

Facility Name & ID Number Pleasant View Luther Home

0012864 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,787	16,936	5,899	28,622	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,787	16,936	5,899	28,622	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.13%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 6/28/1937

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ 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 5,899

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: 06/30/2017 Fiscal Year: 06/30/2017

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	536,760	41,492	3,844	582,096		582,096		582,096		1
2	Food Purchase		415,753		415,753		415,753	(114,042)	301,711		2
3	Housekeeping	160,210	33,972	79	194,261		194,261		194,261		3
4	Laundry	24,358	12,120		36,478		36,478		36,478		4
5	Heat and Other Utilities			335,905	335,905		335,905		335,905		5
6	Maintenance	173,502	25,250	181,530	380,282		380,282	(11,770)	368,512		6
7	Other (specify):*										7
8	TOTAL General Services	894,830	528,587	521,358	1,944,775		1,944,775	(125,812)	1,818,963		8
	B. Health Care and Programs										
9	Medical Director			12,711	12,711		12,711		12,711		9
10	Nursing and Medical Records	2,306,331	133,102	10,590	2,450,023		2,450,023	(2,900)	2,447,123		10
10a	Therapy										10a
11	Activities	133,273	4,541	8,711	146,525		146,525		146,525		11
12	Social Services	80,096	1,165	90	81,351		81,351		81,351		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,519,700	138,808	32,102	2,690,610		2,690,610	(2,900)	2,687,710		16
	C. General Administration										
17	Administrative			106,800	106,800	109,400	216,200		216,200		17
18	Directors Fees										18
19	Professional Services			96,603	96,603		96,603	(880)	95,723		19
20	Dues, Fees, Subscriptions & Promotions			22,799	22,799		22,799		22,799		20
21	Clerical & General Office Expenses	367,905	45,577	217,502	630,984	(109,400)	521,584	(142,831)	378,753		21
22	Employee Benefits & Payroll Taxes			705,285	705,285		705,285		705,285		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,887	9,887		9,887	(90)	9,797		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			160,096	160,096		160,096		160,096		26
27	Other (specify):*										27
28	TOTAL General Administration	367,905	45,577	1,318,972	1,732,454		1,732,454	(143,801)	1,588,653		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,782,435	712,972	1,872,432	6,367,839		6,367,839	(272,513)	6,095,326		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

7/1/2016

Ending:

6/30/2017

Schedule V - Cost Center Expenses/Reclassifications - Supplemental Schedule

		To Line	From Line
Reclassify administrative wages	109,400	17	21

Facility Name & ID Number

Pleasant View Luther Home

#0012864

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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			1,169,341	1,169,341		1,169,341	(167,579)	1,001,762			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,670,968	1,670,968		1,670,968	(45,062)	1,625,906			32
33	Real Estate Taxes			441,194	441,194		441,194	(135,650)	305,544			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,281,503	3,281,503		3,281,503	(348,291)	2,933,212			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		279,935	868,471	1,148,406		1,148,406		1,148,406			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			189,894	189,894		189,894		189,894			42
43	Other (specify):* Marketing/AL	290,412	4,493	258,769	553,674		553,674	(553,674)				43
44	TOTAL Special Cost Centers	290,412	284,428	1,317,134	1,891,974		1,891,974	(553,674)	1,338,300			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,072,847	997,400	6,471,069	11,541,316		11,541,316	(1,174,478)	10,366,838			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	(100,774)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(11,770)	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	(45,062)	32		10
11	Discounts, Allowances, Rebates & Refunds	(13,268)	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	(133,299)	21		24
25	Fund Raising, Advertising and Promotional	(7,130)	21		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	(863,175)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,174,478)		\$	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))	\$ (1,174,478)		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: 07/01/2016

Ending: 06/30/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Senior Fitness Revenue	\$ (2,700)	10	1
2	Luther Place and Estates/Marketing	(553,674)	43	2
3	Non-Allowable Depreciation	(167,579)	30	3
4	Miscellaneous income	(2,402)	21	4
5				5
6	Marketing Transportation	(90)	24	6
7	Disallowed Professional Fees	(880)	19	7
8	Non-Allowable Real Estate Taxes	(135,650)	33	8
9	Miscellaneous income	(200)	10	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(863,175)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	(114,042)	0	0	0	0	0	0	0	0	0	0	(114,042)	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	(11,770)	0	0	0	0	0	0	0	0	0	0	(11,770)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(125,812)	0	(125,812)	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	(2,900)	0	0	0	0	0	0	0	0	0	0	(2,900)	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	(2,900)	0	(2,900)	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	(880)	0	0	0	0	0	0	0	0	0	0	(880)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(142,831)	0	0	0	0	0	0	0	0	0	0	(142,831)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(90)	0	0	0	0	0	0	0	0	0	0	(90)	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	(143,801)	0	(143,801)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(272,513)	0	(272,513)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016 Ending:

