



Facility Name & ID Number P A Peterson Center For Health

# 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>127</u>	Skilled (SNF)	<u>127</u>	<u>46,482</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	<u>32</u>	Sheltered Care (SC)	<u>32</u>	<u>11,712</u>	5
6		ICF/DD 16 or Less			6
7	<u>159</u>	TOTALS	<u>159</u>	<u>58,194</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>8,825</u>	<u>31,250</u>	<u>11,896</u>	<u>51,971</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,825</u>	<u>31,250</u>	<u>11,896</u>	<u>51,971</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.31%

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

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

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

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

Outpatient Therapy

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

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

YES  NO

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

YES  NO

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

Date started 1941

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 38 and days of care provided 8,527

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/08 Fiscal Year: 06/30/08

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

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	470,660	36,239	14,142	521,041		521,041		521,041		1
2	Food Purchase		376,238		376,238		376,238	(11,022)	365,216		2
3	Housekeeping	174,321	31,351		205,672		205,672		205,672		3
4	Laundry		1,493	189,748	191,241		191,241		191,241		4
5	Heat and Other Utilities			255,608	255,608		255,608	1,757	257,365		5
6	Maintenance	96,154	40,157	179,930	316,241		316,241	4,279	320,520		6
7	Other (specify):*							1,627	1,627		7
8	<b>TOTAL General Services</b>	741,135	485,478	639,428	1,866,041		1,866,041	(3,359)	1,862,682		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,400	16,400		16,400		16,400		9
10	Nursing and Medical Records	3,298,536	76,646	13,932	3,389,114		3,389,114		3,389,114		10
10a	Therapy										10a
11	Activities	72,849	5,947		78,796		78,796		78,796		11
12	Social Services	128,449		867	129,316		129,316		129,316		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,499,834	82,593	31,199	3,613,626		3,613,626		3,613,626		16
	<b>C. General Administration</b>										
17	Administrative	78,358			78,358		78,358	624,321	702,679		17
18	Directors Fees										18
19	Professional Services			1,179,463	1,179,463		1,179,463	(1,020,016)	159,447		19
20	Dues, Fees, Subscriptions & Promotions			77,808	77,808		77,808	(24,496)	53,312		20
21	Clerical & General Office Expenses	354,180	25,587	106,757	486,524		486,524	(1,296)	485,228		21
22	Employee Benefits & Payroll Taxes			1,084,269	1,084,269		1,084,269		1,084,269		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,702	10,702		10,702	10,835	21,537		24
25	Other Admin. Staff Transportation			27,338	27,338		27,338	13,956	41,294		25
26	Insurance-Prop.Liab.Malpractice			321,581	321,581		321,581	16,182	337,763		26
27	Other (specify):*							136,615	136,615		27
28	<b>TOTAL General Administration</b>	432,538	25,587	2,807,918	3,266,043		3,266,043	(243,899)	3,022,144		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,673,507	593,658	3,478,545	8,745,710		8,745,710	(247,258)	8,498,452		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 P A Peterson Center For Health #0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			576,675	576,675	576,675	50,077	626,752			30
31	Amortization of Pre-Op. & Org.										31
32	Interest			236,493	236,493	236,493	18,507	255,000			32
33	Real Estate Taxes			149,555	149,555	149,555		149,555			33
34	Rent-Facility & Grounds						47,825	47,825			34
35	Rent-Equipment & Vehicles			11,417	11,417	11,417	3,127	14,544			35
36	Other (specify):*			35,593	35,593	35,593		35,593			36
37	<b>TOTAL Ownership</b>			1,009,733	1,009,733	1,009,733	119,536	1,129,269			37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		573,657	1,475,073	2,048,730	2,048,730		2,048,730			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			69,352	69,352	69,352	371	69,723			42
43	Other (specify):*	34,500			34,500	34,500	(34,500)				43
44	<b>TOTAL Special Cost Centers</b>	34,500	573,657	1,544,425	2,152,582	2,152,582	(34,129)	2,118,453			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,708,007	1,167,315	6,032,703	11,908,025	11,908,025	(161,850)	11,746,175			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,022)	02		4
5	Telephone, TV & Radio in Resident Rooms	(35,730)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(15,672)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(50,762)	20		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	(48,664)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (161,850)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(0)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (0)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (161,850)		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.

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

P A Peterson Center For Health

ID# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Marketing Professions	\$ (34,500)	43	1
2	Collection Fees	(2,777)	21	2
3	Bed Tax	371	42	3
4	Bank Service Charges	(25)	21	4
5	Capitalized R&M	(11,733)	6	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
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	<b>Total</b>	(48,664)		49

