

		FOR BHF USE					

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

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

<p><b>I. IDPH License ID Number:</b> <u>0046243</u></p> <p><b>Facility Name:</b> <u>Royal Oaks Care Center</u></p> <p><b>Address:</b> <u>605 E Church St B600</u> <u>Kewanee</u> <u>61443</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Henry</u></p> <p><b>Telephone Number:</b> <u>(309) 852-3389</u> <b>Fax #</b> <u>(309) 853-1838</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>03/01/2003</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input checked="" type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Mike Kocher</u> <b>Telephone Number:</b> <u>(309) 689-5850</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2016</u> to <u>12/31/2016</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">           (Signed) _____            (Type or Print Name) <u>Mark B. Petersen</u>            (Title) <u>Chief Executive Officer</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">           (Signed) _____            (Print Name and Title) _____            (Firm Name &amp; Address) _____            (Telephone) <u>( )</u> Fax # <u>( )</u> </td> </tr> </table> <p align="right"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630     </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Mark B. Petersen</u> (Title) <u>Chief Executive Officer</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Mark B. Petersen</u> (Title) <u>Chief Executive Officer</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>							

Facility Name & ID Number Royal Oaks Care Center

# 0046243 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

**III. STATISTICAL DATA**

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	40,646	1,778	1,623	44,047	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,646	1,778	1,623	44,047	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.34%

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)

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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 3/1/2003

J. Was the facility purchased or leased after January 1, 1978?  
 YES  Date 3/1/2003 NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified 200 and days of care provided 1,445

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: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number Royal Oaks Care Center # 0046243 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	225,654	42,488		268,142		268,142	9,048	277,190		1
2	Food Purchase		295,662		295,662		295,662	(2,719)	292,943		2
3	Housekeeping	192,765	52,783		245,548		245,548	158	245,706		3
4	Laundry	95,099	20,026	28	115,153		115,153		115,153		4
5	Heat and Other Utilities			168,437	168,437		168,437	527	168,964		5
6	Maintenance	69,270	12,722	30,354	112,346		112,346	4,940	117,286		6
7	Other (specify):* Home Office Ben. Allocation										7
8	<b>TOTAL General Services</b>	582,788	423,681	198,819	1,205,288		1,205,288	11,954	1,217,242		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,864,445	171,494	137,157	2,173,096		2,173,096	268	2,173,364		10
10a	Therapy		10	228,116	228,126		228,126		228,126		10a
11	Activities	129,464	251	381	130,096		130,096	(10,676)	119,420		11
12	Social Services	78,519	3		78,522		78,522		78,522		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Home Office Ben. Allocation										15
16	<b>TOTAL Health Care and Programs</b>	2,072,428	171,758	377,654	2,621,840		2,621,840	(10,408)	2,611,432		16
	<b>C. General Administration</b>										
17	Administrative			394,700	394,700		394,700	(325,714)	68,986		17
18	Directors Fees										18
19	Professional Services			10,207	10,207		10,207	63,837	74,044		19
20	Dues, Fees, Subscriptions & Promotions			7,403	7,403		7,403	1,329	8,732		20
21	Clerical & General Office Expenses	80,708	5,739	24,996	111,443		111,443	105,306	216,749		21
22	Employee Benefits & Payroll Taxes			368,417	368,417		368,417	58,978	427,395		22
23	Inservice Training & Education			8	8		8	202	210		23
24	Travel and Seminar							98	98		24
25	Other Admin. Staff Transportation			10,893	10,893		10,893	8,298	19,191		25
26	Insurance-Prop.Liab.Malpractice			61,748	61,748		61,748	1,169	62,917		26
27	Other (specify):* Home Office Ben. Allocation										27
28	<b>TOTAL General Administration</b>	80,708	5,739	878,372	964,819		964,819	(86,497)	878,322		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,735,924	601,178	1,454,845	4,791,947		4,791,947	(84,951)	4,706,996		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.

Facility Name &amp; ID Number

Royal Oaks Care Center

#0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

## 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	
	<b>D. Ownership</b>											
30	Depreciation			95,700	95,700		95,700	23,876	119,576			30
31	Amortization of Pre-Op. & Org.							45,789	45,789			31
32	Interest			136,542	136,542		136,542	64,346	200,888			32
33	Real Estate Taxes			75,945	75,945		75,945	537	76,482			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			91,528	91,528		91,528	1,898	93,426			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			399,715	399,715		399,715	136,446	536,161			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		56,799		56,799		56,799		56,799			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			367,187	367,187		367,187		367,187			42
43	Other (specify):*		900	124,178	125,078		125,078	(125,078)				43
44	<b>TOTAL Special Cost Centers</b>		57,699	491,365	549,064		549,064	(125,078)	423,986			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	2,735,924	658,877	2,345,925	5,740,726		5,740,726	(73,583)	5,667,143			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	(2,883)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,558)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,494)	30		9
10	Interest and Other Investment Income	(39)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(213)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(38,132)	43		18
19	Entertainment				19
20	Contributions	(500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(75,100)	43		24
25	Fund Raising, Advertising and Promotional	(2,149)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(18,822)	Various		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (140,890)		\$	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)	67,307	Various	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 67,307		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (73,583)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	