06/30/2017

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	(167,579)	0	0	0	0	0	0	0	0	0	0	(167,579) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(45,062)	0	0	0	0	0	0	0	0	0	0	(45,062) 32
33	Real Estate Taxes	(135,650)	0	0	0	0	0	0	0	0	0	0	(135,650) 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	(348,291)	0	(348,291) 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):*	(553,674)	0	0	0	0	0	0	0	0	0	0	(553,674) 43
44	TOTAL Special Cost Centers	(553,674)	0	(553,674) 44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,174,478)	0	(1,174,478) 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, IL	Lutheran Life Ministri	Arlington Heights	Parent Holding Com
		Pleasant View Luther Home	Ottawa, IL	Lutheran Life Commu	Arlington Heights	Management Consul
		St. Pauls House & Health Care Center	Chicago, IL	Lutheran Foundation f	Arlington Heights	Fundraising
		Wittenberg Lutheran Village	Crown Point, IN	Lutheran Community	Arlington Heights	Support Services
		Arlington of Naples	Naples, FL			
		Luther Oaks	Bloomington, IL			

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:

07/01/2016

Ending:

06/30/2017

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	Larry Nickels							1
2	Roger Paulsberg							2
3	Rev. Phillip Peterson							3
4	Marie Carlson-Kyllo							4
5	Lori Fedyk							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

Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	443,538	3	8.00	Salary	\$ 35,963	17-3	1
2	Lori Fedyk	Treasurer	Administrative	0.00	215,028	5	13.00	Salary	30,718	17-3	2
3	Marie Carlson	Secretary	Administrative	0.00	215,626	6	15.00	Salary	38,052	17-3	3
4	Larry Nickels	Director	Board								4
5	Rev. Phillip Peterson	Director	Board								5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 104,733		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:

07/01/2016

Ending: 6/30/2017

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lutheran Life Communities

Street Address

800 W Oakton

City / State / Zip Code

Arlington Heights, IL 60004

Phone Number

(847)368-7400

Fax Number

(847)368-7302

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.

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	17	Administrative	Direct Allocation	1	\$ 106,800	\$	1	\$ 106,800	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				\$ 106,800	\$		\$ 106,800	25

Facility Name & ID Number

Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Series 2010 Bonds		X	Re-positioning		9/23/10	\$ 16,695,000	\$ 16,485,000	11/15/45	varies	\$ 1,195,015	1						
2	Series 2012 Bonds		X	Re-positioning		11/2/12	6,410,000	6,205,000	5/15/42	6.0000	376,725	2						
3	Deferred Financing Costs		X	Re-positioning							39,490	3						
4												4						
5												5						
Working Capital																		
6	Mission Investment Fund		X	Borrowing	\$17,079.00	9/1/2006	2,600,000	1,369,547	7/1/2026	4.6250	56,166	6						
7	Chrysler Van Note		X	Purchase Van	\$1,158.00	1/30/2014	39,209		12/30/2016	3.9400	1,509	7						
8	Americorp Loan		X	Equipment Financing		1/28/2016	26,123	5,027	12/28/2018	11.9656	2,063	8						
9	TOTAL Facility Related				\$18,237.00		\$ 25,770,332	\$ 24,064,574			\$ 1,670,968	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 25,770,332	\$ 24,064,574			\$ 1,670,968	15						

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

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

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

2016 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 Matt Comerford

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 2016 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 2016.

