

Facility Name & ID Number The Lutheran Home

0019109 Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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	85	Skilled (SNF)	85	31,025	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	85	TOTALS	85	31,025	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	5,022	18,956	4,185	28,163	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	5,022	18,956	4,185	28,163	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.78%

D. How many bed-hold days during this year were paid by the Department? 0 (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)
None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 06/01/1976

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 85 and days of care provided 4,240

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	834,477	51,219	20,971	906,667		906,667	(555,361)	351,306		1
2	Food Purchase		674,575		674,575		674,575	(451,374)	223,201		2
3	Housekeeping	324,740	50,809	1,949	377,498		377,498	(181,839)	195,659		3
4	Laundry	103,881	15,197	19,371	138,449		138,449	(40,150)	98,299		4
5	Heat and Other Utilities			529,258	529,258		529,258	(450,663)	78,595		5
6	Maintenance	341,720	109,357	334,709	785,786		785,786	(566,184)	219,602		6
7	Other (specify):* Trash Removal			32,077	32,077		32,077	(23,096)	8,981		7
8	TOTAL General Services	1,604,818	901,157	938,335	3,444,310		3,444,310	(2,268,667)	1,175,643		8
	B. Health Care and Programs										
9	Medical Director			4,250	4,250		4,250		4,250		9
10	Nursing and Medical Records	2,046,899	38,584	79,246	2,164,729	(87,277)	2,077,452	(435)	2,077,017		10
10a	Therapy	39,120		594,462	633,582		633,582		633,582		10a
11	Activities	182,331	46,795	13,019	242,145		242,145	(128,219)	113,926		11
12	Social Services	70,054	342	1,909	72,305		72,305	(26,542)	45,763		12
13	CNA Training										13
14	Program Transportation	51,523	13,598	16,540	81,661		81,661	(66,293)	15,368		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,389,927	99,319	709,426	3,198,672	(87,277)	3,111,395	(221,489)	2,889,906		16
	C. General Administration										
17	Administrative	169,070			169,070		169,070	(70,474)	98,596		17
18	Directors Fees										18
19	Professional Services			367,661	367,661		367,661	142,809	510,470		19
20	Dues, Fees, Subscriptions & Promotions			49,890	49,890		49,890	(23,477)	26,413		20
21	Clerical & General Office Expenses	282,864	29,098	91,368	403,330	87,277	490,607	(273,082)	217,525		21
22	Employee Benefits & Payroll Taxes			1,254,307	1,254,307		1,254,307	(516,568)	737,739		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,145	14,145		14,145	(4,321)	9,824		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			205,782	205,782		205,782	(121,832)	83,950		26
27	Other (specify):* Marketing	104,448	26,993	52,148	183,589		183,589	(183,589)			27
28	TOTAL General Administration	556,382	56,091	2,035,301	2,647,774	87,277	2,735,051	(1,050,534)	1,684,517		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,551,127	1,056,567	3,683,062	9,290,756		9,290,756	(3,540,690)	5,750,066		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

The Lutheran Home

#0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			2,324,751	2,324,751		2,324,751	(2,026,592)	298,159		30
31	Amortization of Pre-Op. & Org.			8,391	8,391		8,391	(7,353)	1,038		31
32	Interest			1,813,692	1,813,692		1,813,692	(1,587,532)	226,160		32
33	Real Estate Taxes			157,721	157,721		157,721	(157,721)			33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles										35
36	Other (specify):*										36
37	TOTAL Ownership			4,304,555	4,304,555		4,304,555	(3,779,198)	525,357		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		319,948	82,601	402,549		402,549		402,549		39
40	Barber and Beauty Shops			73,016	73,016		73,016	(73,016)			40
41	Coffee and Gift Shops		16,654		16,654		16,654	(12,158)	4,496		41
42	Provider Participation Fee			46,538	46,538		46,538		46,538		42
43	Other (specify):* AL,IL,Chaplain,Priv Duty			1,405,886	1,405,886		1,405,886	(1,405,886)			43
44	TOTAL Special Cost Centers		336,602	1,608,041	1,944,643		1,944,643	(1,491,060)	453,583		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,551,127	1,393,169	9,595,658	15,539,954		15,539,954	(8,810,948)	6,729,006		45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,799)	1		4
5	Telephone, TV & Radio in Resident Rooms	(221)	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	(159,868)	30		9
10	Interest and Other Investment Income	(24)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	16,558	21		24
25	Fund Raising, Advertising and Promotional				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	(8,811,604)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (8,957,958)		\$	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)	147,009	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 147,009		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (8,810,949)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