P A Peterson Center For Health

ID# 0021238

Report Period Beginning: 07/01/07

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
50	\$		1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(11,022)											(11,022)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			1,636	33	68	16	4					1,757	5
6	Maintenance	(11,733)		13,817	1,820	357	15	3					4,279	6
7	Other (specify):*			1,615	6	4	2	0					1,627	7
8	<b>TOTAL General Services</b>	<b>(22,755)</b>		<b>17,068</b>	<b>1,859</b>	<b>429</b>	<b>33</b>	<b>7</b>					<b>(3,359)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>													<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			364,118	99,928	144,733	11,048	4,495					624,321	17
18	Directors Fees													18
19	Professional Services			(631,310)	(161,004)	(204,479)	(15,845)	(7,378)					(1,020,016)	19
20	Fees, Subscriptions & Promotions	(50,762)		15,673	10,479		97	18					(24,496)	20
21	Clerical & General Office Expenses	(38,532)		27,930	4,217	2,201	1,734	1,155					(1,296)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			6,622	3,521	621	66	5					10,835	24
25	Other Admin. Staff Transportation			5,455	1,198	6,958	257	88					13,956	25
26	Insurance-Prop.Liab.Malpractice			15,286	271	588	32	4					16,182	26
27	Other (specify):*			78,531	24,547	30,272	1,735	1,530					136,615	27
28	<b>TOTAL General Administration</b>	<b>(89,294)</b>		<b>(117,695)</b>	<b>(16,842)</b>	<b>(19,107)</b>	<b>(876)</b>	<b>(84)</b>					<b>(243,899)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(112,049)</b>		<b>(100,627)</b>	<b>(14,984)</b>	<b>(18,678)</b>	<b>(843)</b>	<b>(76)</b>					<b>(247,258)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

Summary B

06/30/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(15,672)		52,999	10,574	1,660	475	41					50,077	30
31	Amortization of Pre-Op. & Org.													31
32	Interest			10,400	1,186	6,857	64						18,507	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds			35,489	2,162	9,934	240						47,825	34
35	Rent-Equipment & Vehicles			1,738	1,062	227	64	35					3,127	35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(15,672)</b>		<b>100,627</b>	<b>14,984</b>	<b>18,678</b>	<b>843</b>	<b>76</b>					<b>119,536</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	371											371	42
43	Other (specify):*	(34,500)											(34,500)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(34,129)</b>											<b>(34,129)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(161,850)</b>						<b>(0)</b>	<b>(0)</b>				<b>(161,850)</b>	<b>45</b>

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A		St. Matthews	Park Ridge	Vesper Mgmt Corp	Des Plaines	Mgmt. Co.
				LSSI	Des Plaines	Corp. Office

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	
1	V		\$			\$	\$
2	V						
3	V						
4	V						
5	V						
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$			\$	\$ *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health# 0021238Report Period Beginning: 07/01/07Ending: 06/30/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Management Allocation	100.00%	\$ 364,118	\$ 364,118	15
16	V	27 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%	78,531	78,531	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Management Allocation	100.00%	56,724	56,724	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Management Allocation	100.00%	26,038	26,038	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Management Allocation	100.00%	35,489	35,489	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,636	1,636	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Management Allocation	100.00%	654	654	21
22	V	32 Interest		Lutheran Social Services of Illinois - Management Allocation	100.00%	10,400	10,400	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois - Management Allocation	100.00%	15,286	15,286	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Management Allocation	100.00%			25
26	V	25 Transportation		Lutheran Social Services of Illinois - Management Allocation	100.00%	5,455	5,455	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	330	330	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Management Allocation	100.00%	6,622	6,622	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Management Allocation	100.00%	2,526	2,526	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Management Allocation	100.00%	1	1	30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Management Allocation	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,409	1,409	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Management Allocation	100.00%	13,163	13,163	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Management Allocation	100.00%	13,146	13,146	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,615	1,615	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,892	1,892	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Management Allocation	100.00%	52,999	52,999	37
38	V	19 Management Fees	688,034	Lutheran Social Services of Illinois - Management Allocation	100.00%		(688,034)	38
39	Total		\$ 688,034			\$ 688,034	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	\$ 99,928	\$ 99,928	15
16	V	27 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	24,547	24,547	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	34,978	34,978	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	4,046	4,046	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	2,162	2,162	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	33	33	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			21
22	V	32 Interest		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,186	1,186	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	271	271	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			25
26	V	25 Transportation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,198	1,198	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	145	145	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	3,521	3,521	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	286	286	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	917	917	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,820	1,820	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	10,193	10,193	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	6	6	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	171	171	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	10,574	10,574	37
38	V	19 Human Resources Allocations	195,982	Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%		(195,982)	38
39	Total		\$ 195,982			\$ 195,982	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 144,733	\$ 144,733	15
16	V	27 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	30,272	30,272	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	435	435	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	2,201	2,201	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%	9,934	9,934	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%	68	68	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%	31	31	21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%	6,857	6,857	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	588	588	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%			25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	6,958	6,958	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	1	1	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	621	621	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%			29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%	10	10	30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	226	226	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%	316	316	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%			34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%	4	4	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%			36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	1,660	1,660	37
38	V	19 Service Network Allocations	204,914	Lutheran Social Services of Illinois - Network Administration	100.00%		(204,914)	38
39	Total		\$ 204,914			\$ 204,914	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health# 0021238Report Period Beginning: 07/01/07Ending: 06/30/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 11,048	\$ 11,048	15
16	V	27 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	1,735	1,735	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	1,336	1,336	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	1,637	1,637	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%	240	240	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%	16	16	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%	3	3	21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%	64	64	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	32	32	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%			25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	257	257	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	18	18	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	66	66	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	97	97	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%	0	0	30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	46	46	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%	12	12	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%			34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%	2	2	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%	97	97	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	475	475	37
38	V	19 Adv / Comm alloc	17,181	Lutheran Social Services of Illinois - Network Administration	100.00%		(17,181)	38
39	Total		\$ 17,181			\$ 17,181	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health# 0021238Report Period Beginning: 07/01/07Ending: 06/30/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 4,495	\$ 4,495	15
16	V	27 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	1,253	1,253	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	322	322	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	1,155	1,155	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%			19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%	4	4	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%	1	1	21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%			22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	4	4	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%	277	277	25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	88	88	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	22	22	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	5	5	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	18	18	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%	0	0	30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	13	13	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%	3	3	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%			34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%	0	0	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%	0	0	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	41	41	37
38	V	19 Adv / Comm Alloc	7,700	Lutheran Social Services of Illinois - Network Administration	100.00%		(7,700)	38
39	Total		\$ 7,700			\$ 7,700	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								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			\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								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			\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								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			\$			\$	\$ *	39