(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>22-14-416-016</u>	<u>1019 University Ave</u>	\$ <u>3,524.06</u>	\$ _____
2. <u>22-14-401-019</u>	<u>505 College Ave</u>	\$ <u>232,257.72</u>	\$ <u>100,131.34</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>235,781.78</u></u>	\$ <u><u>100,131.34</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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
 6/30/2017
 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	\$ 3,524	-
22-14-401-019	505 College Ave	\$ 232,258	100,131
22-77-014-004 - 10	928- 952 Pleasant View - Vacant Lot	\$ -	-

<u>Allocation Calculation</u>			
	<u>Facility</u>	<u>Ur Total Units</u>	<u>% Applicable to Nursing Home</u>
Square Feet	72,788	168,834	43%

<u>Tax ID</u>	<u>Total Tax</u>	<u>Allocation %</u>	<u>Tax Applicable to Nursing Home (Total Tax * Allocation %)</u>
22-14-416-016	3,524	0%	-
22-14-401-019	232,258	43%	100,131
22-77-014-004 - 10	-	0%	-

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016 Ending:

06/30/2017

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: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: SNF, 522,750, \$ 339,943, 1. Row 2: 2. Row 3: TOTALS, 522,750, \$ 339,943, 3.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	90	1957	1957	\$ 170,416	\$	40	\$	\$	4
5		1960	1960	64,957		40			5
6		1962	1962	767,743		40			6
7		1977	1977	3,768,795		40			7
8									8
	Improvement Type**								
9	1980 Building & Land Improvements		1980	8,096					9
10	1981 Building & Land Improvements		1981	95,606					10
11	1982 Building & Land Improvements		1982	109,621					11
12	1983 Building & Land Improvements		1983	52,137					12
13	1984 Building & Land Improvements		1984	51,282					13
14	1985 Building & Land Improvements		1985	68,023					14
15	1986 Building & Land Improvements		1986	12,076					15
16	1987 Building & Land Improvements		1987	82,723					16
17	1988 Building & Land Improvements		1988	7,182					17
18	1991 Building & Land Improvements		1991	12,726					18
19	1992 Building & Land Improvements		1992	41,495					19
20	1995 Building & Land Improvements		1995	21,584					20
21	1996 Building & Land Improvements		1996	196,509					21
22	1997 Building & Land Improvements		1997	37,277					22
23	2001 Building & Land Improvements		2001	47,645					23
24	2002 Building & Land Improvements		2002	1,370,163					24
25	2003 Building & Land Improvements		2003	6,130					25
26	2004 Building & Land Improvements		2004	5,098					26
27	2005 Building & Land Improvements		2005	1,350					27
28	2007 Building & Land Improvements		2007	176,083					28
29	2008 Building & Land Improvements		2008	23,938					29
30	2009 Building & Land Improvements		2009	30,277					30
31	2011 Building & Land Improvements		2011	15,506,066					31
32	2012 Building & Land Improvements		2012	564,357					32
33	Hoffman Development Fees PH1 and PH2		2013	51,157					33
34	Remote Fire Alarm Annunciator		2013	1,848					34
35	Roof HVAC Silencer		2013	41,926					35
36	Hearthstone 17 unit addition PH4		2014	2,984,440					36

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

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

See Page 12A, Line 70 for total

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	Village Square Building PH3	2014	\$ 5,220,883	\$		\$	\$	\$	37
38	Steps Voidfilled	2014	1,345						38
39	Bifold Doors	2015	3,660						39
40	Unith 101H Carpet	2015	3,348						40
41	Unit 103 Carpet	2015	2,107						41
42	Roof AC Unit	2016	4,761		10				42
43	Pipe Plumbing - Boiler Room	2016	3,862		10				43
44	Transistors in dining rooms	2016	681		5				44
45	Unit 207 carpet and flooring	2016	2,011		5				45
46	Sidewalk replacement	2016	14,875		15				46
47	Parking Lot Striping	2016	1,600		5				47
48	Sealcoat parking lot	2016	11,129		5				48
49	Christ Window and Scaffolding in Chapel	2017	17,529		25				49
50	Holby Mixing Valve	2017	8,202		10				50
51	Flooring - Unit 204	2017	2,159		10				51
52	Carpet - Unit 317	2017	1,372		10				52
53	Plumbing work for steam table replacement	2017	2,994		20				53
54									54
55									55
56	Financial Statement Depreciation			738,335		738,335		9,575,696	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)		\$ 31,681,245	\$ 738,335		\$ 738,335	\$	\$ 9,575,696	70

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

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	\$ 2,261,040	\$ 251,207	\$ 251,207	\$	Var	\$ 1,258,445	71
72	Current Year Purchases	65,670	4,378	4,378		Var	4,378	72
73	Fully Depreciated Assets	587,016				Var	587,016	73
74								74
75	TOTALS	\$ 2,913,726	\$ 255,585	\$ 255,585	\$		\$ 1,849,839	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	\$ 102,545	76
77										77
78										78
79										79
80	TOTALS			\$ 117,575	\$ 7,842	\$ 7,842	\$		\$ 102,545	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)	\$ 35,052,489	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,001,762	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,001,762	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)	\$ 11,528,080	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	\$ 3,520,311	\$ 167,579	\$ 2,842,881	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 3,520,311	\$ 167,579	\$ 2,842,881	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 10,982	92
93			93
94			94
95		\$ 10,982	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

