

Facility Name & ID Number P A Peterson Center For Health

0021238 Report Period Beginning: 07/01/08 Ending: 06/30/09

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 5/5/09

	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	127	Skilled (SNF)	129	46,469	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	32	Sheltered Care (SC)	29	11,509	5
6		ICF/DD 16 or Less			6
7	159	TOTALS	158	57,978	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	8,496	26,077	11,896	46,469	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC		5,178		5,178	12	
13	DD 16 OR LESS					13	
14	TOTALS	8,496	31,255	11,896	51,647	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.08%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

Outpatient Therapy

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

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

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

I. On what date did you start providing long term care at this location?
Date started 1941

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 40 and days of care provided 8,372

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/09 Fiscal Year: 06/30/09

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

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/08 Ending: 06/30/09

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
	A. General Services										
1	Dietary	516,625	34,313	9,720	560,658		560,658		560,658		1
2	Food Purchase		381,179		381,179		381,179	(10,468)	370,711		2
3	Housekeeping	185,081	36,157		221,238		221,238		221,238		3
4	Laundry		828	206,704	207,532		207,532		207,532		4
5	Heat and Other Utilities			307,888	307,888		307,888	3,095	310,983		5
6	Maintenance	133,076	37,498	172,129	342,703		342,703	4,039	346,742		6
7	Other (specify):*							2,238	2,238		7
8	TOTAL General Services	834,782	489,975	696,441	2,021,198		2,021,198	(1,096)	2,020,102		8
	B. Health Care and Programs										
9	Medical Director			17,600	17,600		17,600		17,600		9
10	Nursing and Medical Records	3,345,243	50,148	22,570	3,417,961		3,417,961		3,417,961		10
10a	Therapy										10a
11	Activities	114,538	5,977		120,515		120,515		120,515		11
12	Social Services	171,305	2,847	173	174,325		174,325		174,325		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,631,086	58,972	40,343	3,730,401		3,730,401		3,730,401		16
	C. General Administration										
17	Administrative	134,550			134,550		134,550	586,727	721,277		17
18	Directors Fees										18
19	Professional Services			1,083,139	1,083,139		1,083,139	(952,937)	130,202		19
20	Dues, Fees, Subscriptions & Promotions			68,583	68,583		68,583	(23,214)	45,369		20
21	Clerical & General Office Expenses	343,096	37,181	111,846	492,123		492,123	(2,260)	489,863		21
22	Employee Benefits & Payroll Taxes			1,256,690	1,256,690		1,256,690	137,153	1,393,843		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,838	13,838		13,838	8,405	22,243		24
25	Other Admin. Staff Transportation			6,550	6,550		6,550	9,074	15,624		25
26	Insurance-Prop.Liab.Malpractice			247,993	247,993		247,993	18,634	266,627		26
27	Other (specify):*							1,753	1,753		27
28	TOTAL General Administration	477,646	37,181	2,788,639	3,303,466		3,303,466	(216,665)	3,086,801		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,943,514	586,128	3,525,423	9,055,065		9,055,065	(217,761)	8,837,304		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.

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			540,460	540,460		540,460	124,869	665,329			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			233,326	233,326		233,326	26,440	259,766			32
33	Real Estate Taxes			163,891	163,891		163,891		163,891			33
34	Rent-Facility & Grounds							45,169	45,169			34
35	Rent-Equipment & Vehicles			14,898	14,898		14,898	2,155	17,053			35
36	Other (specify):*			5,618	5,618		5,618		5,618			36
37	TOTAL Ownership			958,193	958,193		958,193	198,633	1,156,826			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		618,046	1,345,690	1,963,736		1,963,736		1,963,736			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			104,567	104,567		104,567		104,567			42
43	Other (specify):*	32,680			32,680		32,680	(32,680)				43
44	TOTAL Special Cost Centers	32,680	618,046	1,450,257	2,100,983		2,100,983	(32,680)	2,068,303			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,976,194	1,204,174	5,933,873	12,114,241		12,114,241	(51,808)	12,062,433			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	(10,468)	02		4
5	Telephone, TV & Radio in Resident Rooms	(35,277)	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	72,806	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(42,437)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(50,408)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (65,784)		\$	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)	13,976		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 13,976		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (51,808)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

P A Peterson Center For Health

ID# 0021238

Report Period Beginning: 07/01/08

Ending: 06/30/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Marketing Professions	\$ (32,680)	43	1
2	Capitalized R&Ms	(9,280)	06	2
3	Collection Fees	(1,920)	21	3
4	Finance Charge	(5,974)	21	4
5	Non-Care Depreciation	(554)	30	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(50,408)		49

