

Facility Name & ID Number Shady Oaks East

0039263 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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6	16	ICF/DD 16 or Less	16	5,840	6
7	16	TOTALS	16	5,840	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	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,205			5,205	13
14	TOTALS	5,205			5,205	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.13%

D. How many bed-hold days during this year were paid by the Department? 28 (Do not include bed-hold days in Section B.)

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

None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 05/17/1993

J. Was the facility purchased or leased after January 1, 1978?
YES Date January 1993 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided N/A

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/2009 Fiscal Year: 06/30/2009

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

Facility Name & ID Number Shady Oaks East # 0039263 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	70,568	2,745	4,252	77,565	77,565		77,565			1
2	Food Purchase		29,848		29,848	29,848		29,848			2
3	Housekeeping		1,436		1,436	1,436		1,436			3
4	Laundry		3,929		3,929	3,929		3,929			4
5	Heat and Other Utilities			11,371	11,371	11,371	439	11,810			5
6	Maintenance		8,009	36,228	44,237	44,237	1,958	46,195			6
7	Other (specify):*						303	303			7
8	TOTAL General Services	70,568	45,967	51,851	168,386	168,386	2,700	171,086			8
	B. Health Care and Programs										
9	Medical Director			2,250	2,250	2,250		2,250			9
10	Nursing and Medical Records	457,118	21,819	311,863	790,800	790,800	(23)	790,777			10
10a	Therapy										10a
11	Activities	11,853	905		12,758	12,758		12,758			11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	468,971	22,724	314,113	805,808	805,808	(23)	805,785			16
	C. General Administration										
17	Administrative	30,580			30,580	30,580	142,025	172,605			17
18	Directors Fees										18
19	Professional Services			213,596	213,596	213,596	(201,018)	12,578			19
20	Dues, Fees, Subscriptions & Promotions			309	309	309	2,391	2,700			20
21	Clerical & General Office Expenses		1,510	5,952	7,462	7,462	6,725	14,187			21
22	Employee Benefits & Payroll Taxes			122,985	122,985	122,985	29,644	152,629			22
23	Inservice Training & Education										23
24	Travel and Seminar			1,313	1,313	1,313	1,038	2,351			24
25	Other Admin. Staff Transportation			2,629	2,629	2,629	4,839	7,468			25
26	Insurance-Prop.Liab.Malpractice			9,072	9,072	9,072	3,407	12,479			26
27	Other (specify):*						70	70			27
28	TOTAL General Administration	30,580	1,510	355,856	387,946	387,946	(10,879)	377,067			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	570,119	70,201	721,820	1,362,140	1,362,140	(8,202)	1,353,938			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Shady Oaks East

#0039263

Report Period Beginning:

07/01/08

Ending:

06/30/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			22,113	22,113		22,113	(1,414)	20,699			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4,482	4,482		4,482	13,719	18,201			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			32,877	32,877		32,877	(16,880)	15,997			34
35	Rent-Equipment & Vehicles							410	410			35
36	Other (specify):*			108	108		108		108			36
37	TOTAL Ownership			59,580	59,580		59,580	(4,165)	55,415			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,608	1,608		1,608		1,608			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			56,988	56,988		56,988		56,988			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			58,596	58,596		58,596		58,596			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	570,119	70,201	839,996	1,480,316		1,480,316	(12,367)	1,467,949			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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(23,195)	30		9
10	Interest and Other Investment Income	(18)	32		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				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	(32)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (23,245)		\$	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)	10,878		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 10,878		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (12,367)		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

Shady Oaks East

ID# 0039263

Report Period Beginning: 07/01/08

Ending: 06/30/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Misc. Income	\$ (9)	21	1
2	Clothing & Personal Supplies	(23)	10	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				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	(32)		49