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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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	39-3	hrs		47,289	814,781		47,289	814,781	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				279,935		279,935	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Lab & X-Ray</u>	39-3				53,690			53,690	12
13	Other (specify):									13
14	TOTAL			\$	47,289	\$ 868,471	\$ 279,935	47,289	\$ 1,148,406	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: 07/01/2016

Ending:

06/30/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2017

(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	\$ 2,323,647	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 177,136)	961,406		3
4	Supply Inventory (priced at)	48,196		4
5	Short-Term Investments	17,099		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	52,608		7
8	Accounts Receivable (owners or related parties)	(4,868,202)		8
9	Other(specify): Interest Receivable	2,404,138		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 938,892	\$	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	34,786,232		14
15	Leasehold Improvements, at Historical Cost	136,276		15
16	Equipment, at Historical Cost	3,303,224		16
17	Accumulated Depreciation (book methods)	(14,370,961)		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): See Attached Schedule	155,312		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 24,542,289	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 25,481,181	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 708,577	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	320,057		29
30	Accrued Salaries Payable	214,175		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,806		31
32	Accrued Real Estate Taxes(Sch.IX-B)	117,890		32
33	Accrued Interest Payable	203,360		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	3,174		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,582,039	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable	1,374,574		40
41	Bonds Payable	21,635,232		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule	4,003,455		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 27,013,261	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 28,595,300	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,114,119)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 25,481,181	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,978,726)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,978,726)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(135,391)	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	(2)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (135,393)	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)	\$ (3,114,119)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

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	\$ 9,939,787	1
2	Discounts and Allowances for all Levels	(2,447,194)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,492,593	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,769,574	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,769,574	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	1,039	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	100,774	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	11,770	16
17	Sale of Drugs	250,416	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	38,295	19
20	Radiology and X-Ray	24,795	20
21	Other Medical Services	167,681	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 594,770	23
D. Non-Operating Revenue			
24	Contributions	60,689	24
25	Interest and Other Investment Income***	1,505	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 62,194	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See Attached Schedule</u>	486,794	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 486,794	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,405,925	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,944,775	31
32	Health Care	2,690,610	32
33	General Administration	1,732,454	33
B. Capital Expense			
34	Ownership	3,281,503	34
C. Ancillary Expense			
35	Special Cost Centers	1,702,080	35
36	Provider Participation Fee	189,894	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,541,316	40
41	Income before Income Taxes (line 30 minus line 40)**	(135,391)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (135,391)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 917,080	44
45	Private Pay - Net Inpatient Revenue	3,979,193	45
46	Medicare - Net Inpatient Revenue	326,503	46
47	Other-(specify) <u>AL/HMO/Free Care</u>	2,269,817	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,492,593	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:

07/01/2016

Ending:

06/30/2017

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	3,686	4,190	\$ 155,249	\$ 37.05	1
2	Assistant Director of Nursing	-	-	-		2
3	Registered Nurses	27,623	29,760	803,046	26.98	3
4	Licensed Practical Nurses	2,189	2,200	44,698	20.32	4
5	CNAs & Orderlies	73,191	77,975	1,010,379	12.96	5
6	CNA Trainees	-	-	-		6
7	Licensed Therapist	-	-	-		7
8	Rehab/Therapy Aides	-	-	-		8
9	Activity Director	-	-	-		9
10	Activity Assistants	7,714	8,012	127,366	15.90	10
11	Social Service Workers	3,620	3,876	77,894	20.10	11
12	Dietician	1,463	1,733	24,030	13.87	12
13	Food Service Supervisor	9,220	10,069	195,416	19.41	13
14	Head Cook	2,257	2,311	29,406	12.72	14
15	Cook Helpers/Assistants	28,364	28,671	253,503	8.84	15
16	Dishwashers	1,934	1,934	17,173	8.88	16
17	Maintenance Workers	8,131	8,728	176,604	20.23	17
18	Housekeepers	15,724	17,162	171,633	10.00	18
19	Laundry	1,974	2,102	20,450	9.73	19
20	Administrator	1,785	2,025	104,259	51.49	20
21	Assistant Administrator	-	-	-		21
22	Other Administrative	15,235	16,718	350,815	20.98	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	1,819	2,025	29,546	14.59	31
32	Other Health Care(specify)	14,620	15,766	243,865	15.47	32
33	Other(specify)	9,193	10,084	237,515	23.55	33
34	TOTAL (lines 1 - 33)	229,742	245,341	\$ 4,072,847 *	\$ 16.60	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	134	12,711	9-3	36
37	Medical Records Consultant	31	1,774	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	166	8,796	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	672	11-3	44
45	Social Service Consultant				45
46	Other(specify) <u>Achieve Accreditation</u>		5,847	21-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	347	\$ 29,800		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