P A Peterson Center For Health

ID# 0021238

Report Period Beginning: 07/01/08

Ending: 06/30/09

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number P A Peterson Center For Health# 0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09**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													1
2	Food Purchase	(10,468)											(10,468)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			3,089			2	4					3,095	5
6	Maintenance	(9,280)		12,048	1,262		5	4					4,039	6
7	Other (specify):*			2,221	16		1						2,238	7
8	TOTAL General Services	(19,748)		17,358	1,278		8	8					(1,096)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs													16
	C. General Administration													
17	Administrative			364,391	100,515	110,446	3,505	7,870					586,727	17
18	Directors Fees													18
19	Professional Services			(619,522)	(157,118)	(168,305)	(6,396)	(1,596)					(952,937)	19
20	Fees, Subscriptions & Promotions	(42,437)		9,523	9,562	110	7	21					(23,214)	20
21	Clerical & General Office Expenses	(43,171)		32,204	3,505	3,106	298	1,798					(2,260)	21
22	Employee Benefits & Payroll Taxes			74,765	25,851	33,933	433	2,171					137,153	22
23	Inservice Training & Education													23
24	Travel and Seminar			5,673	723	1,976	7	26					8,405	24
25	Other Admin. Staff Transportation			6,310	959	1,622	43	140					9,074	25
26	Insurance-Prop.Liab.Malpractice			18,008	332	277	9	8					18,634	26
27	Other (specify):*			(11)		1,462		302					1,753	27
28	TOTAL General Administration	(85,608)		(108,659)	(15,671)	(15,373)	(2,094)	10,740					(216,665)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(105,356)		(91,301)	(14,393)	(15,373)	(2,086)	10,748					(217,761)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number P A Peterson Center For Health# 0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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)	
	D. Ownership													
30	Depreciation	72,252		41,974	10,415	65	122	41					124,869	30
31	Amortization of Pre-Op. & Org.													31
32	Interest			10,184	1,076	15,167	13						26,440	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds			42,941	2,140		88						45,169	34
35	Rent-Equipment & Vehicles			1,199	762	142	15	37					2,155	35
36	Other (specify):*													36
37	TOTAL Ownership	72,252		96,298	14,393	15,374	238	78					198,633	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(32,680)											(32,680)	43
44	TOTAL Special Cost Centers	(32,680)											(32,680)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(65,784)		4,997		1	(1,848)	10,826					(51,808)	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
LSSI	100%	St. Matthews	Park Ridge	Vesper Mgmt. Corp	Des Plaines	Mgmt. Co.
				LSSI	Des Plaines	Corp. Office

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages		Lutheran Social Services of Illinois - Management Allocation	100.00%	364,391	\$	364,391	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%	74,765		74,765	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Management Allocation	100.00%	30,630		30,630	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Management Allocation	100.00%	21,754		21,754	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Management Allocation	100.00%	42,941		42,941	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Management Allocation	100.00%	3,089		3,089	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Management Allocation	100.00%	140		140	21
22	V	32 Interest		Lutheran Social Services of Illinois - Management Allocation	100.00%	10,184		10,184	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Management Allocation	100.00%	18,008		18,008	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Management Allocation	100.00%	(11)		(11)	25
26	V	25 Transportation		Lutheran Social Services of Illinois - Management Allocation	100.00%	6,310		6,310	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	359		359	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Management Allocation	100.00%	5,673		5,673	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Management Allocation	100.00%	7,771		7,771	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Management Allocation	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Management Allocation	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	840		840	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Management Allocation	100.00%	11,908		11,908	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,752		1,752	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Management Allocation	100.00%	2,221		2,221	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Management Allocation	100.00%	10,450		10,450	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Management Allocation	100.00%	41,974		41,974	37
38	V	19 Management Fees	650,152	Lutheran Social Services of Illinois - Management Allocation				(650,152)	38
39	Total		\$ 650,152			\$ 655,149	\$ *	4,997	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	100,515	\$	100,515	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	25,851		25,851	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	44,224		44,224	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	3,397		3,397	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	2,140		2,140	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				21
22	V	32 Interest		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,076		1,076	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	332		332	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	959		959	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	249		249	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	723		723	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	497		497	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	513		513	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,262		1,262	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	9,065		9,065	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	16		16	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	108		108	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	10,415		10,415	37
38	V	19 Human Resources Allocations	201,342	Lutheran Social Services of Illinois - Human Resource Alloc.				(201,342)	38
39	Total		\$ 201,342			\$ 201,342	\$ *		39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages		Lutheran Social Services of Illinois - Network Administration	100.00%	110,446	\$	110,446	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	33,933		33,933	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	11,840		11,840	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	3,106		3,106	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%				19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%				20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%				21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%	15,167		15,167	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	277		277	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%	1,462		1,462	25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	1,622		1,622	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%				27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	1,976		1,976	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	110		110	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	142		142	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%				33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%				35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%				36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	65		65	37
38	V	19 Service Network Allocations	180,145	Lutheran Social Services of Illinois - Network Administration				(180,145)	38
39	Total		\$ 180,145			\$ 180,146	\$ *	1	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 3,505	\$	3,505	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	433		433	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	251		251	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	267		267	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%	88		88	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%	2		2	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%	1		1	21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%	13		13	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	9		9	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	43		43	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	3		3	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	7		7	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	7		7	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	12		12	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%	4		4	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%	1		1	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%	31		31	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	122		122	37
38	V	19 Adv / Comm Alloc	6,647	Lutheran Social Services of Illinois - Network Administration				(6,647)	38
39	Total		\$ 6,647			\$ 4,799	\$ *	(1,848)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 7,870	\$	7,870	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	2,171		2,171	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	733		733	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	1,797		1,797	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%				19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%	4		4	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%	1		1	21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%				22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	8		8	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%	302		302	25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	140		140	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	13		13	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	26		26	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	21		21	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%	24		24	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%	3		3	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%				35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%	1		1	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	41		41	37
38	V	19 Adv / Comm Alloc	2,329	Lutheran Social Services of Illinois - Network Administration				(2,329)	38
39	Total		\$ 2,329			\$ 13,155	\$ *	10,826	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number P A Peterson Center For Health # 0021238 Report Period Beginning: 07/01/08 Ending: 06/30/09