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

BHF USE ONLY							
48		49		50		51	52

The Lutheran HomeID# 0019109Report Period Beginning: 1/1/2009Ending: 12/31/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Dietary - AL and IL	\$ (552,562)	1	1
2	Food - AL and IL	(451,374)	2	2
3	Housekeeping - AL and IL	(181,199)	3	3
4	Laundry - AL and IL	(40,150)	4	4
5	Utilities - AL and IL	(450,663)	5	5
6	Maintenance - AL and IL	(566,184)	6	6
7	Trash Removal - AL and IL	(23,096)	7	7
8	Activities - AL and IL	(128,219)	11	8
9	Social Services - AL and IL	(26,542)	12	9
10	Transportation - AL and IL	(65,329)	14	10
11	Administrative - AL and IL	(70,474)	17	11
12	Professional Services - AL and IL	(4,200)	19	12
13	Dues, Fees, Subscriptions & Promot. - AL and IL	(23,477)	20	13
14	Clerical & General - AL and IL	(286,823)	21	14
15	Employee Benefits - AL and IL	(516,568)	22	15
16	Travel & Seminars - AL and IL	(4,321)	24	16
17	Insurance - AL and IL	(121,832)	26	17
18	Marketing	(183,589)	27	18
19	Depreciation - AL and IL	(1,866,724)	30	19
20	Amortization - AL and IL	(7,353)	31	20
21	Interest - AL and IL	(1,587,508)	32	21
22	Real Estate Taxes - IL	(157,721)	33	22
23	Beauty & Barber - AL and IL	(50,349)	40	23
24	Gift Shop - AL and IL	(12,158)	41	24
25	Assisted Living Expenses	(379,030)	43	25
26	Assisted Living Dementia Expenses	(255,355)	43	26
27	Independent Living Expenses	(543,160)	43	27
28	Private Duty Expenses	(89,681)	43	28
29	Chaplaincy Expenses	(138,660)	43	29
30	Beauty Shop Income	(22,667)	40	30
31	Transportation Income	-964	14	31
32	Guest Room Rent	-640	3	32
33	Personal Service Income	-435	10	33
34	Miscellaneous Income	-2596	21	34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(8,811,603)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Lutheran Home# 0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(555,361)	0	0	0	0	0	0	0	0	0	0	(555,361)	1
2	Food Purchase	(451,374)	0	0	0	0	0	0	0	0	0	0	(451,374)	2
3	Housekeeping	(181,839)	0	0	0	0	0	0	0	0	0	0	(181,839)	3
4	Laundry	(40,150)	0	0	0	0	0	0	0	0	0	0	(40,150)	4
5	Heat and Other Utilities	(450,663)	0	0	0	0	0	0	0	0	0	0	(450,663)	5
6	Maintenance	(566,184)	0	0	0	0	0	0	0	0	0	0	(566,184)	6
7	Other (specify):*	(23,096)	0	0	0	0	0	0	0	0	0	0	(23,096)	7
8	TOTAL General Services	(2,268,667)	0	0	0	0	0	0	0	0	0	0	(2,268,667)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(435)	0	0	0	0	0	0	0	0	0	0	(435)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(128,219)	0	0	0	0	0	0	0	0	0	0	(128,219)	11
12	Social Services	(26,542)	0	0	0	0	0	0	0	0	0	0	(26,542)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(66,293)	0	0	0	0	0	0	0	0	0	0	(66,293)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(221,489)	0	0	0	0	0	0	0	0	0	0	(221,489)	16
	C. General Administration													
17	Administrative	(70,474)	0	0	0	0	0	0	0	0	0	0	(70,474)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,200)	147,009	0	0	0	0	0	0	0	0	0	142,809	19
20	Fees, Subscriptions & Promotions	(23,477)	0	0	0	0	0	0	0	0	0	0	(23,477)	20
21	Clerical & General Office Expenses	(273,082)	0	0	0	0	0	0	0	0	0	0	(273,082)	21
22	Employee Benefits & Payroll Taxes	(516,568)	0	0	0	0	0	0	0	0	0	0	(516,568)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,321)	0	0	0	0	0	0	0	0	0	0	(4,321)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(121,832)	0	0	0	0	0	0	0	0	0	0	(121,832)	26
27	Other (specify):*	(183,589)	0	0	0	0	0	0	0	0	0	0	(183,589)	27
28	TOTAL General Administration	(1,197,543)	147,009	0	(1,050,534)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(3,687,699)	147,009	0	(3,540,690)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Lutheran Home# 0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(2,026,592)	0	0	0	0	0	0	0	0	0	0	(2,026,592)	30
31	Amortization of Pre-Op. & Org.	(7,353)	0	0	0	0	0	0	0	0	0	0	(7,353)	31
32	Interest	(1,587,532)	0	0	0	0	0	0	0	0	0	0	(1,587,532)	32
33	Real Estate Taxes	(157,721)	0	0	0	0	0	0	0	0	0	0	(157,721)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(3,779,198)	0	0	0	0	0	0	0	0	0	0	(3,779,198)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(73,016)	0	0	0	0	0	0	0	0	0	0	(73,016)	40
41	Coffee and Gift Shops	(12,158)	0	0	0	0	0	0	0	0	0	0	(12,158)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,405,886)	0	0	0	0	0	0	0	0	0	0	(1,405,886)	43
44	TOTAL Special Cost Centers	(1,491,060)	0	0	0	0	0	0	0	0	0	0	(1,491,060)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(8,957,957)	147,009	0	0	0	0	0	0	0	0	0	(8,810,948)	45

