



Facility Name & ID Number Mendota Lutheran Home

# 0011593 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>43</u>	Skilled (SNF)	<u>43</u>	<u>15,695</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>71</u>	Intermediate (ICF)	<u>71</u>	<u>25,915</u>	3
4		Intermediate/DD			4
5	<u>14</u>	Sheltered Care (SC)	<u>14</u>	<u>5,110</u>	5
6		ICF/DD 16 or Less			6
7	<u>128</u>	TOTALS	<u>128</u>	<u>46,720</u>	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			
8	SNF		<u>4,385</u>		<u>4,385</u>	8	
9	SNF/PED					9	
10	ICF	<u>16,515</u>	<u>13,111</u>		<u>29,626</u>	10	
11	ICF/DD					11	
12	SC		<u>1,239</u>		<u>1,239</u>	12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>16,515</u>	<u>18,735</u>		<u>35,250</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.45%

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 12/02/1953

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 43 and days of care provided 4,385

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 1/1/09 Ending: 12/31/09

**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	308,047	49,585	8,055	365,687		365,687		365,687		1
2	Food Purchase		311,810		311,810		311,810	(15,895)	295,915		2
3	Housekeeping	118,500	30,262		148,762		148,762		148,762		3
4	Laundry	81,216	17,056		98,272		98,272		98,272		4
5	Heat and Other Utilities			153,006	153,006		153,006		153,006		5
6	Maintenance	66,888	27,805	8,645	103,338		103,338		103,338		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	574,651	436,518	169,706	1,180,875		1,180,875	(15,895)	1,164,980		8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	2,482,666	69,306	471,057	3,023,029		3,023,029		3,023,029		10
10a	Therapy										10a
11	Activities	91,505	8,464	2,462	102,431		102,431		102,431		11
12	Social Services	75,176	563	1,057	76,796		76,796		76,796		12
13	CNA Training							(616)	(616)		13
14	Program Transportation		1,234		1,234		1,234	(1,549)	(315)		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,649,347	79,567	474,576	3,203,490		3,203,490	(2,165)	3,201,326		16
	<b>C. General Administration</b>										
17	Administrative	78,126		2,754	80,880		80,880		80,880		17
18	Directors Fees										18
19	Professional Services			43,537	43,537		43,537		43,537		19
20	Dues, Fees, Subscriptions & Promotions			47,244	47,244		47,244	(29,776)	17,468		20
21	Clerical & General Office Expenses	161,405	12,337	8,725	182,467		182,467		182,467		21
22	Employee Benefits & Payroll Taxes			839,985	839,985		839,985		839,985		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,205	6,205		6,205		6,205		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			83,282	83,282		83,282		83,282		26
27	Other (specify):* <a href="#">See Schedule</a>			31,741	31,741		31,741	(6,501)	25,240		27
28	<b>TOTAL General Administration</b>	239,531	12,337	1,063,473	1,315,341		1,315,341	(36,277)	1,279,064		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,463,529	528,422	1,707,755	5,699,706		5,699,706	(54,337)	5,645,370		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 &amp; ID Number

Mendota Lutheran Home

#0011593

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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			201,950	201,950		201,950	(263)	201,687			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			624	624		624		624			32
33	Real Estate Taxes			2,735	2,735		2,735	(1,003)	1,732			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			12,736	12,736		12,736		12,736			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			218,045	218,045		218,045	(1,266)	216,779			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			804,099	804,099		804,099		804,099			39
40	Barber and Beauty Shops		22,294		22,294		22,294	(22,294)				40
41	Coffee and Gift Shops		936		936		936	(936)				41
42	Provider Participation Fee			62,129	62,129		62,129		62,129			42
43	Other (specify):* <a href="#">See Schedule</a>			69,506	69,506		69,506		69,506			43
44	<b>TOTAL Special Cost Centers</b>		23,230	935,734	958,964		958,964	(23,230)	935,734			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,463,529	551,652	2,861,534	6,876,715		6,876,715	(78,833)	6,797,883			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