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	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Salaries & Wages	Non-Capital Direct Costs	35,238,149	257	3,161,584	\$ 3,161,584	4,061,404	\$ 364,391	1
2	22	Empl Benefits & Taxes		35,238,149	257	648,691		4,061,404	74,765	2
3	19	Prof Fees & Contracts		35,238,149	257	265,759		4,061,404	30,630	3
4	21	Supplies, Telephone,		35,238,149	257	188,741		4,061,404	21,754	4
5	34	Rental of Space		35,238,149	257	372,567		4,061,404	42,941	5
6	5	Utilities		35,238,149	257	26,799		4,061,404	3,089	6
7	6	Bldg Repairs & Maintenance		35,238,149	257	1,211		4,061,404	140	7
8	32	Interest		35,238,149	257	88,363		4,061,404	10,184	8
9	33	Real Estate Taxes		35,238,149	257			4,061,404		9
10	26	Insurance		35,238,149	257	156,247		4,061,404	18,008	10
11	27	Advertising & Promotions		35,238,149	257	(96)		4,061,404	(11)	11
12	25	Transportation		35,238,149	257	54,746		4,061,404	6,310	12
13	35	Car Rental		35,238,149	257	3,115		4,061,404	359	13
14	24	Conferences & Conventions		35,238,149	257	49,220		4,061,404	5,673	14
15	20	Subscriptions, Dues, Awards		35,238,149	257	67,428		4,061,404	7,771	15
16	6	Furniture & Fixtures		35,238,149	257			4,061,404		16
17	6	Machinery & Equipment		35,238,149	257			4,061,404		17
18	35	Equipment Rental		35,238,149	257	7,284		4,061,404	840	18
19	6	Equipment Repair & Maint.		35,238,149	257	103,318		4,061,404	11,908	19
20	20	Employee Recruitment		35,238,149	257	15,205		4,061,404	1,752	20
21	7	Security & Waste Removal		35,238,149	257	19,268		4,061,404	2,221	21
22	21	All Other Miscellaneous		35,238,149	257	90,672		4,061,404	10,450	22
23	30	Depreciation		35,238,149	257	364,185		4,061,404	41,974	23
24										24
25	TOTALS					\$ 5,684,307	\$ 3,161,584		\$ 655,149	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Salaries & Wages	Salaries & Benefits	55,587,595	237	\$ 896,433	\$ 896,433	6,232,907	\$ 100,515	1
2	22	Empl Benefits & Taxes		55,587,595	237	230,554		6,232,907	25,851	2
3	19	Prof Fees & Contracts		55,587,595	237	394,410		6,232,907	44,224	3
4	21	Supplies, Telephone,		55,587,595	237	30,295		6,232,907	3,397	4
5	34	Rental of Space		55,587,595	237	19,083		6,232,907	2,140	5
6	5	Utilities		55,587,595	237			6,232,907		6
7	6	Bldg Repairs & Maintenance		55,587,595	237			6,232,907		7
8	32	Interest		55,587,595	237	9,592		6,232,907	1,076	8
9	33	Real Estate Taxes		55,587,595	237			6,232,907		9
10	26	Insurance		55,587,595	237	2,963		6,232,907	332	10
11	27	Advertising & Promotions		55,587,595	237			6,232,907		11
12	25	Transportation		55,587,595	237	8,550		6,232,907	959	12
13	35	Car Rental		55,587,595	237	2,222		6,232,907	249	13
14	24	Conferences & Conventions		55,587,595	237	6,446		6,232,907	723	14
15	20	Subscriptions, Dues, Awards		55,587,595	237	4,433		6,232,907	497	15
16	6	Furniture & Fixtures		55,587,595	237			6,232,907		16
17	6	Machinery & Equipment		55,587,595	237			6,232,907		17
18	35	Equipment Rental		55,587,595	237	4,576		6,232,907	513	18
19	6	Equipment Repair & Maint.		55,587,595	237	11,254		6,232,907	1,262	19
20	20	Employee Recruitment		55,587,595	237	80,841		6,232,907	9,065	20
21	7	Security & Waste Removal		55,587,595	237	142		6,232,907	16	21
22	21	All Other Miscellaneous		55,587,595	237	960		6,232,907	108	22
23	30	Depreciation		55,587,595	237	92,882		6,232,907	10,415	23
24										24
25	TOTALS					\$ 1,795,636	\$ 896,433		\$ 201,342	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	7,027,993	22	\$ 191,120	\$ 191,120	4,061,404	\$ 110,446	1
2	22	Empl Benefits & Taxes	7,027,993	22	58,718		4,061,404	33,933	2
3	19	Prof Fees & Contracts	7,027,993	22	20,489		4,061,404	11,840	3
4	21	Supplies, Telephone,	7,027,993	22	5,374		4,061,404	3,106	4
5	34	Rental of Space	7,027,993	22			4,061,404		5
6	5	Utilities	7,027,993	22			4,061,404		6
7	6	Bldg Repairs & Maintenance	7,027,993	22			4,061,404		7
8	32	Interest	7,027,993	22	26,245		4,061,404	15,167	8
9	33	Real Estate Taxes	7,027,993	22			4,061,404		9
10	26	Insurance	7,027,993	22	480		4,061,404	277	10
11	27	Advertising & Promotions	7,027,993	22	2,530		4,061,404	1,462	11
12	25	Transportation	7,027,993	22	2,807		4,061,404	1,622	12
13	35	Car Rental	7,027,993	22			4,061,404		13
14	24	Conferences & Conventions	7,027,993	22	3,420		4,061,404	1,976	14
15	20	Subscriptions, Dues, Awards	7,027,993	22	190		4,061,404	110	15
16	6	Furniture & Fixtures	7,027,993	22			4,061,404		16
17	6	Machinery & Equipment	7,027,993	22			4,061,404		17
18	35	Equipment Rental	7,027,993	22	246		4,061,404	142	18
19	6	Equipment Repair & Maint.	7,027,993	22			4,061,404		19
20	20	Employee Recruitment	7,027,993	22			4,061,404		20
21	7	Security & Waste Removal	7,027,993	22			4,061,404		21
22	21	All Other Miscellaneous	7,027,993	22			4,061,404		22
23	30	Depreciation	7,027,993	22	112		4,061,404	65	23
24									24
25	TOTALS				\$ 311,731	\$ 191,120		\$ 180,146	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	2,323,775	92	\$ 619,055	\$ 619,055	13,158	\$ 3,505	1
2	22	Empl Benefits & Taxes	2,323,775	92	76,518		13,158	433	2
3	19	Prof Fees & Contracts	2,323,775	92	44,410		13,158	251	3
4	21	Supplies, Telephone,	2,323,775	92	47,116		13,158	267	4
5	34	Rental of Space	2,323,775	92	15,525		13,158	88	5
6	5	Utilities	2,323,775	92	390		13,158	2	6
7	6	Bldg Repairs & Maintenance	2,323,775	92	144		13,158	1	7
8	32	Interest	2,323,775	92	2,313		13,158	13	8
9	33	Real Estate Taxes	2,323,775	92			13,158		9
10	26	Insurance	2,323,775	92	1,606		13,158	9	10
11	27	Advertising & Promotions	2,323,775	92			13,158		11
12	25	Transportation	2,323,775	92	7,548		13,158	43	12
13	35	Car Rental	2,323,775	92	571		13,158	3	13
14	24	Conferences & Conventions	2,323,775	92	1,159		13,158	7	14
15	20	Subscriptions, Dues, Awards	2,323,775	92	1,314		13,158	7	15
16	6	Furniture & Fixtures	2,323,775	92			13,158		16
17	6	Machinery & Equipment	2,323,775	92			13,158		17
18	35	Equipment Rental	2,323,775	92	2,077		13,158	12	18
19	6	Equipment Repair & Maint.	2,323,775	92	632		13,158	4	19
20	20	Employee Recruitment	2,323,775	92			13,158		20
21	7	Security & Waste Removal	2,323,775	92	201		13,158	1	21
22	21	All Other Miscellaneous	2,323,775	92	5,530		13,158	31	22
23	30	Depreciation	2,323,775	92	21,548		13,158	122	23
24									24
25	TOTALS				\$ 847,657	\$ 619,055		\$ 4,799	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	552,988	92	\$ 330,752	\$ 330,752	13,158	\$ 7,870	1
2	22	Empl Benefits & Taxes	552,988	92	91,226		13,158	2,171	2
3	19	Prof Fees & Contracts	552,988	92	30,789		13,158	733	3
4	21	Supplies, Telephone,	552,988	92	75,513		13,158	1,797	4
5	34	Rental of Space	552,988	92			13,158		5
6	5	Utilities	552,988	92	171		13,158	4	6
7	6	Bldg Repairs & Maintenance	552,988	92	53		13,158	1	7
8	32	Interest	552,988	92			13,158		8
9	33	Real Estate Taxes	552,988	92			13,158		9
10	26	Insurance	552,988	92	348		13,158	8	10
11	27	Advertising & Promotions	552,988	92	12,690		13,158	302	11
12	25	Transportation	552,988	92	5,889		13,158	140	12
13	35	Car Rental	552,988	92	554		13,158	13	13
14	24	Conferences & Conventions	552,988	92	1,077		13,158	26	14
15	20	Subscriptions, Dues, Awards	552,988	92	900		13,158	21	15
16	6	Furniture & Fixtures	552,988	92			13,158		16
17	6	Machinery & Equipment	552,988	92			13,158		17
18	35	Equipment Rental	552,988	92	988		13,158	24	18
19	6	Equipment Repair & Maint.	552,988	92	131		13,158	3	19
20	20	Employee Recruitment	552,988	92			13,158		20
21	7	Security & Waste Removal	552,988	92	17		13,158		21
22	21	All Other Miscellaneous	552,988	92	48		13,158	1	22
23	30	Depreciation	552,988	92	1,734		13,158	41	23
24									24
25	TOTALS				\$ 552,880	\$ 330,752		\$ 13,155	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

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	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **P A Peterson Center For Health**

0021238 Report Period Beginning: **07/01/08** Ending: **06/30/09**

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	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	7	8	9	10										
										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	Tax Exempt Bonds		X	Refinance of 1993 Bonds -		2/16/06	\$ 4,338,000	\$ 4,094,004	2/16/2028	0.0523	\$ 233,326	1							
2				Refinance Building Additions								2							
3												3							
4												4							
5	See Supplemental Schedule											5							
Working Capital																			
6												6							
7												7							
8	See Supplemental Schedule											8							
9	TOTAL Facility Related						\$ 4,338,000	\$ 4,094,004			\$ 233,326	9							
B. Non-Facility Related*																			
10	Allocate LSSI		X								26,440	10							
11												11							
12												12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$	\$			\$ 26,440	14							
15	TOTALS (line 9+line14)						\$ 4,338,000	\$ 4,094,004			\$ 259,766	15							

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

Facility Name & ID Number

P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

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

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

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	158	1942	1942	\$ 95,858	\$	40	\$	\$	\$ 95,858	4
5		1979	1979	5,596,922		40	139,923	139,923	4,197,108	5
6										6
7										7
8										8
Improvement Type**										
9	Various		1969	5,300		20			5,300	9
10	Various		1975	9,226		20			9,226	10
11	Various		1977	10,074		20			10,074	11
12	Various		1980	71,947		20	144	144	71,480	12
13	Various		1981	7,309		20			7,309	13
14	Various		1982	6,151		20			6,151	14
15	Various		1983	30,936		20			30,936	15
16	Various		1984	15,554		20			15,554	16
17	Various		1985	4,850		20			4,850	17
18	Various		1986	21,640		20			21,640	18
19	Various		1988	4,414		20			4,414	19
20	Various		1989	71,006		20			71,006	20
21	Various		1990	103,287		20	5,031	5,031	84,234	21
22	Various		1991	64,328		20			64,328	22
23	Various		1992	20,528		20			20,528	23
24	Various		1993	4,296		20			4,296	24
25	Various		1994	86,971		20			86,971	25
26	Various		1995	767,445		20	30,034	30,034	511,715	26
27	Various		1996	12,220		20			12,220	27
28	Various		1997	2,685		20	118	118	2,681	28
29	Various		1998	149,521		20	7,476	7,476	111,053	29
30	Various		1999	17,200		20	860	860	17,199	30
31	Various		2000	63,500		20	3,175	3,175	25,591	31
32	Various		2001	109,787		20	5,489	5,489	58,374	32
33	Various		2002	79,186		20	3,959	3,959	43,313	33
34	Various		2003	121,363		20	7,685	7,685	67,417	34
35	Various		2004	10,088		20	504	504	2,781	35
36	Various		2005	1,697,457		20	84,873		341,342	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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)							67
68	Related Party Allocations (Pages 12H & 12I)			52,617		(52,617)		68
69	Financial Statement Depreciation			539,906		(539,906)		69
70	TOTAL (lines 4 thru 69)	\$ 9,261,049	\$ 592,523		\$ 289,272	\$ (388,124)	\$ 6,004,950	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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		\$ 9,261,049	\$ 592,523		\$ 289,272	\$ (303,251)	\$ 6,004,950	1
2	Hvac Upgrade & Fire Damper	2006	61,560		20	3,078	3,078	12,312	2
3	Hvac, Drafter	2006	698		20	35	35	140	3
4	Installation Of Fire Dampers	2006	14,750		20	738	738	2,950	4
5	Fire Dampers	2006	14,823		20	741	741	2,965	5
6	Ventilation Upgrades- Hvac	2006	25,716		20	1,286	1,286	5,143	6
7	Ventilation Upgrades- Hvac	2006	33,058		20	1,653	1,653	6,612	7
8	Extension Of Pole Base In Parking Lot	2006	590		20	30	30	118	8
9	Concrete For Pole Base	2006	84		20	4	4	17	9
10	Relocate Base And Replaced Pole	2006	3,460		20	173	173	692	10
11	Safety Cable Rails In Stairwells	2006	14,700		20	735	735	2,940	11
12	Flooring In 2Nd Floor Dining Room	2006	12,075		20	604	604	2,415	12
13	Parking Lot Expansion- Additional Parking Spaces	2006	22,475		20	1,124	1,124	4,495	13
14	Penthouse Chase Lighting	2006	650		20	33	33	130	14
15	Commercial Mechanical- Sink Addition	2006	6,160		20	308	308	1,232	15
16	Parking Lot Pole Replacement	2006	13,300		20	665	665	2,660	16
17	Install Lights To Center Court	2006	24,260		20	1,213	1,213	4,852	17
18	3 Door Alarms For Stairways	2006	3,250		20	163	163	650	18
19	Two Whirlpools	2006	21,339		20	1,067	1,067	4,268	19
20	Two Whirlpool Bathtubs	2006	1,956		20	98	98	391	20
21	Walk-In Cooler Repair	2006	2,887		20	144	144	577	21
22	Repair Fire Protection Main	2006	12,100		20	605	605	2,420	22
23	Landscaping	2006	2,200		20	110	110	440	23
24	Shelter Care Upgrad Rehav Hvac	2006	4,431		20	222	222	665	24
25	Shelter Upgrade To Skilled Medicare	2006	68,942		20	3,447	3,447	10,341	25
26	A/C Repair*	2006	2,561		20	128	128	384	26
27	Boiler Repair*	2006	3,857		20	193	193	579	27
28	Ventillation Upgrade- Hvac	2007	160,919		20	8,046	8,046	32,184	28
29	Ventillation Upgrades- Hvac	2007	101,065		20	5,053	5,053	20,213	29
30	Ventilation Upgrades- Hvac	2007	103,120		20	5,156	5,156	20,624	30
31	3Rd Floor New Flooring	2007	21,341		20	1,067	1,067	3,201	31
32	1St Floor Dinning Rm Flooring	2007	3,598		20	180	180	540	32
33	Phase Iii Hvac & Fire Damper	2007	686,480		20	34,324	34,324	102,972	33
34	TOTAL (lines 1 thru 33)		\$ 10,709,454	\$ 592,523		\$ 361,692	\$ (230,831)	\$ 6,255,071	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 10,709,454	\$ 592,523		\$ 361,692	\$ (230,831)	\$ 6,255,071	1
2	Fire Place For Third Floor	2007	2,149		20	107	107	322	2
3	Custom Valance-Lobby Area 2Nd Fl	2007	979		20	49	49	147	3
4	Wall & Window Treatments-3Rd Fl	2007	29,429		20	1,471	1,471	4,414	4
5	Landscaping	2007	9,982		20	499	499	1,497	5
6	Third Floor New Flooring*	2007	22,224		20	1,111	1,111	3,334	6
7	Recover Awning*	2007	5,790		20	290	290	869	7
8	Repair 3Rd Floor Patio Roof*	2007	1,000		20	50	50	150	8
9	Lobby Carpeting*	2007	10,945		20	547	547	1,642	9
10	Masonry And Caulking Repairs*	2007	3,835		20	192	192	575	10
11	Masonry And Caulking Repairs*	2007	3,835		20	192	192	575	11
12	New Controller And Thermostat On Chiller*	2007	4,525		20	226	226	679	12
13	Boiler Repair*	2007	4,624		20	231	231	694	13
14	Chiller Barrel	2007	45,804		20	2,290	2,290	4,580	14
15	Phase 3 Hvac Upgrade	2007	25,036		20	1,252	1,252	2,504	15
16	Phase 3 Hvac & Fire Damper	2007	9,405		20	470	470	940	16
17	Repair Of 3Rd Fl Patio Roof	2007	19,450		20	973	973	1,945	17
18	Refrigeration Repairs	2007	5,349		20	267	267	535	18
19	Alarm System Repairs	2007	3,135		20	157	157	314	19
20	Refrigeration Repairs	2007	3,249		20	162	162	325	20
21	Tuckpointing	2008	110,870		20	5,544	5,544	11,087	21
22	Lobby, & Dining Room Wallpaper And Cornices	2008	7,079		20	2,317	2,317	4,634	22
23	Wiring Of Blower Fans For Ventilation	2008	36,924		20	1,846	1,846	3,692	23
24	Carpet Tile & Wall Covering	2008	26,976		20	1,349	1,349	2,698	24
25	Idph Repairs- Fire Alarm System	2008	5,910		20	296	296	296	25
26	Idph Repairs- Lobby/Reception Area	2008	2,588		20	129	129	129	26
27	Phase 3 Hvac Medicare Bed Expansion	2008	53,034		20	2,652	2,652	2,652	27
28	Front Door Repairs	2008	3,400		20	170	170	170	28
29	Chiller Repair	2008	2,625		20	131	131	131	29
30	Tuckpointing On 3 Balcony Walls	2009	4,590		20	230	230	230	30
31	Wallpaper Deposit	2009	3,679		20	184	184	184	31
32	3Rd Floor Renovation-Window Treatment	2009	2,679		20	134	134	134	32
33	3Rd Floor Renovations-Wallcovering	2009	11,036		20	552	552	552	33
34	TOTAL (lines 1 thru 33)		\$ 11,191,588	\$ 592,523		\$ 387,762	\$ (204,761)	\$ 6,307,699	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,191,588	\$ 592,523		\$ 387,762	\$ (204,761)	\$ 6,307,699	1
2	Phase 3 Hvac Medicare Bed Expansion	2009	28,986		20	1,449	1,449	1,449	2
3	3Rd Floor Renovations-Overbed Lights	2009	8,437		20	422	422	422	3
4	3Rd Floor Renovations-Paint/Wallpaper	2009	8,770		20	439	439	439	4
5	3Rd Floor Renovations-Signes For Resident Rooms, Bathrooms	2009	1,407		20	70	70	70	5
6	3Rd Floor Renovations-Window Treatements	2009	8,035		20	402	402	402	6
7	3Rd Floor Renovations-Carpet Tile	2009	47,782		20	2,389	2,389	2,389	7
8	3Rd Floor Renovations-Painting/Wallcovering	2009	14,785		20	739	739	739	8
9	Catwalk Over Receiving Dock	2009	81,250		20	4,063	4,063	4,063	9
10	Repair Water Main	2009	3,255		20	163	163	163	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,394,295	\$ 592,523		\$ 397,897	\$ (194,626)	\$ 6,317,834	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 11,394,295	\$ 592,523		\$ 397,897	\$ (194,626)	\$ 6,317,834	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 11,394,295	\$ 592,523		\$ 397,897	\$ (194,626)	\$ 6,317,834	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11	Allocation from LSSI:			52,617			(52,617)		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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$	\$ 52,617		\$	\$ (52,617)	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,341,364	\$	\$ 229,012	\$ 229,012	10	\$ 1,474,743	71
72	Current Year Purchases	191,049		19,105	19,105	10	19,105	72
73	Fully Depreciated Assets	741,510				10	741,510	73
74								74
75	TOTALS	\$ 3,273,923	\$	\$ 248,117	\$ 248,117		\$ 2,235,358	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Handicapped Bus 1991	1991	\$ 38,800	\$	\$	\$	5	\$ 38,800	76
77		2006 Chevy Turtle Top Bus	2006	96,576		19,315	19,315	5	57,945	77
78										78
79										79
80	TOTALS			\$ 135,376	\$	\$ 19,315	\$ 19,315		\$ 96,745	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,812,049	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 592,523	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 665,329	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 72,806	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,649,938	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Renovation of Assisted Living - 2001	\$ 880	\$	\$	86
87	Renovation of Assisted Living - 2001	4,363			87
88	Renovation of Assisted Living - 2001	2,129			88
89	95 Improvement CORF - 1995	30,219			89
90	Dodge Van - 1997	17,032			90
91	TOTALS	\$ 54,623	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocate LSSI				45,169			5
6								6
7	TOTAL				\$ 45,169			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: \$ 14,290 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility		\$	\$ 2,139	17
18	Allocate LSSI			624	18
19					19
20					20
21	TOTAL		\$	\$ 2,763	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. _____/2009 \$ _____

13. _____/2010 \$ _____

14. _____/2011 \$ _____

* 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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$	443,478	\$			\$	443,478	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs						41,247					41,247	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs						847,190					847,190	4	
5	Physician Care		visits												5	
6	Dental Care	39 - 02	visits						(2,730)					(2,730)	6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescrpts							406,519				406,519	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify): <u>See Supplemental</u>								16,505	211,527				228,032	13	
14	TOTAL			\$				\$	1,345,690	\$	618,046		\$	1,963,736	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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **06/30/09** (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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$	\$	25

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

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	73,814	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	17
B. 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)	\$	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 11,744,399	1
2	Discounts and Allowances for all Levels	(452,104)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,292,295	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	609,218	6
7	Oxygen	4,967	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 614,185	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,340	13
14	Non-Patient Meals	9,280	14
15	Telephone, Television and Radio	22,852	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	805	20
21	Other Medical Services	167,424	21
22	Laundry	30,829	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 233,530	23
D. Non-Operating Revenue			
24	Contributions	13,158	24
25	Interest and Other Investment Income***	5,974	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,132	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	28,913	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 28,913	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,188,055	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,021,198	31
32	Health Care	3,730,401	32
33	General Administration	3,303,466	33
B. Capital Expense			
34	Ownership	958,193	34
C. Ancillary Expense			
35	Special Cost Centers	1,996,416	35
36	Provider Participation Fee	104,567	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,114,241	40
41	Income before Income Taxes (line 30 minus line 40)**	73,814	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 73,814	43

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

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

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

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

Facility Name & ID Number P A Peterson Center For Health

0021238

Report Period Beginning:

07/01/08

Ending:

06/30/09

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	1,710	1,956	\$ 72,656	\$ 37.15	1
2	Assistant Director of Nursing	1,673	1,953	68,577	35.11	2
3	Registered Nurses	36,386	40,053	1,078,018	26.91	3
4	Licensed Practical Nurses	38,506	42,490	952,763	22.42	4
5	CNAs & Orderlies	98,643	107,042	1,173,229	10.96	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,882	11,706	96,141	8.21	10
11	Social Service Workers	6,928	7,889	118,196	14.98	11
12	Dietician					12
13	Food Service Supervisor	8,485	9,416	147,017	15.61	13
14	Head Cook	3,427	3,705	35,097	9.47	14
15	Cook Helpers/Assistants	37,047	40,101	334,511	8.34	15
16	Dishwashers					16
17	Maintenance Workers	7,872	8,785	133,076	15.15	17
18	Housekeepers	19,575	21,857	185,081	8.47	18
19	Laundry					19
20	Administrator	1,628	1,942	79,913	41.15	20
21	Assistant Administrator	1,741	1,942	54,637	28.13	21
22	Other Administrative					22
23	Office Manager	1,725	1,947	41,589	21.36	23
24	Clerical	18,734	21,233	301,507	14.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	5,171	5,760	104,186	18.09	33
34	TOTAL (lines 1 - 33)	298,133	329,777	\$ 4,976,194 *	\$ 15.09	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	As Needed	\$ 9,720	01-03	35
36	Medical Director	As Needed	17,600	09-03	36
37	Medical Records Consultant	As Needed	17,377	10-03	37
38	Nurse Consultant	As Needed	5,023	10-03	38
39	Pharmacist Consultant		170	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	As Needed	173	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 50,063		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN - 5,215
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,662 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 104,567
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 10,468
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? None
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Baker Tilly Virchow Krause, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.