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
See attached listing of Board of Directors						
				Lutheran Senior Servi	St. Louis, MO	Home 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	19 Management Fee	\$ 356,053	Lutheran Senior Services	100.00%	\$ 503,062	\$ 147,009	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 356,053			\$ 503,062	\$ * 147,009	14

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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	N/A								\$	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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending: 2/31/2009

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 Senior Services
 Street Address 1150 Hanley Industrial Court
 City / State / Zip Code St. Louis, MO 63144
 Phone Number (314) 968-9313
 Fax Number (314) 968-5590

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	Home Office	Direct Costs	27	\$ 9,522,593	\$ 0	356,053	\$ 356,053	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				\$ 9,522,593	\$		\$ 356,053	25

Facility Name & ID Number

The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6		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
A. Directly Facility Related																		
Long-Term																		
1	IL Finance Authority -					\$	\$			\$	1							
2	2006 Bonds	X	Campus Expansion	\$198,745.00	7/19/2006	46,065,000	41,982,852	2/1/2037	5.0000	1,813,692	2							
3											3							
4											4							
5											5							
Working Capital																		
6											6							
7											7							
8											8							
9	TOTAL Facility Related			\$198,745.00		\$ 46,065,000	\$ 41,982,852			\$ 1,813,692	9							
B. Non-Facility Related*																		
10											10							
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	\$			\$	14							
15	TOTALS (line 9+line14)					\$ 46,065,000	\$ 41,982,852			\$ 1,813,692	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ none Line # N/A

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

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

Facility Name & ID Number The Lutheran Home

0019109 Report Period Beginning:

1/1/2009 Ending:

12/31/2009

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,000 B. General Construction Type: Exterior Masonry Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

Lutheran Hillside Village operates - 41 Assisted Living Units; 49 Patio Homes; 126 Independent Living Units and 20 Assisted Living Memory Care Units

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: 807,882 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: 6,301 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>35,725</u>	<u>1976</u>	<u>\$ 149,068</u>	<u>1</u>
2	<u>Facility</u>	<u>28,611</u>	<u>1985</u>	<u>180,000</u>	<u>2</u>
3	TOTALS	64,336		\$ 329,068	3

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		1976	1976	\$ 1,676,061	\$	40	\$ 38,789	\$ 38,789	\$ 1,474,144	4
5		1984	1984	481,567		40	13,733	13,733	353,976	5
6		1986	1986	698,529		40	17,466	17,466	414,744	6