Royal Oaks Care Center

ID# 0046243

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (3,896)	43	1
2	X-Rays-Part A	(2,585)	43	2
3	Offset Miscellaneous Office Supplies Revenue	(170)	21	3
4	Resident Flower	(46)	43	4
5	Disallowed Special Events	(899)	43	5
6	Offset Transportation Revenue	(10,676)	11	6
7	Disallowed Chamber of Commerce Dues	(550)	20	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
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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	<b>Total</b>	(18,822)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Royal Oaks Care Center# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	9,048	0	0	0	0	0	0	0	0	0	9,048	1
2	Food Purchase	(2,883)	164	0	0	0	0	0	0	0	0	0	(2,719)	2
3	Housekeeping	0	158	0	0	0	0	0	0	0	0	0	158	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	527	0	0	0	0	0	0	0	0	0	527	5
6	Maintenance	0	4,940	0	0	0	0	0	0	0	0	0	4,940	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(2,883)</b>	<b>14,837</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,954</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	268	0	0	0	0	0	0	0	0	0	268	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(10,676)	0	0	0	0	0	0	0	0	0	0	(10,676)	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	<b>TOTAL Health Care and Programs</b>	<b>(10,676)</b>	<b>268</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(10,408)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(325,714)	0	0	0	0	0	0	0	0	0	(325,714)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	23,041	0	40,796	0	0	0	0	0	0	0	63,837	19
20	Fees, Subscriptions & Promotions	(550)	0	963	916	0	0	0	0	0	0	0	1,329	20
21	Clerical & General Office Expenses	(170)	0	105,476	0	0	0	0	0	0	0	0	105,306	21
22	Employee Benefits & Payroll Taxes	0	0	58,978	0	0	0	0	0	0	0	0	58,978	22
23	Inservice Training & Education	0	0	202	0	0	0	0	0	0	0	0	202	23
24	Travel and Seminar	0	0	98	0	0	0	0	0	0	0	0	98	24
25	Other Admin. Staff Transportation	0	0	8,298	0	0	0	0	0	0	0	0	8,298	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,169	0	0	0	0	0	0	0	0	1,169	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(720)</b>	<b>(302,673)</b>	<b>175,184</b>	<b>41,712</b>	<b>0</b>	<b>(86,497)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(14,279)</b>	<b>(287,568)</b>	<b>175,184</b>	<b>41,712</b>	<b>0</b>	<b>(84,951)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Royal Oaks Care Center# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(1,494)	0	23,341	2,029	0	0	0	0	0	0	0	23,876	30
31	Amortization of Pre-Op. & Org.	0	0	0	45,789	0	0	0	0	0	0	0	45,789	31
32	Interest	(39)	0	686	63,699	0	0	0	0	0	0	0	64,346	32
33	Real Estate Taxes	0	0	537	0	0	0	0	0	0	0	0	537	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	1,898	0	0	0	0	0	0	0	0	1,898	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(1,533)</b>	<b>0</b>	<b>26,462</b>	<b>111,517</b>	<b>0</b>	<b>136,446</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(125,078)	0	0	0	0	0	0	0	0	0	0	(125,078)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(125,078)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(125,078)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(140,890)</b>	<b>(287,568)</b>	<b>201,646</b>	<b>153,229</b>	<b>0</b>	<b>(73,583)</b>	<b>45</b>						

Facility Name & ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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 Dietary	\$	Petersen Health Care Management, Inc.	100.00%	\$ 9,048	\$ 9,048	1
2	V	2 Food		Petersen Health Care Management, Inc.	100.00%	164	164	2
3	V	3 Housekeeping		Petersen Health Care Management, Inc.	100.00%	158	158	3
4	V	5 Utilities		Petersen Health Care Management, Inc.	100.00%	527	527	4
5	V	6 Maintenance		Petersen Health Care Management, Inc.	100.00%	4,940	4,940	5
6	V	7 Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		6
7	V	9 Medical Director		Petersen Health Care Management, Inc.	100.00%	0		7
8	V	10 Nursing and Medical Records		Petersen Health Care Management, Inc.	100.00%	268	268	8
9	V	10A Therapy		Petersen Health Care Management, Inc.	100.00%	0		9
10	V	15 Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		10
11	V	17 Administrative	394,700	Petersen Health Care Management, Inc.	100.00%	68,986	(325,714)	11
12	V	19 Professional Services		Petersen Health Care Management, Inc.	100.00%	23,041	23,041	12
13	V							13
14	Total		\$ 394,700			\$ 107,132	\$ * (287,568)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	20 Dues, Fees, Subs & Promotions	\$	Petersen Health Care Management, Inc.	100.00%	\$ 963	\$ 963	15
16	V	21 Clerical and General Office		Petersen Health Care Management, Inc.	100.00%	105,476	105,476	16
17	V	22 Employee Benefits and Payroll Taxes		Petersen Health Care Management, Inc.	100.00%	58,978	58,978	17
18	V	23 Inservice Training & Education		Petersen Health Care Management, Inc.	100.00%	202	202	18
19	V	24 Travel and Seminar		Petersen Health Care Management, Inc.	100.00%	98	98	19
20	V	25 Other Admin. Staff Transport.		Petersen Health Care Management, Inc.	100.00%	8,298	8,298	20
21	V	26 Insurance-Prop./Liab./Malprac.		Petersen Health Care Management, Inc.	100.00%	1,169	1,169	21
22	V	27 Mgmt. Allocation of Benefits		Petersen Health Care Management, Inc.	100.00%	0		22
23	V	30 Depreciation		Petersen Health Care Management, Inc.	100.00%	23,341	23,341	23
24	V	32 Interest		Petersen Health Care Management, Inc.	100.00%	686	686	24
25	V	33 Real Estate Taxes		Petersen Health Care Management, Inc.	100.00%	537	537	25
26	V	35 Rent-Equipment & Vehicles		Petersen Health Care Management, Inc.	100.00%	1,898	1,898	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 201,646	\$ * 201,646	39