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	(15,895)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				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				24
25	Fund Raising, Advertising and Promotional	(29,776)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(616)	13		27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(32,546)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (78,833)</b>		<b>\$</b>	<b>30</b>

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (78,833)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Mendota Lutheran Home

ID# 0011593

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non Care Asset Depreciation	\$ (263)	30	1
2	Rental Property Taxes	(1,003)	33	2
3	Barber and Beuty Shop	(22,294)	40	3
4	Bequest Expense	(6,501)	27	4
5	Gift/Coffee Shop	(936)	41	5
6	Reim Van Usage	(1,549)	14	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>	(32,546)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mendota Lutheran Home# 0011593

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(15,895)	0	0	0	0	0	0	0	0	0	0	(15,895)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(15,895)</b>	<b>0</b>	<b>(15,895)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	(616)	0	0	0	0	0	0	0	0	0	0	(616)	13
14	Program Transportation	(1,549)	0	0	0	0	0	0	0	0	0	0	(1,549)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(2,165)</b>	<b>0</b>	<b>(2,165)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(29,776)	0	0	0	0	0	0	0	0	0	0	(29,776)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):* <b>Bequest expense</b>	<b>(6,501)</b>	<b>0</b>	<b>(6,501)</b>	<b>27</b>									
28	<b>TOTAL General Administration</b>	<b>(36,277)</b>	<b>0</b>	<b>(36,277)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(54,337)</b>	<b>0</b>	<b>(54,337)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mendota Lutheran Home# 0011593

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(263)	0	0	0	0	0	0	0	0	0	0	(263)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	(1,003)	0	0	0	0	0	0	0	0	0	0	(1,003)	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	<b>TOTAL Ownership</b>	<b>(1,266)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,266)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	(22,294)	0	0	0	0	0	0	0	0	0	0	(22,294)	40
41	Coffee and Gift Shops	(936)	0	0	0	0	0	0	0	0	0	0	(936)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>(23,230)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(23,230)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(78,833)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(78,833)</b>	<b>45</b>

**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

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

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

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

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 1/1/09 Ending: 12/31/09

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 Mendota Lutheran Home

# 0011593

Report Period Beginning:

1/1/09

Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Mendota Lutheran Home

# 0011593

Report Period Beginning:

1/1/09

Ending:

12/31/09

**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
	<b>A. Directly Facility Related</b>																		
	<b>Long-Term</b>																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
	<b>Working Capital</b>																		
6												6							
7												7							
8												8							
9	<b>TOTAL Facility Related</b>						\$	\$			\$	9							
	<b>B. Non-Facility Related*</b>																		
10												10							
11												11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14							
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$	15							

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

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

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.)

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

**B. Real Estate Taxes**

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	<b>1,476</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>1,814</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>338</b>	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>2,397</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>2,735</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2004	<b>3,987</b>	8	
	2005	<b>4,098</b>	9	
	2006	<b>4,663</b>	10	
	2007	<b>1,434</b>	11	
	2008	<b>1,814</b>	12	
				<b>FOR BHF USE ONLY</b>
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Mendota Lutheran Home

# 0011593

Report Period Beginning:

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**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick and Steel 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).

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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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Building Site</u>	<u>63,000</u>	<u>1951-1975</u>	<u>\$ 82,752</u>	<u>1</u>
2	<u>Building Site</u>	<u>53,760</u>	<u>1993</u>	<u>348,949</u>	<u>2</u>
3	<b>TOTALS</b>	<b>116,760</b>		<b>\$ 431,701</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Mendota Lutheran Home

# 0011593

Report Period Beginning:

1/1/09

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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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		1953	1964	\$ 264,584	\$	Various	\$	\$	\$ 264,584	4
5		1971	1971	472,968		33			472,968	5
6		1975	1976	595,519		30			594,761	6
7		1976	1976	280,167		30			280,167	7
8		1995	1995	2,607,338	65,230	Various	65,230		948,805	8
<b>Improvement Type**</b>										
9	Night lights & door alarm		1971	1,244		10			1,244	9
10	Landscaping		1971	6,835		10			6,835	10
11	Bath tub ramp		1972	226		10			226	11
12	North entry alteration		1974	1,207		25			1,207	12
13	Emergency lights		1974	980		10			980	13
14	Emergency lights		1975	626		10			626	14
15	Landscaping		1976	1,086		10			1,086	15
16	Parking lot improvements		1977	3,177		10			3,177	16
17	Sprinkler system		1978	14,160		20			14,160	17
18	Building construction		1983	62,250	2,175	30	2,175		58,725	18
19	Water heater		1984	4,111		15			4,111	19
20	Cove molding		1985	2,457	98	25	98		2,438	20
21	Nurse call lights		1985	2,267		15			2,267	21
22	Heating system rev.		1985	11,343		20			11,343	22
23	Examination room		1985	5,869	196	30	196		4,813	23
24	Water heater booster		1985	782		15			782	24
25	Air Conditioner/furnace		1986	3,552		20			3,552	25
26	Water heater		1986	773		15			773	26
27	Replace roof		1987	98,780		20			98,780	27
28	Phone system		1987	3,811		20			3,811	28
29	Cupboards		1987	303		20			303	29
30	Water heater - kitchen		1988	2,805		15			2,805	30
31	Rebuild elevator		1988	19,831		20			19,831	31
32	Basement room		1988	529		20			529	32
33	Egress window		1989	810	31	26	31		638	33
34	Phase monitor		1989	348	12	20	12		348	34
35	Water heater		1989	1,298		16			1,298	35
36	Soffits & gutters		1989	9,890	380	26	380		7,794	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 &amp; ID Number Mendota Lutheran Home

# 0011593

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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	
37	Water heaters	1989	\$ 2,681	\$	16	\$	\$	\$ 2,681	37
38	Harris lounge light fixtures	1990	2,089		10			2,089	38
39	Replace roof south unit	1990	33,700	1,685	20	1,685		32,717	39
40	Getz hood	1990	870	43	20	43		870	40
41	Tub room	1990	3,478	116	30	116		2,300	41
42	Code alert system	1990	17,344		15			17,344	42
43	Office electrical wiring	1990	1,283	64	20	64		1,229	43
44	Ceiling in office/lounge	1990	5,181	199	26	199		3,792	44
45	Medication room	1991	18,286	610	30	610		11,585	45
46	Fire alarm system	1991	14,683	734	20	734		13,520	46
47	Doors monitor & nurse call	1991	2,971		15			2,971	47
48	Water heaters	1991	2,776		15			2,776	48
49	Shower room remodeling	1991	3,362	112	30	112		2,073	49
50	Blacktop parking lot	1991	3,180		15			3,180	50
51	Fire door in serving window	1993	3,373		16			3,373	51
52	Air Conditioner Compressor	1993	2,482		10			2,482	52
53	Air Conditioner Compressor	1993	2,072		15			2,072	53
54	Radiator covers	1993	6,405	320	20	320		5,283	54
55	Parking lot improvements	1994	1,962		10			1,962	55
56	Renovation of south unit	1994	4,551	228	20	228		3,548	56
57	Cross connectiong corrections	1994	10,878	544	20	544		8,431	57
58	Parking lot improvements	1994	141,458	7,857	15	7,857		141,458	58
59	Pressure back flow device	1995	5,567	223	25	223		3,304	59
60	South unit - laundry remodeling	1995	9,165	458	20	458		6,555	60
61	Landscaping	1996	2,841		10			2,841	61
62	Fence - west wing	1996	2,288		8			2,288	62
63	Water heater	1996	1,208	81	15	81		1,122	63
64	Lights in office	1996	2,632	132	20	132		1,833	64
65	2' water meter - west wing	1996	895	45	20	45		616	65
66	Light fixtures upstairs	1996	1,168	58	20	58		797	66
67	Vent in oxygen storage room	1996	685	46	20	46		624	67
68	Light fixture - dining room	1996	2,919	146	15	146		1,982	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,796,359	\$ 81,823		\$ 81,823	\$	\$ 3,105,465	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 Mendota Lutheran Home

