Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GRAND VIEW ADMINISTRATIVE SERV

4035 GRAND VIEW BLVD
LOS ANGELES, CA 90066-5211

2b Employer Identification Number (EIN)
47-1730796

2c Plan Sponsor's telephone number
310-390-9506

2d Business code (see instructions)
541800

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	FROLI NUDELMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name CULVER WEST HEALTH CENTER, LLC **c** Plan Name	**4b** EIN 95-4558381 **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	155
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	500
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	125
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	625
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	625
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	486
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	91
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAND VIEW ADMINISTRATIVE SERV

D Employer Identification Number (EIN)
47-1730796

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	7488
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	9525
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	78688
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	2185490
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	0	2281191
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	2281191

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	256658	
(B) Participants	2a(1)(B)	298707	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		555365
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	44	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	1919	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1963
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13897	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13897
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		82548
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		653773
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	341261	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		341261
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	5276	
(3) Investment advisory and management fees	2i(3)	84	
(4) Other	2i(4)	1080	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6440
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		347701
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		306072
l Transfers of assets:			
(1) To this plan	2l(1)		1975119
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KKAJ **(2)** EIN: 46-3462919

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		9525
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		90000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRAND VIEW ADMINISTRATIVE SERV

D Employer Identification Number (EIN)
47-1730796

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

GRAND VIEW AMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS
& SUPPLEMENTAL SCHEDULE

December 31, 2017 and 2016

PARTNERS:
Dennis V. King, CPA
Charles R. Alleman, Jr., CPA
Robert N. Jensen, Jr., CPA
Thomas E. Engman, CPA
Evan L. Faucette, CPA
Michael P. Garrison, CPA
Sandra A. Snetiker

SENIOR PARTNER:
David F. King, CPA



MEMBER OF:
American Institue of
Certified Public Accountants

California Society of
Certified Public Accountants

Enterprise Worldwide,
An Association of Independent
Accounting Firms

INDEPENDENT AUDITORS' REPORT

Administrative Committee

Grand View Administrative Serv 401(k) Profit Sharing Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Grand View Administrative Serv 401(k) Profit Sharing Plan & Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note 5, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets as of December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KKAJ, LLP

October 12, 2018

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statements of Net Assets Available for Benefits
As of December 31, 2017 and 2016

	2017	2016
Assets:		
Investments at fair value	$ 2,192,978	$ -
Notes receivable from participants	78,688	-
Contributions receivable - employee	9,525	-
Total assets	2,281,191	-
Net assets available for benefits	$ 2,281,191	$ -

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV
401(K) PROFIT SHARING PLAN & TRUST

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions:	
Employer contributions	$ 256,658
Employee contributions	298,707
Interest income on notes receivable from participants	1,919
Interest and dividend income on investments	13,941
Net appreciation on investments	82,548
Transfer of assets to the Plan	1,975,119
Total additions	2,628,892
Deductions:	
Benefits paid to participants	341,261
Administrative expense	6,440
Total deductions	347,701
Net increase	2,281,191
Net assets available for benefits, at beginning of year	-
Net assets available for benefits, at end of year	$ 2,281,191

See accompanying auditors' report and notes to financial statements.

GRAND VIEW ADMINISTRATIVE SERV 401(K)
PROFIT SHARING PLAN & TRUST

Notes to Financial Statements
December 31, 2017

1. DESCRIPTION OF THE PLAN

The Grand View Administrative Serv Plan & Trust (the Plan) is a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC.) The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. A general description of the Plan follows. For a more complete description, participants should refer to the Plan Provision Summary or the Plan Document, which are available from the Plan administrator.

The Plan is a defined contribution plan covering employees who satisfy the eligibility criteria. Effective January 1, 2017, an automatic enrollment into the Plan by all eligible employees was established, unless the employee has specifically declined to participate in the Plan. There is no age requirement for employees to participate in the Plan. There is also no length of service requirement for employees to be able to participate in the Plan. The Plan covers all full-time employees of Culver West Convalescent Hospital and its affiliates (the Company).