7										7
8										8
	Improvement Type**									
9	Various		1976	58,237		20			58,237	9
10	Various		1978	4,465		20			4,465	10
11	Various		1979	149		20			149	11
12	Various		1980	470		20			470	12
13	Various		1982	403		20			403	13
14	Various		1983	1,717		20			1,717	14
15	Various		1984	2,946		20			2,946	15
16	Various		1985	3,290		20			3,290	16
17	Various		1986	5,335		20			5,335	17
18	Various		1987	18,303		20			18,303	18
19	Various		1988	66,182		20	1,756	1,756	49,283	19
20	Various		1990	134,732		20	3,305	3,305	69,639	20
21	Various		1991	40,069		20	1,091	1,091	21,671	21
22	Various		1992	890		20	29	29	536	22
23	Various		1993	748		20	42	42	735	23
24	Various		1994	5,993		20	193	193	3,179	24
25	Various		1995	36,256		20	1,747	1,747	26,419	25
26	Various		1996	43,073		20	1,369	1,369	23,386	26
27	Various		1997	32,988		20	664	664	18,737	27
28	Various		1998	13,903		20	857	857	10,566	28
29	Various		1999	122,497		20	405	405	120,969	29
30	Various		2000	63,646		20	3,003	3,003	32,483	30
31	Various		2001	190,577		20	14,676	14,676	139,096	31
32	Various		2002	1,912,111		20	57,217	57,217	457,738	32
33	Various		2003	319,328		20	16,337	16,337	114,360	33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	
37	Lightpole At Main Entrance	2004	\$ 771	\$	20	\$ 46	\$ 46	\$ 276	37
38	Hallway Remodel	2004	12,883		20	208	208	1,248	38
39	Backflow Preventors	2004	1,414		20	101	101	606	39
40	Energy Mgmt Program	2004	3,067		20	68	68	408	40
41	Common Room Conversion	2004	3,199		20	95	95	570	41
42	Hvac Condensing Units	2004	19,480		20	649	649	3,894	42
43	Chapel Emergency Lights	2004	139		20	9	9	54	43
44	Update Nursing Chapel	2004	227		20	14	14	84	44
45	Pump Motor	2004	813		20	42	42	250	45
46	Plumbing Repair	2004	761		20	38	38	228	46
47	Sidewalk	2004	3,157		20	158	158	947	47
48	Boiler	2004	746		20	37	37	224	48
49	Flush Valve	2004	501		20	25	25	150	49
50	Door Monitor	2004	700		20	35	35	210	50
51	Wing Renovation	2004	98,120		20	4,906	4,906	24,530	51
52	Memory Loss Courtyard	2004	74,846		20	3,742	3,742	18,711	52
53	Courtyard Fence	2005	5,230		20	262	262	1,308	53
54	Sunroom Installation	2005	4,620		20	231	231	1,155	54
55	Water Main Extension	2005	(29,172)		20	(1,459)	(1,459)	(7,293)	55
56	Fire Door Hardware	2005	5,573		20	279	279	1,393	56
57	Survey - Project #22	2005	37,230		20	1,862	1,862	9,308	57
58	Condensor Replacement	2005	33,795		20	1,690	1,690	8,449	58
59	Architecture On Building	2006	8,909		20	297	297	1,188	59
60	Roof Replacement	2007	30,000		20	1,500	1,500	3,125	60
61	Room Renovations	2007	14,463		20	723	723	1,507	61
62	Room Renovations	2007	14,266		20	713	713	1,486	62
63	Room Renovations	2007	14,266		20	713	713	1,486	63
64	Room Renovations	2007	14,266		20	713	713	1,545	64
65	Room Renovations	2007	14,059		20	703	703	1,582	65
66	Room Renovations	2007	14,276		20	714	714	1,606	66
67	Room Renovations	2007	7,252		20	363	363	846	67
68	Carnes Diffusers	2007	1,260		20	63	63	147	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,345,582	\$		\$ 192,219	\$ 192,219	\$ 3,508,203	70