# 0011593

Report Period Beginning:

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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	<b>Totals from Page 12A, Carried Forward</b>		\$ 4,796,359	\$ 81,823		\$ 81,823	\$	\$ 3,105,465	1
2	Ceiling tile - dining room	1996	982	65	20	65		883	2
3	Lights - rooms & hall center unit	1997	27,704		10			27,704	3
4	9 Zoneline heater/air conditioners	1997	6,299		10			6,299	4
5	Remodiel/refurbish rooms & hall	1997	50,949	3,397	15	3,397		41,043	5
6	Fire annunciator panel	1997	2,718	181	15	181		2,189	6
7	Remodel nurses station	1997	13,762	917	15	917		11,009	7
8	Lights - rooms & hall north unit	1997	18,469		10			18,469	8
9	Water heater	1997	4,210	281	15	281		3,438	9
10	Remodel refurbish rooms & hall north unit	1997	53,073	3,538	15	3,538		42,753	10
11	Fire annunciator panel	1997	2,717	181	15	181		2,188	11
12	Windows & ceiling tile	1997	3,261	217	15	217		2,093	12
13	Corner guards	1997	473		10			473	13
14	Landscape garage	1997	200		10			200	14
15	Handicap sidewalk pad	1997	1,242	124	10	124		1,070	15
16	Garage for van	1997	19,744	1,316	15	1,316		12,586	16
17	Petroleum tank removal	1998	6,656	333	20	333		5,140	17
18	Windows south unit	1998	10,393		15			10,393	18
19	Windows & doors center unit	1998	9,632		10			9,632	19
20	Lights, handrails, & carpet	1998	16,378		10			16,378	20
21	New roof	1998	151,887		10			151,887	21
22	Code alert system	1998	35,360		10			35,360	22
23	Smoke alarms	1998	4,718		10			4,718	23
24	Fire alarm system upgrade	1998	6,902		10			6,902	24
25	Air conditioners	1998	6,299		10			6,299	25
26	Water heater	1998	4,197	280	15	280		3,218	26
27	Light north unit	1998	4,061		10			4,061	27
28	Water softner - west wing	1998	6,213		10			6,213	28
29	Outdoor wiring & installation	1999	10,529	526	20	526		5,703	29
30	Firesafing drywall	1999	27,134	1,809	15	1,809		18,994	30
31	Air conditioners	1999	1,899	95	10	95		1,899	31
32	Computer wiring	1999	2,154	108	20	108		1,104	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,306,574	\$ 95,191		\$ 95,191	\$	\$ 3,565,763	34

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

Facility Name &amp; ID Number Mendota Lutheran Home

# 0011593

Report Period Beginning:

1/1/09

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,306,574	\$ 95,191		\$ 95,191	\$	\$ 3,565,763	1
2	Cabinet & Carpentry work	1999	10,239	683	15	683		7,168	2
3	Plumbing campbell lounge	1999	3,287	164	20	164		1,725	3
4	Electrical fixtures campbell lounge	1999	1,014		10			1,014	4
5	New drains south unit	2000	3,159	158	20	158		1,500	5
6	Water heater center unit	2000	7,933	793	10	793		7,536	6
7	Water heaters & plumbing	2000	2,141	214	10	214		2,034	7
8	Water valve west wing	2000	1,027	51	20	51		496	8
9	Roof replacement north unit	2001	167,190	8,360	20	8,360		67,573	9
10	Waer heater north unit	2001	4,298	430	10	430		3,654	10
11	Replace faucets north unit	2001	3,162	316	10	316		2,688	11
12	Sign	2001	2,010	201	10	201		1,709	12
13	Admin renovation & computer room	2001	2,337	234	10	234		1,987	13
14	Remodeling assisted living area	2001	77,634	3,882	20	3,882		34,150	14
15	Remodeling assisted living area	2001	36,991	3,699	10	3,699		31,442	15
16	Water heater	2001	382	38	10	38		325	16
17	Central wing lounge expansion	2001	56,597	2,830	20	2,830		23,582	17
18	Install eye wash station	2001	1,962	196	30	196		1,667	18
19	Bathroom flooring	2002	2,127	213	10	213		1,596	19
20	Remodeling & repair	2002	4,053	405	10	405		3,040	20
21	Roof top heating / cooling unit	2002	4,445	445	10	445		3,335	21
22	Dirt & seeding	2002	1,000	100	10	100		750	22
23	Water heater	2002	4,505	451	10	451		3,380	23
24	Landscaping	2002	6,822	341	20	341		2,530	24
25	Exenon heating and air conditioning system	2003	2,984	298	10	298		1,939	25
26	Exenon heating and air conditioning system	2003	2,984	298	10	298		1,939	26
27	PIV Supervisory switch	2004	1,446	145	10	145		796	27
28	Condenser/Air handler, Expansion valve	2004	8,606	861	10	861		7,100	28
29	New gas dryer	2004	3,414	341	10	341		1,877	29
30	Kronos Payroll system	2004	23,494	2,349	5	2,349		23,494	30
31	Therm Unit Portable sure temp & cover	2004	910	91	10	91		500	31
32	2 recliners	2004	1,350	135	10	135		743	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,756,077	\$ 123,913		\$ 123,913	\$	\$ 3,809,032	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 Mendota Lutheran Home

# 0011593

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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>		\$ 5,756,077	\$ 123,913		\$ 123,913	\$	\$ 3,809,032	1
2	Water Meter repair chamber assembly labor	2004	1,386	139	10	139		763	2
3	Food processor, bowl & blades	2004	1,253	125	10	125		689	3
4	Garbage disposal	2004	814	81	10	81		447	4
5	Washer	2004	8,918	892	10	892		4,905	5
6	Diagnositics/call charge Hydrosound model rebuilt	2004	2,739	340	7	340		2,468	6
7	Carpet for breakroom	2005	622	107	5	107		622	7
8	Countertops breakroom	2005	1,208	44	27.5	44		211	8
9	Boilers	2006	57,281	2,083	27.5	2,083		6,943	9
10	Fire Alarm Panel	2006	11,295	411	27.5	411		1,369	10
11	Carpet for breakroom	2006	999	200	5	200		557	11
12	Fire Alarm Panel	2006	12,070	439	27.5	439		1,463	12
13	Labor/Materials for wall	2006	2,218	81	27.5	81		309	13
14	Carpet	2006	1,356	271	5	271		949	14
15	Abatement Disposal Asbestos	2006	8,883	592	15	592		2,023	15
16	Demo, Landfill	2006	15,000	1,000	15	1,000		3,333	16
17	Fire Alarm System	2007	16,767	1,677	10	1,677		4,192	17
18	Door protective screen	2007	650	65	10	65		163	18
19	Door frame fire door	2007	1,240	62	20	62		165	19
20	Fire Alarm System	2007	16,768	1,677	10	1,677		4,192	20
21	Building repairs & counter top	2007	14,833	742	20	742		1,978	21
22	Stein Heating unit	2007	2,950	197	15	197		410	22
23	Parking lot drainage	2007	5,841	389	15	389		1,006	23
24	Construction Document Preparation	2008	613	61	10	61		92	24
25	Fire Alarm Monitoring	2008	1,600	160	10	160		240	25
26	Installation of PO	2008	4,375	438	10	438		657	26
27	Survey /Recommendations for existing	2008	7,147	715	10	715		1,072	27
28	Cabinet & Counter Tops	2008	2,735	137	20	137		575	28
29	41 Ceiling Radiation Dampers	2008	10,746	537	20	537		560	29
30	Dual Line Dialer	2008	868	87	10	87		311	30
31	Module to Monitor Ansal System	2008	602	60	10	60		103	31
32	Hydraulic System in Elevator	2009	8,784	439	10	439		439	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,978,638	\$ 138,161		\$ 138,161	\$	\$ 3,852,238	34