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

Facility Name &amp; ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Petersen Health Care II, LLC	100.00%	\$ 0	\$	15
16	V	2 Food		Petersen Health Care II, LLC	100.00%	0		16
17	V	3 Housekeeping		Petersen Health Care II, LLC	100.00%	0		17
18	V	4 Laundry		Petersen Health Care II, LLC	100.00%	0		18
19	V	5 Utilities		Petersen Health Care II, LLC	100.00%	0		19
20	V	6 Maintenance		Petersen Health Care II, LLC	100.00%	0		20
21	V	7 Mgmt. Allocation of Benefits		Petersen Health Care II, LLC	100.00%	0		21
22	V	10 Nursing and Medical Records		Petersen Health Care II, LLC	100.00%	0		22
23	V	15 Mgmt. Allocation of Benefits		Petersen Health Care II, LLC	100.00%	0		23
24	V	17 Administrative		Petersen Health Care II, LLC	100.00%	0		24
25	V	19 Professional Services		Petersen Health Care II, LLC	100.00%	40,796	40,796	25
26	V	20 Dues, Fees, Subs & Promotions		Petersen Health Care II, LLC	100.00%	916	916	26
27	V	21 Clerical and General Office		Petersen Health Care II, LLC	100.00%	0		27
28	V	22 Employee Benefits & Payroll		Petersen Health Care II, LLC	100.00%	0		28
29	V	23 Inservice Training & Education		Petersen Health Care II, LLC	100.00%	0		29
30	V	24 Travel and Seminar		Petersen Health Care II, LLC	100.00%	0		30
31	V	25 Other Admin. Staff Transport.		Petersen Health Care II, LLC	100.00%	0		31
32	V	26 Insurance-Prop./Liab./Malprac.		Petersen Health Care II, LLC	100.00%	0		32
33	V	30 Depreciation		Petersen Health Care II, LLC	100.00%	2,029	2,029	33
34	V	31 Amortization		Petersen Health Care II, LLC	100.00%	45,789	45,789	34
35	V	32 Interest		Petersen Health Care II, LLC	100.00%	63,699	63,699	35
36	V	33 Real Estate Taxes		Petersen Health Care II, LLC	100.00%	0		36
37	V	34 Rent-Facility and Grounds		Petersen Health Care II, LLC	100.00%	0		37
38	V	35 Rent-Equipment & Vehicles		Petersen Health Care II, LLC	100.00%	0		38
39	Total		\$			\$ 153,229	\$ * 153,229	39

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

Facility Name &amp; ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

## VII. RELATED PARTIES

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

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

Facility Name &amp; ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

## VII. RELATED PARTIES

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

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

Facility Name &amp; ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

## VII. RELATED PARTIES

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

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

Facility Name & ID Number

Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**VII. RELATED PARTIES**

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Cornerstone Health and Rehabilitation	Peoria				1
2			Rock River Gardens	Sterling				2
3			Sauk Valley Senior Living & Rehabilitation	Rock Falls				3
4			Courtyard Estates of Farmington	Farmington				4
5			Courtyard Estates of Knoxville	Knoxville				5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Royal Oaks Care Center # 0046243 Report Period Beginning: 1/1/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Petersen Health Care, Inc.  
 Street Address 830 W. Trailcreek Drive  
 City / State / Zip Code Peoria, IL 61614  
 Phone Number ( 309) 691-8113  
 Fax Number ( 309) 691-8622

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	Dietary	Resident Days	1,521,544	75	\$ 312,540	\$ 357,910	44,047	\$ 9,048	1
2	2	Food	Resident Days	1,521,544	75	5,673	0	44,047	164	2
3	3	Housekeeping	Resident Days	1,521,544	75	5,456	2,897	44,047	158	3
4	5	Utilities	Resident Days	1,521,544	75	18,209	0	44,047	527	4
5	6	Maintenance	Resident Days	1,521,544	75	170,632	137,057	44,047	4,940	5
6	7	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	44,047	0	6
7	9	Medical Director	Resident Days	1,521,544	75	0	0	44,047	0	7
8	10	Nursing and Medical Records	Resident Days	1,521,544	75	9,261	1,782,521	44,047	268	8
9	10A	Therapy	Resident Days	1,521,544	75	0	0	44,047	0	9
10	15	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	44,047	0	10
11	17	Administrative	Resident Days	1,521,544	75	4,899,467	5,473,961	44,047	68,986	11
12	19	Professional Services	Resident Days	1,521,544	75	795,918	0	44,047	23,041	12
13	20	Dues, Fees, Subs & Promotions	Resident Days	1,521,544	75	33,278	0	44,047	963	13
14	21	Clerical and General Office	Resident Days	1,521,544	75	3,643,535	3,756,135	44,047	105,476	14
15	22	Employee Benefits and Payroll Ta	Resident Days	1,521,544	75	2,037,314	0	44,047	58,978	15
16	23	Inservice Training & Education	Resident Days	1,521,544	75	6,986	0	44,047	202	16
17	24	Travel and Seminar	Resident Days	1,521,544	75	3,389	0	44,047	98	17
18	25	Other Admin. Staff Transport.	Resident Days	1,521,544	75	286,637	0	44,047	8,298	18
19	26	Insurance-Prop./Liab./Malprac.	Resident Days	1,521,544	75	40,378	0	44,047	1,169	19
20	27	Mgmt. Allocation of Benefits	Resident Days	1,521,544	75	0	0	44,047	0	20
21	30	Depreciation	Resident Days	1,521,544	75	806,271	0	44,047	23,341	21
22	32	Interest	Resident Days	1,521,544	75	23,686	0	44,047	686	22
23	33	Real Estate Taxes	Resident Days	1,521,544	75	18,560	0	44,047	537	23
24	35	Rent-Equipment & Vehicles	Resident Days	1,521,544	75	65,550	0	44,047	1,898	24
25	TOTALS					\$ 13,182,740	\$ 11,510,481		\$ 308,778	25