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

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

## 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											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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Lutheran Social Services of Illinois  
 Street Address 1001 E. Touhy Avenue, Suite 50  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number (847) 635-4600  
 Fax Number (847) 635-6764

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
17	Salaries & Wages	Non-Capital Direct Costs		274	4,213,692	4,213,692		364,118	1
27	Empl Benefits & Taxes			274	908,786			78,531	2
19	Prof Fees & Contracts			274	656,431			56,724	3
21	Supplies, Telephone,			274	301,318			26,038	4
34	Rental of Space			274	410,691			35,489	5
5	Utilities			274	18,931			1,636	6
6	Bldg Repairs & Maintenance			274	7,564			654	7
32	Interest			274	120,357			10,400	8
33	Real Estate Taxes			274					9
26	Insurance			274	176,896			15,286	10
27	Advertising & Promotions			274					11
25	Transportation			274	63,130			5,455	12
35	Car Rental			274	3,814			330	13
24	Conferences & Conventions			274	76,634			6,622	14
20	Subscriptions, Dues, Awards			274	29,236			2,526	15
6	Furniture & Fixtures			274	7			1	16
6	Machinery & Equipment			274					17
35	Equipment Rental			274	16,303			1,409	18
6	Equipment Repair & Maint.			274	152,325			13,163	19
20	Employee Recruitment			274	152,132			13,146	20
7	Security & Waste Removal			274	18,687			1,615	21
21	All Other Miscellaneous			274	21,897			1,892	22
30	Depreciation			274	613,325			52,999	23
									24
25	TOTALS				\$ 7,962,156	\$ 4,213,692		\$ 688,034	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lutheran Social Services of Illinois  
 Street Address 1001 E. Touhy Avenue, Suite 50  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number (847) 635-4600  
 Fax Number (847) 635-6764

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
17	Salaries & Wages	Salaries & Benefits		260	\$ 947,759	\$ 947,759		\$ 99,928	1
27	Empl Benefits & Taxes			260	232,814			24,547	2
19	Prof Fees & Contracts			260	331,748			34,978	3
21	Supplies, Telephone,			260	38,377			4,046	4
34	Rental of Space			260	20,505			2,162	5
5	Utilities			260	314			33	6
6	Bldg Repairs & Maintenance			260					7
32	Interest			260	11,244			1,186	8
33	Real Estate Taxes			260					9
26	Insurance			260	2,571			271	10
27	Advertising & Promotions			260					11
25	Transportation			260	11,362			1,198	12
35	Car Rental			260	1,377			145	13
24	Conferences & Conventions			260	33,392			3,521	14
20	Subscriptions, Dues, Awards			260	2,715			286	15
6	Furniture & Fixtures			260					16
6	Machinery & Equipment			260					17
35	Equipment Rental			260	8,694			917	18
6	Equipment Repair & Maint.			260	17,260			1,820	19
20	Employee Recruitment			260	96,673			10,193	20
7	Security & Waste Removal			260	53			6	21
21	All Other Miscellaneous			260	1,623			171	22
30	Depreciation			260	100,292			10,574	23
									24
25	TOTALS				\$ 1,858,773	\$ 947,759		\$ 195,982	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Lutheran Social Services of Illinois  
 Street Address 1001 E. Touhy Avenue, Suite 50  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number (847) 635-4600  
 Fax Number (847) 635-6764