Participants may defer tax-free up to 92% of their qualified annual compensation to the Plan, limited to a maximum annual amount as set by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. 3% of each eligible employee's compensation will be automatically withheld and contributed to the Plan unless employees elect to either not participate in the Plan, or contribute a different amount. Employer contributions consist of two components, a matching formula which is 100% of contributing participants' elective deferrals not to exceed 4% of compensation per each payroll period and a profit sharing contribution. No length of service is required for participants to be able to receive the matching or profit sharing portion of the employer contributions. The Company's matching contributions to the Plan totaled $256,658 for the year ended December 31, 2017. Profit sharing contributions are determined by management. Such contributions to the Plan are allocated among eligible participants in the proportion of their compensation to total compensation of all participants. No profit sharing contributions were made for the year ended December 31, 2017.

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings, and is charged with actual expenses incurred by the participant such as loan fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants immediately vest in their tax deferred contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contributions plus actual earnings thereon is based on years of service. Participants become 100% vested over a six-year

1. DESCRIPTION OF THE PLAN (CONTINUED)

period of time except in the case of retirement, death or disability, in which case participants will immediately vest in their entire account balance. Participants can receive distributions from their accounts at retirement (age 65), upon termination of employment, or upon death or disability.

Forfeitures may be used to offset administrative expenses and offset the Company's future matching contributions. During the year ended December 31, 2017, no forfeitures were used to offset employer matching contributions. The total amount for forfeited non-vested accounts for the year ended December 31, 2017 was $6,263.

The Company paid all of the $6,440 of the Plan's investment and administrative fees except for $1,080 for the year ended December 31, 2017, which were paid by the Plan. This amount is reported as an administrative expense on the statement of changes in net assets available for benefits.

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

2. SIGNIFICANT ACCOUNTING POLICIES

The accounting records of the Plan are maintained on the accrual basis of accounting except as noted below regarding benefit payments. The accuracy of these financial statements, notes to financial statements, supplemental schedule of assets (held at end of year), and any other supplemental schedules are the responsibility of the Plan's management.

Investments

Registered Investment Companies. The Plan has invested in registered investment companies. These investments consist of mutual funds and are recorded at fair market value as published in market listings and represent more than 5% of net assets. See Note 9 for further fair value disclosures. During 2017, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as investments held at the end of the year) appreciated in value by $82,548.

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From Participants

The Plan allows for participants to borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The trustee of the Plan notifies the Company of past due or delinquent loans. If a note receivable becomes uncollectible, it is Plan policy to deem the defaulted loan a distribution, which according to the Plan document may be taxable to the participant. The loans are secured by the vested balance in the participant's account. The Plan's management expects that all outstanding loans will be collected by the Plan. There is no allowance for doubtful accounts the for the year ending December 31, 2017. The loans bear interest rates ranging from 5.25% up to 6.00%.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid as required by U.S. generally accepted accounting principles for qualified retirement plans.

Estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates include the fair market value of investments.

3. INCOME TAX STATUS

This Plan has yet to receive its determination letter, in which the Internal Revenue Service states that the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that for the year ending December 31, 2017 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. PROSPECTIVE BENEFIT PAYMENTS

As of December 31, 2017, there were no participants who had elected to withdraw from the plan but had not yet been paid.

5. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

For the year ended December 31, 2017, the Plan's administrator obtained the trustee's certification of the Plan as to valuation of the investment assets, investment transactions, and investment income for the year. See the supplemental schedule of assets (held at end of year).

6. PARTY IN INTEREST TRANSACTIONS

As detailed in Note 2 above, the Plan allows participants to borrow from their fund account. The note receivable balance on these borrowings were $78,688 at December 31, 2017. Income recognized during the year ended December 31, 2017 was $1,919, as reported on the statement of changes in net assets available for benefits.

7. SUBSEQUENT EVENT

The Company has evaluated the Plan for subsequent events through October 12, 2018, the date in which these financial statements were available to be issued. As of this date, there have been no significant events that occurred for which the Company has deemed such disclosure necessary.