Facility Name & ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Petersen Health Care II, LLC

Street Address

830 W. Trailcreek Drive

City / State / Zip Code

Peoria, IL 61614

Phone Number

(309)691-8113

Fax Number

(309)691-8622

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Resident Days	158,706	5	\$	\$	44,047	\$	1
2	2	Food	Resident Days	158,706	5			44,047		2
3	3	Housekeeping	Resident Days	158,706	5			44,047		3
4	4	Laundry	Resident Days	158,706	5			44,047		4
5	5	Utilities	Resident Days	158,706	5			44,047		5
6	6	Maintenance	Resident Days	158,706	5			44,047		6
7	7	Mgmt. Allocation of Benefits	Resident Days	158,706	5			44,047		7
8	10	Nursing and Medical Records	Resident Days	158,706	5			44,047		8
9	15	Mgmt. Allocation of Benefits	Resident Days	158,706	5			44,047		9
10	17	Administrative	Resident Days	158,706	5			44,047		10
11	19	Professional Services	Resident Days	158,706	5	146,994		44,047	40,796	11
12	20	Dues, Fees, Subs & Promotions	Resident Days	158,706	5	3,300		44,047	916	12
13	21	Clerical and General Office	Resident Days	158,706	5			44,047		13
14	22	Employee Benefits & Payroll	Resident Days	158,706	5			44,047		14
15	23	Inservice Training & Education	Resident Days	158,706	5			44,047		15
16	24	Travel and Seminar	Resident Days	158,706	5			44,047		16
17	25	Other Admin. Staff Transport.	Resident Days	158,706	5			44,047		17
18	26	Insurance-Prop./Liab./Malprac.	Resident Days	158,706	5			44,047		18
19	30	Depreciation	Resident Days	158,706	5	7,309		44,047	2,029	19
20	31	Amortization	Resident Days	158,706	5	164,981		44,047	45,789	20
21	32	Interest	Resident Days	158,706	5	229,513		44,047	63,699	21
22	33	Real Estate Taxes	Resident Days	158,706	5			44,047		22
23	34	Rent-Facility and Grounds	Resident Days	158,706	5			44,047		23
24	35	Rent-Equipment & Vehicles	Resident Days	158,706	5			44,047		24
25	TOTALS					\$ 552,097	\$		\$ 153,229	25

Facility Name & ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**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	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	First Merit		X	Mortgage	Varies	2/1/12	\$ 3,337,200	\$ 2,863,533	01/31/17	Varies	\$ 132,235	1								
2	First Merit		X	Construction Loan	Varies	5/1/13	400,000	22,000	02/28/2017	Varies	4,307	2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6												6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 3,737,200	\$ 2,885,533			\$ 136,542	9								
<b>B. Non-Facility Related*</b>																				
10									Interest Income Offset		(39)	10								
11									Home Office Allocation-PHCM		64,385	11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 64,346	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 3,737,200	\$ 2,885,533			\$ 200,888	15								

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

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

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



**2015 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Royal Oaks Care Center COUNTY Henry

FACILITY IDPH LICENSE NUMBER 0046243

CONTACT PERSON REGARDING THIS REPORT MIKE KOCHER

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

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>25-03-401-008</u>	<u>Long-Term Care Facility</u>	\$ <u>71,966.34</u>	\$ <u>71,966.34</u>
2. <u>25-03-401-009</u>	<u>Long-Term Care Facility</u>	\$ <u>1,206.28</u>	\$ <u>1,206.28</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>73,172.62</u></u>	\$ <u><u>73,172.62</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?        YES   X   NO

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

**C. Tax Bills**

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Royal Oaks Care Center

# 0046243 Report Period Beginning:

1/1/2016 Ending:

12/31/2016

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 35,875 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

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

1. Total Amount Incurred: 799,059 2. Number of Years Over Which it is Being Amortized: 20  
3. Current Period Amortization: 45,789 4. Dates Incurred: 2013-2014

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility	362,419	2003	\$ 200,000	1
2					2
3	TOTALS	362,419		\$ 200,000	3

