		FOR BHF USE					

LL1

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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

I. IDPH License ID Number: 0047407

Facility Name: Benton Rehab Health Care Ctr

Address: 1409 N Main St Bx847 (Number) Benton (City) 62812 (Zip Code)

County: Franklin

Telephone Number: (618)435-2712 **Fax #** (618)435-2105

HFS ID Number:

Date of Initial License for Current Owners: 10/1/2005

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Mike Kocher **Telephone Number:** (309)689-5850
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Mark Petersen
(Title) Chief Executive Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	11	Skilled (SNF)	11	4,015	1
2		Skilled Pediatric (SNF/PED)			2
3	56	Intermediate (ICF)	56	20,440	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	67	TOTALS	67	24,455	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		594	1,723	2,317	8
9	SNF/PED					9
10	ICF	11,387			11,387	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,387	594	1,723	13,704	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.04%

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 [X] NO [ ]

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

I. On what date did you start providing long term care at this location?
Date started 10/1/2005

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/1/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 11 and days of care provided 1,637

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	127,297	10,889		138,186		138,186	3,649	141,835			1
2	Food Purchase		86,931		86,931		86,931	(336)	86,595			2
3	Housekeeping	114,665	16,252		130,917		130,917	71	130,988			3
4	Laundry		7,589		7,589		7,589		7,589			4
5	Heat and Other Utilities			73,446	73,446		73,446	252	73,698			5
6	Maintenance	27,365	2,971	22,234	52,570		52,570	2,191	54,761			6
7	Other (specify):*											7
8	**TOTAL General Services**	269,327	124,632	95,680	489,639		489,639	5,827	495,466			8
	B. Health Care and Programs											
9	Medical Director			11,400	11,400		11,400		11,400			9
10	Nursing and Medical Records	751,379	59,340	11,976	822,695		822,695	2,680	825,375			10
10a	Therapy			202,276	202,276		202,276		202,276			10a
11	Activities	46,016		(2,946)	43,070		43,070	(14)	43,056			11
12	Social Services	22,046			22,046		22,046		22,046			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	819,441	59,340	222,706	1,101,487		1,101,487	2,666	1,104,153			16
	C. General Administration											
17	Administrative	69,996		142,500	212,496		212,496	(122,207)	90,289			17
18	Directors Fees											18
19	Professional Services			7,708	7,708		7,708	97,637	105,345			19
20	Dues, Fees, Subscriptions & Promotions			4,454	4,454		4,454	1,868	6,322			20
21	Clerical & General Office Expenses	23,655	1,563	14,559	39,777		39,777	22,485	62,262			21
22	Employee Benefits & Payroll Taxes			130,525	130,525		130,525	14,768	145,293			22
23	Inservice Training & Education							38	38			23
24	Travel and Seminar							12	12			24
25	Other Admin. Staff Transportation			3,480	3,480		3,480	2,614	6,094			25
26	Insurance-Prop.Liab.Malpractice			27,005	27,005		27,005	21,704	48,709			26
27	Other (specify):*											27
28	**TOTAL General Administration**	93,651	1,563	330,231	425,445		425,445	38,919	464,364			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,182,419	185,535	648,617	2,016,571		2,016,571	47,412	2,063,983			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 & ID Number Benton Rehab Health Care Ctr #0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			6,303	6,303		6,303	65,490	71,793			30
31	Amortization of Pre-Op. & Org.							9,615	9,615			31
32	Interest			615	615		615	88,709	89,324			32
33	Real Estate Taxes							20,662	20,662			33
34	Rent-Facility & Grounds			254,173	254,173		254,173	(254,173)				34
35	Rent-Equipment & Vehicles			11,993	11,993		11,993	7,337	19,330			35
36	Other (specify):*											36
37	**TOTAL Ownership**			273,084	273,084		273,084	(62,360)	210,724			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		42,012		42,012		42,012		42,012			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			108,926	108,926		108,926		108,926			42
43	Other (specify):*		49	76,041	76,090		76,090	(76,090)				43
44	**TOTAL Special Cost Centers**		42,061	184,967	227,028		227,028	(76,090)	150,938			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,182,419	227,596	1,106,668	2,516,683		2,516,683	(91,038)	2,425,645			45

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(336)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,996)	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	(1,228)	30		9
10	Interest and Other Investment Income	(291)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(39)	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	(18,422)	43		18
19	Entertainment				19
20	Contributions	(100)	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	(42,000)	43		24
25	Fund Raising, Advertising and Promotional	(1,126)	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	(14,107)	Various		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (80,645)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 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)	(10,393)	Various	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (10,393)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (91,038)		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 Yes	2 No	3 Amount	4 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

Benton Rehab Health Care Ctr

ID# 0047407

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Labs-Part A	$ (7,950)	43	1
2	X-Rays-Part A	(3,480)	43	2
3	To offset Nursing Miscellaneous Income	(2,549)	10	3
4	Disallowed Special Events	23	43	4
5	To offset Transportation Revenue	(14)	11	5
6	To offset Office Miscellaneous Income	(137)	21	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
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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**	(14,107)		49

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	$	Petersen Health Care Management, Inc.	100.00%	$ 3,649	$ 3,649	1
2	V	2	Food		Petersen Health Care Management, Inc.	100.00%	0		2
3	V	3	Housekeeping		Petersen Health Care Management, Inc.	100.00%	71	71	3
4	V	5	Utilities		Petersen Health Care Management, Inc.	100.00%	249	249	4
5	V	6	Maintenance		Petersen Health Care Management, Inc.	100.00%	2,191	2,191	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%	3,419	3,419	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	142,500	Petersen Health Care Management, Inc.	100.00%	20,293	(122,207)	11
12	V	19	Professional Services		Petersen Health Care Management, Inc.	100.00%	11,987	11,987	12
13	V								13
14	Total			$ 142,500			$ 41,859	$ * (100,641)	14

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	20	Dues, Fees, Subs & Promotions	$	Petersen Health Care Management, Inc.	100.00%	$ 1,868	$ 1,868	15
16	V	21	Clerical and General Office		Petersen Health Care Management, Inc.	100.00%	22,625	22,625	16
17	V	22	Employee Benefits and Payroll Taxes		Petersen Health Care Management, Inc.	100.00%	6,211	6,211	17
18	V	23	Inservice Training & Education		Petersen Health Care Management, Inc.	100.00%	38	38	18
19	V	24	Travel and Seminar		Petersen Health Care Management, Inc.	100.00%	12	12	19
20	V	25	Other Admin. Staff Transport.		Petersen Health Care Management, Inc.	100.00%	2,614	2,614	20
21	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Care Management, Inc.	100.00%	398	398	21
22	V	30	Depreciation		Petersen Health Care Management, Inc.	100.00%	3,694	3,694	22
23	V	31	Amortization		Petersen Health Care Management, Inc.	100.00%	0		23
24	V	32	Interest		Petersen Health Care Management, Inc.	100.00%	180	180	24
25	V	33	Real Estate Taxes		Petersen Health Care Management, Inc.	100.00%	144	144	25
26	V	35	Rent-Equipment & Vehicles		Petersen Health Care Management, Inc.	100.00%	1,325	1,325	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 39,109	$ * 39,109	39

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Petersen Health Operations, LLC	100.00%	$ 0	$	15
16	V	2	Food		Petersen Health Operations, LLC	100.00%	0		16
17	V	3	Housekeeping		Petersen Health Operations, LLC	100.00%	0		17
18	V	4	Laundry		Petersen Health Operations, LLC	100.00%	0		18
19	V	5	Utilities		Petersen Health Operations, LLC	100.00%	0		19
20	V	6	Maintenance		Petersen Health Operations, LLC	100.00%	0		20
21	V	7	Mgmt. Allocation of Benefits		Petersen Health Operations, LLC	100.00%	0		21
22	V	10	Nursing and Medical Records		Petersen Health Operations, LLC	100.00%	1,810	1,810	22
23	V	15	Mgmt. Allocation of Benefits		Petersen Health Operations, LLC	100.00%	0		23
24	V	17	Administrative		Petersen Health Operations, LLC	100.00%	0		24
25	V	19	Professional Services		Petersen Health Operations, LLC	100.00%	78,945	78,945	25
26	V	20	Dues, Fees, Subs & Promotions		Petersen Health Operations, LLC	100.00%	0		26
27	V	21	Clerical and General Office		Petersen Health Operations, LLC	100.00%	0		27
28	V	22	Employee Benefits & Payroll		Petersen Health Operations, LLC	100.00%	8,557	8,557	28
29	V	23	Inservice Training & Education		Petersen Health Operations, LLC	100.00%	0		29
30	V	24	Travel and Seminar		Petersen Health Operations, LLC	100.00%	0		30
31	V	25	Other Admin. Staff Transport.		Petersen Health Operations, LLC	100.00%	0		31
32	V	26	Insurance-Prop./Liab./Malprac.		Petersen Health Operations, LLC	100.00%	0		32
33	V	30	Depreciation		Petersen Health Operations, LLC	100.00%	0		33
34	V	31	Amortization		Petersen Health Operations, LLC	100.00%	0		34
35	V	32	Interest		Petersen Health Operations, LLC	100.00%	6,097	6,097	35
36	V	33	Real Estate Taxes		Petersen Health Operations, LLC	100.00%	0		36
37	V	34	Rent-Facility and Grounds		Petersen Health Operations, LLC	100.00%	0		37
38	V	35	Rent-Equipment & Vehicles		Petersen Health Operations, LLC	100.00%	6,012	6,012	38
39	Total			$			$ 101,421	$ * 101,421	39

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Maintenance	$	Benton Land, LLC	100.00%	$	$	15
16	V	19	Professional Services	$	Benton Land, LLC	100.00%	6,705	6,705	16
17	V	21	Equipment		Benton Land, LLC	100.00%			17
18	V	26	Insurance-Property		Benton Land, LLC	100.00%	6,317	6,317	18
19	V	26	Insurance-Mortgage Insurance		Benton Land, LLC	100.00%	14,989	14,989	19
20	V	30	Depreciation		Benton Land, LLC	100.00%	63,024	63,024	20
21	V	31	Amortization		Benton Land, LLC	100.00%	9,615	9,615	21
22	V	32	Interest	887	Benton Land, LLC	100.00%	83,610	82,723	22
23	V	33	Real Estate Taxes		Benton Land, LLC	100.00%	20,518	20,518	23
24	V	34	Rent-Income and Grounds	254,173	Benton Land, LLC	100.00%		(254,173)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 255,060			$ 204,778	$ * (50,282)	39

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Quali	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 & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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			Betty's Garden	Kewanee				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 Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Resident Days	1,282,791	75	$ 341,562	$ 398,718	13,704	$ 3,649	1
2	2	Food	Resident Days	1,282,791	75	0	0	13,704	0	2
3	3	Housekeeping	Resident Days	1,282,791	75	6,607	3,056	13,704	71	3
4	5	Utilities	Resident Days	1,282,791	75	23,320	0	13,704	249	4
5	6	Maintenance	Resident Days	1,282,791	75	205,132	187,746	13,704	2,191	5
6	7	Mgmt. Allocation of Benefits	Resident Days	1,282,791	75	0	0	13,704	0	6
7	9	Medical Director	Resident Days	1,282,791	75	0	0	13,704	0	7
8	10	Nursing and Medical Records	Resident Days	1,282,791	75	320,057	736,064	13,704	3,419	8
9	10A	Therapy	Resident Days	1,282,791	75	0	0	13,704	0	9
10	15	Mgmt. Allocation of Benefits	Resident Days	1,282,791	75	0	0	13,704	0	10
11	17	Administrative	Resident Days	1,282,791	75	1,899,565	7,673,667	13,704	20,293	11
12	19	Professional Services	Resident Days	1,282,791	75	1,122,028	0	13,704	11,987	12
13	20	Dues, Fees, Subs & Promotions	Resident Days	1,282,791	75	174,863	0	13,704	1,868	13
14	21	Clerical and General Office	Resident Days	1,282,791	75	2,117,880	2,195,755	13,704	22,625	14
15	22	Employee Benefits and Payroll Ta	Resident Days	1,282,791	75	581,393	0	13,704	6,211	15
16	23	Inservice Training & Education	Resident Days	1,282,791	75	3,513	0	13,704	38	16
17	24	Travel and Seminar	Resident Days	1,282,791	75	1,094	0	13,704	12	17
18	25	Other Admin. Staff Transport.	Resident Days	1,282,791	75	244,700	0	13,704	2,614	18
19	26	Insurance-Prop./Liab./Malprac.	Resident Days	1,282,791	75	37,297	0	13,704	398	19
20	30	Depreciation	Resident Days	1,282,791	75	345,756	0	13,704	3,694	20
21	31	Amortization	Resident Days	1,282,791	75	0	0	13,704	0	21
22	32	Interest	Resident Days	1,282,791	75	16,842	0	13,704	180	22
23	33	Real Estate Taxes	Resident Days	1,282,791	75	13,451	0	13,704	144	23
24	35	Rent-Equipment & Vehicles	Resident Days	1,282,791	75	124,017	0	13,704	1,325	24
25	TOTALS					$ 7,579,077	$ 11,195,006		$ 80,968	25

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Petersen Health Operations, 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Resident Days	163,986	9	$	$	13,704	$	1
2	2	Food	Resident Days	163,986	9			13,704		2
3	3	Housekeeping	Resident Days	163,986	9			13,704		3
4	4	Laundry	Resident Days	163,986	9			13,704		4
5	5	Utilities	Resident Days	163,986	9			13,704		5
6	6	Maintenance	Resident Days	163,986	9			13,704		6
7	7	Mgmt. Allocation of Benefits	Resident Days	163,986	9			13,704		7
8	10	Nursing and Medical Records	Resident Days	163,986	9	21,660		13,704	1,810	8
9	15	Mgmt. Allocation of Benefits	Resident Days	163,986	9			13,704		9
10	17	Administrative	Resident Days	163,986	9			13,704		10
11	19	Professional Services	Resident Days	163,986	9	944,677		13,704	78,945	11
12	20	Dues, Fees, Subs & Promotions	Resident Days	163,986	9			13,704		12
13	21	Clerical and General Office	Resident Days	163,986	9			13,704		13
14	22	Employee Benefits & Payroll	Resident Days	163,986	9	102,400		13,704	8,557	14
15	23	Inservice Training & Education	Resident Days	163,986	9			13,704		15
16	24	Travel and Seminar	Resident Days	163,986	9			13,704		16
17	25	Other Admin. Staff Transport.	Resident Days	163,986	9			13,704		17
18	26	Insurance-Prop./Liab./Malprac.	Resident Days	163,986	9			13,704		18
19	30	Depreciation	Resident Days	163,986	9			13,704		19
20	31	Amortization	Resident Days	163,986	9			13,704		20
21	32	Interest	Resident Days	163,986	9	72,956		13,704	6,097	21
22	33	Real Estate Taxes	Resident Days	163,986	9			13,704		22
23	34	Rent-Facility and Grounds	Resident Days	163,986	9			13,704		23
24	35	Rent-Equipment & Vehicles	Resident Days	163,986	9	71,940		13,704	6,012	24
25	TOTALS					$ 1,213,633	$		$ 101,421	25

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Capital Finance		X	Mortgage	Varies	10/1/2014	$ 2,927,200	$ 2,250,520	12/31/2024	Varies	$ 83,610	1
2	Dodge		X	Van	Varies	6/29/20	39,027	36,053	6/28/25	Varies	615	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 2,966,227	$ 2,286,573			$ 84,225	9
	B. Non-Facility Related*											
10								Interest Income Offset			(1,178)	10
11								Home Office Allocation-PHO			180	11
12								Home Office Allocation-PHCM			6,097	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 5,099	14
15	TOTALS (line 9+line14)						$ 2,966,227	$ 2,286,573			$ 89,324	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 14,989 Line # 26

* 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.)

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	20,844	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	20,374	2
3. Under or (over) accrual (line 2 minus line 1).	$	(470)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	20,988	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **Home Office Allocation**		144	
TOTAL REFUND $ **For** **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	20,662	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	18,853	8
	2016	19,630	9
	2017	19,972	10
	2018	20,237	11
	2019	20,374	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Benton Rehab Health Care Ctr COUNTY Franklin

FACILITY IDPH LICENSE NUMBER 0047407

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 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-07-378-005	Long-Term Care Facility	$ 20,139.70	$ 20,139.70
2.	08-07-382-005	Long-Term Care Facility	$ 234.28	$ 234.28
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 20,373.98	$ 20,373.98

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,200 B. General Construction Type: Exterior Brick & Block Frame Masonry Number of Stories 1

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. [X] (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? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 192,297 2. Number of Years Over Which it is Being Amortized: 20

3. Current Period Amortization: 9,615 4. Dates Incurred: 2012-2013 Loan Costs

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	122,404	2005	$ 54,000	1
2					2
3	TOTALS	122,404		$ 54,000	3

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	73		2005	1968	$ 959,500	$	25	$ 38,379	$ 38,379	$ 594,877	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Original Land Improvements			2005	15,000		15	500	500	15,000	9
10	Smoke Alarms			2007	2,341		10			2,341	10
11	Interior Signage			2007	3,678		10			3,678	11
12	Canopy			2007	3,572		10			3,572	12
13	Air Compressor Repair			2009	2,958		7			2,958	13
14	Sprinkler System Replacement			2010	56,828		15	3,788	3,788	39,774	14
15	Generator			2011	16,755		15	1,117	1,117	7,395	15
16	Windows			2013	18,111		25	724	724	4,273	16
17	Gutter Repair			2014	3,043		7	435	435	2,828	17
18	Concrete Repair			2014	3,000		15	200	200	1,300	18
19	Soffit, Facia, and Downspout Replacement			2014	10,454		15	697	697	4,531	19
20	Water Heater			2015	2,986		7	428	428	2,354	20
21	Air Conditioner			2015	3,595		15	240	240	1,320	21
22	Roof Repair			2015	1,467		7	210	210	1,155	22
23	Door Replacement			2017	5,896		7	842	842	2,947	23
24	Concrete Repair			2017	5,600		7	800	800	2,800	24
25	Kitchen Roof and Hall Repair			2017	7,526		7	1,076	1,076	3,766	25
26	Tiling Replacement-Halls, Office, Dining, Bathrooms			2017	155,003		15	10,334	10,334	36,169	26
27	Sprinkler Repair			2020	3,003		7	215	215	215	27
28											28
29											29
30						1,550			(1,550)		30
31	Land Improvements Booked					38,405			(38,405)		31
32	Building Booked					20,754			(20,754)		32
33	Building Improvement Booked										33
34											34
35	2020-Home Office Allocation-Building Improvements				6,929			166	166		35
36	2020-Home Office Allocation-Land Improvements				695			44			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 & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
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									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,287,940	$ 60,709		$ 60,195	$ (558)	$ 733,253	70

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 27,673	$ 3,719	$ 3,406	$ (313)	5-10 yrs.	$ 16,661	71
72	Current Year Purchases	3,235	423	231	(192)	7 yrs.	231	72
73	Fully Depreciated Assets	200,570					200,570	73
74				3,484	3,484			74
75	TOTALS	$ 231,478	$ 4,142	$ 7,121	$ 2,979		$ 217,462	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	2004 Ford E-250	2019	$ 2,865	$ 573	$ 574	$ 1	5 yrs.	$ 861	76
77	Facility	2019 Dodge Caravan	2020	39,027	3,903	3,903		5 yrs.	3,903	77
78										78
79										79
80	TOTALS			$ 41,892	$ 4,476	$ 4,477	$ 1		$ 4,764	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)	$ 1,615,310	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 69,327	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 71,793	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 2,466	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 955,479	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			94
95		$	95

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

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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: ____ *

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 19,330 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			$	$	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.

Benton Rehab Health Care Ctr
0047407
Period Beginning 1/1/2020
Period End 12/31/2020

Schedule 14A

XII. Rental Costs

B. Equipment

16. Description of rental amount for movable equipment

Medical Equipment	$	7,212
Dishwasher		701
Copier		4,080
Home Office Allocation		7,337
		19,330

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
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.)

	1	2	3	4	5	6	7	8	
	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	$	5,884	$ 88,260	$	5,884	$ 88,260	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,072	16,073		1,072	16,073	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		6,530	97,943		6,530	97,943	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 prescrpts				42,012		42,012	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	13,486	$ 202,276	$ 42,012	13,486	$ 244,288	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.

STATE OF ILLINOIS

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 429,480	$ 429,480	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 156,422)	2,513,293	2,513,293	3
4	Supply Inventory (priced at Cost)	6,305	6,305	4
5	Short-Term Investments			5
6	Prepaid Insurance	13,605	28,637	6
7	Other Prepaid Expenses		26,386	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposit	3,100	3,100	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,965,783	$ 3,007,201	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		54,000	13
14	Buildings, at Historical Cost		966,429	14
15	Leasehold Improvements, at Historical Cost	3,003	321,511	15
16	Equipment, at Historical Cost	51,951	273,370	16
17	Accumulated Depreciation (book methods)	(10,916)	(955,479)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		192,297	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(60,093)	20
21	Restricted Funds		293,527	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Intercompany Loans	53,454	94,115	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 97,492	$ 1,179,677	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,063,275	$ 4,186,878	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 557,342	$ 557,342	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,189	55,189	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		20,988	32
33	Accrued Interest Payable		7,220	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll Withholdings	63,959	63,959	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 676,490	$ 704,698	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	36,053	36,053	39
40	Mortgage Payable		2,250,520	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Loan Payable-MCAD Adv. Payment	600,000	600,000	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 636,053	$ 2,886,573	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,312,543	$ 3,591,271	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,750,732	$ 595,607	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,063,275	$ 4,186,878	48

*(See instructions.)

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (104,228)	1
2	Restatements (describe):		2
3	**Adjustments Made After Cost Reports Were Filed**	871,804	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 767,576	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	983,156	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 983,156	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)**	$ 1,750,732	24 *

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

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,584,445	1
2	Discounts and Allowances for all Levels	(167,571)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,416,874	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	341,951	6
7	Oxygen	231	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 342,182	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	336	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	71,632	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	13,534	20
21	Other Medical Services	4,379	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 89,881	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	291	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 291	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Transportation Revenue	14	28
28a	Miscellaneous Revenue	650,597	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 650,611	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,499,839	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	489,639	31
32	Health Care	1,101,487	32
33	General Administration	425,445	33
	B. Capital Expense		
34	Ownership	273,084	34
	C. Ancillary Expense		
35	Special Cost Centers	118,102	35
36	Provider Participation Fee	108,926	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,516,683	40
41	**Income before Income Taxes (line 30 minus line 40)****	983,156	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 983,156	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,665,439	44
45	Private Pay - Net Inpatient Revenue	138,038	45
46	Medicare - Net Inpatient Revenue	573,072	46
47	Other-(specify) Insurance Net Inpatient Revenue	40,325	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 2,416,874	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 Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 64,890	$ 31.20	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,355	5,463	138,563	25.36	3
4	Licensed Practical Nurses	7,068	7,374	158,132	21.44	4
5	CNAs & Orderlies	24,954	25,325	338,021	13.35	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,857	1,975	25,642	12.98	9
10	Activity Assistants					10
11	Social Service Workers	1,181	1,211	22,046	18.20	11
12	Dietician					12
13	Food Service Supervisor	2,138	2,143	36,332	16.95	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,671	8,888	90,965	10.23	15
16	Dishwashers					16
17	Maintenance Workers	1,730	1,738	27,365	15.75	17
18	Housekeepers	11,380	11,671	114,665	9.82	18
19	Laundry					19
20	Administrator	2,004	2,080	69,996	33.65	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,744	1,759	23,655	13.45	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					31
32	Other Health Care(specify)					32
33	Other(specify) Page 20A	3,963	3,978	72,147	18.14	33
34	TOTAL (lines 1 - 33)	74,125	75,685	$ 1,182,419 *	$ 15.62	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	11,400	L9,C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,259	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	27	1,330	L10, C3	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)	27	$ 16,989		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	14	$ 432	L10,C3	50
51	Licensed Practical Nurses	38	1,029	L10,C3	51
52	Certified Nurse Assistants/Aides	230	4,926	L10,C3	52
53	TOTAL (lines 50 - 52)	282	$ 6,387		53

Benton Rehab Health Care Ctr
0047407
Period Beginning **1/1/2020**
Period End **12/31/2020**

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		2,080	2,080	51,773	24.89
Transportation		1,883	1,898	20,374	10.73
	TOTAL	3,963	3,978	72,147	

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Mary Scharlemann	Administrator	0	$ 69,996
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 69,996

B. Administrative - Other

Description	Amount
Management Fees-See Page 6, Eliminated on P 3, C 7	$ 142,500
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 142,500

C. Professional Services

Vendor/Payee	Type	Amount
State Farm Insurance	Legal Fees-1/10/20	$ 33
Frontier	Computer Services	914
Ability Network	Computer Services	6,761
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 7,708

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 16,224
Unemployment Compensation Insurance	12,414
FICA Taxes	84,089
Employee Health Insurance	3,691
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Relations	103
Home Office Allocation	14,768
Administrator Benefits	14,004
TOTAL (agree to Schedule V, line 22, col.8)	$ 145,293

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	(220)
Health Care Worker Background Check	
(Indicate # of checks performed 7)	
Patient Background Checks 12	363
Miscellaneous Licenses & Permits	331
Home Office Allocation	1,868
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 6,322

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Home Office Allocation	12
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 12

* Attach copy of IMRF notifications

**See instructions.

Benton Rehab Health Care Ctr
0047407
Period Beginning **1/1/2020**
Period End **12/31/2020**

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Vendor/Payee	Type	Amount
Total (agree to Schedule V, line 19, column 3)		7,708
Home Office Allocation		
Baker Tilly Virchow Krause LLP	Legal	314
Duane Morris	Legal	22,768
Lexis Nexis	Legal	6
Livingston, Barger, Brant, Schroeder	Legal	9,524
Miller, Hall, Triggs	Legal	36
Miscellaneous	Legal	14
SB2	Legal	630
SmithAmundsen LLC	Legal	1,501
Sorling Northrup	Legal	360
Capital Finance Group	Legal	3,119
Illinois Secretary of Sate	Legal	101
McGuire Woods	Legal	4,178
CliftonLarsonAllen	Accounting	838
Ginoli & Co.	Accounting	9,469
Ability Network	Computer Services	2,151
Allscripts	Computer Services	340
AOD Matrix Care	Computer Services	3,778
AT&T	Computer Services	4
ATS	Computer Services	206
CCH	Computer Services	12
Charter Communications	Computer Services	19
Citrix Systems	Computer Services	64
Comcast	Computer Services	22
ITSavvy	Computer Services	99
Kemper Technology	Computer Services	491
Miscellaneous	Computer Services	95
Pearl Technology	Computer Services	89
Stratus Networks	Computer Services	390
TR Professional	Computer Services	8
Creative Health Capital	Other Prof Fees	3,379
Mohr and Kerr	Other Prof Fees	6,156
Planning and Zoning Resource Company	Other Prof Fees	865
David Budde	Other Prof Fees	9
DJ Howard and Associates	Other Prof Fees	810
Getzler Henrich & Associates	Other Prof Fees	871
LRI Consulting Services	Other Prof Fees	881
McQuellon Consulting	Other Prof Fees	542
Miscellaneous	Other Prof Fees	81
Optimizer	Other Prof Fees	35
Registered Agent Solutions	Other Prof Fees	19
RSM McGladrey	Other Prof Fees	213
SB2	Other Prof Fees	273
Sedgwick CMS	Other Prof Fees	22,826
Tarver Program Consultants	Other Prof Fees	51
Total (agree to Schedule V, line 19, column 8)		105,345

Benton Rehab Health Care Ctr
0047407
Period Beginning 1/1/2020
Period End 12/31/2020

Schedule 21B

25. Administrative and Staff Transportation

Gas	$	1,726
Auto Repairs		1,660
Mileage-Travel		94
Home Office Allocation		2,417
		5,897

Facility Name & ID Number Benton Rehab Health Care Ctr # 0047407 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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? **No**
If YES, give association name and amount.

(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. $ **9,125** 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. $ **108,926**
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. $ **336**

(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. $ **14**
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? Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Ginoli and Company**

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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. **No**
Attach invoices and a summary of services for all architect and appraisal fees.