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	Non-Capital Direct Costs	23	\$ 746,513	\$ 746,513		\$ 144,733	1
2	27	Empl Benefits & Taxes		23	156,141			30,272	2
3	19	Prof Fees & Contracts		23	2,243			435	3
4	21	Supplies, Telephone,		23	11,350			2,201	4
5	34	Rental of Space		23	51,238			9,934	5
6	5	Utilities		23	352			68	6
7	6	Bldg Repairs & Maintenance		23	162			31	7
8	32	Interest		23	35,369			6,857	8
9	33	Real Estate Taxes		23					9
10	26	Insurance		23	3,032			588	10
11	27	Advertising & Promotions		23					11
12	25	Transportation		23	35,886			6,958	12
13	35	Car Rental		23	4			1	13
14	24	Conferences & Conventions		23	3,202			621	14
15	20	Subscriptions, Dues, Awards		23					15
16	6	Furniture & Fixtures		23	52			10	16
17	6	Machinery & Equipment		23					17
18	35	Equipment Rental		23	1,168			226	18
19	6	Equipment Repair & Maint.		23	1,628			316	19
20	20	Employee Recruitment		23					20
21	7	Security & Waste Removal		23	20			4	21
22	21	All Other Miscellaneous		23					22
23	30	Depreciation		23	8,561			1,660	23
24				23					24
25	TOTALS				\$ 1,056,921	\$ 746,513		\$ 204,914	25

SEE ACCOUNTANTS' COMPILATION REPORT

**Cell:** L17

**Comment:** Isroga:

# of Nursing homes that SN Admin allocation is being allocated to

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lutheran Social Services of Illinois  
 Street Address 1001 E. Touhy Avenue, Suite 50  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number (847) 635-4600  
 Fax Number (847) 635-6764

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	Non-Capital Direct Costs	103	\$ 1,436,911	\$ 1,436,911		\$ 11,048	1
2	27	Empl Benefits & Taxes		103	225,635			1,735	2
3	19	Prof Fees & Contracts		103	173,743			1,336	3
4	21	Supplies, Telephone,		103	212,846			1,637	4
5	34	Rental of Space		103	31,165			240	5
6	5	Utilities		103	2,056			16	6
7	6	Bldg Repairs & Maintenance		103	409			3	7
8	32	Interest		103	8,331			64	8
9	33	Real Estate Taxes		103					9
10	26	Insurance		103	4,219			32	10
11	27	Advertising & Promotions		103					11
12	25	Transportation		103	33,450			257	12
13	35	Car Rental		103	2,359			18	13
14	24	Conferences & Conventions		103	8,563			66	14
15	20	Subscriptions, Dues, Awards		103	12,556			97	15
16	6	Furniture & Fixtures		103	14			0	16
17	6	Machinery & Equipment		103					17
18	35	Equipment Rental		103	6,023			46	18
19	6	Equipment Repair & Maint.		103	1,551			12	19
20	20	Employee Recruitment		103					20
21	7	Security & Waste Removal		103	316			2	21
22	21	All Other Miscellaneous		103	12,624			97	22
23	30	Depreciation		103	61,768			475	23
24									24
25	28	Adv / Comm alloc			\$ 2,234,539	\$ 1,436,911		\$ 17,181	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lutheran Social Services of Illinois  
 Street Address 1001 E. Touhy Avenue, Suite 50  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number (847) 635-4600  
 Fax Number (847) 635-6764

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	Non-Capital Direct Costs	104	\$ 348,801	\$ 348,801		\$ 4,495	1
2	27	Empl Benefits & Taxes		104	97,253			1,253	2
3	19	Prof Fees & Contracts		104	25,010			322	3
4	21	Supplies, Telephone,		104	89,599			1,155	4
5	34	Rental of Space		104					5
6	5	Utilities		104	298			4	6
7	6	Bldg Repairs & Maintenance		104	43			1	7
8	32	Interest		104					8
9	33	Real Estate Taxes		104					9
10	26	Insurance		104	317			4	10
11	27	Advertising & Promotions		104	21,465			277	11
12	25	Transportation		104	6,835			88	12
13	35	Car Rental		104	1,698			22	13
14	24	Conferences & Conventions		104	395			5	14
15	20	Subscriptions, Dues, Awards		104	1,390			18	15
16	6	Furniture & Fixtures		104	7			0	16
17	6	Machinery & Equipment		104					17
18	35	Equipment Rental		104	1,030			13	18
19	6	Equipment Repair & Maint.		104	201			3	19
20	20	Employee Recruitment		104					20
21	7	Security & Waste Removal		104	17			0	21
22	21	All Other Miscellaneous		104	2			0	22
23	30	Depreciation		104	3,200			41	23
24									24
25	TOTALS				\$ 597,561	\$ 348,801		\$ 7,700	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number  P A Peterson Center For Health

#  0021238

Report Period Beginning:  07/01/07

Ending:  06/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
		<b>A. Directly Facility Related</b>										
<b>Long-Term</b>												
1	Tax Exempt Bonds		X	Refinance of 1993 Bonds -		2/16/06	\$ 4,338,000	\$ 4,202,607	2/16/28	0.0523	\$ 236,493	1
2				Refinance Building Additions								2
3												3
4												4
5	See Supplemental Schedule											5
<b>Working Capital</b>												
6												6
7												7
8	See Supplemental Schedule											8
9	<b>TOTAL Facility Related</b>						\$ 4,338,000	\$ 4,202,607			\$ 236,493	9
<b>B. Non-Facility Related*</b>												
10	Allocate LSSI		X								18,507	10
11												11
12												12
13	See Supplemental Schedule											13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 18,507	14
15	<b>TOTALS (line 9+line14)</b>						\$ 4,338,000	\$ 4,202,607			\$ 255,000	15

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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