Facility Name &amp; ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	200	2003	1998	\$ 1,490,095	\$	39	\$ 38,208	\$ 38,208	\$ 526,139	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Architectural Fees	2003		2,010		15	134	134	1,683	9
10	Water Softener	2003		14,625		7			14,625	10
11	Disposer	2003		1,231		7			1,231	11
12	Hot Water Heater	2003		5,892		7			5,892	12
13	Parking lot	2004		25,762		15	1,717	1,717	23,181	13
14	Service Road	2004		6,940		15	463	463	5,671	14
15	Sidewalk	2004		2,600		15	173	173	2,105	15
16	Air Conditioning	2004		5,101		25	204	204	2,475	16
17	Fire Alarm	2004		5,810		25	232	232	2,815	17
18	Security System	2004		1,206		7			1,206	18
19	Water Heater	2005		6,518		30	217	217	2,459	19
20	New Flooring	2005		5,440		10			5,440	20
21	New Roof	2005		22,002		30	733	733	8,063	21
22	New Heating and Air conditioning	2006		6,378		15	425	425	4,675	22
23	Driveway	2007		7,625		15	508	508	4,836	23
24	Sidewalk	2007		7,200		15	480	480	4,560	24
25	Fire Alarm	2007		1,398		10	140	140	1,330	25
26	Smoke Detectors	2007		4,400		10	440	440	3,740	26
27	Water Heater	2007		11,619		10	1,162	1,162	11,039	27
28	Water Storage Tank	2008		5,647		5			5,647	28
29	Rooftop Heating Unit	2008		27,573		5			27,573	29
30	Roof	2008		72,265		39	1,852	1,852	15,742	30
31	Roof Repairs	2008		5,673		39	146	146	1,241	31
32	Water Heater	2009		3,240		5			3,240	32
33	Rooftop Cooling Unit	2009		13,500		5			13,500	33
34	Boiler	2010		9,033		15	602	602	3,913	34
35	Hot Water Heater	2010		2,998		7	428	428	2,782	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Roof Repairs	2010	\$ 13,359	\$	7	\$ 1,908	\$ 1,908	\$ 12,402	37
38	Water Heater	2010	6,120		10	612	612	3,978	38
39	Water Pipe Repair	2011	5,544		7	792	792	4,356	39
40	Water Heater	2012	3,637		7	520	520	2,340	40
41	Water Heater	2012	3,673		7	524	524	2,358	41
42	Sprinkler System	2012	159,900		25	6,396	6,396	28,782	42
43	Carpeting-Lobby and Main Area	2013	31,230		15	2,082	2,082	7,287	43
44	Roof Replacement	2013	155,855		25	6,234	6,234	21,819	44
45	Flooring-Dining Hall	2013	12,409		15	428	428	1,698	45
46	Cabinetry-Nurses Station	2013	30,906		15	1,100	1,100	3,850	46
47	Furnace Replacement	2014	124,562		25	4,983	4,983	12,458	47
48	Landscaping	2014	3,018		7	431	431	1,078	48
49	Vinyl Tile & Carpet Installation in Hallways, Common Areas	2014	32,070		15	2,138	2,138	5,345	49
50	Nurses Station	2014	84,805		15	5,654	5,654	14,135	50
51	Water Heater	2014	4,734		7	676	676	1,690	51
52	Heat Pump	2014	7,566		25	303	303	758	52
53	Septic System Repair	2015	5,561		7	794	794	1,191	53
54	Water Heater	2015	4,015		7	574	574	861	54
55	Landscaping and Tree Removal	2016	11,760		7	840	840	840	55
56	Air Conditioner	2016	2,518		7	180	180	180	56
57	Exterior Landscaping	2016	11,437		7	817	817	817	57
58									58
59									59
60									60
61									61
62									62
63	Land Improvements Booked			2,833			(2,833)		63
64	Building Booked			38,229			(38,229)		64
65	Building Improvement Booked			43,591			(43,591)		65
66									66
67	2016-Home Office Allocation-Building Improvements		19,447			467	467		67
68	2016-Home Office Allocation-Land Improvements		1,789			116	116		68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,509,696	\$ 84,653		\$ 86,833	\$ 2,180	\$ 835,026	70

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

Facility Name & ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	\$ 91,582	\$ 10,429	\$ 9,160	\$ (1,269)	5-10 yrs.	\$ 51,372	71
72	Current Year Purchases	11,540	618	825	207	7 yrs.	825	72
73	Fully Depreciated Assets	599,730					599,730	73
74	Home Office Allocation			22,758	22,758			74
75	TOTALS	\$ 702,852	\$ 11,047	\$ 32,743	\$ 21,696		\$ 651,927	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Use	2003 Ford Van	2003	\$ 31,033	\$	\$	\$		\$ 31,033	76
77										77
78										78
79										79
80	TOTALS			\$ 31,033	\$	\$	\$		\$ 31,033	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)	\$ 3,443,581	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 95,700	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 119,576	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 23,876	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,517,986	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94	N/A		94
95		\$	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

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

\*\*

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 86,189 Description: See Attached Schedule 14A

(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			\$ <u>1,621.63</u>	\$ <u>7,237</u>	17
18	<u>N/A</u>				18
19					19
20					20
21	TOTAL		\$ <u>1,621.63</u>	\$ <u>7,237</u>	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2019 \$ \_\_\_\_\_

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

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

**Royal Oaks Care Center**

**0046243**

**Period Beginning**      1/1/2016

**Period End**            12/31/2016

**Schedule 14A**

**XII. Rental Costs**

**B. Equipment**

**16. Description of rental amount for movable equipment**

Medical Equipment	\$ 80,191
Dishwasher	645
Copier	3,455
Home Office Allocation	1,898
	<u>86,189</u>

**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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	10A(3)	hrs	\$	6,393	\$ 95,896	\$	6,393	\$ 95,896	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,048	15,724		1,048	15,724	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		7,766	116,496	10	7,766	116,506	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				56,799		56,799	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	<b>TOTAL</b>			\$	15,207	\$ 228,116	\$ 56,809	15,207	\$ 284,925	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 **Royal Oaks Care Center**