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

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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	Totals from Page 12A, Carried Forward		\$ 6,345,582	\$		\$ 192,219	\$ 192,219	\$ 3,508,203	1
2	Room Renovations	2007	14,663		20	733	733	1,711	2
3	Water Heater	2007	39,438		20	1,972	1,972	5,587	3
4	Various Upgrades	2007	24,850		20	1,243	1,243	2,589	4
5	Medicine Cabinets	2007	1,386		20	69	69	144	5
6	Paints	2007	419		20	21	21	44	6
7	Flooring, Carpet and Vinyl	2007	463		20	23	23	48	7
8	Flooring, Carpet and Vinyl	2007	986		20	49	49	103	8
9	9 Vanity Tops	2007	1,598		20	80	80	166	9
10	Flooring, Carpet and Vinyl	2007	8,122		20	406	406	846	10
11	Flooring, Carpet and Vinyl	2007	705		20	35	35	73	11
12	Ceiling Tile and Accessories	2007	1,198		20	60	60	125	12
13	Water Heater	2007	4,484		20	224	224	467	13
14	Bathroom Fixtures	2007	751		20	38	38	113	14
15	3 Commodes	2007	670		20	34	34	70	15
16	Lighting Fixtures	2007	479		20	24	24	50	16
17	Cable and Wiring Upgrades	2007	2,960		20	148	148	308	17
18	Flooring, Carpet and Vinyl	2007	2,344		20	117	117	244	18
19	Flooring, Carpet and Vinyl	2007	2,692		20	135	135	280	19
20	Flooring, Carpet and Vinyl	2007	80		20	4	4	8	20
21	Window Treatments	2007	360		20	18	18	38	21
22	Window Treatments	2007	13,874		20	694	694	1,503	22
23	Flooring, Carpet and Vinyl	2007	15,746		20	787	787	1,706	23
24	Grab Bars	2007	6,052		20	303	303	656	24
25	Bathroom Accessories	2007	858		20	43	43	93	25
26	Fixtures	2007	3,261		20	163	163	353	26
27	Flooring, Carpet and Vinyl	2007	667		20	33	33	72	27
28	15 Commodes	2007	4,040		20	202	202	438	28
29	Flooring Carpet	2007	38,691		20	1,935	1,935	4,353	29
30	Hardware	2007	323		20	16	16	36	30
31	Counter and Vanity Tops	2007	2,822		20	141	141	317	31
32	Fixtures	2007	294		20	15	15	33	32
33	Painting	2007	2,953		20	148	148	332	33
34	TOTAL (lines 1 thru 33)		\$ 6,543,811	\$		\$ 202,130	\$ 202,130	\$ 3,531,110	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	Totals from Page 12B, Carried Forward		\$ 6,543,811	\$		\$ 202,130	\$ 202,130	\$ 3,531,110	1
2	Fixtures, Daybright Lights	2007	6,258		20	313	313	704	2
3	Shower Fixtures	2007	170		20	9	9	19	3
4	Safety Bars	2007	191		20	10	10	22	4
5	Ceramic Tile Flooring	2007	26,301		20	1,315	1,315	3,068	5
6	Lighting Fixtures	2007	283		20	14	14	33	6
7	Renovation Demolition	2007	968		20	48	48	113	7
8	28 Medicine Cabinets	2007	2,216		20	111	111	259	8
9	Flooring Carpet	2007	13,936		20	697	697	1,626	9
10	23 Smoke Dispenser	2007	270		20	14	14	32	10
11	14 Sewer Strainers	2007	152		20	8	8	18	11
12	15 Medicine Cabinets	2007	2,257		20	113	113	263	12
13	Insulation for Light Fixtures	2007	477		20	24	24	58	13
14	Lint Separator	2007	7,250		20	363	363	876	14
15	Ceiling Tile	2007	3,486		20	174	174	421	15
16	Flooring, Laminated	2007	1,386		20	69	69	167	16
17	Bathroom Fixtures	2007	1,658		20	83	83	207	17
18	Vanities, Hardware	2007	532		20	27	27	67	18
19	Kitchen Counters	2007	380		20	19	19	49	19
20	Window Treatments	2007	129		20	6	6	17	20
21	Counter Tops	2007	918		20	46	46	119	21
22	Sprinkler Systems	2007	52,400		20	2,620	2,620	6,987	22
23	Painting	2007	2,485		20	124	124	331	23
24	Flooring, Baseboard Trim	2007	2,109		20	105	105	281	24
25	Window Treatments	2007	409		20	20	20	56	25
26	Paneling	2007	624		20	31	31	86	26
27	Flooring, Carpet	2007	1,641		20	82	82	239	27
28	Storage Building	2007	2,691		20	135	135	280	28
29	Parking Lot Upgrades	2007	11,900		20	595	595	1,488	29
30	Sewer Upgrades	2007	9,030		20	451	451	1,204	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,696,318	\$		\$ 209,755	\$ 209,755	\$ 3,550,199	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	Totals from Page 12C, Carried Forward		\$ 6,696,318	\$		\$ 209,755	\$ 209,755	\$ 3,550,199	1