P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	<b>TOTAL Long-Term</b>																			
	<b>Working Capital</b>																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Working Capital</b>																			
	<b>B. Non-Facility Related*</b>																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	<b>TOTAL Non-Facility Related</b>																			

\* 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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME P A Peterson Center For Health COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0021238

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>163B600 12-19-101-001</u>	<u>Long Term Care Property</u>	\$ <u>149,207.50</u>	\$ <u>149,207.50</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>149,207.50</u>	\$ <u>149,207.50</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES        NO

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

**C. Tax Bills**

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**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.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME P A Peterson Center For Health COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0021238

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2000 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 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**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        NO

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

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number P A Peterson Center For Health

# 0021238 Report Period Beginning:

07/01/07 Ending:

06/30/08

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 110,000 B. General Construction Type: Exterior Masonry Frame Steel Grids Number of Stories 3

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>192,020</u>	<u>1985</u>	<u>\$ 8,455</u>	1
2					2
3	<b>TOTALS</b>	<b>192,020</b>		<b>\$ 8,455</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	159		1942	1942	\$ 95,858	\$	40	\$	\$	95,858	4
5			1979	1979	5,596,922	139,856	40	139,923	67	4,057,185	5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Various			1969	5,300		20			5,300	9
10	Various			1975	9,226		20			9,226	10
11	Various			1977	10,074		20			10,074	11
12	Various			1980	71,947		20	144	144	71,337	12
13	Various			1981	7,309		20			7,309	13
14	Various			1982	6,151		20			6,151	14
15	Various			1983	30,936		20			30,936	15
16	Various			1984	15,554		20			15,554	16
17	Various			1985	4,850		20			4,850	17
18	Various			1986	21,640		20			21,640	18
19	Various			1988	4,414		20			4,414	19
20	Various			1989	71,006		20			71,006	20
21	Various			1990	103,287		20	5,031	5,031	79,203	21
22	Various			1991	64,328		20			64,328	22
23	Various			1992	20,528		20			20,528	23
24	Various			1993	4,296		20			4,296	24
25	Various			1994	86,971		20			86,971	25
26	Various			1995	767,445		20	30,034	30,034	481,681	26
27	Various			1996	12,220		20			12,220	27
28	Various			1997	2,685		20	134	134	2,563	28
29	Various			1998	149,521		20	7,476	7,476	103,577	29
30	Various			1999	17,200		20	860	860	16,339	30
31	Various			2000	63,500		20	3,175	3,175	22,416	31
32	Various			2001	109,787		20	5,489	5,489	52,885	32
33	Various			2002	79,186		20	3,959	3,959	39,354	33
34	Various			2003	121,363		20	7,685	7,685	59,732	34
35	Various			2004	10,088		20	504	504	2,276	35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
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63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)								67
68	Related Party Allocations (Pages 12-REP & 12A-REP)			65,749			(65,749)		68
69	Financial Statement Depreciation			436,819			(436,819)		69
70	TOTAL (lines 4 thru 69)		\$ 7,563,592	\$ 642,424		\$ 204,415	\$ (438,009)	\$ 5,459,209	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,563,592	\$ 642,424		\$ 204,415	\$ (438,009)	\$ 5,459,209	1
2	Piston Repair For Elevator- Cylinder	2005	8,061		20	403	403	1,491	2
3	Emergency Plumbing- Architect	2005	285		20	14	14	44	3
4	Corner Guards, Wall Sconces, Carpet, Kick Plate	2005	4,507		20	225	225	695	4
5	Piston Replacement For Elevator	2005	1,064		20	53	53	179	5
6	Piston Replacement For Elevator	2005	24,182		20	1,209	1,209	4,067	6
7	Ground Floor- Payment On Chairs, Cubicles, Etc	2005	10,959		20	548	548	1,772	7
8	Hvac Architect Fees Copies& Drafting	2005	2,423		20	121	121	391	8
9	Fire Damper Remodeling Project	2005	115,128		20	5,756	5,756	17,458	9
10	Instalation Of Fire Dampers	2005	63,740		20	3,187	3,187	9,666	10
11	Window & Air- Fitness Center & Computer Room	2005	73,833		20	3,692	3,692	11,196	11
12	Hvac Rehab- First Floor	2005	76,077		20	3,804	3,804	11,795	12
13	Hvac Rehab- First Floor	2005	82,560		20	4,128	4,128	12,520	13
14	Drafter & Contracts On Hvac	2005	1,550		20	78	78	233	14
15	Copies & Plots On Hvac	2005	4,869		20	243	243	730	15
16	Boiler- Hot Water Valve, Motor, & Ignitor	2005	12,512		20	626	626	1,877	16
17	Hvac, Drafter	2005	2,812		20	141	141	422	17
18	Hvac Rehab- First Floor	2005	27,866		20	1,393	1,393	4,180	18
19	Norstar- Shear& Install 2 Pieces 48X48 Galvanized	2005	3,465		20	173	173	520	19
20	Installation Of Fire Dampers	2005	20,473		20	1,024	1,024	3,071	20
21	Installation Of Fire Dampers	2005	140,671		20	7,034	7,034	21,101	21
22	Landscaping And Design	2005	2,031		20	102	102	305	22
23	Lcn Door Holders/ Closers For Residents' Rooms	2005	5,520		20	276	276	828	23
24	Ventillation Upgrades- Hvac	2005	33,745		20	1,687	1,687	5,062	24
25	Installation Of Fire Dampers	2005	84,247		20	4,212	4,212	12,637	25
26	Drywall, Taping, Fire Cauking, Sidewalk, Wiring	2005	59,936		20	2,997	2,997	8,990	26