8. PROHIBITED TRANSACTION

In 2017, in conjunction with the creation of the Plan, the retirement plans of respective individual facilities were terminated, and participants' balances were transferred into the Plan. Due to loan information not being properly identified, and the proper paperwork processed, certain loans were not set up in the Plan's records. However, the Company continued to withhold loan payments from wages for the respective individuals based on the original loan payment schedules. Though withheld from the employees, these funds have yet to be remitted to the Plan. The total amount withheld of participant loan payments as of December 31, 2017 was $9,525. See the supplemental schedule of delinquent participant contributions.

9. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for the Plan's assets measured at fair value.

Registered Investment Companies: Valued at fair value as published in market listings

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

9. FAIR VALUE MEASUREMENTS (continued)

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. The valuation technique used in measuring fair value of investments is determined by the Plan administrator and this appears to be consistent with valuation techniques used in the industry.

Assets Recorded at Fair Value on a Recurring Basis

The following table presents by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2017.

9. FAIR VALUE MEASUREMENTS (CONTINUED)

	Investment Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Fund	$ 8,483	$ -	$ -	$ 8,483
Equity Funds	37,988	-	-	37,988
International Equity Funds	3,193	-	-	3,193
Fixed Income Funds	12,075	-	-	12,075
Balanced Funds	2,131,238	-	-	2,131,238
Total investments at fair value	$ 2,192,978	$ -	$ -	$ 2,192,978

Level 3 assets were 0% of total investment assets at fair value on December 31, 2017. The Plan held an investment in the following funds that represented more than 5% of the Plan's net assets as of December 31, 2017:

Fund	Balance
Vanguard Target Retirement Date of:	
2015	$ 620,785
2025	$ 150,310
2030	$ 124,505
2035	$ 593,715
2040	$ 161,631
2045	$ 127,820

SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4a
December 31, 2017

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

PLAN SPONSOR: CULVER WEST CONVALESCENT HOSPITAL

PLAN NUMBER: 001

EIN: 47-1730796

Participant Contributions Transferred Late to the Plan	Loan Payments Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$9,525	X	$9,525	$0	$0	$0

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4i
December 31, 2017

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST
PLAN SPONSOR: Culver West Convalescent Hospital
PLAN NUMBER: 001
EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including mat.date, rate of int., collateral, par or mat.value	Cost	Current Value
	Mid Atlantic Trust Company	Registered Investment Company VMFXX	Various	$ 7,488
	Mid Atlantic Trust Company	Registered Investment Company VBTLX	Various	$ 1,101
	Mid Atlantic Trust Company	Registered Investment Company WFSPX	Various	$ 15,314
	Mid Atlantic Trust Company	Registered Investment Company VIMAX	Various	$ 9,425
	Mid Atlantic Trust Company	Registered Investment Company TCIEX	Various	$ 582
	Mid Atlantic Trust Company	Registered Investment Company VTWNX	Various	$ 620,785
	Mid Atlantic Trust Company	Registered Investment Company VTXVX	Various	$ 101,385
	Mid Atlantic Trust Company	Registered Investment Company VTTVX	Various	$ 150,310
	Mid Atlantic Trust Company	Registered Investment Company VTTHX	Various	$ 593,715
	Mid Atlantic Trust Company	Registered Investment Company VTIVX	Various	$ 85,632
	Mid Atlantic Trust Company	Registered Investment Company VTINX	Various	$ 710
	Mid Atlantic Trust Company	Registered Investment Company VFIFX	Various	$ 127,820
	Mid Atlantic Trust Company	Registered Investment Company VTHRX	Various	$ 124,505
	Mid Atlantic Trust Company	Registered Investment Company VFORX	Various	$ 161,631
	Mid Atlantic Trust Company	Registered Investment Company VFFVX	Various	$ 94,044
	Mid Atlantic Trust Company	Registered Investment Company VTTSX	Various	$ 63,711
	Mid Atlantic Trust Company	Registered Investment Company VFIDX	Various	$ 2,029
	Mid Atlantic Trust Company	Registered Investment Company FSBAX	Various	$ 3,606
	Mid Atlantic Trust Company	Registered Investment Company TILIX	Various	$ 1,186
	Mid Atlantic Trust Company	Registered Investment Company VMVAX	Various	$ 2,611
	Mid Atlantic Trust Company	Registered Investment Company TILVX	Various	$ 1,391
	Mid Atlantic Trust Company	Registered Investment Company VAIPX	Various	$ 864
	Mid Atlantic Trust Company	Registered Investment Company RLBGX	Various	$ 3,280
	Mid Atlantic Trust Company	Registered Investment Company TISBX	Various	$ 813
	Mid Atlantic Trust Company	Registered Investment Company AEYXX	Various	$ 995
	Mid Atlantic Trust Company	Registered Investment Company VFIUX	Various	$ 672
	Mid Atlantic Trust Company	Registered Investment Company VFIRX	Various	$ 398
	Mid Atlantic Trust Company	Registered Investment Company RIRGX	Various	$ 3,649
	Mid Atlantic Trust Company	Registered Investment Company CEBRX	Various	$ 2,120
	Mid Atlantic Trust Company	Registered Investment Company VSGAX	Various	$ 9,859
	Mid Atlantic Trust Company	Registered Investment Company VWEAX	Various	$ 1,286
	Mid Atlantic Trust Company	Registered Investment Company VLXVX	Various	$ 61
*	Participant Loans	Interest rates range from 5.25% to 6.00%. Collateralized by participants' vested account balances.	$0.00	$ 33,289