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

Facility Name &amp; ID Number Mendota Lutheran Home

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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 12D, Carried Forward</b>		\$ 5,978,638	\$ 138,161		\$ 138,161	\$	\$ 3,852,238	1
2	Building Improvements	2009	1,400	70	10	70		70	2
3	New Carpet in Chapel	2009	1,900	98	10	98		98	3
4	Ceiling Radiation Detector	2009	1,977	99	10	99		99	4
5	Out Patient Physical Therapy Renovation	2009	13,566	377	15	377		377	5
6	Gas Furnace	2009	5,065	253	10	253		253	6
7	Gas Furnace	2009	3,800	190	10	190		190	7
8	West Wing Construction	2009	2,216	25	15	25		25	8
9	Stairway Light Fixtures	2009	742	37	10	37		37	9
10	Steamer	2009	3,749	187	10	187		187	10
11	Convection Steamer	2009	2,574	129	10	129		129	11
12	Mohawk Carpet Installation	2009	7,233	362	10	362		362	12
13	Walk-in Freezer	2009	4,965	248	10	248		248	13
14	Outdoor Logo	2009	550	28	10	28		28	14
15	Install New Walk-Curb-Railing	2009	4,500	175	15	175		175	15
16	Painting Chapel	2009	1,100	55	10	55		55	16
17	Preparation of Construction Documents	2009	4,397	247	10	247		247	17
18	Construction Preparation	2009	780	39	10	39		39	18
19	Wire Pulling, Device Terminations	2009	4,140	207	10	207		207	19
20	Preparation of Construction Documents	2009	695	35	10	35		35	20
21	Installation of Kitchen Steamer	2009	1,133	57	10	57		57	21
22	Emergency Generator Modifications	2009	16,454	823	10	823		823	22
23	Johnson Contract	2009	610	31	10	31		31	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>		\$ 6,062,184	\$ 141,933		\$ 141,933	\$	\$ 3,856,010	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mendota Lutheran Home

# 0011593

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 773,535	\$ 58,381	\$ 58,381	\$		\$ 590,766	71
72	Current Year Purchases	14,802	1,384	1,384			1,384	72
73	Fully Depreciated Assets	616,048					616,048	73
74								74
75	TOTALS	\$ 1,404,385	\$ 59,765	\$ 59,765	\$		\$ 1,208,198	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	Resident Van	1993 Ford 8 Passenger	1993	\$ 38,350	\$	\$	\$		\$ 38,350	76
77	Resident Van	1998 Dodge Caravan SE	1999	16,593					16,593	77
78										78
79										79
80	TOTALS			\$ 54,943	\$	\$	\$		\$ 54,943	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)	\$ 7,953,213	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 201,698	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 201,698	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,119,151	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	Tree of Life	\$ 10,562	\$ 263	\$ 3,798	86
87	Lot 5/15/1990 (land)	5,500			87
88	Rental House NBV (Land) 1/1/07	17,865			88
89	Purchase & Demolition of House (land)	66,976			89
90					90
91	TOTALS	\$ 100,903	\$ 263	\$ 3,798	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: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$ _____			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: \$ 4,524 Description: KYOCERA MITA COPIERS: GE CAPITAL 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			\$ _____	\$ _____	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ _____	\$ _____	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. \_\_\_\_\_ /2010 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