27	Parking Lot Landscaping And Rehabilitation	2005	1,231		20	62	62	185	27
28	Sidewalk Sections	2005	6,461		20	323	323	969	28
29	Skilled Medicare Room- Drafter	2005	8,819		20	441	441	1,323	29
30	Review Water Supply	2005	191		20	10	10	29	30
31	Skilled Medicare Room-Reports & Contracts	2005	315		20	16	16	47	31
32	Sprinkler System& City Code	2005	1,675		20	84	84	251	32
33	First Floor Electrical & Hvac	2005	2,058		20	103	103	309	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,446,859	\$ 642,424		\$ 248,578	\$ (393,846)	\$ 5,593,550	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,446,859	\$ 642,424		\$ 248,578	\$ (393,846)	\$ 5,593,550	1
2	Hvac Architect Fees- Plan Review	2005	2,400		20	120	120	360	2
3	Carpet & Paint Samples	2005	2,470		20	123	123	370	3
4	Duane Morris, Bed Conversion	2005	3,383		20	169	169	507	4
5	Hvac Survey	2005	5,461		20	273	273	819	5
6	Hvac Rehab- First Floor	2005	6,803		20	340	340	1,020	6
7	Pa Peterson -Hvac Project Rvw -Fee	2005	8,695		20	435	435	1,304	7
8	Fire Damper	2005	13,472		20	674	674	2,021	8
9	1St Floor Electrical & Hvac	2005	18,287		20	914	914	2,743	9
10	Hvac Electrical, & Ventillation	2005	25,455		20	1,273	1,273	3,818	10
11	Remodel Fire Dampers	2005	56,719		20	2,836	2,836	8,508	11
12	Hvac Rehab- First Floor	2005	74,393		20	3,720	3,720	11,159	12
13	Fire Damper Project Pa Peterson	2005	80,909		20	4,045	4,045	12,136	13
14	Hvac & Electrical Systems	2005	122,767		20	6,138	6,138	18,415	14
15	Ventilation Upgrades- Hvac	2005	148,374		20	7,419	7,419	22,256	15
16	Ventillation Upgrades	2005	244,601		20	12,230	12,230	36,690	16
17	Hvac Upgrade & Fire Damper	2006	61,560		20	3,078	3,078	9,234	17
18	Hvac, Drafter	2006	698		20	35	35	105	18
19	Installation Of Fire Dampers	2006	14,750		20	738	738	2,213	19
20	Fire Dampers	2006	14,823		20	741	741	2,223	20
21	Ventilation Upgrades- Hvac	2006	25,716		20	1,286	1,286	3,857	21
22	Ventilation Upgrades- Hvac	2006	33,058		20	1,653	1,653	4,959	22
23	Extension Of Pole Base In Parking Lot	2006	590		20	30	30	89	23
24	Concrete For Pole Base	2006	84		20	4	4	13	24
25	Relocate Base And Replaced Pole	2006	3,460		20	173	173	519	25
26	Safety Cable Rails In Stairwells	2006	14,700		20	735	735	2,205	26
27	Flooring In 2Nd Floor Dining Room	2006	12,075		20	604	604	1,811	27
28	Parking Lot Expansion- Additional Parking Spaces	2006	22,475		20	1,124	1,124	3,371	28
29	Penthouse Chase Lighting	2006	650		20	33	33	98	29
30	Commercial Mechanical- Sink Addition	2006	6,160		20	308	308	924	30
31	Parking Lot Pole Replacement	2006	13,300		20	665	665	1,995	31
32	Install Lights To Center Court	2006	24,260		20	1,213	1,213	3,639	32
33	3 Door Alarms For Stairways	2006	3,250		20	163	163	488	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,512,658	\$ 642,424		\$ 301,868	\$ (340,556)	\$ 5,753,420	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,512,658	\$ 642,424		\$ 301,868	\$ (340,556)	\$ 5,753,420	1
2	Two Whirlpools	2006	21,339		20	1,067	1,067	3,201	2
3	Two Whirlpool Bathtubs	2006	1,956		20	98	98	293	3
4	Walk-In Cooler Repair	2006	2,887		20	144	144	433	4
5	Repair Fire Protection Main	2006	12,100		20	605	605	1,815	5
6	Landscaping	2006	2,200		20	110	110	330	6
7	Shelter Care Upgrad Rehab Hvac	2006	4,431		20	222	222	443	7
8	Shelter Upgrade To Skilled Medicare	2006	68,942		20	3,447	3,447	6,894	8
9	A/C Repair*	2006	2,561		20	128	128	256	9
10	Boiler Repair*	2006	3,857		20	193	193	386	10
11	Ventilation Upgrade- Hvac	2007	160,919		20	8,046	8,046	24,138	11
12	Ventilation Upgrades- Hvac	2007	101,065		20	5,053	5,053	15,160	12
13	Ventilation Upgrades- Hvac	2007	103,120		20	5,156	5,156	15,468	13
14	3Rd Floor New Flooring	2007	21,341		20	1,067	1,067	2,134	14
15	1St Floor Dinning Rm Flooring	2007	3,598		20	180	180	360	15
16	Phase Iii Hvac & Fire Damper	2007	686,480		20	34,324	34,324	68,648	16
17	Fire Place For Third Floor	2007	2,149		20	107	107	215	17
18	Custom Valance-Lobby Area 2Nd Fl	2007	979		20	49	49	98	18
19	Wall & Window Treatments-3Rd Fl	2007	29,429		20	1,471	1,471	2,943	19
20	Landscaping	2007	9,982		20	499	499	998	20
21	Third Floor New Flooring*	2007	22,224		20	1,111	1,111	2,222	21
22	Recover Awning*	2007	5,790		20	290	290	579	22
23	Repair 3Rd Floor Patio Roof*	2007	1,000		20	50	50	100	23
24	Lobby Carpeting*	2007	10,945		20	547	547	1,095	24
25	Masonry And Caulking Repairs*	2007	3,835		20	192	192	384	25
26	Masonry And Caulking Repairs*	2007	3,835		20	192	192	384	26
27	New Controller And Thermostat On Chiller*	2007	4,525		20	226	226	453	27
28	Boiler Repair*	2007	4,624		20	231	231	462	28
29	Chiller Barrel	2007	45,804		20	2,290	2,290	2,290	29
30	Phase 3 Hvac Upgrade	2007	25,036		20	1,252	1,252	1,252	30
31	Phase 3 Hvac & Fire Damper	2007	9,405		20	470	470	470	31
32	Repair Of 3Rd Fl Patio Roof	2007	19,450		20	973	973	973	32
33	Refrigeration Repairs	2007	5,349		20	267	267	267	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,913,814	\$ 642,424		\$ 371,926	\$ (270,498)	\$ 5,908,562	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1	Totals from Page 12D, Carried Forward		\$ 10,913,814	\$ 642,424		\$ 371,926	\$ (270,498)	\$ 5,908,562	1
2	Alarm System Repairs	2007	3,135		20	157	157	157	2
3	Refrigeration Repairs	2007	3,249		20	162	162	162	3
4	Tuckpointing	2008	110,870		20	5,544	5,544	5,544	4
5	Atrium, Lobby, & Dining Room Remodel	2008	46,342		20	2,317	2,317	2,317	5
6	Wiring Of Blower Fans For Ventilation	2008	36,924		20	1,846	1,846	1,846	6
7	Atrium, Lobby, & Dining Room Remodel	2008	26,976		20	1,349	1,349	1,349	7
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9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1	Totals from Page 12E, Carried Forward		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