# **0046243**

Report Period Beginning: **1/1/2016**

Ending: **12/31/2016**

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12/31/2016**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 5,405,776	\$ 5,405,776	1
2	Cash-Patient Deposits	11,448	11,448	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>30,690</u> )	1,424,173	1,424,173	3
4	Supply Inventory (priced at <u>Cost</u> )			4
5	Short-Term Investments			5
6	Prepaid Insurance	57,574	57,574	6
7	Other Prepaid Expenses	25,167	25,167	7
8	Accounts Receivable (owners or related parties)	(347,901)	(347,901)	8
9	Other(specify): <u>Prepaid Expenses</u>	474,373	474,373	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 7,050,610</b>	<b>\$ 7,050,610</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	200,000	200,000	13
14	Buildings, at Historical Cost	1,490,095	1,509,542	14
15	Leasehold Improvements, at Historical Cost	954,623	1,000,154	15
16	Equipment, at Historical Cost	733,885	733,885	16
17	Accumulated Depreciation (book methods)	(1,514,805)	(1,517,986)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 1,863,798</b>	<b>\$ 1,925,595</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 8,914,408</b>	<b>\$ 8,976,205</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 908,055	\$ 908,055	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	163,794	163,794	30
31	Accrued Taxes Payable (excluding real estate taxes)	101,804	101,804	31
32	Accrued Real Estate Taxes(Sch.IX-B)	75,372	75,372	32
33	Accrued Interest Payable	12,239	12,239	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Payroll Withholdings</u>	8,907	8,907	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 1,270,171</b>	<b>\$ 1,270,171</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable	2,885,533	2,885,533	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 2,885,533</b>	<b>\$ 2,885,533</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 4,155,704</b>	<b>\$ 4,155,704</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ 4,758,704</b>	<b>\$ 4,820,501</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 8,914,408</b>	<b>\$ 8,976,205</b>	<b>48</b>

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,212,457</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustments Made After Cost Report Was Filed</b>	<b>(22,042)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,190,415</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>568,289</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>568,289</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>4,758,704</b>	<b>24</b> *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,949,440	1
2	Discounts and Allowances for all Levels	(205,644)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,743,796	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	410,226	6
7	Oxygen	1,039	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 411,265	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,883	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	100,473	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	7,904	20
21	Other Medical Services	31,809	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 143,069	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	39	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 39	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Transportation Revenue</u>	10,676	28
28a	<u>Miscellaneous Revenue</u>	170	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 10,846	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,309,015	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,205,288	31
32	Health Care	2,621,840	32
33	General Administration	964,819	33
<b>B. Capital Expense</b>			
34	Ownership	399,715	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	181,877	35
36	Provider Participation Fee	367,187	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,740,726	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	568,289	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 568,289	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,096,125	44
45	Private Pay - Net Inpatient Revenue	338,090	45
46	Medicare - Net Inpatient Revenue	264,197	46
47	Other-(specify) <u>Insurance Net Inpatient Revenue</u>	45,384	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,743,796	49

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

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

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

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

Facility Name & ID Number Royal Oaks Care Center

# 0046243

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,250	2,357	\$ 57,003	\$ 24.18	1
2	Assistant Director of Nursing	1,136	1,184	25,667	21.68	2
3	Registered Nurses	2,600	2,664	87,580	32.88	3
4	Licensed Practical Nurses	24,702	26,035	527,013	20.24	4
5	CNAs & Orderlies	91,214	94,629	1,020,833	10.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,000	2,080	24,383	11.72	9
10	Activity Assistants	4,241	4,528	43,231	9.55	10
11	Social Service Workers	6,679	6,853	78,519	11.46	11
12	Dietician					12
13	Food Service Supervisor	1,568	1,568	29,744	18.97	13
14	Head Cook					14
15	Cook Helpers/Assistants	21,388	21,976	195,910	8.91	15
16	Dishwashers					16
17	Maintenance Workers	3,824	4,000	69,270	17.32	17
18	Housekeepers	19,936	21,184	192,765	9.10	18
19	Laundry	8,512	8,936	95,099	10.64	19
20	Administrator	2,080	2,080	68,986	33.17	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	4,089	4,153	80,708	19.43	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	367	367	6,149	16.75	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See PG20A</u>	11,118	11,580	202,050	17.45	33
34	TOTAL (lines 1 - 33)	207,704	216,174	\$ 2,804,910 *	\$ 12.98	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 12,000	L9,C3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 9,609	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			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 21,609		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,878 \$ 96,659	L10, C3	50
51	Licensed Practical Nurses	929 30,559	L10, C3	51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	3,807 \$ 127,218		53

Royal Oaks Care Center

0046243

Period Beginning 1/1/2016

Period End 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Care Plan Coordinator	4,339	4,511	122,995	27.27
Psych. Assistant	716	716	17,205	24.03
Transportation	6,063	6,353	61,850	9.74
<b>TOTAL</b>	<b>11,118</b>	<b>11,580</b>	<b>202,050</b>	