Shady Oaks East

ID# 0039263

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 Shady Oaks East# 0039263

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													2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			414		23	1	1					439	5
6	Maintenance			1,616	142	196	3	1					1,958	6
7	Other (specify):*			298	2	2	1						303	7
8	TOTAL General Services			2,328	144	221	5	2					2,700	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(23)											(23)	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	(23)											(23)	16
	C. General Administration													
17	Administrative			48,862	11,273	77,771	2,264	1,855					142,025	17
18	Directors Fees													18
19	Professional Services			(82,914)	(17,622)	(98,702)	(1,404)	(376)					(201,018)	19
20	Fees, Subscriptions & Promotions			1,277	1,073	31	5	5					2,391	20
21	Clerical & General Office Expenses	(9)		4,318	393	1,408	192	423					6,725	21
22	Employee Benefits & Payroll Taxes			10,025	2,899	15,928	280	512					29,644	22
23	Inservice Training & Education													23
24	Travel and Seminar			761	81	186	4	6					1,038	24
25	Other Admin. Staff Transportation			846	108	3,824	28	33					4,839	25
26	Insurance-Prop.Liab.Malpractice			2,415	37	947	6	2					3,407	26
27	Other (specify):*			(1)				71					70	27
28	TOTAL General Administration	(9)		(14,411)	(1,758)	1,393	1,375	2,531					(10,879)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(32)		(12,083)	(1,614)	1,614	1,380	2,533					(8,202)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Shady Oaks East# 0039263