PV LEGAL SERVICE DETAIL

Invoice Date	Invoice Num.	Law Firm Name	Service Description	Amount
7/31/2016	416542	Chuhak & Tecson P.C.,	Legal service for SNF agreements	5,310.00
8/31/2016	28146	Hupp, Lanuti, Irion & Burton,	General legal services	75
8/31/2016	419266	Chuhak & Tecson P.C.,	Legal service for SNF agreements	8,926.75
8/31/2016	34361	McVey & Parsky LLC,	General legal services	133.18
9/30/2016	28299	Hupp, Lanuti, Irion & Burton,	General legal services	137.75
9/30/2016	28300	Hupp, Lanuti, Irion & Burton,	General legal services	237.5
9/30/2016	420870	Chuhak & Tecson P.C.,	Legal service for SNF agreements	2,624.50
9/30/2016	420871	Chuhak & Tecson P.C.,	Legal service for SNF agreements	44.5
9/30/2016	420872	Chuhak & Tecson P.C.,	Legal service for SNF agreements	267
7/31/2016	34320	McVey & Parsky LLC,	Legal service for SNF agreements	8,208.99
9/30/2016	34418	McVey & Parsky LLC,	Legal service for SNF agreements	3,129.75
10/31/2016	28432	Hupp, Lanuti, Irion & Burton,	General legal services	570
10/31/2016	28433	Hupp, Lanuti, Irion & Burton,	General legal services	47.5
10/31/2016	422609	Chuhak & Tecson P.C.,	Legal service for SNF agreements	1,847.83
10/31/2016	422614	Chuhak & Tecson P.C.,	General legal services	75
10/31/2016	422608	Chuhak & Tecson P.C.,	Legal service for SNF agreements	438.86
10/31/2016	34460	McVey & Parsky LLC,	Legal service for SNF agreements	252.25
11/30/2016	425294	Chuhak & Tecson P.C.,	Legal service for SNF agreements	94.96
11/30/2016	425295	Chuhak & Tecson P.C.,	Legal service for SNF agreements	958
11/30/2016	34504	McVey & Parsky LLC,	Legal service for SNF agreements	952.4
12/31/2016	427787	Chuhak & Tecson P.C.,	General legal services	167.5
12/31/2016	427788	Chuhak & Tecson P.C.,	General legal services	609.5
12/31/2016	28699	Hupp, Lanuti, Irion & Burton,	General legal services	23.75
12/31/2016	34563	McVey & Parsky LLC,	Legal service for SNF agreements	672
2/28/2017	28977	Hupp, Lanuti, Irion & Burton,	General legal services	47.5
1/31/2017	34592	McVey & Parsky LLC,	Legal service for SNF agreements	140.5
3/31/2017	34661	McVey & Parsky LLC,	Legal service for SNF agreements	143
2/28/2017	34625	McVey & Parsky LLC,	Legal service for SNF agreements	308.19
4/30/2017	29352	Hupp, Lanuti, Irion & Burton,	General legal services	209
		Smith, Hemmesch, Burke &	Real estate tax assessment	
5/17/2017	5172017	Kaczynski, Real	services	3,000.00
4/30/2017	435156	Chuhak & Tecson P.C.,	General legal services	46
4/30/2017	34686	MCVEY & PARSKY, LLC,	Legal service for SNF agreements	1,707.29
5/31/2017	437423	Chuhak & Tecson P.C.,	General legal services	111
5/31/2017	34710	McVey & Parsky LLC,	Legal service for SNF agreements	1,039.75
6/30/2017	29642	Hupp, Lanuti, Irion & Burton,	General legal services	95
Total: #####				

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

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. \$ 21,564 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. \$ 189,894
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. \$ 100,774
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation. No
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