\* 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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							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	<b>TOTAL</b>			\$		\$	\$		\$	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 **Mendota Lutheran Home**# **0011593**Report Period Beginning: **1/1/09**Ending: **12/31/09****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(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	\$ 522,230	\$	1
2	Cash-Patient Deposits	933		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	838,340		3
4	Supply Inventory (priced at )	37,726		4
5	Short-Term Investments			5
6	Prepaid Insurance	16,422		6
7	Other Prepaid Expenses	4,898		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Interest Receivable</b>	2,670		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,423,219	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	922,373		12
13	Land	521,044		13
14	Buildings, at Historical Cost	5,867,679		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,665,393		16
17	Accumulated Depreciation (book methods)	(5,122,949)		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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,853,540	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,276,759	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 174,152	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	112,886		30
31	Accrued Taxes Payable (excluding real estate taxes)	89,538		31
32	Accrued Real Estate Taxes(Sch.IX-B)	2,397		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 378,973	\$	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	<b>LSN Assessment Liability</b>	192,587		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 192,587	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 571,560	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,705,199	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,276,759	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,672,092</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,672,092</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>33,107</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>33,107</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>4,705,199</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Mendota Lutheran Home

# 0011593

Report Period Beginning: 1/1/09

Ending: 12/31/09

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	\$ 6,978,254	1
2	Discounts and Allowances for all Levels	(302,540)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,675,714	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	616	11
12	Gift and Coffee Shop	2,618	12
13	Barber and Beauty Care	22,954	13
14	Non-Patient Meals	15,895	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 42,083	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	64,629	24
25	Interest and Other Investment Income***	111,864	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 176,493	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>	210	27
28	<u>Royalty Income</u>	4,887	28
28a	<u>Misc. Income</u>	10,435	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 15,532	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,909,822	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,180,875	31
32	Health Care	3,203,490	32
33	General Administration	1,315,341	33
<b>B. Capital Expense</b>			
34	Ownership	218,045	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	896,835	35
36	Provider Participation Fee	62,129	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 6,876,715	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	33,107	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 33,107	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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Mendota Lutheran Home**

# **0011593**

Report Period Beginning:

**1/1/09**

Ending:

**12/31/09**

**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	1,960	2,080	\$ 61,876	\$ 29.75	1
2	Assistant Director of Nursing	1,960	2,080	54,527	26.21	2
3	Registered Nurses	18,793	19,148	491,741	25.68	3
4	Licensed Practical Nurses	23,728	25,209	584,983	23.21	4
5	CNAs & Orderlies	92,226	99,681	1,154,203	11.58	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,567	3,900	60,794	15.59	8
9	Activity Director	1,960	2,080	28,436	13.67	9
10	Activity Assistants	5,267	5,571	52,863	9.49	10
11	Social Service Workers	5,823	6,109	74,305	12.16	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,080	33,476	16.09	13
14	Head Cook	5,939	6,358	73,749	11.60	14
15	Cook Helpers/Assistants	22,425	23,657	200,938	8.49	15
16	Dishwashers					16
17	Maintenance Workers	4,254	4,550	66,791	14.68	17
18	Housekeepers	11,160	12,264	117,411	9.57	18
19	Laundry	8,114	8,912	81,439	9.14	19
20	Administrator	2,040	2,080	78,096	37.55	20
21	Assistant Administrator					21
22	Other Administrative	1,960	2,080	44,941	21.61	22
23	Office Manager					23
24	Clerical	9,372	10,069	115,596	11.48	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,206	1,308	12,810	9.79	31
32	Other Health Care(specify)	5,411	5,541	65,599	11.84	32
33	Other(specify)	442	442	8,955	20.26	33
34	TOTAL (lines 1 - 33)	229,567	245,199	\$ 3,463,529 *	\$ 14.13	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	153	\$ 6,709	line 1 col 3	35
36	Medical Director	212	10,200	line 10 col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		1,725	line 10 col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	15	1,010	line 11 col 3	44
45	Social Service Consultant	15	1,010	line 12 col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	395	\$ 20,654		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,162	\$ 54,368	line 10 col 3	50
51	Licensed Practical Nurses	1,068	37,884	line 10 col 3	51
52	Certified Nurse Assistants/Aides	10,866	232,720	line 10 col 3	52
53	TOTAL (lines 50 - 52)	13,096	\$ 324,972		53