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**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12I, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1	Totals from Page 12J, Carried Forward		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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19									19
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12K, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12L, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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16									16
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19									19
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21									21
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1	<b>Totals from Page 12M, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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16									16
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1	Totals from Page 12N, Carried Forward		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12O, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
20									20
21									21
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	
1	<b>Totals from Page 12P, Carried Forward</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,141,310	\$ 642,424		\$ 383,301	\$ (259,123)	\$ 5,919,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF 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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
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
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	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	<b>TOTAL (lines 4 thru 69)</b>		\$	\$	\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF 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					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9											9
10		Allocation from LSSI				65,749			(65,749)		10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning:

07/01/07

Ending:

06/30/08

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	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	<b>TOTAL (lines 4 thru 69)</b>	\$	\$ 65,749		\$	\$ (65,749)	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,231,379	\$	\$ 218,014	\$ 218,014	10	\$ 1,235,683	71
72	Current Year Purchases	61,219		6,122	6,122	10	6,122	72
73	Fully Depreciated Assets	741,510				10	741,510	73
74								74
75	TOTALS	\$ 3,034,108	\$	\$ 224,136	\$ 224,136		\$ 1,983,315	75

D. Vehicle Depreciation (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		Handicapped Bus 1991	1991	\$ 38,800	\$	\$	\$	5	\$ 38,800	76
77		2006 Chevy Turtle Top Bus	2006	96,576		19,315	19,315	5	38,630	77
78										78
79										79
80	TOTALS			\$ 135,376	\$	\$ 19,315	\$ 19,315		\$ 77,430	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)	\$ 14,319,250	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 642,424	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 626,752	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (15,672)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,980,682	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	Renovation of Assisted Living - 2001	\$ 880	\$	\$	86
87	Renovation of Assisted Living - 2001	4,363			87
88	Renovation of Assisted Living - 2001	2,129			88
89	95 Improvement CORF - 1995	30,219			89
90	Dodge Van - 1997	17,032			90
91	TOTALS	\$ 54,623	\$	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**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	Allocate LSSI				47,825			5
6								6
7	TOTAL				\$ 47,825			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 14,027 Description: See Attached Schedule

(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	Allocate LSSI		\$	\$ 516	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 516	21