2	FLOORING,CARPET-A WING	2008	986		20	49	49	99	2
3	ENTRY DOOR REPLACED	2008	5,640		20	282	282	564	3
4	STRAINER, GRID	2008	97		20	5	5	10	4
5	COMMODE REPAIR KIT	2008	95		20	5	5	9	5
6	COMMODE	2008	507		20	25	25	51	6
7	FLOORING, E WING DINING& NUR STA	2008	4,785		20	239	239	479	7
8	VANITY TOPS-B WING	2008	2,030		20	102	102	203	8
9	CARPENTRY WORK	2008	4,348		20	217	217	417	9
10	ELECTRICAL	2008	3,339		20	167	167	320	10
11	PLUMBING	2008	1,595		20	80	80	153	11
12	PAINTING	2008	2,682		20	134	134	257	12
13	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	155	13
14	CEILING TILES	2008	552		20	28	28	53	14
15	SHOWER ENTRANCE	2008	654		20	33	33	63	15
16	CARPENTRY	2008	5,264		20	263	263	504	16
17	ELECTRICAL	2008	4,510		20	225	225	432	17
18	CABINET, MEDICINE, NUTONE	2008	1,544		20	77	77	148	18
19	DOOR,POCKET	2008	1,196		20	60	60	115	19
20	CARPENTRY WORK	2008	4,741		20	237	237	454	20
21	ELECTRICAL	2008	3,339		20	167	167	320	21
22	PLUMBING	2008	1,595		20	80	80	153	22
23	PAINTING	2008	2,682		20	134	134	257	23
24	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	155	24
25	CEILING TILES	2008	552		20	28	28	53	25
26	FLOORING,CARPET BINDING, 650'	2008	325		20	16	16	31	26
27	BAR, FLIP UP	2008	525		20	26	26	50	27
28	FLOORING,CARPET-B WING	2008	5,560		20	278	278	533	28
29	CARPENTRY WORK	2008	4,741		20	237	237	454	29
30	ELECTRICAL	2008	3,339		20	167	167	320	30
31	PLUMBING	2008	1,595		20	80	80	153	31
32	PAINTING	2008	2,682		20	134	134	257	32
33	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	155	33
34	TOTAL (lines 1 thru 33)		\$ 6,772,678	\$		\$ 213,573	\$ 213,573	\$ 3,557,576	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	Totals from Page 12D, Carried Forward		\$ 6,772,678	\$		\$ 213,573	\$ 213,573	\$ 3,557,576	1
2	CEILING TILES	2008	552		20	28	28	53	2
3	HARDWARE,GRAB BARS, DOOR PULLS,	2008	2,242		20	112	112	206	3
4	FIXTURES-LIGHTING& PLUMBING FIXT	2008	2,231		20	112	112	204	4
5	LIGHT FIXTURE W/ BULBS	2008	8,330		20	417	417	764	5
6	WALLS & FLOOR, BATHRMS,CERAMIC&W	2008	20,654		20	1,033	1,033	1,893	6
7	CABLE, DATA	2008	348		20	17	17	32	7
8	BARS, FLIP UP	2008	740		20	37	37	68	8
9	CARPENTRY WORK	2008	4,486		20	224	224	411	9
10	ELECTRICAL	2008	3,339		20	167	167	306	10
11	PLUMBING	2008	1,595		20	80	80	146	11
12	PAINTING	2008	2,682		20	134	134	246	12
13	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	149	13
14	CEILING TILES	2008	552		20	28	28	51	14
15	DOORS REPLACED-WINGS B&C	2008	14,664		20	733	733	1,344	15
16	CONCRETE WK-HC ENTRANCE RAMP(2)	2008	3,400		20	170	170	312	16
17	CARPENTRY WORK	2008	4,486		20	224	224	393	17
18	ELECTRICAL	2008	3,339		20	167	167	292	18
19	PLUMBING	2008	1,595		20	80	80	140	19
20	PAINTING	2008	2,682		20	134	134	235	20
21	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	142	21
22	CEILING TILES	2008	552		20	28	28	48	22
23	PAINTING-EMMANUEL PLACE	2008	2,014		20	101	101	176	23
24	CEILING-GRID&TILE	2008	857		20	43	43	75	24
25	INSTALLED CABINETS,SINK, PUMP & TOP	2008	4,025		20	201	201	352	25
26	ELECTRICAL WORK	2008	850		20	43	43	74	26
27	PLUMBING	2008	1,089		20	54	54	95	27
28	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	860		20	43	43	75	28
29	HARDWARE	2008	50		20	2	2	4	29
30	MIRROR-8,T SEAT-9,COAT HKS-10	2008	724		20	36	36	63	30
31	CARPENTRY WORK	2008	4,486		20	224	224	393	31
32	ELECTRICAL	2008	3,339		20	167	167	292	32
33	PLUMBING	2008	1,595		20	80	80	140	33
34	TOTAL (lines 1 thru 33)		\$ 6,874,276	\$		\$ 218,653	\$ 218,653	\$ 3,566,749	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	Totals from Page 12E, Carried Forward		\$ 6,874,276	\$		\$ 218,653	\$ 218,653	\$ 3,566,749	1
2	<u>PAINTING</u>	2008	2,682		20	134	134	235	2
3	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	142	3
4	<u>CEILING TILES</u>	2008	552		20	28	28	48	4
5	<u>MED BOXES INSTALLED</u>	2008	2,438		20	122	122	213	5
6	<u>FLOORING, BINDING TAPE, 258'</u>	2008	129		20	6	6	11	6
7	<u>FLOORING, CARPET, VINYL-C WING</u>	2008	1,961		20	98	98	172	7
8	<u>FLOORING, CARPET, VINYL-C9&C10</u>	2008	1,021		20	51	51	89	8
9	<u>FLOORING, CARPET, VINYL-B4, B5</u>	2008	923		20	46	46	81	9
10	<u>FLOORING, CARPET-COMMON AREA</u>	2008	4,055		20	203	203	355	10
11	<u>CIRCUIT BREAKER PANEL,EMERGENCY</u>	2008	1,208		20	60	60	106	11
12	<u>COMMODE</u>	2008	5,935		20	297	297	519	12
13	<u>CARPENTRY WORK</u>	2008	4,711		20	236	236	412	13
14	<u>ELECTRICAL</u>	2008	3,339		20	167	167	292	14
15	<u>PLUMBING</u>	2008	1,595		20	80	80	140	15
16	<u>PAINTING</u>	2008	2,682		20	134	134	235	16
17	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	142	17
18	<u>CEILING TILES</u>	2008	552		20	28	28	48	18
19	<u>HANDICAP RAIL</u>	2008	1,596		20	80	80	133	19
20	<u>CABINET,MEDICINE,KEYES</u>	2008	9,231		20	462	462	769	20
21	<u>CARPENTRY WORK</u>	2008	4,741		20	237	237	395	21
22	<u>ELECTRICAL</u>	2008	3,339		20	167	167	278	22
23	<u>PLUMBING</u>	2008	1,595		20	80	80	133	23
24	<u>PAINTING</u>	2008	2,682		20	134	134	224	24
25	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	135	25
26	<u>CEILING TILES</u>	2008	552		20	28	28	46	26
27	<u>CARPENTRY WORK</u>	2008	4,486		20	224	224	374	27
28	<u>ELECTRICAL</u>	2008	3,339		20	167	167	278	28
29	<u>PLUMBING</u>	2008	1,595		20	80	80	133	29
30	<u>PAINTING</u>	2008	2,682		20	134	134	224	30
31	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	135	31
32	<u>CEILING TILES</u>	2008	552		20	28	28	46	32
33	<u>ELECTRICAL UPGRADES</u>	2008	1,291		20	65	65	108	33
34	TOTAL (lines 1 thru 33)		\$ 6,952,219	\$		\$ 222,551	\$ 222,551	\$ 3,573,399	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	Totals from Page 12F, Carried Forward		\$ 6,952,219	\$		\$ 222,551	\$ 222,551	\$ 3,573,399	1
2	DIFFUSER,CEILING, T-BAR	2008	1,695		20	85	85	134	2
3	DAMPER, H&C	2008	383		20	19	19	30	3
4	DEMO REMOVAL	2008	1,030		20	52	52	82	4
5	CONDENSER, 15 TON, BOHN-E WING	2008	20,800		20	1,040	1,040	1,647	5
6	CEILING DIFFUSERS	2008	570		20	29	29	45	6
7	ASPHALT-HC WKG AREA & PARKING SP	2008	55,000		20	2,750	2,750	4,125	7
8	MED BOXES INSTALLED	2008	4,322		20	216	216	324	8
9	PAINT	2008	2,378		20	119	119	178	9
10	PAINT-EP UNIT	2008	140		20	7	7	10	10
11	COUNTER TOP & MATERIALS	2008	856		20	43	43	61	11
12	GRAB BARS	2008	281		20	14	14	20	12
13	FIRE ALARM SYSTEM	2008	7,000		20	350	350	496	13
14	MURAL-EMMANUEL PLACE	2008	5,820		20	291	291	412	14
15	PUSH BUTTON, EMERGENCY-TO EXIT	2008	880		20	44	44	62	15
16	LIGHTING-PROJECT 08-22	2008	209		20	10	10	11	16
17	WALL COVERING & RAIL CAP	2008	6,759		20	338	338	366	17
18	FLOORING-E WING5540	2008	2,788		20	139	139	151	18
19	DUCTWORK-PROJECT # 08-26	2008	350		20	18	18	19	19
20	FLOORING,CARPET-DINING AREA-PROJ	2008	8,038		20	402	402	435	20
21	FLOORING-EVERGREEN DINING RM-PRO	2008	3,747		20	187	187	203	21
22	CONSULTANT FEE-PHASE II	2009	11,677		20	341	341	341	22
23	CONSULTANT ON IDPH PLENUM ISSUE	2009	782		20	3	3	3	23
24	FIRE ALARM&NURSING CALL UPGRADES	2009	6,056		20	25	25	25	24
25	FIRE SPRINKLER SYSTEM UPGRADES	2009	3,190		20	93	93	93	25
26	FLOORING, EVERGREE DINING	2009	85		20	0	0	0	26
27	IDPH PLENUM DUCTWORK-A&C WING	2009	180,950		20	5,278	5,278	5,278	27
28	IDPH PLENUM-B WING	2009	175,905		20	733	733	733	28
29	ROAM ALERT SYSTEM UPGRADED	2009	12,245		20	51	51	51	29
30	WALLCOVERING PANEL & TRIM WORK-	2009	8,459		20	247	247	247	30
31									31
32									32
33				458,027			(458,027)		33
34	TOTAL (lines 1 thru 33)		\$ 7,474,614	\$ 458,027		\$ 235,474	\$ (222,553)	\$ 3,588,982	34