* Party-in-interest for which a statutory exemption exists.

See accompanying auditors' report and notes to the financial statements

SUPPLEMENTAL SCHEDULE OF REPORTABLE TRANSACTIONS
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4j
December 31, 2017

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

PLAN SPONSOR: CULVER WEST CONVALESCENT HOSPITAL

PLAN NUMBER: 001

EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Entire plan assets	In conjunction with the creation of the Plan, assets of many of the participants that were previsouly held under another plan, were transferred into this Plan.	$1,975,119	$1,975,119	-	-	$1,975,119	$1,975,119	-

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4i
December 31, 2017

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST
PLAN SPONSOR: Culver West Convalescent Hospital
PLAN NUMBER: 001
EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including mat.date, rate of int., collateral, par or mat.value	Cost	Current Value
	Mid Atlantic Trust Company	Registered Investment Company VMFXX	Various	$ 7,488
	Mid Atlantic Trust Company	Registered Investment Company VBTLX	Various	$ 1,101
	Mid Atlantic Trust Company	Registered Investment Company WFSPX	Various	$ 15,314
	Mid Atlantic Trust Company	Registered Investment Company VIMAX	Various	$ 9,425
	Mid Atlantic Trust Company	Registered Investment Company TCIEX	Various	$ 582
	Mid Atlantic Trust Company	Registered Investment Company VTWNX	Various	$ 620,785
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	Mid Atlantic Trust Company	Registered Investment Company AEYXX	Various	$ 995
	Mid Atlantic Trust Company	Registered Investment Company VFIUX	Various	$ 672
	Mid Atlantic Trust Company	Registered Investment Company VFIRX	Various	$ 398
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* Party-in-interest for which a statutory exemption exists.

See accompanying auditors' report and notes to the financial statements

SUPPLEMENTAL SCHEDULE OF REPORTABLE TRANSACTIONS
SUPPLEMENT TO FORM 5500 SCHEDULE H, LINE 4j
December 31, 2017

PLAN NAME: GRAND VIEW ADMINISTRATIVE SERV 401(K) PROFIT SHARING PLAN & TRUST

PLAN SPONSOR: CULVER WEST CONVALESCENT HOSPITAL

PLAN NUMBER: 001

EIN: 47-1730796

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Entire plan assets	In conjunction with the creation of the Plan, assets of many of the participants that were previsouly held under another plan, were transferred into this Plan.	$1,975,119	$1,975,119	-	-	$1,975,119	$1,975,119	-