**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	
Linda Verway	Administrator	0	\$ 39,667	Workers' Compensation Insurance	\$ 68,383	IDPH License Fee	\$	
Whitney Bergen	Administrator	0	29,319	Unemployment Compensation Insurance	78,205	Advertising: Employee Recruitment	438	
				FICA Taxes	207,542	Health Care Worker Background Check (Indicate # of checks performed <u>96</u> )	1,247	
				Employee Health Insurance	10,342	Patient Background Checks	485	
				Employee Meals		Miscellaneous Licenses & Permits	1,683	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	3,550	
				Employee Relations	3,430	Home Office Allocation	1,879	
				Employee Retirement	515			
				Home Office Allocation	58,978			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 68,986			Less: Public Relations Expense	(550)	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 8,732	
<b>B. Administrative - Other</b>								
Description			Amount					
Management Fees-See Page 6, Eliminated on P 3, C 7			\$ 394,700					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 394,700					
<b>C. Professional Services</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Honkamp, Kruger and Co.	Accounting Fees		\$ 1,967				Out-of-State Travel	\$
Comcast	Computer Services		1,499					
E-Health Data Services	Computer Services		5,283	N/A			In-State Travel	
Henry Co Circuit Clerk	Legal Fees		275					
Consolidated Land Surveying	Survey Fees		1,183				Seminar Expense	
							Home Office Allocation	98
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 10,207	TOTAL		\$	TOTAL	\$ 98

\* Attach copy of IMRF notifications

\*\*See instructions.

**Royal Oaks Care Center**

**0046243**

**Period Beginning**

**1/1/2016**

**Period End**

**12/31/2016**

**Schedule 21A**

**XIX. SUPPORT SCHEDULE**

**C. Professional Services**

<b>Vendor/Payee</b>	<b>Type</b>	<b>Amount</b>
Total (agree to Schedule V, line 19, column 3)		10,207

**Home Office Allocation**

Lucie, Scalf, and Bougher	Legal	103
Miscellaneous	Legal	39
Miller Hall and Triggs	Legal	178
Healthcare Resources International	Legal	888
Hunziker Law	Legal	212
Lexis Nexis	Legal	18
GoffWilson	Legal	1,500
Daniel L. Freeland & Associates	Legal	1,801
Illinois Secretary of State	Legal	85
CliftonLarson Allen	Accountants	2,376
Ginoli & Co.	Accountants	7,772
First Merit	Accountants	4,835
Miscellaneous	Computer Services	117
Change Healthcare	Computer Services	17
PTC Select	Computer Services	10
Advanced Answers on Demand	Computer Services	8,111
Stratus Networks	Computer Services	825
Kemper Technology	Computer Services	544
AT&T	Computer Services	12
Ability Network	Computer Services	3,458
CIAN	Computer Services	412
Comcast	Computer Services	67
CCH	Computer Services	27
Charter Communications	Computer Services	80
Allscripts	Computer Services	1,206
ATS	Computer Services	544
Allpayer Exchange	Computer Services	27
Optimizer	Other Prof Fees	83
Ankura	Other Prof Fees	630
David Budde	Other Prof Fees	72
Bruner, Cooper, Zuck	Other Prof Fees	183
Marotta, Gund, Budd, Dzerda	Other Prof Fees	27,499
Professional Software and Services	Other Prof Fees	45
Hughes Valuation Services	Other Prof Fees	57
Alan Litwiller	Other Prof Fees	4

Total (agree to Schedule V, line 19, column 8)

74,044

Facility Name & ID Number Royal Oaks Care Center# 0046243Report Period Beginning: 1/1/2016Ending: 12/31/2016**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. IHCA \$3000
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,148 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 367,187  
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? Yes Indicate the amount. \$ 2,883
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 10,676  
c. What percent of all travel expense relates to transportation of nurses and patients? 100  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Ginoli and Company
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A  
Attach invoices and a summary of services for all architect and appraisal fees

RECONCILIATION REPORT Royal Oaks Care Center 12:01 PM 7/7/2017

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-73,583	equal to	-73,583	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	200,888	equal to	200,888	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	76,482	equal to	76,482	0	FAILED	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	45,789	equal to	45,789	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	119,576	equal to	119,576	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	93,426	equal to	93,426	0	FAILED	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	228,126	equal to	228,126	0	O.K.	Pg16 Z12+Z14..	N/A;B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	56,809	equal to	56,809	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,205,288	equal to	1,205,288	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	2,621,840	equal to	2,621,840	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	964,819	equal to	964,819	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	399,715	equal to	399,715	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	181,877	equal to	181,877	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+I	N/A	38to41+43	4
Income Stat. Prov. Partic.	367,187	equal to	367,187	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,864,445	equal to	1,864,445	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	129,464	equal to	129,464	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	78,519	equal to	78,519	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	225,654	equal to	225,654	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	69,270	equal to	69,270	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	192,765	equal to	192,765	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	95,099	equal to	95,099	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	68,986	equal to	68,986	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	80,708	equal to	80,708	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	2,804,910	equal to	2,735,924	68,986	FAILED	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to		#VALUE!	#VALUE!	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	12,000	< or = to	12,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	136,827	< or = to	137,157	-330	O.K.	Pg20 X14..X16+	B. & C.	7to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	381	-381	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	0	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	68,986	equal to	68,986	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	394,700	equal to	394,700	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	10,207	equal to	10,207	0	FAILED	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	427,395	equal to	427,395	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	8,732	equal to	8,732	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	98	equal to	98	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	367,187	equal to	367,187	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	1,445	equal to	1,623	-178	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	67,307	equal to	67,307	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4	B.	14	8
Total loan balance	2,885,533	equal to	2,885,533	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	75,372	equal to	75,372	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	200,000	equal to	200,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	2,509,696	equal to	2,509,696	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	733,885	equal to	733,885	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,517,986	equal to	1,517,986	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	4,758,704	equal to	4,758,704	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	568,289	equal to	568,289	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..I	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	8,914,408	equal to	8,914,408	0	O.K.	Pg17:H41	N/A	25	1	Pg17 S41	N/A	48	1