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
Chris S Csernus	Administrator		\$ 78,126	Workers' Compensation Insurance	\$ 322,757	IDPH License Fee	\$	
				Unemployment Compensation Insurance	3,092	Advertising: Employee Recruitment	3,889	
				FICA Taxes	255,976	Health Care Worker Background Check		
				Employee Health Insurance	221,558	(Indicate # of checks performed <u>50</u> )	1,328	
				Employee Meals		Patient Background Checks	0	
				Illinois Municipal Retirement Fund (IMRF)*		Bank Charges	1,362	
						Membership Dues	9,243	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 78,126	Employer Share 401k	28,200	Subscriptions	1,646	
(List each licensed administrator separately.)				Employee Benefits	8,402	Public Relations adv and printing	7,695	
						Public Relations	22,081	
<b>B. Administrative - Other</b>							Less: Public Relations Expense	
Description			Amount				( )	
			\$				Non-allowable advertising	
							( )	
							Yellow page advertising	
							( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 839,985	
(Attach a copy of any management service agreement)							TOTAL (agree to Sch. V, line 20, col. 8)	
							\$ 17,468	
<b>C. Professional Services</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Wessels Sherman	Legal		\$ 1,339			\$	Out-of-State Travel	\$
Paylocity (outsourced payroll)	Payroll		11,725					
Lindgren, Callihan, Van Osdol	Audit, Bookkeeping		20,785					
Echols & Associates	5500 audit		2,945				In-State Travel	208
FR&R Healthcare	Consulting/Medicare Cost Repo		5,770					
Ehrmann Gehlback	990T		500					
Modern Business	Adm Copies		70					
Nursing Home Association	Renew Admin License		103				Seminar Expense	5,997
Guilfoyle LawFirm	Legal		50					
HK	House Keeping		250					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 43,537	TOTAL			\$	
(If total legal fees exceed \$5,000, attach copy of invoices.)							(agree to Sch. V, line 24, col. 8)	
							\$ 6,205	

\* 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	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home# 0011593Report Period Beginning: 1/1/09Ending: 12/31/09**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. See Attached Schedule
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 69,306 Line 10 Col. 2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (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. \$ 62,129  
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? Yes 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. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 15,895
- (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? 100  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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. \$ None**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Lindgren, Callihan, Van Osdol & Co., Ltd.
- (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**

**Schedule V Line 27 Column 3**

ACT - Physicals & Other Exp.	\$	279
FA - Employee Drug Testing		2,597
Computer Expense		22,364
Restricted Gift Expense		6,501
<b>Total</b>	<b>\$</b>	<b>31,741</b>

**Schedule V Line 43 Column 3**

NU - X-Ray Expense	\$	516
NU - Lab Expense		56,642
NU Ancillary Expense: Accelerated Care Plus Expense		12,348
<b>Total</b>	<b>\$</b>	<b>69,506</b>

**2008 Long Term Care Real Estate Tax Statement B**

The Oil Well was gifted to the Mendota Lutheran Home in Bequest

**Schedule XIII**

CNA training was not provided since all training was provided by other entities.

**Schedule XVII Income Statement - Section E Line 28 - Misc. Income**

	<u>Offset to expense</u>		
Van Usage Income	Page 3 Line 14	\$	1,549
Vending Machine Income			1,305
LaSalle City Home Residents (10 x 3 days)			2,202
Resident Misc. Income			5,380
<b>Total</b>		<b>\$</b>	<b>10,435</b>

**Schedule XII - Rental Costs**

## Detail of Leased Equipment

Kyocera Mita Copier Model No. KM-3060

Kyocera Mita Copier Model No. CS-1820

Kyocera Mita Copier Model No. CS-1820

Kyocera Mita Copier Model No. CS-1820

Copy Machines are Leased from:

GE Capital

P.O. Box 740441

Atlanta, GA 30374-0441

Monthly Fee: 377.01 for ALL Copiers

**Schedule XX - General Information**

## Question 2 - General Information

Life Services Network

\$

3,825

AAHSA Membership

3,822

**Total**

\$

7,647