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	(23,195)	13,971	5,628	1,168	925	79	10					(1,414)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(18)	9,485	1,366	121	2,757	8						13,719	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds		(28,945)	5,758	240	6,010	57						(16,880)	34
35	Rent-Equipment & Vehicles			160	86	145	10	9					410	35
36	Other (specify):*													36
37	TOTAL Ownership	(23,213)	(5,489)	12,912	1,615	9,837	154	19					(4,165)	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):*													43
44	TOTAL Special Cost Centers													44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(23,245)	(5,489)	829	1	11,451	1,534	2,552					(12,367)	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%	N/A		Vesper Management	Des Plaines	Mgmt. Company
				LSSI	Des Plaines	Corporate 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	34 Rental of Space	\$ 28,945	Vesper Management	100.00%	\$		(28,945) 1
2	V	32 Interest		Vesper Management	100.00%	9,485		9,485 2
3	V	30 Depreciation		Vesper Management	100.00%	13,971		13,971 3
4	V							
5	V							
6	V							
7	V							
8	V							
9	V							
10	V							
11	V							
12	V							
13	V							
14	Total		\$ 28,945			\$ 23,456	\$ *	(5,489) 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	100.00%	\$ 48,862	\$ 48,862	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois	100.00%	10,025	10,025	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois	100.00%	4,107	4,107	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois	100.00%	2,917	2,917	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois	100.00%	5,758	5,758	19
20	V	5 Utilities		Lutheran Social Services of Illinois	100.00%	414	414	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois	100.00%	19	19	21
22	V	32 Interest		Lutheran Social Services of Illinois	100.00%	1,366	1,366	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois	100.00%	2,415	2,415	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois	100.00%	(1)	(1)	25
26	V	25 Transportation		Lutheran Social Services of Illinois	100.00%	846	846	26
27	V	35 Car Rental		Lutheran Social Services of Illinois	100.00%	48	48	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois	100.00%	761	761	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois	100.00%	1,042	1,042	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois	100.00%			30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois	100.00%	112	112	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois	100.00%	1,597	1,597	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois	100.00%	235	235	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois	100.00%	298	298	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois	100.00%	1,401	1,401	36
37	V	30 Depreciation		Lutheran Social Services of Illinois	100.00%	5,628	5,628	37
38	V	19 Agency Management Allocation	87,021	Lutheran Social Services of Illinois	100.00%		(87,021)	38
39	Total		\$ 87,021			\$ 87,850	\$ * 829	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	100.00%	\$ 77,771	\$	77,771	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois	100.00%	15,928		15,928	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois	100.00%	587		587	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois	100.00%	1,408		1,408	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois	100.00%	6,010		6,010	19
20	V	5 Utilities		Lutheran Social Services of Illinois	100.00%	23		23	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois	100.00%	116		116	21
22	V	32 Interest		Lutheran Social Services of Illinois	100.00%	2,757		2,757	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois	100.00%	947		947	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois	100.00%	3,824		3,824	26
27	V	35 Car Rental		Lutheran Social Services of Illinois	100.00%	14		14	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois	100.00%	186		186	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois	100.00%	31		31	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois	100.00%	131		131	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois	100.00%	80		80	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois	100.00%	2		2	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois	100.00%				36
37	V	30 Depreciation		Lutheran Social Services of Illinois	100.00%	925		925	37
38	V	19 Service Network Admin. Alloc	99,289	Lutheran Social Services of Illinois	100.00%			(99,289)	38
39	Total		\$ 99,289			\$ 110,740	\$ *	11,451	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	100.00%	\$ 11,273	\$ 11,273	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois	100.00%	2,899	2,899	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois	100.00%	4,960	4,960	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois	100.00%	381	381	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois	100.00%	240	240	19
20	V	5 Utilities		Lutheran Social Services of Illinois	100.00%			20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois	100.00%			21
22	V	32 Interest		Lutheran Social Services of Illinois	100.00%	121	121	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois	100.00%	37	37	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois	100.00%			25
26	V	25 Transportation		Lutheran Social Services of Illinois	100.00%	108	108	26
27	V	35 Car Rental		Lutheran Social Services of Illinois	100.00%	28	28	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois	100.00%	81	81	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois	100.00%	56	56	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois	100.00%			30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois	100.00%	58	58	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois	100.00%	142	142	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois	100.00%	1,017	1,017	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois	100.00%	2	2	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois	100.00%	12	12	36
37	V	30 Depreciation		Lutheran Social Services of Illinois	100.00%	1,168	1,168	37
38	V	19 HR Allocation	22,582	Lutheran Social Services of Illinois	100.00%		(22,582)	38
39	Total		\$ 22,582			\$ 22,583	\$ *	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	100.00%	\$ 2,264	\$	2,264	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois	100.00%	280		280	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois	100.00%	162		162	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois	100.00%	172		172	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois	100.00%	57		57	19
20	V	5 Utilities		Lutheran Social Services of Illinois	100.00%	1		1	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois	100.00%	1		1	21
22	V	32 Interest		Lutheran Social Services of Illinois	100.00%	8		8	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois	100.00%	6		6	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois	100.00%	28		28	26
27	V	35 Car Rental		Lutheran Social Services of Illinois	100.00%	2		2	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois	100.00%	4		4	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois	100.00%	5		5	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois	100.00%	8		8	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois	100.00%	2		2	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois	100.00%	1		1	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois	100.00%	20		20	36
37	V	30 Depreciation		Lutheran Social Services of Illinois	100.00%	79		79	37
38	V	19 Advancement Allocation	1,566	Lutheran Social Services of Illinois	100.00%			(1,566)	38
39	Total		\$ 1,566			\$ 3,100	\$ *	1,534	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	100.00%	\$ 1,855	\$ 1,855	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois	100.00%	512	512	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois	100.00%	173	173	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois	100.00%	423	423	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois	100.00%			19
20	V	5 Utilities		Lutheran Social Services of Illinois	100.00%	1	1	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois	100.00%			21
22	V	32 Interest		Lutheran Social Services of Illinois	100.00%			22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois	100.00%			23
24	V	26 Insurance		Lutheran Social Services of Illinois	100.00%	2	2	24
25	V	27 Advertising & Promotions		Lutheran Social Services of Illinois	100.00%	71	71	25
26	V	25 Transportation		Lutheran Social Services of Illinois	100.00%	33	33	26
27	V	35 Car Rental		Lutheran Social Services of Illinois	100.00%	3	3	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois	100.00%	6	6	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois	100.00%	5	5	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois	100.00%			30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois	100.00%			31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois	100.00%	6	6	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois	100.00%	1	1	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois	100.00%			34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois	100.00%			35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois	100.00%			36
37	V	30 Depreciation		Lutheran Social Services of Illinois	100.00%	10	10	37
38	V	19 Communication Allocation	549	Lutheran Social Services of Illinois	100.00%		(549)	38
39	Total		\$ 549			\$ 3,101	\$ * 2,552	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 Shady Oaks East # 0039263 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									\$		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 Shady Oaks East

0039263

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 Shady Oaks East# 0039263 Report Period Beginning:07/01/08Ending: 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

Name of Related Organization

Lutheran Social Services of Illinois

Street Address

1001 E. Touhy Avenue, Suite 50

City / State / Zip Code

Des Plaines, Illinois 60018

Phone Number

(847) 635-4600

Fax Number

(847) 635-6764

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Salaries & Wages	Non-Capital Direct Costs	35,238,149	277	\$ 3,161,584	\$ 3,161,584	544,599	\$ 48,862	1
2	22	Empl Benefits & Taxes		35,238,149	277	648,691	544,599	544,599	10,025	2
3	19	Prof Fees & Contracts		35,238,149	277	265,759	544,599	544,599	4,107	3
4	21	Supplies, Telephone,		35,238,149	277	188,741	544,599	544,599	2,917	4
5	34	Rental of Space		35,238,149	277	372,567	544,599	544,599	5,758	5
6	5	Utilities		35,238,149	277	26,799	544,599	544,599	414	6
7	6	Bldg Repairs & Maintenance		35,238,149	277	1,211	544,599	544,599	19	7
8	32	Interest		35,238,149	277	88,363	544,599	544,599	1,366	8
9	33	Real Estate Taxes		35,238,149	277		544,599	544,599		9
10	26	Insurance		35,238,149	277	156,247	544,599	544,599	2,415	10
11	27	Advertising & Promotions		35,238,149	277	(96)	544,599	544,599	(1)	11
12	25	Transportation		35,238,149	277	54,746	544,599	544,599	846	12
13	35	Car Rental		35,238,149	277	3,115	544,599	544,599	48	13
14	24	Conferences & Conventions		35,238,149	277	49,220	544,599	544,599	761	14
15	20	Subscriptions, Dues, Awards		35,238,149	277	67,428	544,599	544,599	1,042	15
16	6	Furniture & Fixtures		35,238,149	277		544,599	544,599		16
17	6	Machinery & Equipment		35,238,149	277		544,599	544,599		17
18	35	Equipment Rental		35,238,149	277	7,277	544,599	544,599	112	18
19	6	Equipment Repair & Maint.		35,238,149	277	103,318	544,599	544,599	1,597	19
20	20	Employee Recruitment		35,238,149	277	15,205	544,599	544,599	235	20
21	7	Security & Waste Removal		35,238,149	277	19,268	544,599	544,599	298	21
22	21	All Other Miscellaneous		35,238,149	277	90,672	544,599	544,599	1,401	22
23	30	Depreciation		35,238,149	277	364,185	544,599	544,599	5,628	23
24										24
25	TOTALS					\$ 5,684,300	\$ 3,161,584		\$ 87,850	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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

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	257	\$ 896,433	\$ 896,433	699,059	\$ 11,273	1
2	22	Empl Benefits & Taxes		55,587,595	257	230,554		699,059	2,899	2
3	19	Prof Fees & Contracts		55,587,595	257	394,410		699,059	4,960	3
4	21	Supplies, Telephone,		55,587,595	257	30,295		699,059	381	4
5	34	Rental of Space		55,587,595	257	19,083		699,059	240	5
6	5	Utilities		55,587,595	257			699,059		6
7	6	Bldg Repairs & Maintenance		55,587,595	257			699,059		7
8	32	Interest		55,587,595	257	9,592		699,059	121	8
9	33	Real Estate Taxes		55,587,595	257			699,059		9
10	26	Insurance		55,587,595	257	2,963		699,059	37	10
11	27	Advertising & Promotions		55,587,595	257			699,059		11
12	25	Transportation		55,587,595	257	8,550		699,059	108	12
13	35	Car Rental		55,587,595	257	2,222		699,059	28	13
14	24	Conferences & Conventions		55,587,595	257	6,446		699,059	81	14
15	20	Subscriptions, Dues, Awards		55,587,595	257	4,434		699,059	56	15
16	6	Furniture & Fixtures		55,587,595	257			699,059		16
17	6	Machinery & Equipment		55,587,595	257			699,059		17
18	35	Equipment Rental		55,587,595	257	4,576		699,059	58	18
19	6	Equipment Repair & Maint.		55,587,595	257	11,254		699,059	142	19
20	20	Employee Recruitment		55,587,595	257	80,841		699,059	1,017	20
21	7	Security & Waste Removal		55,587,595	257	142		699,059	2	21
22	21	All Other Miscellaneous		55,587,595	257	960		699,059	12	22
23	30	Depreciation		55,587,595	257	92,882		699,059	1,168	23
24										24
25	TOTALS					\$ 1,795,637	\$ 896,433		\$ 22,583	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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

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	4,642,617	60	\$ 662,987	\$ 662,987	544,599	\$ 77,771	1
2	22	Empl Benefits & Taxes	4,642,617	60	135,786		544,599	15,928	2
3	19	Prof Fees & Contracts	4,642,617	60	5,008		544,599	587	3
4	21	Supplies, Telephone,	4,642,617	60	12,004		544,599	1,408	4
5	34	Rental of Space	4,642,617	60	51,238		544,599	6,010	5
6	5	Utilities	4,642,617	60	193		544,599	23	6
7	6	Bldg Repairs & Maintenance	4,642,617	60	993		544,599	116	7
8	32	Interest	4,642,617	60	23,499		544,599	2,757	8
9	33	Real Estate Taxes	4,642,617	60			544,599		9
10	26	Insurance	4,642,617	60	8,076		544,599	947	10
11	27	Advertising & Promotions	4,642,617	60			544,599		11
12	25	Transportation	4,642,617	60	32,595		544,599	3,824	12
13	35	Car Rental	4,642,617	60	122		544,599	14	13
14	24	Conferences & Conventions	4,642,617	60	1,586		544,599	186	14
15	20	Subscriptions, Dues, Awards	4,642,617	60	265		544,599	31	15
16	6	Furniture & Fixtures	4,642,617	60			544,599		16
17	6	Machinery & Equipment	4,642,617	60			544,599		17
18	35	Equipment Rental	4,642,617	60	1,114		544,599	131	18
19	6	Equipment Repair & Maint.	4,642,617	60	681		544,599	80	19
20	20	Employee Recruitment	4,642,617	60			544,599		20
21	7	Security & Waste Removal	4,642,617	60	20		544,599	2	21
22	21	All Other Miscellaneous	4,642,617	60			544,599		22
23	30	Depreciation	4,642,617	60	7,883		544,599	925	23
24									24
25	TOTALS				\$ 944,050	\$ 662,987		\$ 110,740	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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

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	847,660	93	\$ 619,055	\$ 619,055	3,100	\$ 2,264	1
2	22	Empl Benefits & Taxes	847,660	93	76,518		3,100	280	2
3	19	Prof Fees & Contracts	847,660	93	44,410		3,100	162	3
4	21	Supplies, Telephone,	847,660	93	47,116		3,100	172	4
5	34	Rental of Space	847,660	93	15,525		3,100	57	5
6	5	Utilities	847,660	93	390		3,100	1	6
7	6	Bldg Repairs & Maintenance	847,660	93	144		3,100	1	7
8	32	Interest	847,660	93	2,313		3,100	8	8
9	33	Real Estate Taxes	847,660	93			3,100		9
10	26	Insurance	847,660	93	1,606		3,100	6	10
11	27	Advertising & Promotions	847,660	93			3,100		11
12	25	Transportation	847,660	93	7,548		3,100	28	12
13	35	Car Rental	847,660	93	571		3,100	2	13
14	24	Conferences & Conventions	847,660	93	1,159		3,100	4	14
15	20	Subscriptions, Dues, Awards	847,660	93	1,314		3,100	5	15
16	6	Furniture & Fixtures	847,660	93			3,100		16
17	6	Machinery & Equipment	847,660	93			3,100		17
18	35	Equipment Rental	847,660	93	2,077		3,100	8	18
19	6	Equipment Repair & Maint.	847,660	93	632		3,100	2	19
20	20	Employee Recruitment	847,660	93			3,100		20
21	7	Security & Waste Removal	847,660	93	201		3,100	1	21
22	21	All Other Miscellaneous	847,660	93	5,530		3,100	20	22
23	30	Depreciation	847,660	93	21,548		3,100	79	23
24									24
25	TOTALS				\$ 847,657	\$ 619,055		\$ 3,100	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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

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	552,878	93	\$ 330,752	\$ 330,752	3,100	\$ 1,855	1
2	22	Empl Benefits & Taxes		552,878	93	91,226		3,100	512	2
3	19	Prof Fees & Contracts		552,878	93	30,789		3,100	173	3
4	21	Supplies, Telephone,		552,878	93	75,513		3,100	423	4
5	34	Rental of Space		552,878	93			3,100		5
6	5	Utilities		552,878	93	171		3,100	1	6
7	6	Bldg Repairs & Maintenance		552,878	93	53		3,100		7
8	32	Interest		552,878	93			3,100		8
9	33	Real Estate Taxes		552,878	93			3,100		9
10	26	Insurance		552,878	93	348		3,100	2	10
11	27	Advertising & Promotions		552,878	93	12,690		3,100	71	11
12	25	Transportation		552,878	93	5,889		3,100	33	12
13	35	Car Rental		552,878	93	554		3,100	3	13
14	24	Conferences & Conventions		552,878	93	1,077		3,100	6	14
15	20	Subscriptions, Dues, Awards		552,878	93	898		3,100	5	15
16	6	Furniture & Fixtures		552,878	93			3,100		16
17	6	Machinery & Equipment		552,878	93			3,100		17
18	35	Equipment Rental		552,878	93	988		3,100	6	18
19	6	Equipment Repair & Maint.		552,878	93	131		3,100	1	19
20	20	Employee Recruitment		552,878	93			3,100		20
21	7	Security & Waste Removal		552,878	93	17		3,100		21
22	21	All Other Miscellaneous		552,878	93	48		3,100		22
23	30	Depreciation		552,878	93	1,734		3,100	10	23
24										24
25	TOTALS					\$ 552,878	\$ 330,752		\$ 3,101	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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 Shady Oaks East

0039263

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 Shady Oaks East

0039263 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 Shady Oaks East

0039263

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 Shady Oaks East

0039263

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			02/16/06	\$ 332,000	\$ 309,756	2/16/2028	0.5230	\$ 13,967	1							
2												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						\$ 332,000	\$ 309,756			\$ 13,967	9							
B. Non-Facility Related*																			
10	Interest Income		X								(18)	10							
11	LSSI Allocation (Sch VIII)										4,252	11							
12												12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$	\$			\$ 4,234	14							
15	TOTALS (line 9+line14)						\$ 332,000	\$ 309,756			\$ 18,201	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 Shady Oaks East

0039263

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 Shady Oaks East

0039263

Report Period Beginning:

07/01/08

Ending:

06/30/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 6,675 B. General Construction Type: Exterior Face Brick / Siding Frame Wood Number of Stories 1

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

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

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

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>N/A</u>			\$	1
2					2
3	TOTALS			\$	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

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				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1994	14,744		20	737	737	11,058	9
10	Various		1995	2,100		20	105	105	1,470	10
11	Various		1998	20,585		20	1,029	1,029	12,351	11
12	Various		1999	15,803		20	790	790	8,692	12
13	Various		2001	5,750		20	288	288	2,588	13
14	Various		2004	28,216		20	1,411	1,411	8,465	14
15	Various		2005	37,125		20	1,856	1,856	9,281	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

*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)	568,725	13,971			(13,971)		67
68	Related Party Allocations (Pages 12H & 12I)		7,810			(7,810)		68
69	Financial Statement Depreciation		22,113			(22,113)		69
70	TOTAL (lines 4 thru 69)	\$ 693,048	\$ 43,894		\$ 6,216	\$ (37,678)	\$ 53,904	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12A, Carried Forward		\$ 693,048	\$ 43,894		\$ 6,216	\$ (37,678)	\$ 53,904	1
2	Ac Condenser	2006	3,480		20	348	348	1,044	2
3	Window	2006	5,000		20	250	250	1,000	3
4	Window Replacement	2006	12,098		20	605	605	2,420	4
5	Doors, Door Jambs And Locks	2007	3,180		20	159	159	477	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)		\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845	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		\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845
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 (lines 1 thru 33)	\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Shady Oaks East

0039263

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	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		\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845	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)	\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Shady Oaks East

0039263

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	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		\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845
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 (lines 1 thru 33)	\$ 716,806	\$ 43,894		\$ 7,578	\$ (36,316)	\$ 58,845

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Shady Oaks East

0039263

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	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 Building Company Information								1
2 Buildings:								2
3	1993	558,820	13,971	40	13,971		216,624	3
4								4
5								5
6								6
7								7
8 Leasehold Improvements:								8
9								9
10 Management Assets -Security System	1999	9,905		10	37	37		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)	\$ 568,725	\$ 13,971		\$ 14,008	\$ 37	\$ 216,624

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 Related Party Information		\$	\$		\$	\$	\$
2 Buildings:							
3							
4							
5							
6							
7							
8 Leasehold Improvements:							
9							
10 Allocation from LSSI			7,810			(7,810)	
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
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)		\$	\$ 7,810		\$ (7,810)	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Shady Oaks East

0039263

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 62,696	\$	\$ 6,270	\$ 6,270	10	\$ 38,792	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	20,442				10	20,442	73
74								74
75	TOTALS	\$ 83,138	\$	\$ 6,270	\$ 6,270		\$ 59,234	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	Transit	2006 FORD/BRAUN PARA TRA	2006	\$ 34,256	\$	\$ 6,851	\$ 6,851	5	\$ 20,553	76
77										77
78										78
79										79
80	TOTALS			\$ 34,256	\$	\$ 6,851	\$ 6,851		\$ 20,553	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)	\$ 834,200	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 43,894	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 20,699	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (23,195)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 355,256	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			\$			3
4	Additions						4
5	<u>Parker Storage</u>			<u>3,932</u>			5
6	<u>LSSI Alloc. (Sch VIII)</u>			<u>12,065</u>			6
7	TOTAL			\$ <u>15,997</u>			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: \$ 315 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	<u>LSSI Alloc (Sch VIII)</u>		\$	\$ <u>95</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>95</u>	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		Contract	Total
		1 Drop-outs	2 Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care	39 - 03	visits			1,608			1,608	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>									13
14	TOTAL			\$		\$ 1,608	\$		\$ 1,608	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

Report Period Beginning: 07/01/08

Ending: 06/30/09

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): <u>See Attached Schedule</u>			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): <u>See Attached Schedule</u>			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	<u>See Attached Schedule</u>			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	<u>See Attached Schedule</u>			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)	(245,447)	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

Facility Name & ID Number Shady Oaks East# 0039263Report Period Beginning: 07/01/08Ending: 06/30/09**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 1,231,742	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,231,742	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	3,100	24
25	Interest and Other Investment Income***	18	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,118	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	9	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 1,234,869	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	168,386	31
32	Health Care	805,808	32
33	General Administration	387,946	33
B. Capital Expense			
34	Ownership	59,580	34
C. Ancillary Expense			
35	Special Cost Centers	1,608	35
36	Provider Participation Fee	56,988	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,480,316	40
41	Income before Income Taxes (line 30 minus line 40)**	(245,447)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (245,447)	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 Shady Oaks East

0039263

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
2	Assistant Director of Nursing					2
3	Registered Nurses					3
4	Licensed Practical Nurses	2,169	2,396	48,972	20.44	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	733	863	11,853	13.73	9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,003	1,186	18,868	15.91	13
14	Head Cook	3,381	3,734	40,585	10.87	14
15	Cook Helpers/Assistants	977	1,062	11,115	10.47	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers					18
19	Laundry					19
20	Administrator	893	1,105	30,580	27.67	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	1,601	1,930	36,884	19.11	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	25,776	29,174	371,262	12.73	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	36,533	41,450	\$ 570,119 *	\$ 13.75	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	\$ 4,252	01-03	35
36	Medical Director	As Needed	2,250	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	As Needed	2,730	10-03	38
39	Pharmacist Consultant	As Needed	453	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				45
46	Other(specify)				46
47	<u>Developmental Training Service</u>	As Needed	255,862		47
48					48
49	TOTAL (lines 35 - 48)		\$ 265,547		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	As Needed	15,510	10-03	51
52	Certified Nurse Assistants/Aides	As Needed	37,308	10-03	52
53	TOTAL (lines 50 - 52)		\$ 52,818		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Shady Oaks East

0039263

Report Period Beginning: 07/01/08

Ending: 06/30/09

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kristen Stockle	Administrator	0	\$ 30,580	Workers' Compensation Insurance	\$ 21,711	IDPH License Fee	\$	
				Unemployment Compensation Insurance	3,475	Advertising: Employee Recruitment		
				FICA Taxes	42,579	Health Care Worker Background Check	16	
				Employee Health Insurance	29,977	(Indicate # of checks performed <u>1</u>)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Membership Dues	125	
				Disability Insurance	1,147	Licenses	168	
				Life Insurance	1,180	LSSI Alloc. (Sch VIII)	2,391	
				Pension Plan	22,916			
				LSSI alloc. (Sch. VIII)	29,644			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 30,580	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 152,629		\$ 2,700		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Expense	1,313
							LSSI Alloc. (Sch VIII)	1,038
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 213,596	TOTAL		\$	TOTAL	\$ 2,351

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13										
													Amount of Expense Amortized Per Year									
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
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? No
If YES, give association name and amount. N/A
- (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? N/A
- (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? N/A
- (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. \$ 13,750 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. N/A
- (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. \$ 56,988
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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Baker Tilly Virchow Krause, LLC 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.