	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	225,654	42,488	0	268,142	0	268,142	9,048	277,190
2. Food Purchase	0	295,662	0	295,662	0	295,662	-2,719	292,943
3. Housekeeping	192,765	52,783	0	245,548	0	245,548	158	245,706
4. Laundry	95,099	20,026	28	115,153	0	115,153	0	115,153
5. Heat and Other Utilities	0	0	168,437	168,437	0	168,437	527	168,964
6. Maintenance	69,270	12,722	30,354	112,346	0	112,346	4,940	117,286
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	582,788	423,681	198,819	1,205,288	0	1,205,288	11,954	#####
9. Medical Director	0	0	12,000	12,000	0	12,000	0	12,000
10. Nursing & Medical Records	1,864,445	171,494	137,157	2,173,096	0	2,173,096	268	#####
10a. Therapy	0	10	228,116	228,126	0	228,126	0	228,126
11. Activities	129,464	251	381	130,096	0	130,096	-10,676	119,420
12. Social Services	78,519	3	0	78,522	0	78,522	0	78,522
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,072,428	171,758	377,654	2,621,840	0	2,621,840	-10,408	#####
17. Administrative	0	0	394,700	394,700	0	394,700	-325,714	68,986
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	10,207	10,207	0	10,207	63,837	74,044
20. Fees, Subscriptions & Promotion	0	0	7,403	7,403	0	7,403	1,329	8,732
21. Clerical & General Office	80,708	5,739	24,996	111,443	0	111,443	105,306	216,749
22. Employee Benefits & Payroll	0	0	368,417	368,417	0	368,417	58,978	427,395
23. Inservice Training & Education	0	0	8	8	0	8	202	210
24. Travel and Seminar	0	0	0	0	0	0	98	98
25. Other Admin. Staff Trans	0	0	10,893	10,893	0	10,893	8,298	19,191
26. Insurance-Prop.Liab.Malpractice	0	0	61,748	61,748	0	61,748	1,169	62,917
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	80,708	5,739	878,372	964,819	0	964,819	-86,497	878,322
29. Total General Administrative	2,735,924	601,178	1,454,845	4,791,947	0	4,791,947	-84,951	#####
30. Depreciation	0	0	95,700	95,700	0	95,700	23,876	119,576
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	45,789	45,789
32. Interest	0	0	136,542	136,542	0	136,542	64,346	200,888
33. Real Estate	0	0	75,945	75,945	0	75,945	537	76,482
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	91,528	91,528	0	91,528	1,898	93,426
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	399,715	399,715	0	399,715	136,446	536,161
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	56,799	0	56,799	0	56,799	0	56,799
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	367,187	367,187	0	367,187	0	367,187
43. Other (specify):*	0	900	124,178	125,078	0	125,078	-125,078	0
44. Total Special Cost Ce	0	57,699	491,365	549,064	0	549,064	-125,078	423,986
45. Grand Total	2,735,924	658,877	2,345,925	5,740,726	0	5,740,726	-73,583	#####

		After Operating Consolidation
General Service Cost Center		
1. Cash on hand and in banks	5,405,776	5,405,776
2. Cash - Patient Deposits	11,448	11,448
3. Accounts & Notes Recievable	1,424,173	1,424,173
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	57,574	57,574
7. Other Prepaid Expenses	25,167	25,167
8. Accounts Receivable-Owner/Related Party	-347,901	-347,901
9. Other (specify):	474,373	474,373
10. Total current assets	7,050,610	7,050,610
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	200,000	200,000
14. Buildings, at Historical Cost	1,490,095	1,509,542
15. Leasehold Improvements, Historical Cost	954,623	1,000,154
16. Equipment, at Historical Cost	733,885	733,885
17. Accumulated Depreciation (book methods) #####		-1,517,986
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	1,863,798	1,925,595
25. Total Assets	8,914,408	8,976,205
CURRENT LIABILITIES		
26. Accounts Payable	908,055	908,055
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	163,794	163,794
31. Accrued Taxes Payable	101,804	101,804
32. Accrued Real Estate Taxes	75,372	75,372
33. Accrued Interest Payable	12,239	12,239
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	8,907	8,907
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,270,171	1,270,171
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	2,885,533	2,885,533
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	2,885,533	2,885,533
46. Total Liabilities	4,155,704	4,155,704
47. Total Equity	4,758,704	4,820,501
48. Total Liabilities and Equity	8,914,408	8,976,205

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	5,949,440
2. Discounts and Allowances for all Levels	-205,644
Subtotal - Inpatient Care	5,743,796
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	410,226
7. Oxygen	1,039
Subtotal - Ancillary Revenue	411,265
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	2,883
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	100,473
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	7,904
21. Other Medical Services	31,809
22. Laundry	0
Subtotal - Other Operating Revenue	143,069
24. Contributions	0
25. Interest and Other Investments Income	39
Subtotal - Non-Operating Revenue	39
27. Other Revenue (specify):	10,676
28. Other Revenue (specify):	170
Subtotal - Other Revenue	10,846
30. Total Revenue	6,309,015
31. General Services	1,216,494
32. Health Care	2,496,823
33. General Administration	971,885
34. Ownership	367,865
35. Special Cost Centers	112,615
35. Provider Participation Fee	364,562
37. Other	0
40. Total Expenses	5,530,244
41. Income Before Income Taxes	778,771
42. Income Taxes	0
43. Net Income or Loss for the Year	778,771