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

Facility Name & ID Number The Lutheran Home

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Report Period Beginning:

1/1/2009

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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	\$ 593,994	\$	\$ 55,398	\$ 55,398	10	\$ 290,737	71
72	Current Year Purchases	12,222		102	102	10	102	72
73	Fully Depreciated Assets	876,665		148	148	10	876,665	73
74								74
75	TOTALS	\$ 1,482,881	\$	\$ 55,648	\$ 55,648		\$ 1,167,504	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	Facility	Car & Silverado	2000	\$ 30,750	\$	\$	\$	8	\$ 30,750	76
77	Facility	Ford 2002 15 Pass	2002	56,998				5	56,998	77
78	Facility	Dodge Grand Caravan	2006	19,162		3,832	3,832	5	12,865	78
79	Facility	Vehicle Wheelchair converson	2007	16,026		3,205	3,205	5	9,349	79
80	TOTALS			\$ 122,936	\$	\$ 7,037	\$ 7,037		\$ 109,962	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)	\$ 9,409,499	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 458,027	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 298,159	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (159,868)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,866,448	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non Care Combined Assets	\$ 58,210,487	\$ 1,866,724	\$ 16,906,772	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 58,210,487	\$ 1,866,724	\$ 16,906,772	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.

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? YES NO

If NO, see instructions.

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

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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.	<u>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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.

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	V10A-3	hrs	\$	3,269	\$ 219,331	\$ 371	3,269	\$ 219,702	1
2	Licensed Speech and Language Development Therapist	V10A-3	hrs		871	64,365	356	871	64,721	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V10A-3	hrs		4,356	294,247		4,356	294,247	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	C39-2	# of prescrpts				200,709		200,709	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$	8,496	\$ 577,943	\$ 201,436	8,496	\$ 779,379	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2009Ending: 12/31/2009

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,186,807	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>20,000</u>)	1,231,142		3
4	Supply Inventory (priced at <u>cost</u>)	44,034		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	(10,093)		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Notes Receivable</u>	428,991		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,880,881	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	4,678,274		12
13	Land	369,068		13
14	Buildings, at Historical Cost	64,185,422		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,065,497		16
17	Accumulated Depreciation (book methods)	(21,773,220)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 50,525,041	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 54,405,922	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 44,918	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	273,217		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,324		31
32	Accrued Real Estate Taxes(Sch.IX-B)	227,837		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Other</u>	713		36
37	<u>Due to LSS</u>	29,097		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 581,106	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	41,982,852		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Entrance Fees Payable</u>	31,059,018		43
44	<u>Resident Deposits</u>	386,088		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 73,427,958	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 74,009,064	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (19,603,142)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 54,405,922	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,477,874)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,477,874)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(125,268)	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)	\$ (125,268)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (19,603,142)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2009Ending: 12/31/2009

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,300,161	1
2	Discounts and Allowances for all Levels	(592,296)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,707,865	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	934,032	6
7	Oxygen	22,803	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 956,835	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	291	12
13	Barber and Beauty Care	26,560	13
14	Non-Patient Meals	2,799	14
15	Telephone, Television and Radio	221	15
16	Rental of Facility Space		16
17	Sale of Drugs	245,239	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	17,234	19
20	Radiology and X-Ray		20
21	Other Medical Services	163,821	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 456,165	23
D. Non-Operating Revenue			
24	Contributions	159,260	24
25	Interest and Other Investment Income***	642,020	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 801,280	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Designated Expenses	(60,908)	28
28a	Independent and Assisted Living Revenue	7,553,449	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,492,541	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,414,686	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	3,444,310	31
32	Health Care	3,198,672	32
33	General Administration	2,647,774	33
B. Capital Expense			
34	Ownership	4,304,555	34
C. Ancillary Expense			
35	Special Cost Centers	1,898,105	35
36	Provider Participation Fee	46,538	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,539,954	40
41	Income before Income Taxes (line 30 minus line 40)**	(125,268)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (125,268)	43

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

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

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

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	832	918	\$ 34,739	\$ 37.84	1
2	Assistant Director of Nursing					2
3	Registered Nurses	10,706	11,851	271,550	22.91	3
4	Licensed Practical Nurses	33,992	37,070	757,487	20.43	4
5	CNAs & Orderlies	67,572	74,447	846,648	11.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,343	2,592	39,120	15.09	8
9	Activity Director					9
10	Activity Assistants	18,186	19,486	233,854	12.00	10
11	Social Service Workers	3,425	3,707	70,054	18.90	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	69,998	74,712	834,477	11.17	15
16	Dishwashers					16
17	Maintenance Workers	21,029	23,394	341,720	14.61	17
18	Housekeepers	27,070	29,797	324,740	10.90	18
19	Laundry	7,300	7,885	103,881	13.17	19
20	Administrator	1,896	2,160	96,540	44.69	20
21	Assistant Administrator	1,920	2,168	72,530	33.45	21
22	Other Administrative	21,254	22,834	370,142	16.21	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,218	2,460	49,197	20.00	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	4,697	5,136	104,448	20.34	33
34	TOTAL (lines 1 - 33)	294,438	320,617	\$ 4,551,127 *	\$ 14.19	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	334	\$ 17,858	V 1-3	35
36	Medical Director	Monthly	4,250	V 9-3	36
37	Medical Records Consultant	16	1,840	V 10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	48	1,800	V 39-3	39
40	Physical Therapy Consultant	9	486	V 10a-3	40
41	Occupational Therapy Consultant	1	34	V 10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	7	423	V 10a-3	43
44	Activity Consultant	25	1,863	V 11-3	44
45	Social Service Consultant	25	1,863	V 12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	465	\$ 30,417		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	620	\$ 50,969	V 10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	620	\$ 50,969		53

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2009Ending: 12/31/2009**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. Life Services Network - \$7,409
- (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? 15
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,232 Line 39
- (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. \$ 46,538
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,799
- (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. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: LarsonAllen LLP
- (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.