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

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

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

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 374,922	\$		\$ 374,922	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			85,831			85,831	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			991,050			991,050	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				401,705		401,705	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					23,270	171,952		195,222	13
14	<b>TOTAL</b>			\$		\$ 1,475,073	\$ 573,657		\$ 2,048,730	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/07 Ending: 06/30/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/08 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )			3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached Schedule</a>			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached Schedule</a>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<a href="#">See Attached Schedule</a>			36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<a href="#">See Attached Schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(254,979)	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)	\$	17
<b>B. Transfers (Itemize):</b>			
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)	\$	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

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

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,096,109	1
2	Discounts and Allowances for all Levels	(123,749)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,972,360	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	782,020	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 782,020	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,421	13
14	Non-Patient Meals	9,236	14
15	Telephone, Television and Radio	23,463	15
16	Rental of Facility Space		16
17	Sale of Drugs	500	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	11,474	20
21	Other Medical Services	(234,522)	21
22	Laundry	17,882	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ (169,546)	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	42,903	24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 42,903	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	25,309	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 25,309	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,653,046	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,866,041	31
32	Health Care	3,613,626	32
33	General Administration	3,266,043	33
<b>B. Capital Expense</b>			
34	Ownership	1,009,733	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,083,230	35
36	Provider Participation Fee	69,352	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,908,025	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(254,979)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (254,979)	43

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

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

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

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

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,748	1,950	\$ 70,690	\$ 36.25	1
2	Assistant Director of Nursing	2,820	3,225	87,112	27.01	2
3	Registered Nurses	37,032	40,672	1,057,713	26.01	3
4	Licensed Practical Nurses	35,601	38,357	820,929	21.40	4
5	CNAs & Orderlies	98,481	106,928	1,184,275	11.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,875	2,139	57,535	26.90	9
10	Activity Assistants	115	115	1,035	9.00	10
11	Social Service Workers	4,853	5,469	77,308	14.14	11
12	Dietician					12
13	Food Service Supervisor	8,349	9,840	158,392	16.10	13
14	Head Cook	3,407	3,714	37,022	9.97	14
15	Cook Helpers/Assistants	31,164	32,905	275,246	8.36	15
16	Dishwashers					16
17	Maintenance Workers	5,768	6,410	96,154	15.00	17
18	Housekeepers	19,146	21,292	174,321	8.19	18
19	Laundry					19
20	Administrator	1,598	1,950	78,358	40.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	8,050	9,248	143,718	15.54	23
24	Clerical	13,522	15,068	210,462	13.97	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	6,764	7,641	77,817	10.18	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	5,131	5,468	99,920	18.27	33
34	TOTAL (lines 1 - 33)	285,424	312,391	\$ 4,708,007 *	\$ 15.07	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	As Needed	\$ 14,142	01-03	35
36	Medical Director	As Needed	16,400	09-03	36
37	Medical Records Consultant	As Needed	1,382	10-03	37
38	Nurse Consultant	As Needed	12,550	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	As Needed	867	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 45,341		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

# 0021238

Report Period Beginning: 07/01/07

Ending: 06/30/08

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount			
Peggy Holt	Asoc. Exec. Dir.		\$ 78,358	Workers' Compensation Insurance	\$ 144,345	IDPH License Fee	\$ 1,990			
				Unemployment Compensation Insurance	42,518	Advertising: Employee Recruitment	5,296			
				FICA Taxes	347,449	Health Care Worker Background Check				
				Employee Health Insurance	330,259	(Indicate # of checks performed <u>529</u> )	8,643			
				Employee Meals		Patient Background Checks				
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions & Books	2,389			
				Disability Insurance	10,991	Membership Dues	8,728			
				Life Insurance	9,126	Advertising	50,762			
				Pension	199,581	Allocate LSSI	26,266			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 78,358	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,084,269	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 53,312
(List each licensed administrator separately.)								Less: Public Relations Expense		( )
B. Administrative - Other								Non-allowable advertising		(50,762)
Description			Amount					Yellow page advertising		( )
			\$							
TOTAL (agree to Schedule V, line 17, col. 3)			\$							
(Attach a copy of any management service agreement)										
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount		
Gary Anderson & Associates	Architectural Services		\$ 7,198			\$	Out-of-State Travel	\$		
Frost, Ruttenberg & Rothblatt	Accounting Services		18,919							
Elizabeth Harris	Accounting Services		4,575							
Clifton Gunderson	Accounting Services		30,000				In-State Travel			
Sure Quest Systems	Computer Services		720							
Kronos Inc.	Computer Services		2,661							
Ivans	Computer Services		1,580							
LSSI	Management Services		1,113,810				Seminar Expense	10,702		
							Allocate LSSI	10,835		
							Entertainment Expense	( )		
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,179,463	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 21,537
(If total legal fees exceed \$5,000, attach copy of invoices.)										

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. LSN - \$7,388
- (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? \_\_\_\_\_
- (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? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 29,871 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. \_\_\_\_\_
- (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. \$ 69,723  
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. \$ \_\_\_\_\_ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 11,022
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? None  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Virchow Krause & Co. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT