,917)	2		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	(50,779)	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 Other Non-allowable	(867,724)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,081,023)		\$	30

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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,081,023)		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.			\$	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

BHF USE ONLY							
48		49		50		51	52

Pleasant View Luther Home

ID# 0012864

Report Period Beginning: 07/01/2015

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Senior Fitness Revenue	\$ (3,960)	10	1
2				2
3				3
4	Luther Place and Estates/Marketing	(489,295)	43	4
5	Non-Allowable Depreciation	(175,144)	30	5
6	Marketing Benefits	(27,258)	22	6
7	AL Benefits	(42,754)	22	7
8	Marketing Transportation	(1,668)	24	8
9	Disallowed Professional Fees	(3,000)	19	9
10	Non-Allowable Real Estate Taxes	(124,645)	33	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	(867,724)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2015

Ending:

06/30/2016

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(107,352)	0	0	0	0	0	0	0	0	0	0	(107,352)	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	(9,851)	0	0	0	0	0	0	0	0	0	0	(9,851)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(117,203)	0	(117,203)	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	(3,960)	0	0	0	0	0	0	0	0	0	0	(3,960)	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	(3,960)	0	(3,960)	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,000)	0	0	0	0	0	0	0	0	0	0	(3,000)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(50,779)	0	0	0	0	0	0	0	0	0	0	(50,779)	21
22	Employee Benefits & Payroll Taxes	(70,012)	0	0	0	0	0	0	0	0	0	0	(70,012)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,668)	0	0	0	0	0	0	0	0	0	0	(1,668)	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	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(125,459)	0	(125,459)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(246,622)	0	(246,622)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2015 Ending:

06/30/2016

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(175,144)	0	0	0	0	0	0	0	0	0	0	(175,144)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(45,317)	0	0	0	0	0	0	0	0	0	0	(45,317)	32
33	Real Estate Taxes	(124,645)	0	0	0	0	0	0	0	0	0	0	(124,645)	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	(345,106)	0	(345,106)	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):*	(489,295)	0	0	0	0	0	0	0	0	0	0	(489,295)	43
44	TOTAL Special Cost Centers	(489,295)	0	(489,295)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,081,023)	0	(1,081,023)	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
Lutheran Home for the Aged Inc.	100	Lutheran Home for the Aged	Arlington Heights	Lutheran Life Ministri	Arlington Heights	Parent Holding Com
		Pleasant View Luther Home	Ottawa	Lutheran Life Commu	Arlington Heights	Management Consul
		St. Pauls House & Health Care Center	Chicago	Lutheran Foundation f	Arlington Heights	Fundraising
		Wittenberg Lutheran Village	Crown Point	Lutheran Community	Arlington Heights	Support Services
		Arlington of Naples	Naples			
		Luther Oaks	Bloomington			

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.

Facility Name & ID Number

Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2015

Ending:

06/30/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Roger Paulsberg	Chairman	Administrative	0.00	278,115	3	7.50	Salary	\$ 22,550	17-3	1
2	Lori Fedyk	Treasurer	Administrative	0.00	180,765	4	10.00	Salary	20,085	17-3	2
3	Marie Carlson	Vice President	Administrative	0.00	209,138	2	5.00	Salary	11,007	17-3	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 53,642		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:

07/01/2015

Ending: 6/30/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

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	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									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:

07/01/2015

Ending:

06/30/2016

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		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			See Attached Schedule			\$	\$			\$								
2																		
3																		
4																		
5																		
Working Capital																		
6			See Attached Schedule															
7																		
8																		
9	TOTAL Facility Related					\$	\$			\$								
B. Non-Facility Related*																		
10																		
11																		
12																		
13																		
14	TOTAL Non-Facility Related					\$	\$			\$								
15	TOTALS (line 9+line14)					\$	\$			\$								

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.)

2015 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 Charles Babec

TELEPHONE (815) 434-1130 FAX #: (815) 434-1135

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>22-14-416-016</u>	<u>1019 University Ave</u>	\$ <u>3,015.84</u>	\$ _____
2.	<u>22-14-401-019</u>	<u>505 College Ave</u>	\$ <u>213,805.56</u>	\$ <u>92,176.22</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>216,821.40</u></u>	\$ <u><u>92,176.22</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Pleasant View Luther Home
 6/30/2016
 RE Tax Allocation

<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
22-14-416-016	1019 University Ave - Vacant Lot	\$ 3,016	-
22-14-401-019	505 College Ave	\$ 213,806	92,176
22-77-014-004 - 10	928- 952 Pleasant View - Vacant Lot	\$ -	-

Allocation Calculation			
	Facility Units	Total Units	% Applicable to Nursing Home
Square Feet	72,788	168,834	43%

Tax ID	Total Tax	Allocation %	Tax Applicable to Nursing Home (Total Tax * Allocation %)
22-14-416-016	3,016	0%	-
22-14-401-019	213,806	43%	92,176
22-77-014-004 - 10	-	0%	-

Facility Name & ID Number Pleasant View Luther Home

0012864 Report Period Beginning:

07/01/2015 Ending:

06/30/2016

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? [X] (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? [X] (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 available

Pleasant View Luther Estates - Duplexes for Independent Living - 14 units available

Pleasant View Hearthstone - Apartments for Assisted Living - 41 units available

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [] YES [X] NO

If so, please complete the following:

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

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an unlabeled column. Row 1: SNF, 522,750, \$ 339,943, 1. Row 2: 2. Row 3: TOTALS, 522,750, \$ 339,943, 3.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2015

Ending:

06/30/2016

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

	1	2	3	4	5	6	7	8	9	
	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	\$	40	\$	\$	\$
5			1960	1960	64,957		40			
6			1962	1962	767,743		40			
7			1977	1977	3,768,795		40			
8										
	Improvement Type**									
9		1980 Building & Land Improvements		1980	8,096					
10		1981 Building & Land Improvements		1981	95,606					
11		1982 Building & Land Improvements		1982	109,621					
12		1983 Building & Land Improvements		1983	52,137					
13		1984 Building & Land Improvements		1984	51,282					
14		1985 Building & Land Improvements		1985	68,023					
15		1986 Building & Land Improvements		1986	12,076					
16		1987 Building & Land Improvements		1987	82,723					
17		1988 Building & Land Improvements		1988	7,182					
18		1991 Building & Land Improvements		1991	12,726					
19		1992 Building & Land Improvements		1992	41,495					
20		1995 Building & Land Improvements		1995	21,584					
21		1996 Building & Land Improvements		1996	196,509					
22		1997 Building & Land Improvements		1997	37,277					
23		2001 Building & Land Improvements		2001	47,645					
24		2002 Building & Land Improvements		2002	1,370,163					
25		2003 Building & Land Improvements		2003	6,130					
26		2004 Building & Land Improvements		2004	5,098					
27		2005 Building & Land Improvements		2005	1,350					
28		2007 Building & Land Improvements		2007	176,083					
29		2008 Building & Land Improvements		2008	23,938					
30		2009 Building & Land Improvements		2009	30,277					
31		2011 Building & Land Improvements		2011	15,506,066					
32		Additional Scope / POC items for PH1 (Health Center)		2012	387,637					
33		Hearthstone Building Additional Scope / POC		2012	169,132					
34		Underground Water Pipe		2012	7,588					
35		Hoffman Development Fees Ph1 and Ph2		2013	51,157					
36		Remote Fire Alarm Annunciator		2013	1,848					

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	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	Roof HVAC Silencer	2013	\$ 41,926	\$		\$	\$	\$	37
38	Hearthstone 17 unit addition PH4	2014	2,984,440						38
39	Village Square Building PH3	2014	5,220,883						39
40	Steps Voidfilled	2014	1,345						40
41	Bifold Doors	2015	3,660						41
42	Unith 101H Carpet	2015	3,348						42
43	Unit 103 Carpet	2015	2,107						43
44	Roof AC Unit	2016	4,761		10				44
45	Pipe Plumbing - Boiler Room	2016	3,862		10				45
46	Transistors in dining rooms	2016	681		5				46
47	Unit 207 carpet and flooring	2016	2,011		5				47
48	Sidewalk replacement	2016	14,875		15				48
49	Parking Lot Striping	2016	1,600		5				49
50	Sealcoat parking lot	2016	11,129		5				50
51									51
52									52
53	Financial Statement Depreciation			781,110		781,110		8,837,361	53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 31,648,988	\$ 781,110		\$ 781,110	\$	\$ 8,837,361	70

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,252,286	\$ 250,886	\$ 250,886	\$	Var	\$ 1,070,826	71
72	Current Year Purchases	76,753	4,410	4,410		Var	4,411	72
73	Fully Depreciated Assets	519,017				Var	519,017	73
74								74
75	TOTALS	\$ 2,848,056	\$ 255,296	\$ 255,296	\$		\$ 1,594,254	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	See Attachment			\$ 117,575	\$ 7,842	\$ 7,842	\$	Various	\$ 94,703	76
77										77
78										78
79										79
80	TOTALS			\$ 117,575	\$ 7,842	\$ 7,842	\$		\$ 94,703	80

E. Summary of Care-Related Assets

		1 Reference	2 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)	\$ 34,954,562	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,044,248	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,044,248	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)	\$ 10,526,318	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-Allowable	\$ 3,781,979	\$ 175,144	\$ 2,675,302	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 3,781,979	\$ 175,144	\$ 2,675,302	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.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2015

Ending: 06/30/2016

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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: \$ _____ Description: _____

(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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$				1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V39-3	hrs		44,738	826,569		44,738	826,569	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39-2	# of prescrpts				210,792		210,792	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			\$	44,738	\$ 826,569	\$ 210,792	44,738	\$ 1,037,361	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.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2015

Ending:

06/30/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2016

(last day of reporting year)

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	\$ 1,780,276	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 92,129)	1,130,883		3
4	Supply Inventory (priced at)	44,322		4
5	Short-Term Investments	16,516		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	49,674		7
8	Accounts Receivable (owners or related parties)	(4,834,966)		8
9	Other(specify): <u>Interest Receivable</u>	2,400,894		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 587,599	\$	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	34,675,850		14
15	Leasehold Improvements, at Historical Cost	136,276		15
16	Equipment, at Historical Cost	3,237,404		16
17	Accumulated Depreciation (book methods)	(13,201,620)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	185,138		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Deferred Financing/Cost to Acqui</u>	976,367		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,356,483	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,944,082	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 633,163	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	310,134		29
30	Accrued Salaries Payable	358,288		30
31	Accrued Taxes Payable (excluding real estate taxes)	13,824		31
32	Accrued Real Estate Taxes(Sch.IX-B)	137,682		32
33	Accrued Interest Payable	204,565		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	344,844		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,002,500	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	22,597,779		39
40	Mortgage Payable	1,525,390		40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>	3,797,139		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 27,920,308	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 29,922,808	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,978,726)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,944,082	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,226,772)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,226,772)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	248,051	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) Rounding	(5)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 248,046	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)	\$ (2,978,726)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2015

Ending: 06/30/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,721,349	1
2	Discounts and Allowances for all Levels	(2,187,010)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,534,339	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,603,532	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,603,532	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	451	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	87,435	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	9,851	16
17	Sale of Drugs	196,769	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	17,908	19
20	Radiology and X-Ray	13,545	20
21	Other Medical Services	187,686	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 513,645	23
D. Non-Operating Revenue			
24	Contributions	22,696	24
25	Interest and Other Investment Income***	90,337	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 113,033	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See Attachment</u>	558,384	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 558,384	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,322,933	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,031,619	31
32	Health Care	2,561,452	32
33	General Administration	1,630,703	33
B. Capital Expense			
34	Ownership	3,130,955	34
C. Ancillary Expense			
35	Special Cost Centers	1,526,656	35
36	Provider Participation Fee	193,497	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,074,882	40
41	Income before Income Taxes (line 30 minus line 40)**	248,051	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 248,051	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 911,181	44
45	Private Pay - Net Inpatient Revenue	4,182,480	45
46	Medicare - Net Inpatient Revenue	236,480	46
47	Other-(specify) <u>AL/HMO/Free Care</u>	2,204,198	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,534,339	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.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2015

Ending:

06/30/2016

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,950	1,950	\$ 90,747	\$ 46.54	1
2	Assistant Director of Nursing					2
3	Registered Nurses	33,051	33,051	916,630	27.73	3
4	Licensed Practical Nurses	436	436	9,969	22.86	4
5	CNAs & Orderlies	74,245	74,245	966,571	13.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,849	7,849	112,544	14.34	10
11	Social Service Workers	3,723	3,723	69,774	18.74	11
12	Dietician	2,165	2,165	28,439	13.14	12
13	Food Service Supervisor	9,790	9,790	196,948	20.12	13
14	Head Cook	1,798	1,798	23,732	13.20	14
15	Cook Helpers/Assistants	25,613	25,613	239,838	9.36	15
16	Dishwashers	1,919	1,919	17,497	9.12	16
17	Maintenance Workers	8,545	8,545	168,319	19.70	17
18	Housekeepers	15,813	15,813	165,472	10.46	18
19	Laundry	3,320	3,320	34,708	10.45	19
20	Administrator	1,950	1,950	98,869	50.70	20
21	Assistant Administrator					21
22	Other Administrative	14,610	14,610	308,552	21.12	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,950	1,950	29,274	15.01	31
32	Other Health C: AL/IL/Marketing	14,573	14,573	225,888	15.50	32
33	Other(specify) <u>Nursing Admin</u>	8,692	8,692	201,900	23.23	33
34	TOTAL (lines 1 - 33)	231,992	231,992	\$ 3,905,671 *	\$ 16.84	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	120	15,620	9-03	36
37	Medical Records Consultant	32	1,822	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	192	9,472	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	6	257	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	350	\$ 27,171		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	53

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						
Becky Cattani	Executive Administrator	0	\$ 98,869	Workers' Compensation Insurance	\$ 135,951	IDPH License Fee	\$						
				Unemployment Compensation Insurance	83,921	Advertising: Employee Recruitment	2,413						
				FICA Taxes	287,980	Health Care Worker Background Check							
				Employee Health Insurance	339,019	(Indicate # of checks performed 89)	895						
				Employee Meals		Patient Background Checks	290						
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions & Publications	4,987						
				Retirement	5,499	Dues and Memberships	15,424						
				Life Insurance	7,903								
				Benefit Offset	(5,455)								
				Employee Physicals	4,437								
				403B	166	Less: Public Relations Expense	()						
				Less:Non-Reimbursable Benefits	(70,012)	Non-allowable advertising	()						
						Yellow page advertising	()						
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 98,869	TOTAL (agree to Schedule V, line 22, col.8)		\$ 23,719							
(List each licensed administrator separately.)													
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**					
Description		Amount		Description		Line #		Amount		Description		Amount	
Management Fee		\$ 105,470						\$		Out-of-State Travel		\$	
										In-State Travel		6,586	
										Seminar Expense		2,792	
										Less: Non-Reimbursable		(1,668)	
										Entertainment Expense		()	
										(agree to Sch. V, line 24, col. 8)			
TOTAL (agree to Schedule V, line 17, col. 3)		\$ 105,470		TOTAL		\$				TOTAL		\$ 7,710	
(Attach a copy of any management service agreement)													
C. Professional Services													
Vendor/Payee		Type		Amount									
CliftonLarsonAllen		Accounting		\$ 14,816									
Arthur J. Gallagher RMS, Inc.		Renewal		700									
Chuhak & Tecson P.C.		Legal		3,573									
Easy Access LLC		Other		2,476									
Hupp, Lanuti, Irion & Burton		Legal		1,500									
Jeffrey Asset Management		Management Fees		(379)									
McVey & Parsky LLC		Legal		7,435									
Smith Affiliated Capital Corporation		Management Fees		521									
Smith, Hemmesch, Burke & Kaczynski		Tax Assessment		3,000									
Solaris Advisors LLC		Advisory Fees		772									
Wells Fargo		Trustee Fees		9,445									
Ziegler Capital Management LLC		Management Fees		8,664									
TOTAL (agree to Schedule V, line 19, column 3)		\$ 52,523											
(For legal fee disclosure, see page 39 of instructions)													

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2015

Ending: 06/30/2016

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. LEADING AGE \$8,192
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Year
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,750 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 193,497
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 87,435
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100
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? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: CliftonLarsonAllen LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees